

**PHA 5-Year and Annual Plan**

**U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing**

**OMB No. 2577-0226  
Expires 4/30/2011**

<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>The Rockford Housing Commission</u> PHA Code: <u>MI093</u> PHA Type: <input checked="" type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>04/2010</u>				
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>52</u> Number of HCV units: <u>90</u>				
<b>3.0</b>	<b>Submission Type</b> <input checked="" type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program
					PH HCV
	PHA 1:				
	PHA 2:				
	PHA 3:				
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.				
<b>5.1</b>	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:				
<b>5.2</b>	<b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.				
<b>6.0</b>	<b>PHA Plan Update</b> (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: 1. Eligibility, Selection, Admission Policies. - No Changes 2. Financial Resources- Financial resources change yearly and often are not determined until the end of the Federal Fiscal Year in September. The projected resources we have available are itemized in the Financial Resources Chart, which is a Supporting Document to the Plan. 3. Rent Determinations- No Change (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.				
	The Rockford Housing Commission has posted the annual plan and all supporting documents at the following location.				
	The Rockford Housing Commission				
<b>7.0</b>	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> Include statements related to these programs as applicable.				
<b>8.0</b>	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.				
<b>8.1</b>	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.				
<b>8.2</b>	<b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.				
<b>8.3</b>	<b>Capital Fund Financing Program (CFFP).</b> <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.				

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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9.0	<p><b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p>
9.1	<p><b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b></p>
10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p>
11.0	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

**Part I: Summary**

<b>PHA Name: Rockford Housing Commission</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: MI33P09350110 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2010</b> <b>FFY of Grant Approval:</b>
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**Type of Grant**  
 **Original Annual Statement**       **Reserve for Disasters/Emergencies**       **Revised Annual Statement (revision no: \_\_\_\_\_)**  
 **Performance and Evaluation Report for Period Ending:**       **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	16232			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	5000			
8	1440 Site Acquisition				
9	1450 Site Improvement	1000			
10	1460 Dwelling Structures	5500			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	24775			
13	1475 Non-dwelling Equipment	700			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

Annual Statement/Performance and Evaluation Report  
 Development  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Housing  
 Capital Fund Financing Program  
 0226

U.S. Department of Housing and Urban

Office of Public and Indian

OMB No. 2577-

Expires 4/30/2011

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<b>Type of Grant</b>						
<input checked="" type="checkbox"/> <b>Original Annual Statement</b>		<input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b>		<input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b>		
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b>			<input type="checkbox"/> <b>Final Performance and Evaluation Report</b>			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	53207				
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
<b>Signature of Executive Director</b> <i>Elizabeth Bentley</i>		<b>Date 02/26/2010</b> <i>2/26/2010</i>		<b>Signature of Public Housing Director</b>		
				<b>Date</b>		

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

**PART I: SUMMARY**

PHA Name/Number		Locality (City/County & State)				<input type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.	Development Number and Name	Work Statement for Year 1 FFY 2010_____	Work Statement for Year 2 FFY __2011_____	Work Statement for Year 3 FFY __2012_____	Work Statement for Year 4 FFY __2013_____	Work Statement for Year 5 FFY __2014_____	
	HA WIDE						
<b>B</b>	Physical Improvements Subtotal	Annual Statement	42000	22000	29000		
C.	Management Improvements		5000	2500	2500	2500	
D.	PHA-Wide Non-dwelling Structures and Equipment						
<b>E</b>	<b>ADMINISTRATION</b>						
F.	Other – Fees and Costs		5000	5000	5000	5000	
G.	Operations		5000	27500	23000	57000	
H.	Demolition						
I.	Development						
J.	Capital Fund Financing – Debt Service						
K.	Total CFP Funds		57000	57000	57000	57000	
L.	Total Non-CFP Funds						
M.	Grand Total		\$ 57000	\$ 57000	\$ 57000	\$57000	

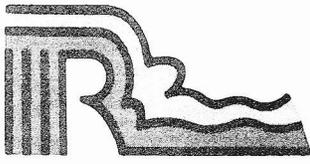












The Rockford Housing Commission



59 SOUTH MAIN STREET ROCKFORD, MICHIGAN 49341

Phone: 616-866-0371

Fax: 616-866-7183

April 28, 2010

Mrs. Angela D. Foster, BA  
Public Housing Revitalization Specialist  
US Department of HUD  
477 Michigan Ave.  
Detroit, MI. 48226

RE: Certifications for 5 Year PHA Plan

Dear Angela,

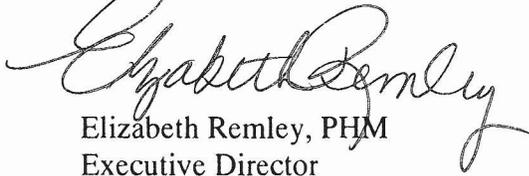
Please find enclosed the original certifications forms as requested for Rockford Housing Commissions 5 Year Annual PHA Plan.

I have sent HUD form # 50077-SL to the appropriate contact locally in Kent County.

I have also enclosed a narrative of the public meeting that was advertised and held on March 10, 2010.

If you should need any further information, please contact me at 616-866-0371.

Sincerely,

  
Elizabeth Remley, PHM  
Executive Director

# THE DAILY NEWS

## FAX COVER SHEET

TO: \_\_\_\_\_

FROM: \_\_\_\_\_

RE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

URGENT

Total pages, incl \_\_\_\_\_

NAME: \_\_\_\_\_

solson@staffordgroup

18 Rockford Independent • Monday, March 8, 2010

# Rockford Independent

### WESTSIDE GREENVILLE VACANT LAND

#### "SPRING FLING" of Value

- Ready-to-build parcels with paved County road access.
- Rural and secluded/Open or wooded/2 acres and up.
- UG utilities and pre-approved site septic.
- Owner is offering special "deep discount" pricing for this spring! **Prices start at just \$15,000**

Contact Landowner at  
**616-835-7119**

Heartland Acres Development Co.



5000

4-8414

873

OR YOUR INFORMATION

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**NOTICE OF PUBLIC HEARING**  
As of February 26, 2010, the Rockford Housing Commission makes available the Five Year Plan (FY 2010-2014) and related policies for the section 8 Housing Choice Voucher and Low Rent programs.  
The plan and policies are available at Rockford Housing Commission  
59 S. Main Street  
Rockford, MI 49341  
Monday through Friday, 8 a.m. - 4 p.m.  
A public hearing will be held on March 10, 2010 at 10 a.m. at the commission office to receive public comments.

**GRAND VALLEY PLUMBING ROCKFORD**  
is looking for part-time/full-time helper/apprentice.  
No experience needed.  
Please call 874-3009, leave name and number.

**Wet Walk**  
I WILL CLEAN YOUR HOUSE for \$10 hr. 1/2 a day or all day, occasional cleaning welcome. Also available to house sit. References. Call Lindsey at 616-635-1650.

**J&T MASONRY**  
Chimney Repair  
Brick, Block and Block  
No Job Too Small!  
616 856 5900

**CATIE'S PET SITTERS.** Daily and vacation care. 12 years expert care with all pets. Member of Pets Sitters International. **Because your pets are more comfy at home. 616-458-7503**

**FARRIER SERVICE.** Tim Rasmussen horse shoeing. Professional horse man providing a dependable and comfortable shoeing service.

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Inside

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GARAGE

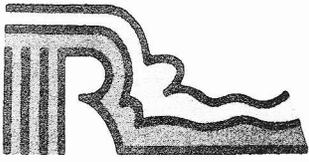
Candles

Saturday, Sunday, Monday

15 ft by

Thank you





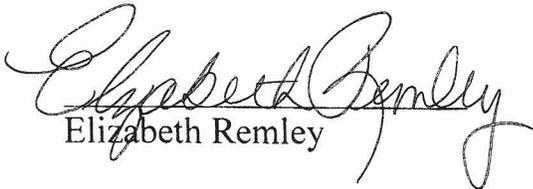
**Minutes of Public Hearing  
Rockford Housing Commission Five-Year and Annual Plan 2010-2014  
Held on  
March 10, 2010**

Elizabeth Remley, Executive Director of the Rockford Housing Commission, opened the public hearing at 10:00am. on Wednesday, March 10, 2010 in the community room of the Rogue Valley Towers, 59 S. Main Street in Rockford, MI 49341. Mrs. Remley explained that this was an opportunity for the public to express their views on the Five Year Plan for FFY 2010-2014 as well as the Annual Plan for FY 4/1/2010– 3/31/2011

Present at the meeting was Mrs. Remley and Shirley Havens, President of the Resident Council.

There was no public comment and Mrs. Remley declared the public hearing closed at 10:15 AM.

Respectfully submitted by:

  
Elizabeth Remley

**Certification of Payments  
to Influence Federal Transactions**

**U.S. Department of Housing  
and Urban Development**  
Office of Public and Indian Housing

Applicant Name

Rockford Housing Commission

Program/Activity Receiving Federal Grant Funding

2010 PHA Plan- 5Year PHA Plan

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.  
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

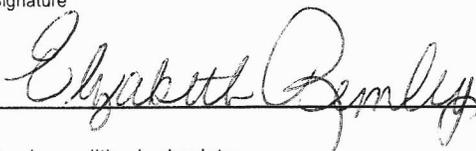
Name of Authorized Official

Elizabeth Remley, PHM

Title

Executive Director

Signature



Date (mm/dd/yyyy)

04/28/2010

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Rockford Housing Commission

Program/Activity Receiving Federal Grant Funding

2010 PHA Plan- 5 Year PHA Plan

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

- (1) The dangers of drug abuse in the workplace;
- (2) The Applicant's policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
- (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

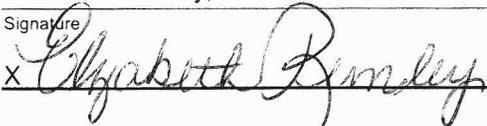
g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. **Sites for Work Performance.** The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Check here  if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.  
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official Elizabeth Remley, PHM	Title Executive Director
Signature 	Date 04/28/2010

## DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB  
0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award c. post-award	<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  <b>Congressional District, if known:</b> 4c	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>  <b>Congressional District, if known:</b>	
<b>6. Federal Department/Agency:</b> DEPT. OF HOUSING AND URBAN DEVELOPMENT	<b>7. Federal Program Name/Description:</b> LOW RENT CFDA Number, if applicable: _____	
<b>8. Federal Action Number, if known:</b>	<b>9. Award Amount, if known:</b> \$	
<b>10. a. Name and Address of Lobbying Registrant</b> <i>(if individual, last name, first name, MI):</i>  N/A	<b>b. Individuals Performing Services</b> <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i>  N/A	
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: <u></u> Print Name: <u>ELIZABETH REMLEY</u> Title: <u>EXECUTIVE DIRECTOR</u> Telephone No.: <u>616-866-0371</u> Date: <u>04/23/2010</u>	
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

## INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

**Civil Rights Certification**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/2011

**Civil Rights Certification****Annual Certification and Board Resolution**

*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:*

The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.

Rockford Housing Commission

MI093

\_\_\_\_\_  
PHA Name

\_\_\_\_\_  
PHA Number/HA Code

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Elizabeth Remley

Title

Executive Director

Signature



Date 04/23/2010

## **NOTICE OF PUBLIC HEARING**

As of February 26,2010, the Rockford Housing Commission makes available the Five- Year Plan (FFY 2010-2014) and related policies for the Section 8 Housing Choice Voucher and Low Rent Programs. The plan and policies are available at the Commission Office, 59 S. Main Street, Rockford MI., Monday through Friday 8:00 am – 4 pm. A public hearing will be held on March 3, 2010 at 10:00am at the Commission office to receive public comments.

**ROCKFORD HOUSING COMMISSION – MI093  
ATTACHMENT C**

**FIVE YEAR PLAN GOALS – 4/1/2010– 3/31//2014**

**PHA Goal: Expand the supply of assisted housing**

Reduce public housing vacancies: Maintain the PH waiting list in a manner that will ensure that there are enough qualified applicants to fill vacant units within 30 days of the unit being vacated.

The Rockford Housing Commission consistently shows at least a 97% occupancy in its Public Housing program and the waiting list is adequate to fill vacancies shortly after turnover of the unit.

**PHA Goal: Improve the quality of assisted housing**

1. Improve public housing management: (PHAS score) We will strive to maintain our High Performer designation.

The Rockford Housing Commission is presently classified a Standard Performer.

2. Improve voucher management: (SEMAP score) Strive to obtain and maintain a High Performer designation.

The Housing Commission has a Standard Performer rating in the S/8 HCV program.

3. Concentrate on efforts to improve specific management functions:

Administrative and maintenance personnel have been certified as S/8 HQS inspectors.

**PHA Goal: Increase assisted housing choices**

Provide voucher mobility counseling: this is done during initial briefings or when transfers are ported in.

Conduct outreach efforts to potential voucher landlords: flyers are sent twice a year to all landlords on our S/8 program requesting referrals of new landlord

**PHA Goal: Promote self-sufficiency and asset development of assisted households**

Increase the number and percentage of employed persons in assisted families: this is accomplished by our income exclusion policies as set by HUD and our local preference for working families.

Provide or attract supportive services to increase independence for the elderly or families with disabilities. Encourage clinics such as foot care, blood pressure and other health clinics or health providers.

**PHA Goal: Ensure equal opportunity and affirmatively further fair housing**

During briefings, participants are briefed on laws concerning fair housing and discrimination issues.

ROCKFORD HOUSING COMMISSION- MI093

FIVE YEAR PLAN 04/01/2010-04/01/2014- ATTACHMENT A

MISSION STATEMENT

It is the mission of the Rockford Housing Commission to provide decent, safe, and sanitary housing to low and extremely low income families; to promote fair and equal services to all and; to do so in accordance with the policies and procedures of the Housing Commission and regulations set by the United States department of the Housing and Urban Development.

## **ROCKFORD HOUSING COMMISSION**

### **FIVE YEAR PLAN – 4/1/2010– 4/1/2014 – ATTACHMENT B**

#### **GOALS AND OBJECTIVES**

- 1. To reach and maintain “High Performer” status in the Public Housing program**
- 2. To reach and maintain “High Performer” status in the Section 8 HCVP**
- 3. To obtain funding to utilize all ACC units in the S/8 HCVP.**
- 4. To continue training of administrative and maintenance personnel to meet ever changing and challenging requirements of the Public Housing and S/8 HCV programs.**
- 5. To improve, maintain and promote the Public Housing and S/8 HCV programs in order to compete in the growing rental markets.**

Following is the Violence Against Act (VAWA) Policy, also adopted by the Rockford Housing Commission at its regular meeting held on July 26, 2010.

### **Rockford Housing Commission**

Annual/ Five Year Plans

Fiscal Years 04/01/2010-04/01/2014

Violence Against Women Act  
(VAWA)

The Rockford Housing Commission has adopted a policy (the Rockford Housing Commission Violence Against Women Act (VAWA) Policy) to implement applicable provisions of the Violence Against Women and Department of Justice Reauthorization Act of 2005 (Pub. L. 109-162) (VAWA). The Rockford Housing Commission's goals, objectives and policies are intended to enable the Rockford Housing Commission to serve the needs child and adult victims of domestic violence, dating violence, and stalking, as defined in VAWA, and are stated in the Rockford Housing Commission VAWA policy, a copy of which is attached to this plan.

- A. A goal of the Rockford Housing Commission is to fully comply with the Violence Against Women Act (VAWA). It is our objective to work with others to prevent offenses covered by VAWA to the degree we can.
  - Rockford Housing Commission has provided notices in compliance with HUD guidance to each resident and has attached the proper notice to all applicants advising them of the new law President Bush signed in January 2006 know as the Violence Against Women and Department of Justice Reauthorization Act of 2005.
- B. The following activities, services or programs are provided by Rockford Housing Commission to help child and adult victims of domestic violence, sexual assault and stalking obtain/maintain housing.
  - Rockford Housing Commission does not offer any activities, services or programs either directly or in partnership with other service agencies. However, Rockford Housing Commission will assist any family who reports having domestice violence, dating violence, sexual assault, or stalking by providing the appropriate referrals on a case by case basis.
- C. Rockford Housing Commission provides or offers the following activities, services, or programs, either directly or in partnership with other service

providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking.

- Rockford Housing Commission does not offer any activities, services or programs either directly or in partnership with other service agencies. However, Rockford Housing Commission will assist any family who reports having domestic violence, dating violence, sexual assault, or stalking by providing the appropriate referrals on a case by case basis.

D. The following activities, services, or programs are provided by Rockford Housing Commission to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

- Rockford Housing Commission does not offer any activities, services or programs either directly or in partnership with other service agencies. However, Rockford Housing Commission will assist any family who reports having domestic violence, dating violence, sexual assault, or stalking by providing the appropriate referrals on a case by case basis.

E. Rockford Housing Commission has the following procedure in place to assure applicants and residents are aware of their rights under the VAWA.

- All HCV participants and residents as well as property owners and managers have been issued a copy of the VAWA act and notified of their rights and responsibilities. Property owners and Managers are encouraged to access the VAWA website at [www.gpoaccess.gov/plaws/index.html](http://www.gpoaccess.gov/plaws/index.html)
- The orientation procedure for new applicants, residents and HCV participants include copies of all information pertaining to the VAWA and notified of their rights and responsibilities.
- The Rockford Housing Commissions ACOP ( Admissions and Continued Occupancy Plan, the Section 8 HCV Administrative Plan and PHA lease have been revised to include the VAWA language to include screening and termination related to the VAWA.

This policy shall be referenced in and attached to Rockford Housing Commission's Five Year Public Housing Plan and shall be incorporated in and made part of Rockford Housing Commission's ACOP Policy.

Definitions:

A. **Domestic Violence**: The term "domestic violence" includes felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim share a child in common, by a person who is cohabitated with or has cohabited with the victim as a spouse, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the State of Michigan receiving

grant monies, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the State of Michigan.

**B. Dating Violence:** Violence committed by a person: (A) who is or has been in a social relationship of a romantic or intimate nature with the victim; and (B) where the existence of such a relationship shall be determined based on a consideration of the following factors: (i) the length of the relationship; (ii) the type of relationship; and (iii) the frequency of interaction between the persons involved in the relationship.

**C. Stalking:** to follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate; or to place under surveillance with the intent to kill, injure, harass, or intimidate another person; and in the course of, or as a result of, such following, pursuit, surveillance, or repeatedly committed acts, to place a person in reasonable fear of the death of, or serious bodily injury to, or to cause substantial emotional harm to (i) that person; (ii) a member of the immediate family of that person; or (iii) the spouse or intimate partner of that person.

**D. Immediate Family Member:** a spouse, parent, brother or sister, or child of the person, or an individual to whom that person stands in loco parentis (in place of a parent); or any other person living in the household of that person and related to that person by blood or by marriage.

**E. Perpetrator:** a person who commits an act of domestic violence, dating violence or stalking against a victim.

**Admission and Screening:**

*Non-Denial of Assistance.* Rockford Housing Commission will not deny admission to public housing to any person because that person is or has been a victim of domestic violence, dating violence, or stalking, provided that such person is otherwise qualified for such admission.

*Mitigation of Disqualifying Information:* When so requested in writing by an applicant for assistance whose history includes incidents in which the applicant was a victim of domestic violence, Rockford Housing Commission may, but shall not be obligated to, take such information into account in mitigation of potentially disqualifying information, such as poor credit history or previous damage to a dwelling. If requested by an applicant to take such mitigating information into account, Rockford Housing Commission shall be entitled to conduct such inquiries as are reasonably necessary to verify the claimed history of domestic violence and its probable relevance to the potentially disqualifying information. Rockford Housing Commission will not disregard or mitigate potentially disqualifying information if the applicant household includes a perpetrator of a previous incident or incidents of domestic violence.

## **Termination of Tenancy:**

Under the VAWA Act, public housing residents have the following protections.

- An incident or incidents of actual or threatened domestic violence, dating violence, or stalking will not be considered to be a serious or repeated violation of the Lease by the victim of that violence and will not be good cause for terminating the tenancy, occupancy rights, or assistance to the victim of that violence.
- Tenancy and Assistance will not be terminated by the Housing Commission as a result of criminal activity, if the criminal activity is directly related to domestic violence, dating violence, or stalking by a member of the household, a guest, or another person under the victims control and the tenant or an immediate family member is the victim intended victim of this criminal activity. Thee following limitation will apply,
  - a. Nothing in this paragraph shall limit Rockford Housing Commission's authority to terminate tenancy, evict, or to terminate assistance, for any violation of a Lease or program requirement not considered an act or acts of domestic violence, dating violence, or stalking in question against the tenant or a member of the tenant's household. In taking such action, Rockford Housing Commission will not apply a more demanding standard to the victim or intended victim than that applied to other tenants. A resident who is a victim of domestic violence, dating violence, or stalking who allows a perpetrator to violate a court order relating to the acts of such violence will be subject to eviction proceedings. A resident who is a victim or intended victim allows a perpetrator, who has been barred from Rockford Housing Commission's property to come onto the property, including but not limited to the victims apartment and any common areas under their control will also be subject to eviction proceedings.
  - b. Rockford Housing Commission may bifurcate a Lease, or remove a household member from the Lease, without regard to the member's status on the lease, in order to evict, remove or terminate occupancy rights or assistance to any individual who is a tenant or a lawful occupant and who engages in acts of physical violence against family members or others. Action against the perpetrator of such physical violence may be taken without evicting, removing or terminating assistance to the victim of the violence who is the tenant or legal occupants under the terms of the lease. Any evictions, termination of assistance or removal

from leases shall be in accordance with the procedures prescribed by law applicable to termination of tenancy and eviction by Rockford Housing Commission.

**Certifications Status:**

If a person claims to be a victim and is requesting any special consideration, this person must provide Rockford Housing Commission a written request for the certification. Once RHC receives the written request, staff must, within two business days, send the person requesting the HUD form 50066 with a cover letter. This letter must state the due date and any other documents that may be needed to support the claim. These documents may include but is not limited to court records, a statement from a professional who has first hand knowledge of the situation/ incident/s such as a social worker, attorney, or doctor. Police reports are also acceptable. The documents/ certifications must be returned to Rockford Housing Commission within 14 business days from the date they were sent. If the requestor/ person does not submit the certification in the time frame specified, including the time needed for an extension, none of the protections will be afforded to victims of domestic violence, dating violence or stalking will apply.

HUD form 50066 has been developed to allow persons to certify themselves as a victim.

1. The person shall declare themselves as a “bona fide” victim as defined in VAWA.
2. The person must identify the perpetrator.
3. The person must provide RHC the certification within 14 business days unless NHC grants an extension.

Rockford Housing Commission will evaluate each claim on a case by case basis. Any claim shall be given the full attention of NHC. Persons submitting false claims to victim status may be subject to termination of tenancy, or termination of assistance for submitting false information.

Adopted by Resolution # 0726.01

