

# 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

1.0	<b>PHA Information</b> PHA Name: <u>Covert Public Housing Commission</u> PHA Code: <u>MI189</u> PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>07/2010</u>				
2.0	<b>Inventory (based on ACC units at time of FY beginning in 1.0 above)</b> Number of PH units: <u>40</u> Number of HCV units: _____				
3.0	<b>Submission Type</b> <input type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input checked="" type="checkbox"/> 5-Year Plan Only				
4.0	<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
	PHA 1:				PH HCV
	PHA 2:				
	PHA 3:				
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.				
5.1	<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: The mission of the Covert Public Housing Commission is to promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.				
5.2	<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. The CHC has worked in the past 5 years to reduce vacancies by local advertising, posting signs and word of mouth. We have worked hard to improve our PHA score and are once again a high performer. We have utilized the Capital Fund Program Grants to improve our housing by replacing roofs, windows, furnaces and boilers. Beginning with the ARRA grant we are working to modernize our units by remodeling kitchens and improving bathrooms in the handicap units. We have also worked to build a better relationship with our customers by providing a monthly newsletter with a "directors" page and by holding monthly Tenant/Staff meetings. Our senior building has been made safer by installing closed circuit cameras, better lighting and doors which are "armed" with alarms each night. Our goals are to continue to improve the units which are now 26 years old. We intend to maintain our units with fast and effective maintenance and to install energy efficient appliances and fixtures over the next 5 years with the funding we have available to us. We plan to continue to improve our relationship with our customers using the same avenues we have already utilized and implementing new ones as they present themselves.				
6.0	<b>PHA Plan Update</b> (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: (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. (a) The CHC has amended the following policies in the past year: Check Signing Authorization Policy, Collection Policy, Procurement Policy and the Investment Policy. We have also adopted a Capital Fund Stimulus Grant Procurement Policy. The CHC is also working toward accomplishing it's goal of accurate rent calculations and improving tenant files. (b) The public may obtain copies of the 5 Year Plan at the Covert Township Hall located at 73943 Lake St., Covert 49043 and at the Covert Public Housing Commission offices located at 73860 E. Lake St., Covert 49043				
7.0	<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.				
8.0	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.				
8.1	<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.				

8.2	<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.
8.3	<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.
9.0	<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. The CHC continues to modernize its units to serve the families in our jurisdiction. We feel that we have sufficient elderly/disabled units available to fit our needs. We feel that in our community there is need for more decent, safe, sanitary and affordable housing for families requiring 2 or more bedrooms. In these hard economic times we see more adult children living with elderly or near elderly parents out of need, not necessarily out of desire. The one bedroom size of our elderly/disabled units does not fit this need. Our community is in need of more efficient public transportation for both our elderly/disabled customers and our families in the scattered sites. Most of our units are within walking distance of "town", yet due to our small community we cannot offer the amenities of larger cities therefore many residents are forced to purchase groceries at the local mini-mart which is not cost effective for them. The CHC sees the need of assisted housing for persons in our jurisdiction.

9.1	<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>
10.0	<b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested. (a) <b>Progress in Meeting Mission and Goals.</b> Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. The CHC has reduced its number of vacancies by utilizing local "free" newspapers weekly available to low income families. It has improved its PHAS score and has reached "high performer" designation. Some of this has been accomplished by more efficient maintenance repair work and by utilizing CFP funds to modernize our units, thus making them more appealing to customers. We have also made additional efforts to improve our security by improved lighting, camera surveillance, doors with alarms, etc. In the past 5 years we have made great strides to work with the senior service agency in our area to provide services to our customers. As always we continue to provide our services to individuals regardless of race, color, religion, national origin, sex, familial status, and disability. (b) <b>Significant Amendment and Substantial Deviation/Modification.</b> Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" The CHC considers "significant amendment" and "substantial deviation/modification" to be any changes in the plans or policies of the housing commission which would fundamentally change the objectives or mission, plans, or policies of the agency and would require formal approval of the Board of Commissioners

11.0	<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: Faxed copies of these documents will not be accepted by the Field Office.</b> (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) (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) (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. (g) Challenged Elements (h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)
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(c) PHAs must include or reference any applicable memorandum of agreement with HUD or any plan to improve performance. (Note: Standard and Troubled PHAs complete annually).

signature by mail or electronically with scanned signatures. Items (h) and (i) shall be submitted electronically as an attachment to the PHA Plan.

(a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations*

11.0 **Required Submission for HUD Field Office Review.** In order to be a complete package, PHAs must submit items (a) through (g), with



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

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>						
<b>PHA Name:</b> Covert Public Housing Commission		<b>Grant Type and Number</b> Capital Fund Program Grant No: MI33P189501-10 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:2010</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b> <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:                      ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> 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	
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)	159000				
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>Ganoran Tuzen</i>			<b>Signature of Public Housing Director</b>		<b>Date</b> <i>04/16/2010</i>	

<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 II: Supporting Pages								
PHA Name: Covert Public Housing Commission			Grant Type and Number Capital Fund Program Grant No: MI33P189501-10 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2010		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA-Wide								
MI189000001	Operations	1406		10,000				
	Subtotal			10,000				
	Administration	1410						
	Commissioner/Staff training	1410.10		5000				
	Non Technical Salaries	1410.1		5000				
	Subtotal			10,000				
	Fees and Costs	1430		15000				
	Subtotal			15000				
	Site Improvement	1450						
	Resurface drive and parking lot bldg. 1			20000				
	Subtotal			20000				

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages								
PHA Name: Covert Public Housing Commission			Grant Type and Number Capital Fund Program Grant No: MI33P189501-10 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2010		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA-Wide	Dwelling Structures	1460						
MI189000001	Clean Air Ducts (scattered units)		12	2000				
	Replace Thermostats (scattered units)		12	1200				
	Continue Kitchen Remodel		11 Units	50,000				
	Replace Smoke Detectors		40 Units	10,000				
	Replace Water Heaters (scattered units)		12	1200				
	Replace Floor Vents (scattered units)		12	6000				
	Dwelling Equipment-Nonexpendable	1465						
	Replace appliances	1465.1	2 pair	2000				
	Non-Dwelling Structures	1470						
	Air/Heat unit in Community Room		1	5000				
	Non Dwelling Equipment	1475						
	Replace Office Furnatuer	1475.1		2000				
	Replace Lawn Mower/Snowblower	1475.2		10000				
	Purchase Laundry Equipment	1475.3		5000				

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.



Part I: Summary						
PHA Name: Covert Public Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI33P189501-08    Replacement Housing Factor Grant No: Date of CFFP: _____			FFY of Grant: 2008 FFY of Grant Approval: _____	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input checked="" type="checkbox"/> 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>	38625.79		38625.79	38625.79	
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					
8	1440 Site Acquisition					
9	1450 Site Improvement	10482.21		10482.21	10482.21	
10	1460 Dwelling Structures					
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities <sup>4</sup>					
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)	49108.00		49108.00	49108.00	
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					

<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.

<b>Part I: Summary</b>					
PHA Name: Covert Public Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI33P189501-08    Replacement Housing Factor Grant No: Date of CFFP: _____			FFY of Grant: 2008 FFY of Grant Approval:
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input checked="" type="checkbox"/> 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
Signature of Executive Director <i>Gamona Tuzan</i>		Date 07/21/2010	Signature of Public Housing Director		Date





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

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

**Part I: Summary**

<b>PHA Name:</b> Covert Public Housing Commission	<b>Grant Type and Number</b> Capital Fund Program Grant No: MI33P189501-09      Replacement Housing Factor Grant No: Date of CFFP: _____	<b>FFY of Grant:</b> 2009 <b>FFY of Grant Approval:</b> 2009
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**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: 1 )  
 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>	52771	5000		
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	00	7771		
8	1440 Site Acquisition				
9	1450 Site Improvement	00	25000		
10	1460 Dwelling Structures	00	15000		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				
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)	52771	52771		
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities	00	15000		
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				

<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.

<b>Part I: Summary</b>					
PHA Name: Covert Public Housing Commission		Grant Type and Number Capital Fund Program Grant No: M33P189501-09 Replacement Housing Factor Grant No: Date of CFFP: _____			FFY of Grant: 2009 FFY of Grant Approval: 2009
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> 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
Signature of Executive Director <i>Bonnie Tuzan</i>		Date <i>04/16/2010</i>		Signature of Public Housing Director Date	



Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
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U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
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Part I: Summary					
PHA Name: Covert Public Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI33S189501-09 Replacement Housing Factor Grant No: Date of CFFP: _____			FFY of Grant: 2009 FFY of Grant Approval: 2009
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/10 <input type="checkbox"/> 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>				
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	6200		6200	2612.50
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	55961		55961	00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				
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)	62161		62161	
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				

<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.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
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U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
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Part I: Summary					
PHA Name: Covert Public Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI33S189501-09 Replacement Housing Factor Grant No: Date of CFFP: _____			FFY of Grant: 2009 FFY of Grant Approval: 2009
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/2010 <input type="checkbox"/> 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
Signature of Executive Director <i>Yvonne Tuzan</i>		Date <i>02/16/2010</i>		Signature of Public Housing Director Date	



Part I: Summary			Locality (City/County & State) Covert, Van Buren Co., Michigan		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
PHA Name/Number Covert Public Housing Commission		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
A.	Development Number and Name					
B.	Physical Improvements Subtotal	Annual Statement	132,650	132,050	140,050	179,375
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment		15,000	9,000	7,000	8,000
E.	Administration		10,000	10,000	10,000	10,000
F.	Other		15,000	15,000	15,000	15,000
G.	Operations		10,000	10,000	10,000	10,000
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		140650	141050	147050	187375
L.	Total Non-CFP Funds					
M.	Grand Total		140650	141050	147050	185375











# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Covert Public Housing Commission

Program/Activity Receiving Federal Grant Funding

Capital Fund Program Grant 2010

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.)

73860 E. Lake St., Covert, MI 49043 Units 1 through 28, Garage and Pump House  
Unit 29, 73891 32nd Ave. Covert, MI 49043; Unit 30, 73889 32nd Ave. Covert, MI 49043  
Unit 31, 738Unit 31, 73861 32nd Ave., Covert, MI 49043; Unit 32, 73859 32nd Ave., Covert, MI 49043  
Unit 34, 73827 32nd Ave., Covert, MI 49043; Unit 33, 73825 32nd Ave., Covert, MI 49043  
Unit 35, 34265 Maple St., Covert, MI 49043; Unit 36, 34267 Maple St., Covert, MI 49043  
Unit 37, 74321 Orchard Place, Covert, MI 490493; Unit 38, 74297 Orchard Place, Covert, MI 49043  
Unit 39, 33596 West St., Covert, MI 49043; Unit 40, 33598 West ST., Covert, MI 49043

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

Barbara Merriweather

Title

Chairman of the Board of Commissioners

Signature

X 

Date

April 14, 2010

**PHA Certifications of Compliance with the PHA Plans and Related Regulations:  
Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan**

*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 Commissioners, I approve the submission of the  X  5-Year and/or   Annual PHA Plan for the PHA fiscal year beginning  2010 , hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:*

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan 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.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
  - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
  - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
  - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
  - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
  - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
  - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
  - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
  - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

Covert Public Housing Commission  
PHA Name

MI189  
PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 2010 - 2014

Annual PHA Plan for Fiscal Years 20     - 20    

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  Barbara Merriweather	Title  Chairman of the Board of Commissioners
Signature  	Date  04/14/2010

# Certification of Payments to Influence Federal Transactions

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

Applicant Name

Covert Public Housing Commission, 73860 East Lake Street, Covert, MI 49403

Program/Activity Receiving Federal Grant Funding

Five Year Plan for FY 2010 - 2014

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

Barbara Merriweather

Title

Chairman of the Board of Commissioners

Signature

Date (mm/dd/yyyy)

04/14/2010

# DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB

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

0348-0046

(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 checked="" type="checkbox"/> a. bid/offer/application b. initial award c. post-award	<b>3. Report Type:</b> <input checked="" type="checkbox"/> a. initial filing 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 type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  Congressional District, if known: 4c 06	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b> Covert Public Housing Commission 73860 E. Lake Street Covert, MI 49043  Congressional District, if known: 06	
<b>6. Federal Department/Agency:</b> U.S. Department of Housing and Urban Development	<b>7. Federal Program Name/Description:</b> Capital Fund Program  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>	<b>b. Individuals Performing Services</b> <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i>	
<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>Barbara Merriweather</u> Print Name: <u>Barbara Merriweather</u> Title: <u>Chairman of the Board of Commissioners</u> Telephone No.: <u>(269) 764-8721</u> Date: <u>04/14/2010</u>	

**Federal Use Only:**

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**

**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.

Covert Public Housing Commission

MI189

\_\_\_\_\_  
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 <p style="text-align: center;">Barbara Merriweather</p>	Title <p style="text-align: center;">Chairman of the Board of Commissioners</p>
Signature 	Date <p style="text-align: center;">04/14/2010</p>

# Possible Work Items for 2010 – 2014

## Site

### Utilities

### Water

Wells, water lines

Water lines for public water service from sewer connection

Well pits at scattered housing units

### Elements

Fencing and/or gates

Lawns, landscaping, plantings, etc.

Lighting

Parking lots, driveways, curbs

Community Patios/benches/furnishings

Sidewalks

Entry slabs

Sprinkler systems

Sign/planter

## Exterior Building

### Repair/Replace:

Brick Veneer

Caulking/weather stripping

Entry /Doors/Hardware

Foundation

Gutters/Downspouts

Mailboxes/address numbers

Roofs/Flashings

Siding/Fascias/Soffits

Windows/Screens

## Interior Building

### Repair/Replace

Appliances

Blinds/Shades/curtain rods, curtains

Cabinets, bathroom/kitchen

Ceilings

Doors/Hardware/Frames

Floors/Base linoleum, carpets

Stairs

Walls

Insulation/weather stripping

Kitchens, bathrooms, bedrooms, living spaces, utility rooms, furnace room

Closet doors, shelving, clothing rods

## **Utilities**

### **Repair/Replace**

Detectors

Fixtures, exterior/interior

Wiring/Switches/Outlets

## **Mechanical**

### **Repair/Replace**

Boilers/Furnaces/Ducts/Thermostats

Vents/Mechanical

## **Plumbing**

### **Repair/replace**

Heating, hot water heater/fin-tube

Piping

Plumbing Fixtures

Water Softener

## **Vehicles**

### **Purchase/Repair/Replace**

car/van/truck/

lawnmowers/snowplow/snow blower/weather cover

**Covert Public Housing Commission  
Public Meeting**

The Covert Public Housing Commission held its Public Meeting to accept comments from the public in regards to the PHA Five Year Plan on April 13, 2010 at 1:00 pm in the Fred Williams Lounge, Walnut Grove Apartments.

There were three tenants who happened to be in the lounge area at the time the meeting was called to order. The meeting was called to order by Ramona Tugan, Executive Director. Ms. Tugan asked for comments in regards to the plan. No comments were made. The meeting was closed at 1:01 pm.

Respectfully submitted,  
Ramona Tugan

# Covert Public Housing Commission Resident Advisory Board

The Covert Public Housing Commission does not have a formal RAB due to the small size of the commission. The Executive Director meets once per month with the tenants in what we call our "Tenant/Staff" Meeting held on the last Wednesday of each month at 1:00 PM in the Fred Williams Lounge at 73860 E. Lake St., Covert, MI 49043.

For the past few months the executive director and the tenants have met and discussed plans for the housing commission. Due to the extensive items covered in the Physical Needs Assessment and ideas suggested by the Executive Director there seemed to be no additional items brought forward by tenants.

The following tenants are quite often in attendance at the Tenant/Staff meetings and have been informed that their names may be used. These tenants are:

Mary Wildt  
73860 E. Lake St., Apt.1  
Covert, MI 49043

Emma Smith  
73860 E. Lake St., Apt.13  
Covert, MI 49043

James Prewitt  
73860 E. Lake St., Apt.5  
Covert, MI 49043

Delight Hill  
73860 E. Lake St., Apt.27  
Covert, MI 49043

Mary Brooks  
73860 E. Lake St., Apt.9  
Covert, MI 49043

# Covert Public Housing and VAWA

The Covert Public Housing Commission adopted its Violence Against Women Policy in April of 2007 and included it in the 2007 PHA Plan.

The Housing Commission has issued a copy of the Violence Against Women Policy to each of its tenants and has created a certification page for tenants to sign that they have received the policy. In order to assure that each new tenant receives a copy of the policy it is given in our new tenant package along with the Lease Agreement.

The Covert Public Housing Commission will be working along with the Van Buren County Domestic Violence Agency to bring awareness to our tenants and the residents of our township. The housing commission will provide the meeting room and will inform the residents via its monthly newsletter. We will invite residents of our township by way of posters in our township hall, library, post office, Walnut Grove Apartments senior building and the Van Buren United Civic Center. These informational sessions will be held 3 – 4 times per year with our first meeting scheduled for April 26, 2010. We especially hope to inform the public and our residents about the signs of abuse in dating and in senior abuse. The Housing Commission also will distribute information to its residents in the manner of flyers made available at the senior building and mailed to all of its scattered housing residents along with the monthly newsletter.

The Covert Public Housing Commission will also hold its own informational meeting for residents only in regards to our Violence Against Women Policy and how it affects the tenant.

It is the Housing Commissions desire that by its efforts to bring awareness of these matters it may open avenues of communication between Covert residents and the proper agencies. Better communication with agencies available may result in the reporting of abuse and in the provision of a “safe haven” for victims of abuse.

# COVERT PUBLIC HOUSING COMMISSION

73860 EAST LAKE ST. \*P.O. BOX 66\* COVERT, MICHIGAN 49043

Phone (269) 764-8881 Fax (269) 764-8881

\*\*\*\*\*

**BARBARA MERRIWEATHER**

Chairman

**PAUL BRYANT**

Vice Chairman

**RAMONA TUGAN**

Executive Director

**BARBARA NORMAN**

Commissioner

**Annie Jean McGill**

Comissioner

**Evelyn Coan**

Resident Commissioner

## VIOLENCE AGAINST WOMEN CERTIFICATION

I/We have received a copy of, have read and understand the contents of the Commission's Violence Against Women Policy.

I/We understand that this policy is to implement applicable provisions of the Violence Against Women and Department of Justice Reauthorization Act of 2005 (Pub. L. 109-162) (VAWA). Covert Public Housing Commission's goals, objectives and policies enable Covert Public Housing Commission to serve the needs of child and adult victims of domestic violence, dating violence and stalking, as defined in VAWA, are stated in the Covert Public Housing Commission VAWA Policy, a copy of which is attached to this Plan.

All residents over the age of 18 years please sign below.

Resident \_\_\_\_\_ Date \_\_\_\_\_

Resident \_\_\_\_\_ Date \_\_\_\_\_

Resident \_\_\_\_\_ Date \_\_\_\_\_

**\*\*TO BE SIGNED AND RETURNED TO THE COVERT  
PUBLIC HOUSING COMMISSION OFFICE\*\***