

<p>5.2</p>	<p>Goals and Objectives. 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.</p> <p>LHRA CONTINUES TO WORK ON ALL GOALS LISTED IN 2008-2012 and 2009-2013 FIVE YEAR PHA plans. Updates on some of these goals are as follows:</p> <ul style="list-style-type: none"> • <i>Expand the supply of assisted housing by leveraging private or other public funds to create additional housing opportunities</i> – The Scott & Williams building located on Union Avenue was converted to 60 units of housing and Health/Daycare facilities utilizing private and public funds leveraged by LHRA • <i>Improve the quality of assisted housing by improving public housing management, and voucher management.</i> LHRA strives to maintain high PHAS and SEMAP scores and has made every effort to improve yearly. LHRA PHAS scores have increased but the 2009 SEMAP score decreased due to erroneous information regarding the FSS program. LHRA has worked to correct this information and to provide corrected numbers for the Program. • <i>Improve the quality of assisted housing by renovating or modernizing public housing unit.</i> LHRA has completed various projects within the Public Housing complex during the 2009-2010 year. All lighting was replaced throughout the building, all bathroom heaters and electrical boxes within the individual units were replaced, and a significant amount of floors were retiled in multi-year asbestos abatement project.³ • <i>Increase assisted housing choices by conducting outreach efforts to potential voucher landlords.</i> LHRA staff works directly with the landlords in the greater Laconia, NH community on a continuous basis. • <i>Provide an improved living environment by implanting public housing security improvements.</i> LHRA installed a new security system throughout Sunrise Towers during the 2009/2010 year. The security system can be monitored in the office area and views all exits and halls within the building. • <i>Provide an improved living environment with increased support services.</i> LHRA maintains 30 plus individuals on the Congregate Housing Services Program, many individuals privately paying for housekeeping hours, meals, nursing, personal care, etc. A supportive service/education coordinator works directly with all the residents of Sunrise Towers and provides referrals to many outside agencies and linkage to many services.
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6.0	<p>PHA Plan Update</p> <p>(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 Section 6.0 of the instructions.</p> <p>(a) PHA PLAN ELEMENTS THAT HAVE BEEN REVISED BY THE PHA SINCE LAST ANNUAL PLAN SUBMISSION ARE LISTED AS FOLLOWS:</p> <p>A. CRITERIA FOR SUBSTANTIAL DEVIATIONS AND SIGNIFICANT AMENDMENTS</p> <ul style="list-style-type: none"> • Laconia Housing Authority defines a Substantial Deviation from the Five Year Plan or a Significant Amendment or Modification to the Annual Plan to be as follows; <p>A work item or activity that exceeds \$25,000 and is not the result of the following factors:</p> <ol style="list-style-type: none"> 1. A consultation or request from residents if LHRA deems the issue to be a safety concern or a Reasonable Accommodation Request. 2. An emergent safety issue that was not known nor foreseen at the time of the most current submission or modification of the Annual Plan or Five Year Plan. (examples of this exception may be a crack in a load bearing wall or a failure of a major heating system) <p>B. MINIMUM RENT (HCV)</p> <ul style="list-style-type: none"> • LHRA established a minimum rent of \$50.00 for the HCV Program effective April 1, 2009. (Resolution 2009-03-01 approved by LHRA Board of Commissioners on March 12, 2009) <p>C. PREFERENCES (HCV)</p> <ul style="list-style-type: none"> • LHRA amended the HCV Administrative Plan to list the following options as preferences for vouchers: Rank #1 – The PHA will provide preference to applicants participating in the Ozanam Program, Open Arms, and Laconia Area Community Land Trust Transitional Housing. Rank #2 – The PHA will provide a preference to applicants (head, co-head, or spouse) who live in Belknap County and work a minimum of 25 hours per week. Rank #3 – The PHA will provide a preference to applicants’ households that reside in Belknap County. (Resolution 2009-08-01 approved by LHRA Board of Commissioners on August 20, 2009) <p>(b) The Five Year and Annual Plan, and supporting documents are available at the Main offices of the Laconia Housing Authority, 25 Union Avenue, Laconia, NH 03246</p>
7.0	<p>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i> None Apply</p>
8.0	<p>Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p>Capital Fund Program Annual Statement/Performance and Evaluation Report. 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.</p>
8.2	<p>Capital Fund Program Five-Year Action Plan. 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.</p>
8.3	<p>Capital Fund Financing Program (CFFP). <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.</p>

9.0

Housing Needs. 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.

Housing needs of Families on LHRA Section 8 tenant based waiting list and Public Housing;

	Section 8 Tenant Based		Public Housing	
	# of families	# of families	# of families	# of families
WAITING LIST TOTAL	241		106	
Extremely Low Income	201	83%	81	76%
Very Low Income	34	14%	18	17%
Low Income	6	2%	5	5%
Families with Children	137	57%	15	14%
Elderly Families	18	7%	46	43%
Families with Disabilities	68	28%	30	28%
Waiting List	Closed		Open	
Race Ethnicity - White	200	83%	105	99.9%
Race Ethnicity - Hispanic	31	13%	1	1%
Race Ethnicity - Black	6	2%		
Race Ethnicity – Asian/Native American	2	1%		
Size of Units – one bedroom			102	96%
Size of Units – two bedroom			4	4%

9.1

Strategy for Addressing Housing Needs. 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. **Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.**

LHRA Public Housing – Maintain high occupancy and low turnover days to help minimize waiting lists

Section 8/HCV - LHRA issues the highest possible vouchers within the budgetary constraints. LHRA closely monitors size of units, rents, family size, etc.

10.0

Additional Information. Describe the following, as well as any additional information HUD has requested.

(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.

LHRA works to meet its’ mission of serving low and very low income families/seniors/disabled as evidenced by the waiting list in both the public housing and Section 8 tenant based voucher program. LHRA staff work closely with the City of Laconia and many other agencies to promote development/housing opportunities, as well as supportive services for its clients.

(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”

LHRA defines a Substantial Deviation from the Five Year Plan or a Significant Amendment or Modification to the Annual Plan to be as follows:

A work item or activity that exceeds \$25,000 and is not the result of the following factors:

1. A consultation or request from residents if LHRA deems the issue to be a safety concern or a Reasonable Accommodation Request.
2. An emergent safety issue that was not known nor foreseen at the time of the most current submission or modification of the Annual Plan or Five Year Plan.

<p>11.0</p>	<p>Required Submission for HUD Field Office Review. 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. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <ul style="list-style-type: none"> (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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Precedes 2010-2014 5-Year Plan

Part I: Summary						
PHA Name: Laconia Housing & Redevelopment Authority		Grant Type and Number Capital Fund Program Grant No: NH36-P007-501-07 Replacement Housing Factor Grant No: Date of CFFP:			Federal FY of Grant: 2007	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 3) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report as of 9/30/2009						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
		Original	Revised	Obligated	Expended	
1	Total non-CFP Funds	On E-LOCCs Currently				
2	1406 Operations	13,016.00	13,016.00	13,016.00	13,016.00	
3	1408 Management Improvements					
4	1410 Administration					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement	1,030.00	1,030.00	1,030.00	1,030.00	
10	1460 Dwelling Structures	64,237.23	64,237.23	64,237.23	45,448.07	
11	1465.1 Dwelling Equipment—Nonexpendable	34,883.90	34,883.90	34,883.90	34,883.90	
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment	16,999.87	16,999.87	16,999.87	13,555.39	
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities					
18a	1501 Collateralization or Debt Service paid by PHA					
18b	9000 Collateralization or Debt Service pd via Dir Pay					
19	1502 Contingency					
20	Amount of Annual Grant: (sum of lines 2 – 19)	130,167.00	130,167.00	130,167.00	107,933.36	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities	15,000.00	4,042.07	4,042.07	2,685.00	
23	Amount of line 20 Related to Security – Soft Costs					
24	Amount of Line 20 Related to Security – Hard Costs	1,030.00	1,030.00	1,030.00	1,030.00	
25	Amount of Line 20 Related to Energy Conserv. Measures	23,227.00	38,417.27	38,417.27	38,417.27	
Signature of Executive Director: Charlotte DuBois		Date		Signature of Public Housing Director		
				Date		

Precedes 2010-2014 5-Year Plan

Part I: Summary						
PHA Name: Laconia Housing & Redevelopment Authority		Grant Type and Number Capital Fund Program Grant No: NH36-P007-501-08 Replacement Housing Factor Grant No: Date of CFFP:			Federal FY of Grant: 2008	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2a) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report as of 9/30/2009						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
		Original	Revised	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations	13,277.00	13,277.00	13,277.00	13,277.00	
3	1408 Management Improvements					
4	1410 Administration					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	15,000.00	3,475.00	3,475.00	3,475.00	
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures	104,495.00	83,596.00	0	0	
11	1465.1 Dwelling Equipment—Nonexpendable		14,724.00			
12	1470 Non-dwelling Structures		17,700.00	4,000.00		
13	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities					
18a	1501 Collateralization or Debt Service paid by PHA					
18b	9000 Collateralization or Debt Service pd via Dir Pay					
19	1502 Contingency					
20	Amount of Annual Grant: (sum of lines 2 – 19)	132,772.00	132,772.00	20,752.00	16,752.00	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities	25,000.00	17,600.00	0	0	
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 Conserv. Measures		14,724.00			
Signature of Executive Director: Charlotte DuBois		Date		Signature of Public Housing Director		
				Date		

Precedes 2010-2014 5-Year Plan

Part I: Summary					
PHA Name: Laconia Housing & Redevelopment Authority		Grant Type and Number Capital Fund Program Grant No: NH36-P007-501-09 Replacement Housing Factor Grant No: Date of CFFP: 9/15/2009		Federal FY of Grant: 2009	
<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		as of 9/30/2009	
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	14,171.00		0	0
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	60,246.00		0	0
11	1465.1 Dwelling Equipment—Nonexpendable	32,300.00		0	0
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	35,000.00		0	0
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities				
18a	1501 Collateralization or Debt Service paid by PHA				
18b	9000 Collateralization or Debt Service pd via Dir Pay				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 – 19)	141,717.00		0	0
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 Conserv. Measures				
Signature of Executive Director: Charlotte DuBois		Date		Signature of Public Housing Director	
				Date	

Precedes 2010-2014 5-Year Plan

Part I: Summary					
PHA Name: Laconia Housing & Redevelopment Authority		Grant Type and Number Capital Fund Program Grant No: NH36-S007-501-09 CRFG-ARRA 501-09 Replacement Housing Factor Grant No: Date of CFFP: 3/18/2009			Federal FY of Grant: 2009
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 3) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report as of 9/30/2009					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	54,396.00	54,396.00	0	0
10	1460 Dwelling Structures	48,546.00	48,546.00	0	0
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	65,121.00	65,121.00	10,365.00	0
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities				
18a	1501 Collateralization or Debt Service paid by PHA				
18b	9000 Collateralization or Debt Service pd via Dir Pay				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 – 19)	168,063.00	168,063.00	10,365.00	0
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities	42,233.00	42,233.00	0	0
23	Amount of line 20 Related to Security – Soft Costs				
24	Amount of Line 20 Related to Security – Hard Costs	54,756.00	35,330.00	0	0
25	Amount of Line 20 Related to Energy Conserv. Measures	10,365.00	29,791.00	10,365.00	0
Signature of Executive Director: Charlotte DuBois		Date		Signature of Public Housing Director	
				Date	

Year '1' of 2010-2014 5-Year Plan

Part I: Summary					
PHA Name: Laconia Housing & Redevelopment Authority		Grant Type and Number Capital Fund Program Grant No: NH36-P007-501-10 Replacement Housing Factor Grant No: Date of CFFP:		Federal FY of Grant: 2010 'Estimated' Grant Total	
<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 as of 9/30/2009					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	14,100.00			
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	42,000.00			
11	1465.1 Dwelling Equipment—Nonexpendable	18,300.00			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	66,600.00			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities				
18a	1501 Collateralization or Debt Service paid by PHA				
18b	9000 Collateralization or Debt Service pd via Dir Pay				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 – 19)	141,000.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities	48,300.00			
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 Conserv. Measures				
Signature of Executive Director: Charlotte DuBois		Date		Signature of Public Housing Director	
				Date	

Capital Fund Program – 5-Year Action Plan

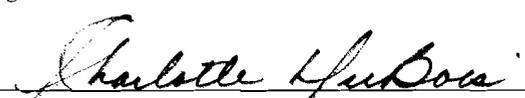
U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
Expires 4/30/2011

PART I: SUMMARY						
PHA Name/Number NH007 LHRA		Locality (City/County & State) Laconia/Belknap/NH			<input checked="" 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
	Sunrise Towers NH007000001					
B.	Physical Improvements Subtotal	Annual Statement	18,975.00	15,205.00	102,180.00	130,500.00
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment		108,825.00	113,495.00	27,420.00	
E.	Administration					
F.	Other					
G.	Operations		14,200.00	14,300.00	14,400.00	14,500.00
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total	141,000.00	142,00.00	143,000.00	144,000.00	145,000.00

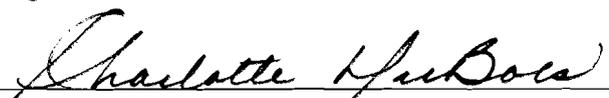
Precedes 2010-2014 5-Year Plan

Part I: Summary					
PHA Name: Laconia Housing & Redevelopment Authority		Grant Type and Number Capital Fund Program Grant No: NH36-P007-501-07 Replacement Housing Factor Grant No: Date of CFFP:		Federal FY of Grant: 2007	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 3) <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	
		Original On E-LOCCs Currently	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	13,016.00	13,016.00	13,016.00	13,016.00
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	1,030.00	1,030.00	1,030.00	1,030.00
10	1460 Dwelling Structures	64,237.23	64,237.23	64,237.23	45,448.07
11	1465.1 Dwelling Equipment—Nonexpendable	34,883.90	34,883.90	34,883.90	34,883.90
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	16,999.87	16,999.87	16,999.87	13,555.39
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities				
18a	1501 Collateralization or Debt Service paid by PHA				
18b	9000 Collateralization or Debt Service pd via Dir Pay				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 – 19)	130,167.00	130,167.00	130,167.00	107,933.36
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities	15,000.00	4,042.07	4,042.07	2,685.00
23	Amount of line 20 Related to Security – Soft Costs				
24	Amount of Line 20 Related to Security – Hard Costs	1,030.00	1,030.00	1,030.00	1,030.00
25	Amount of Line 20 Related to Energy Conserv. Measures	23,227.00	38,417.27	38,417.27	38,417.27
Signature of Executive Director: Charlotte DuBois		Date: 3/31/10		Signature of Public Housing Director _____	
				Date _____	

Precedes 2010-2014 5-Year Plan

Part I: Summary					
PHA Name: Laconia Housing & Redevelopment Authority		Grant Type and Number Capital Fund Program Grant No: NH36-P007-501-08 Replacement Housing Factor Grant No: Date of CFFP:		Federal FY of Grant: 2008	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2a) <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	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	13,277.00	13,277.00	13,277.00	13,277.00
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	15,000.00	3,475.00	3,475.00	3,475.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	104,495.00	83,596.00	0	0
11	1465.1 Dwelling Equipment—Nonexpendable		14,724.00		
12	1470 Non-dwelling Structures		17,700.00	4,000.00	
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities				
18a	1501 Collateralization or Debt Service paid by PHA				
18b	9000 Collateralization or Debt Service pd via Dir Pay				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 – 19)	132,772.00	132,772.00	20,752.00	16,752.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities	25,000.00	17,600.00	0	0
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 Conserv. Measures		14,724.00		
Signature of Executive Director: 		Date: 3/31/10		Signature of Public Housing Director Date	

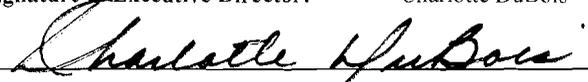
Precedes 2010-2014 5-Year Plan

Part I: Summary					
PHA Name: Laconia Housing & Redevelopment Authority		Grant Type and Number Capital Fund Program Grant No: NH36-P007-501-09 Replacement Housing Factor Grant No: Date of CFFP: 9/15/2009			Federal FY of Grant: 2009
<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	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	14,171.00		0	0
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	60,246.00		0	0
11	1465.1 Dwelling Equipment—Nonexpendable	32,300.00		0	0
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	35,000.00		0	0
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities				
18a	1501 Collateralization or Debt Service paid by PHA				
18b	9000 Collateralization or Debt Service pd via Dir Pay				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 – 19)	141,717.00		0	0
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 Conserv. Measures				
Signature of Executive Director: Charlotte DuBois		Date		Signature of Public Housing Director	
		3/31/10			

Year '1' of 2010-2014 5-Year Plan

Part I: Summary					
PHA Name: Laconia Housing & Redevelopment Authority		Grant Type and Number Capital Fund Program Grant No: NH36-P007-501-10 Replacement Housing Factor Grant No: Date of CFFP:		Federal FY of Grant: 2010 'Estimated' Grant Total	
<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	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	14,100.00			
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	42,000.00			
11	1465.1 Dwelling Equipment—Nonexpendable	18,300.00			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	66,600.00			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities				
18a	1501 Collateralization or Debt Service paid by PHA				
18b	9000 Collateralization or Debt Service pd via Dir Pay				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 – 19)	141,000.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities	48,300.00			
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 Conserv. Measures				
Signature of Executive Director: Charlotte DuBois		Date: 02/16/10		Signature of Public Housing Director	
				Date	

Precedes 2010-2014 5-Year Plan

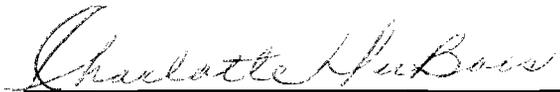
Part I: Summary					
PHA Name: Laconia Housing & Redevelopment Authority		Grant Type and Number Capital Fund Program Grant No: NH36-S007-501-09 CRFG-ARRA 501-09 Replacement Housing Factor Grant No: Date of CFFP: 3/18/2009			Federal FY of Grant: 2009
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 3) <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	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	54,396.00	54,396.00	0	0
10	1460 Dwelling Structures	48,546.00	48,546.00	0	0
11	1465.I Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	65,121.00	65,121.00	10,365.00	0
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.I Relocation Costs				
17	1499 Development Activities				
18a	1501 Collateralization or Debt Service paid by PHA				
18b	9000 Collateralization or Debt Service pd via Dir Pay				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 -- 19)	168,063.00	168,063.00	10,365.00	0
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities	42,233.00	42,233.00	0	0
23	Amount of line 20 Related to Security – Soft Costs				
24	Amount of Line 20 Related to Security – Hard Costs	54,756.00	35,330.00	0	0
25	Amount of Line 20 Related to Energy Conserv. Measures	10,365.00	29,791.00	10,365.00	0
Signature of Executive Director: Charlotte DuBois		Date: 3/31/10		Signature of Public Housing Director	
					

Challenged Elements

Public Notice of NH007 Annual & Five Year Plan 2010-2014 was posted and advertized as required. The plans were available for 30 days and were reviewed by the general public prior to the advertized Public Meeting.

The Public Meeting was held as advertized & posted.

There were no Challenged Elements of the plans.



Charlotte DuBois, Executive Director



Date

**LACONIA HOUSING & REDEVELOPMENT AUTHORITY
(LHRA)
RESIDENT ADVISORY BOARD
COMMENTS - 2010**

The Resident Service Coordinator maintains a strong connection with all residents of Sunrise Towers and with the Golden Age Resident Committee. She has listened to these residents and made notes on comments regarding improvements to individual units. The two areas that appear to be the most important to the residents are: the painting of the interior of apartments and removal of the old call boxes that were initially a part of the system installed at SRT to allow residents to remotely open the outside main entry door. LHRA has evaluated the requests and recognize that these two areas would be beneficial to the residents and have included them in the attached Five Year Plan. I have listed below a sampling of the comments:

- I have lived here for 15 years and I would like a fresh coat of paint in my apartment.
- I want to know why they are not removing the plates (call boxes) from the walls since they are no longer operational.
- Fresh Paint on the walls would be like moving into a new apartment without the actual work of moving.
- Painting would make the apartments look so much cleaner and cheerier.
- I am tired of having to hang a large picture over the plate on the wall (call-box).
- A fresh coat of paint would be the best gift that I could receive.
- Old call boxes are confusing to many new residents (our new resident handbook does clearly explain that doors are opened by utilizing the telephone).
- Painting would be a small thing that would make a large impact especially if you have lived here for many years.

LACONIA HOUSING & REDEVELOPMENT AUTHORITY
(LHRA)
RESIDENT ADVISORY BOARD
COMMENTS - 2010

LHRA Narrative:

Both the Removal of old Call boxes and the painting of all apartments are included in the CFP Budgets of the 2010-2014 Annual / Five Year Plan.

DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB
0348-0046

(See reverse for public burden disclosure.)

1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Laconia Housing & Redevelopment Authority 25 Union Avenue Laconia, NH 03246 Congressional District, if known: 4c	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:	
6. Federal Department/Agency: Dept. of HUD	7. Federal Program Name/Description: CFDA Number, if applicable: _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$	
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI): N/A	b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):	
11. 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>Charlotte DuBois</u> Print Name: <u>Charlotte DuBois</u> Title: <u>Executive Director</u> Telephone No.: <u>603-524-2112</u> Date: <u>2/16/10</u>	
Federal Use Only:	Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)	

No payments or lobbying activity of any kind has been made.

Certification of Payments to Influence Federal Transactions

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

Applicant Name

Laconia Housing & Redevelopment Authority

Program/Activity Receiving Federal Grant Funding

NH 007 - PHA Operating Fund, HCV HAP and Capital Fund Grants

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)

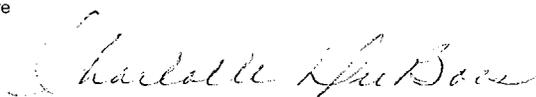
Name of Authorized Official

Charlotte DuBois

Title

Executive Director

Signature



Date (mm/dd/yyyy)

12/16/2010

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Laconia Housing & Redevelopment Authority

Program/Activity Receiving Federal Grant Funding

NH 007 - PHA Operating Fund, HCV HAP and Capital Fund Grants

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 Federal agency 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
Charlotte DuBois

Title
Executive Director

Signature

Date

X *Charlotte DuBois* 2/16/10

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.

Laconia Housing & Redevelopment Authority

NH007

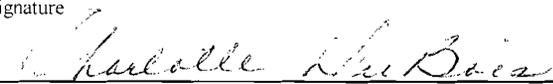
PHA Name

PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 20¹⁰ - 20¹⁴

Annual PHA Plan for Fiscal Years 20¹⁰ - 20¹⁰

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 Charlotte DuBois	Title Executive Director
Signature 	Date 2/16/10

**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 5-Year and/or Annual PHA Plan for the PHA fiscal year beginning 04/01/2010, 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.



Laconia Housing Authority

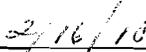
Serving the People of the Lakes Region Since 1968

Civil Rights Certification

Laconia Housing & Redevelopment Authority 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.



Charlotte DuBois, Executive Director



Date



NH007o02

LHRA VAWA Goals, Objectives and Policies;

VAWA policy and all applicable rules are included in our current Admin Plan.

LHRA goals are to assist the following area Agencies in their support and care of victims:

HCV Wait list Preference given to OZANAM PLACE and LACLT Transitional Housing Programs. Both provide counseling and housing for women & single parent families, including referrals directly from New Beginnings.

LHRA staff is aware that they are responsible to notify the proper agency, and or police, for any evidence of domestic violence or other violence against woman per VAWA Act. Our policy is to provide VAWA compliant brochures to all applicants. We also provide emergency numbers and make referrals to New Beginnings.

New Beginnings is a local agency with a mission to provide direct services in Belknap County including short-term refuge and a supportive place for sexual assault survivors, battered women and their children. The agency also provides education about choices regarding the causes and methods of confronting violence against women, including physical, emotional and sexual assault, thereby promoting change. New Beginnings Statement of Philosophy is that no one deserves to be beaten or raped or to live in fear of being beaten or raped. They realize that men are not excluded from victimization & also provide peer support to men who have experienced domestic & sexual violence. The agency is committed to working with agencies in Belknap County, including the Laconia Housing & Redevelopment Authority, so that we, as a community, may forge a solid effort to address oppression on all fronts.