ESTADO LIBRE ASOCIADO DE PUERTO RICO

MUNICIPIO DE LUQUILLO

PROGRAMAS FEDERALES
PO BOX 1012
LUQUILLO PUERTO RICO 00773-1012

ANUNCIO PÚBLICO

En cumplimiento de la Sección 511 de la Ley DE REFORMA DE VIVIENDA PÚBLICA de 1998, implementada bajo el Título 24 del Código Federal de Regulaciones (CFR parte 903). El Gobierno Municipal de Luquillo a través de su Oficina de Programas Federales, están preparando su "SMALL PHA ANNUAL PLAN" para el año fiscal 2010-2011, el PLAN CONSOLIDADO DE CINCO Años y el Plan Administrativo del "Section 8 Housing Choice Voucher Program, "Homeownership Option".

Mediante dicho Plan estableceremos nuestras metas, objetivos, plan de trabajo y se discutirán las nuevas preferencias del listado de espera del Programa Sección 8, estrategias de dicho programa para atender las necesidades de vivienda de las familias de ingresos bajos y moderados, según se establece en el Reglamento del Programa "Section 8 Housing Choice Voucher". Además se invita cordialmente a todo dueño de vivienda(s) ubicadas en áreas de baja concentración de pobreza y minorías de nuestra jurisdicción y otras jurisdicciones a formar parte de nuestra lista de viviendas disponibles para ofrecer a nuestros participantes.

Con el interés de darle amplia participación a toda la ciudadanía y sectores con intereses en dichos procesos, estamos realizando una consulta general mediante la celebración de una vista pública. Esta VISTA PÚBLICA se llevará a cabo el **día 21 de junio de 2010, a las 10:00 am. en el Salón Asamblea de la Legislatura Municipal de Luquillo.**

Por este medio se convoca a las personas interesadas, pero especialmente a la Junta de Residentes (Resident Advisory Board) del Programa "Section 8 Housing Choice Voucher" para que emitan sus comentarios sobre dicho plan, deberán hacerlo por escrito mediante ponencia o con cinco (5) días de anticipación a la Vista Pública, las cuales serán presentadas por cada proponente el día de la vista.

Todo comentario, pregunta o ponencia será dirigida a la siguiente dirección:

Sra. Marilyn Rodríguez Millán
Directora
Oficina de Programas Federales
Apartado 1012
Luquillo, Puerto Rico 00773
Correo Electrónico: mrodriguez@luquillo.gobierno.pr

Dicho Plan y todos los documentos correspondientes estarán disponibles al público en general para su revisión en la Oficina de Programas Federales ubicada en la Casa Alcaldía, calle 14 de julio primer nivel, Luquillo, Puerto Rico.

Según requerido por la Sección 504 de la Ley de Rehabilitación de 1973, se le notifica a toda persona con impedimento físico, que de requerir alguna asistencia o acomodo razonable deben comunicarse a nuestra oficina con el Sr. Helvert Rosario - Oficial de Igualdad de Oportunidades de Vivienda a los telefonos: 787-889-3666 o al 787-889-6228, TTY - 787-889-5757.

Hon. José M. González Ortiz
Alcalde

ESTADO LIBRE ASOCIADO DE PUERTO RICO

GOBIERNO MUNICIPAL DE HATILLO

PROGRAMAS FEDERALES
Apartado 8 Hatillo, Puerto Rico 00659

AVISO DE VISTAS PÚBLICAS

El Municipio de Hatillo, habrá de radicar una solicitud de participación de la distribución de los fondos del Programa de Asignación en Bloque al Estado para el Desarrollo Comunal ("State CDBG Program") para el año fiscal de 2010 en la Oficina del Comisionado de Asuntos Municipales (OCAM). En cumplimiento con los requisitos establecidos por la Oficina del Comisionado de Asuntos Municipales, el Plan de Participación Ciudadana y en cumplimiento con la Sección 106 Oficina de Estatal de Preservación Histórica. Protección de las Propiedades Históricas, 36 CFR Parte 800, invitamos a la ciudadanía a los grupos cívicos, entidades sin fines de lucro, representantes locales, ciudadanos de ingresos bajos, muy bajos y moderados, así como el público en general, a participar de dos vistas públicas a celebrarse según se indica:

PRIMERA VISTA PÚBLICA

FECHA: **lunes, 10 de mayo de 2010**
HORA: **10:00 a.m.**
LUGAR: **Salón de la Legislatura Municipal**

SEGUNDA VISTA PÚBLICA

FECHA: **jueves, 20 de mayo de 2010**
HORA: **10:00 a.m.**
LUGAR: **Salón de la Legislatura Municipal**

1. Presentar las prioridades establecidas por el Estado para participar de los fondos CDBG (categorías de programas y criterios).
2. Presentar las actividades elegibles conforme al programa.
3. Recibir sugerencias sobre las posibles actividades que pudieran ser incluidas en la solicitud de fondos para el año 2010.
4. Recibir comentarios, así como recomendaciones de la ciudadanía en relación a las necesidades de desarrollo comunal, desarrollo económico, desarrollo de infraestructura y determinar si estas han variado con respecto a las necesidades identificadas e incluidas en el Plan de Desarrollo Comunal del Municipio.
5. Evaluar los aspectos de efectos ambientales, tanto de recursos como de propiedades con valor histórico que pudieran afectarse como resultado del desarrollo de los proyectos propuestos.

Se exhorta a la ciudadanía a participar en las Vistas Públicas convocadas.

JOSE A. RODRIGUEZ CRUZ
ALCALDE

Apartado #8
Hatillo PR
00659
808-3840
808-3835
Fax.
820-3747

Post-it® Fax Note 7671	Date 6/8/2010	# of pages ▶
To HUD	From Mun Luquillo	
Co./Dept. Juan O. Rodriguez	Co.	
Phone # 766-5400	Phone # 787-889-6137	
Fax # 766-6504	Fax # 787-889-5453	

VISTA PÚBLICA
PLAN ADMINISTRATIVO (PHA ANNUAL PLAN 2010-11)
21 DE JUNIO DE 2010
SALON ASAMBLEA CASA ALCALDIA LUQUILLO
10:35 A.M.

Parte I

Siguiendo la agenda programada para esta vista pública el orden programado fue el siguiente:
Se tomó record de la asistencia de los presentes con un total de (4) personas.
La invocación fue dirigida por el Sr. Carlos Santo y la bienvenida por el Sr. Juan P. Rodríguez.
La lectura del anuncio de la Vista Publica, publicado el miércoles, 5 de mayo de 2010, en el periódico Primera Hora por el Sr. Juan Pablo Rodríguez, Coordinador Oportunidades de Vivienda, Programas Federales.
Se reconoció la presencia de la Sra. Marilyn Flores, Técnico de Vivienda del Municipio de Luquillo.
Se orientó a todos lo presentes las normas reguladoras de la ponencia que todos los ponentes procederán a dirigirse al área asignada ubicada con un micrófono para mantener record de lo expuesto.

Parte II

Dando comienzo a la presentación se discutiendo los diferentes temas tales como:

- Objetivos del Programa Sección 8
- Misión del Programa Sección 8.
- Invitación a dueños de vivienda fuera de áreas de pobreza y concentración minoritarias.
- Se establecieron y ampliaron los procesos de controles internos para mejoramiento del programa Sección 8.
- Se informó que los arrendadores deben añadir "Screens" a las unidades arrendada bajo Sección 8. Esto con el propósito de cumplir con la inspección "Home Quality Standards"
- Se indicó que se estará estableciendo el Programa de "Homeownership Option" para los participantes de Sección 8.
- Se indicó que es estará trabajando con el Programa de Autosuficiencia Familiar y de los objetivos de este.
- Se indicó que para Sección 8 en su Plan Administrativo está definido y lo que es "VAWA" y que se estableció un plan de trabajo como parte del Plan de Cinco Años del Programa Sección 8.

Estos temas fueron presentados por el Sr. Juan Pablo Rodríguez, Coordinador de Oportunidades de Vivienda del municipio de Luquillo.

Parte III

Se presento la parte de la ponencia, no habiendo nadie para de poner se procedió a pasar a la próxima parte.

Parte IV

Se dio por concluida la Vista Pública del 21 de junio de 2010 a las 10:55 a.m.

Sra. Marilyn Rodríguez Millán
Directora
Programas Federales
Municipio de Luquillo

MUNICIPIO DE LUQUILLO
PROGRAMAS FEDERALES

PO BOX 1012
LUQUILLO PUERTO RICO 00773-1012

OFICINA DEL DIRECTOR

MUNICIPIO DE LUQUILLO
PROGRAMAS FEDERALES

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mundeluq@coqui.net

VISTAS PÚBLICAS
HOJA DE ASISTENCIA
21 DE JUNIO DE 2009

1. Annenis Campos Ramos
2. Carida Ramos
3. Dominick Fontánez Ramos
4. Vineida Cruz
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COMMONWEALTH OF PUERTO RICO

FEDERAL AFFAIRS OFFICE

HOUSING CHOICE VOUCHER PROGRAM SECTION 8

PHA FIVE (5) YEAR PLAN

PHA ANNUAL PLAN

MUNICIPALITY OF LUQUILLO

HON. JOSE M GONZALEZ ORTIZ

MAYOR

LUQUILLO, PUERTO RICO

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 PHA Information

PHA Name: Municipality of Luquillo PHA Code: RQ081

PHA Type: ☐ Small ☒ High Performing ☐ Standard ☒ HCV (Section 8)

PHA Fiscal Year Beginning: (MM/YYYY): 07/01/2010

2.0 Inventory (based on ACC units at time of FY beginning in 1.0 above)

Number of PH units: _____ Number of HCV units: 69

3.0 Submission Type

☒ 5-Year and Annual Plan ☐ Annual Plan Only ☐ 5-Year Plan Only

4.0 PHA Consortia ☐ PHA Consortia: (Check box if submitting a joint Plan and complete table below.)

Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program	
				PH	HCV
PHA 1:					
PHA 2:					
PHA 3:					

5.0 5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.

5.1 Mission. 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:

Our mission is to serve the needs of low-income, very low-income and extremely low-income families in Luquillo for the next five years through the Program administration by promoting social and economic services for the assisted families that contribute to the jurisdiction well-being as a whole.

5.2 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. **(Please refer to Attachment-A).**

The quantifiable goals and objectives that enables us as PHA to serve the needs of low-income, very low-income and extremely low-income families for the next five years has been illustrated as below:

1. **Increase the availability of decent, safe and affordable housing as we expand the supply and improve the quality of assisted housing. As part of this initiative, our PHA improve the Program management as evaluated in the SEMAP and implement the FSS program as part of the Annual Administrative Plan.**

2. **Improve community quality of life and economic vitality by implementing measures in order to deconcentrate poverty, planning the development for the elderly or people with disabilities, ensure lease enforcement and provide homeownership initiatives for the assisted families.**

3. **Promote self-sufficiency and asset development of families and individuals by increasing the number and percentage of employed persons and other labor programs, provide families with supportive services to improve their education and employability through the Federal Office Affairs activities and, enhance an economic development program for assisted families business and services.**

4. **Ensure equal opportunity and affirmatively further fair housing by implementing measures to provide a suitable living environment, access to assisted housing, among others. (Please refer to Attachment -B)**

PHA Plan Update

(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:

1. Eligibility, Selection and Admissions Policies, including De-concentration and Wait List Procedures.

The PHA will verify elegibility for admission when an voucher availability occurred as part of the implemented process. Our agency will utiize the following non-income screening factors to establish elegibility for admissions to the Housing Choice Voicher Program: criminal or drug related activity, history of disturbance or property destruction, and other relevant data found in PIC, any previous lease violation, debts to landlord and/or other housing authority and immigration status. Also, PHA will be requesting any other relevant information to the state enforcement agency for screening purposes. Regarding to the Waiting List, the agency has improved the system by providing guidance to the interested people in the application process and the information received at the site administrative office. An important fact, the waiting list has been organized or placed by date and time of the application. The PHA assignment plan is consistent across both waiting list type by offering applicants a vacant unit. Into the admission preferences, PHA has targeted more than 75% of all new admissions to the Housing Choice Voucher Program at or below 30% of median area income. The preferences has been formally distributed to assure a transparent process by giving priority to involuntary displacement, victims of domestic violence, substandard housing, homelessness, families with terminal disease (as defined in the administrative plan), veterans and veteran's families and those unable to work due to the age or disability factors. Tenant can refer to the tenant lease and other written informative materials for the use of information concerning the rules for continued occupancy in the Housing Choice Voucher Program. Families must notify the PHA of changes in the family composition during the annual reexamination and lease renewal, when changes occur in the family composition, at family request for revision, during relocation process due to relevant facts and/or family request for transfer duly documented and analyzed. The PHA will be conducting an analysis of the general occupancy by development to determine concentrations of poverty in order to promote de-concentration of poverty and income mixing. Upon the completion of the analysis, the PHA will list the developments where such de-concentration of poverty must take place and will assure access for lower-income families. (Please refer to the Annual Administrative Plan, as amended).

2. Rent Determination

The PHA employs discretionary policies for determining income based rent, establishing the minimum rent of $____ and employing minimum rent hardship exemptions when a family has lost elegibility or is waiting for determination of elegibility for federal assistance program, family income decreases by changes in circumstances, family relevant expenses have risen, income generating family member has deceased. The PHA will employ a deductions and/or exclusions policy for the earned income of a previously unemployed household member. PHA ceiling rent are set at a level at or lower than ___% of adjusted income and are established in accordance to the Fair Market Rent applicable to the Municipality of Luquillo. For a rent re-determination to be considered between reexaminations, the tenant must report any decrease and/or increase family composition or income. Any changes shall be reported immediately the changes occur. In the process of setting flat rents, the PHA uses the following comparability: Fair Market Rents, Actual Rental Values of the Unit, Section 8 Reasonableness study and/or any surveys toward this topic. (Please refer to Administrative Plan, _____).

6.0

3. Family Self-Sufficiency Program

The PHA has an inventory of 25 vouchers to be used in those families that can participate into the FSS Program. This will encourage the assisted families to obtain economic independence and become homeowners (Please refer to the Homeownership Program and the FSS Plan). Also, the PHA has identified area developments in order to promote the economic independence to the moderate and low income assisted families, specifically those with special needs.

4. Civil Rights Certification. Refer to Form HUD 50077, Attachment ___

5. Fiscal Year Audit. Pursuant to 24 CFR 903.7 (p) require that the Agency Plan include the presentation of the results of the most recent PHA fiscal year audit conducted under section 5(h) (2) of the US Housing Act of 1937 (42USC 1437 c(h)). The Single Audit as of June 30, 2009 has been already submitted to HUD. One finding was included in that report and corrective action plan will be completed by June 30, 2010.

6. Violence Against Women Act (VAWA). PHA has been implementing and ensuring compliance with the provisions stated in the Violence against Women Act, as enacted to serve the needs of child and adult victims of domestic violence , dating violence, sexual assault, or stalking. Also, PHA will ensure the tenants are advised of the rights, equal opportunity, equal enjoyment of the housing program and, increase victim confidentiality under VAWA.

(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.

The five year plan contain comments and recommendations from the public in general and facilitate such comments through the Program Advisory Board meetings and a public hearing to be held on April ___, 2010. The purpose of the Annual Plan is to provide guidelines and requirements related to management, progress and services. In addition, the Plan sets forth the PHA major goals and initiatives for the upcoming year. The goals and objectives are measurable through the implementation of the public policies and procedures that results in an excellent customer service and fulfillment of the mission statement.

The Five Year and Annual Plan with the pertinent supporting documents will be available at the Federal Affairs Office, Municipality of Luquillo located at Calle 14 de Julio, Luquillo PR 00773. Also, the office phone numbers (787) 889-6228, (787) 889-2525, (787) 889-3666 are available for those wishing to examine the supporting documents by scheduling an appointment.

7.0	**Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.** *Include statements related to these programs as applicable.* **(Please refer to Attachment-C)**
8.0	**Capital Improvements.** Please complete Parts 8.1 through 8.3, as applicable.
8.1	**Capital Fund Program Annual Statement/Performance and Evaluation Report.** As part of the PHA 5-Year and Annual Plan, annually complete and submit the *Capital Fund Program Annual Statement/Performance and Evaluation Report,* form HUD-50075.1, for each current and open CFP grant and CFFP financing.
8.2	**Capital Fund Program Five-Year Action Plan.** As part of the submission of the Annual Plan, PHAs must complete and submit the *Capital Fund Program Five-Year Action Plan,* 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	**Capital Fund Financing Program (CFFP).** ☐ 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	**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. **(Please refer to Attachment-D)**

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.** **PHA main goal toward the housing needs of the families on the waiting list are to preserve and expand the voucher amount due to the fact of the latest SEMAP score obtained and updated waiting list amount. The PHA has identified ten (10) properties as part of the city revitalization plan to pursue the following strategies for addressing the needs:** **1. Increase the number of affordable housing units by levering resources through the creation of mixed-finance housing among other actual resources in order to encourage those assisted families to become homeowners and provide the vouchers to new families into the Waiting list Preference 1.** **2. Target available assistance to low and extremely low families by employing admission preferences, adopt rent policies to support and encourage work, develop and implement the FSS Program, and exceed HUD federal requirements.** **3. Target available assistance to elderly by seeking units and apply for special purpose vouchers.** **4. Target available assistance to families with disabilities by modifying as needed and so long it does not cause a financial and/or structural burden, apply for special purpose vouchers and, conduct activities to affirmatively further fair housing.** **5. Increase awareness of the Agency's resources among families of races and ethnicities with disproportionate needs.** **6. Maximize the number of vouchers assigned within the current resources by employing effective maintenance and management policies, undertake measures to ensure access to affordable housing among families assisted by PHA and develop the annual plans as part of the public policy implementation process.**
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. **The Housing Choice Voucher Program for the municipality of Luquillo has been evaluated in order to improve the management through the internal control procedures. The standard operating procedures has been developed in a clear and concise structure (six sigma approach), in order to adequate instruct the personnel. These administrative adjustments resulted in getting a 90% score in the last SEMAP by changing the status from Standard to High PHA. Through the Program Evaluation, we have identified various issues that will be addressed in order to be aligned to the HUD public policy in benefit of our communities and maintain the PHA as a HIGH performer.** (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" **(Please Refer to Attachment -E)** **One of our priorities is to encourage the assisted families to become homeowners by getting into the FSS and Homeownership Programs as developed and implement by the PHA as part of the public policy stated in the Administrative Plan. Through this strategy will be leveraging the Program by moving the Waiting List and providing the vouchers to those families with housing needs duly classified by preferences. Then, PHA will be enhancing the communication between the landlords and tenants in order to get input information about actual needs to improve the work plans in benefit of our constituents.** **Regarding to the Upfront Income Verification, various changes have been implemented by using the EIV system in order to verify the household income of assisted families. This action will minimize any income and/or rent involuntary errors due to unreported income or inaccurate determination of family elegibility and, further rent calculations.**

11.0	**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. (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations* (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, *Certification for a Drug-Free Workplace* (PHAs receiving CFP grants only) (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions* (PHAs receiving CFP grants only) (d) Form SF-LLL, *Disclosure of Lobbying Activities* (PHAs receiving CFP grants only) (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet* (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. **(Please refer to Attachment-F)** (g) Challenged Elements (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report* (PHAs receiving CFP grants only) (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan* (PHAs receiving CFP grants only)

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937, as amended, which introduced 5-Year and Annual PHA Plans. The 5-Year and Annual PHA plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.68 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

Privacy Act Notice. The United States Department of Housing and Urban Development is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality

Instructions form HUD-50075

Applicability. This form is to be used by all Public Housing Agencies (PHAs) with Fiscal Year beginning April 1, 2008 for the submission of their 5-Year and Annual Plan in accordance with 24 CFR Part 903. The previous version may be used only through April 30, 2008.

1.0 PHA Information
Include the full PHA name, PHA code, PHA type, and PHA Fiscal Year Beginning (MM/YYYY).

2.0 Inventory
Under each program, enter the number of Annual Contributions Contract (ACC) Public Housing (PH) and Section 8 units (HCV).

3.0 Submission Type
Indicate whether this submission is for an Annual and Five Year Plan, Annual Plan only, or 5-Year Plan only.

4.0 PHA Consortia
Check box if submitting a Joint PHA Plan and complete the table.

5.0 Five-Year Plan
Identify the PHA's Mission, Goals and/or Objectives (24 CFR 903.6). Complete only at 5-Year update.

5.1 Mission. A statement of the mission of the public housing agency for serving the needs of low-income, very low-income, and extremely low-income families in the jurisdiction of the PHA during the years covered under the plan.

5.2 Goals and Objectives. Identify quantifiable goals and objectives that will enable the PHA to serve the needs of low income, very low-income, and extremely low-income families.

6.0 **PHA Plan Update.** In addition to the items captured in the Plan template, PHAs must have the elements listed below readily available to the public. Additionally, a PHA must:

(a) Identify specifically which plan elements have been revised since the PHA's prior plan submission.

(b) Identify where the 5-Year and Annual Plan may be obtained by the public. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central off ice of the PHA. PHAs are strongly encouraged to post complete PHA Plans on its official website. PHAs are also encouraged to provide each resident council a copy of its 5-Year and Annual Plan.

PHA Plan Elements. (24 CFR 903.7)

4. **Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.** Describe the PHA's policies that govern resident or tenant eligibility, selection and admission including admission preferences for both public housing and HCV and unit assignment policies for public housing; and procedures for maintaining waiting lists for admission to public housing and address any site-based waiting lists.

5. **Financial Resources.** A statement of financial resources, including a listing by general categories, of the PHA's anticipated resources, such as PHA Operating, Capital and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support public housing or tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned use for the resources.

3. **Rent Determination.** A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units.

4. **Operation and Management.** A statement of the rules, standards, and policies of the PHA governing maintenance management of housing owned, assisted, or operated by the public housing agency (which shall include measures necessary for the prevention or eradication of pest infestation, including cockroaches), and management of the PHA and programs of the PHA.

5. **Grievance Procedures.** A description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.

6. **Designated Housing for Elderly and Disabled Families.** With respect to public housing projects owned, assisted, or operated by the PHA, describe any projects (or portions thereof), in the upcoming fiscal year, that the PHA has designated or will apply for designation for occupancy by elderly and disabled families. The description shall include the following information: **1)** development name and number; **2)** designation type; **3)** application status; **4)** date the designation was approved, submitted, or planned for submission, and; **5)** the number of units affected.

7. **Community Service and Self-Sufficiency.** A description of: **(1)** Any programs relating to services and amenities provided or offered to assisted families; **(2)** Any policies or programs of the PHA for the enhancement of the economic and social self-sufficiency of assisted families, including programs under Section 3 and FSS; **(3)** How the PHA will comply with the requirements of community service and treatment of income changes resulting from welfare program requirements. **(Note: applies to only public housing).**

8. **Safety and Crime Prevention.** For public housing only, describe the PHA's plan for safety and crime prevention to ensure the safety of the public housing residents. The statement must include: (i) A description of the need for measures to ensure the safety of public housing residents; (ii) A description of any crime prevention activities

conducted or to be conducted by the PHA; and (iii) A description of the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities.

9. **Pets.** A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.

10. **Civil Rights Certification.** A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.

11. **Fiscal Year Audit.** The results of the most recent fiscal year audit for the PHA.

12. **Asset Management.** A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.

13. **Violence Against Women Act (VAWA).** A description of: **1)** Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; **2)** Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and **3)** Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers

(a) Hope VI or Mixed Finance Modernization or Development. **1)** A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and **2)** A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at: http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm

(b) Demolition and/or Disposition. With respect to public housing projects owned by the PHA and subject to ACCs under the Act: **(1)** A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and **(2)** A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at: http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm
Note: This statement must be submitted to the extent **that approved and/or pending** demolition and/or disposition has changed.

(c) Conversion of Public Housing. With respect to public housing owned by a PHA: **1)** A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or that the public housing agency plans to voluntarily convert; **2)** An analysis of the projects or buildings required to be converted; and **3)** A statement of the amount of assistance received under this chapter to be used for rental assistance or other housing assistance in connection with such conversion. See guidance on HUD's website at: http://www.hud.gov/offices/pih/centers/sac/conversion.cfm

(d) Homeownership. A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.

(e) Project-based Vouchers. If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.

8.0 Capital Improvements. This section provides information on a PHA's Capital Fund Program. With respect to public housing projects owned, assisted, or operated by the public housing agency, a plan describing the capital improvements necessary to ensure long-term physical and social viability of the projects must be completed along with the required forms. Items identified in 8.1 through 8.3, must be signed where directed and transmitted electronically along with the PHA's Annual Plan submission.

8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report. PHAs must complete the *Capital Fund Program Annual Statement/Performance and Evaluation Report* (form HUD-50075.1), for each Capital Fund Program (CFP) to be undertaken with the current year's CFP funds or with CFFP proceeds. Additionally, the form shall be used for the following purposes:

(a) To submit the initial budget for a new grant or CFFP;

(b) To report on the Performance and Evaluation Report progress on any open grants previously funded or CFFP; and

(c) To record a budget revision on a previously approved open grant or CFFP, e.g., additions or deletions of work items, modification of budgeted amounts that have been undertaken since the submission of the last Annual Plan. The Capital Fund Program Annual Statement/Performance and Evaluation Report must be submitted annually.

Additionally, PHAs shall complete the Performance and Evaluation Report section (see footnote 2) of the *Capital Fund Program Annual Statement/Performance and Evaluation* (form HUD-50075.1), at the following times:

1. At the end of the program year; until the program is completed or all funds are expended;

2. When revisions to the Annual Statement are made, which do not require prior HUD approval, (e.g., expenditures for emergency work, revisions resulting from the PHAs application of fungibility); and

3. Upon completion or termination of the activities funded in a specific capital fund program year.

8.2 Capital Fund Program Five-Year Action Plan

PHAs must submit the *Capital Fund Program Five-Year Action Plan* (form HUD-50075.2) for the entire PHA portfolio for the first year of participation in the CFP and annual update thereafter to eliminate the previous year and to add a new fifth year (rolling basis) so that the form always covers the present five-year period beginning with the current year.

8.3 **Capital Fund Financing Program (CFFP).** Separate, written HUD approval is required if the PHA proposes to pledge any portion of its CFP/RHF funds to repay debt incurred to finance capital improvements. The PHA must identify in its Annual and 5-year capital plans the amount of the annual payments required to service the debt. The PHA must also submit an annual statement detailing the use of the CFFP proceeds. See guidance on HUD's website at: http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm

9.0 **Housing Needs.** Provide a statement of the housing needs of families residing in the jurisdiction served by the PHA and the means by which the PHA intends, to the maximum extent practicable, to address those needs. **(Note:** Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).

9.1 **Strategy for Addressing Housing Needs.** Provide a 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:** Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).

10.0 **Additional Information.** Describe the following, as well as any additional information requested by HUD:

(a) **Progress in Meeting Mission and Goals.** PHAs must include (i) a statement of the PHAs progress in meeting the mission and goals described in the 5-Year Plan; (ii) the basic criteria the PHA will use for determining a significant amendment from its 5-year Plan; and a significant amendment or modification to its 5-Year Plan and Annual Plan. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

(b) **Significant Amendment and Substantial Deviation/Modification.** PHA must provide the definition of "significant amendment" and "substantial deviation/modification". **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan.)**

(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).**

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

(b) Form HUD-50070, *Certification for a Drug-Free Workplace* **(PHAs receiving CFP grants only)**

(c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions* **(PHAs receiving CFP grants only)**

(d) Form SF-LLL, *Disclosure of Lobbying Activities* **(PHAs receiving CFP grants only)**

(e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet* **(PHAs receiving CFP grants only)**

(f) Resident Advisory Board (RAB) comments.

(g) Challenged Elements. Include any element(s) of the PHA Plan that is challenged.

(h) Form HUD-50075.1, ***Capital Fund Program Annual Statement/Performance and Evaluation Report*** **(Must be attached electronically for PHAs receiving CFP grants only).** See instructions in 8.1.

(i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan* **(Must be attached electronically for PHAs receiving CFP grants only).** See instructions in 8.2.

ATTACHMENT - A

According to the Streamlined Five (5) year PH Plan filed on June 14, 2010, the municipality of Luquillo was aligned to the Department of Housing and Urban Development (HUD) mission in order to promote adequate and affordable housing, economic opportunity and suitable living environment free from discrimination. The goals and objectives included into this plan can be detailed as follows:

1. Increase the availability of decent, safe and affordable housing.
2. Improve community quality of life and economic vitality by promoting the portability housing voucher in order to strengthen the poverty de-concentration.
3. Promote self-sufficiency and asset development of families and individuals.
4. Ensure equal opportunity in housing for all citizens.

The statistics provided into the Executive Summary can be disclosed as follows:

Categories	% Total Families
Waiting List	10%
Extremely Low Income	85%
Very Low Income	15%
Families with children	100%

The following strategies were detailed in order to address the housing needs:

1. Maximize the number of affordable units available to the PHA.
2. Increase the assistance to the low income and extremely low income families by employing admission preferences aimed at families with economic hardships.
3. Apply for special purpose vouchers for elderly and disable families.
4. Affirmatively market to local non-profit agencies.

The payment standards were 100% of Fair Market Rent and be evaluated by annual basis where minimum rent is $1 to $25.

The PHA planned to administer Section 8 Homeownership Program supported by the relevant experience by administering CDBG Program and by participating in HOPWA Program.

In terms of the Amendment and Deviation Definitions, a substantial deviation will be an establishment of a program that will stimulate the homeownership and the expansion of the FSS Program. Into the significant amendment, the following were included: (1) to develop a plan of action between landlords and tenants, (2) to implement the UIV system in order to avoid income and rent mistakes and (3) to reinforce the Resident Advisory Board.

As part of the Stream-lined Five (5) year plan, the following actions were performed:

Calendar Year	Actions
2005	1. SEMAP Standard classification 2. FSS fund request was approved @ $63,000 to cover Coordinator Salaries for the program implementation 3. CAP was performed to correct Single Audit major findings 4. PHA Annual Plan review and Public Hearings were executed for the next fiscal year 5.Twenty five (25) families signed FSS participation contracts
2006	1. FSS fund request was not approved for this calendar year. 2. CAP was performed to correct Single Audit major findings 3. PHA Annual Plan review and Public Hearings were executed for the next fiscal year 4. SEMAP Standard classification
2007	1. CAP was performed to correct Single Audit major findings 2. PHA Annual Plan was amended to include VAWA requirements and Public Hearings were executed for the next fiscal year 3. SEMAP Standard classification
2008	1. CAP was performed to correct Single Audit major findings 2. PHA Annual Plan was amended to include VAWA requirements and Public Hearings were executed for the next fiscal year 3. SEMAP- Standard classification
2009	1. PHA Annual Plan was amended and executed. Public hearings were performed for the next fiscal year. PHA invited the landlords of the municipality of Luquillo and other jurisdictions as strategy to comply with the SEMAP De-concentration indicator. 2. CAP was performed to correct Single Audit major findings 3. SEMAP- High Performance classification 4. Standard operating procedures were implemented to enhance administrative internal controls.

ATTACHMENT – B

STATEMENT OF MANDATORY PROHIBITION OF SEX OFFENDERS

The Municipality of Luquillo(RQ081) has established standards that prohibit admission to the program if any member of the household is subject to a lifetime registration under a State sex offender registration program (24 CFR 982-553 (2)). The Municipality of Luquillo (RQ081) will screen the family by performingh a criminal history background check necessary to determine whether any household member is subject to a lifetime serx offender registration requirement in the State where the dwelling unit is located and in other States where the household members are known to have resided. The screening is to be carried-out through the Puerto Rico Police Department, which issues a **Certificate of Conduct**.

The Municipality of Lquuillo will deny admission if any member of the household is subject to a lifetime registration requirement under a State sex offender registration program. Sex offenders, not subject to lifetime registration, will be denied assistance for the entire period they are subject to registration as sex offenders.

ATTACHMENT – B

DOMESTIC VIOLENCE STATEMENT- HOUSING CHOICE VOUCHER PROGRAM

The Violence against Women Act (VAWA), Public Law 109-162 was signed into law on January 5, 2006. Section 603 of the law anebds Section 5A of the U.S. Housing Act (42 U.S.C. 1437c-1) to require PHAs' five-year and annual PHA Plans to contain a Domestic Violence Policy Statement regarding any goals, activities, objectives, polciies, or programs of the PHA that are intended to support or assist victims of domestic violnece, dating violnece, sexual assault, or stalking. Sections 606 and Section 607 amend the Section 8 and publci housing sections of the US Housing Act (42 U.S.C. 1437F and 1437d) to protect certain victims of criminal domestic violence, dating violence, sexual assault, or stalking- as well as members of the victims' inmmediate families- from losing their HUD-assisted housing as a consequence of the abuse of which they were the victim. While awaiting new guidelines from the Department of Housing and Urban Development for implementing VAWA the municipality of Luquillo, (RQ081) has adopted the following goals and objectives, for Domestic Violence Policy:

- The VAWA applies to the Housing Choice Voucher Program
- The applicant/tenant/victim will be treated with respect and dignity.
- The Municipality of Luquillo will notify Houysing Choice Voucher owners and managers of VAWA.
- The Municipality of Luquillo will notify voucher holders of their rights under VAWA including the possible portability of vouchers between jurisdictions to escape an inminent threat of further domestic violence or stalking.
- VAWA will be incorporated into the landlord and tenant orientation process.
- Necessary conforming amendments to Housing Choice Voucher Program rules, regulations and paperwork wil be further addressed after receipt of guidelines from the Department of Housing and Urban Development (HUD).

ATTACHMENT – C

HOMEOWNERSHIP PROGRAM ADMINISTRATIVE PLAN

COMMONWEALTH OF PUERTO RICO

FEDERAL AFFAIRS OFFICE

ADDENDUM TO HCV ADMINISTRATIVE PLAN

HOMEOWNERSHIP PROGRAM ADMINISTRATIVE PLAN

MUNICIPALITY OF LUQUILLO

HON. JOSE M GONZALEZ ORTIZ

MAYOR

LUQUILLO, PUERTO RICO

JUNE 2010

STATEMENT OF PURPOSE

The Municipality of Luquillo (RQ081) Housing Choice Voucher Homeownership Program is designed to expand homeownership opportunities for voucher participants. This program will assist HCV participants to transition from rental assistance to homeownership using their voucher assistance.

The HCV Homeownership Program was originally designed to address the special housing needs of people with disabilities as documented in both the State Consolidated Plan and the Municipality of Luquillo Administrative Five-year and Annual Plan. The pilot program targeted qualified families where either the head of the household or spouse was a person with a physical, mental or developmental disability, as defined by HUD at 24 CFR 5.403.

The HCV Homeownership Program is now available to all voucher holders who meet the minimum qualifications set forth in this plan and who have the ability to independently secure a mortgage loan. The number of participants served through the HCV Homeownership program is currently limited to the parameters set forth in the Municipality of Luquillo PHA number RQ081 Administrative Plan.

The Administrative Plan is based on Housing Act 1974; The Housing and Community Development Act de 1987; The Housing and Urban Recovery Act de 1983; Public Housing Reform Act of 1998; Quality Housing and Work Responsibility Act de 1998; Titulo VI de la Ley de Derechos Civiles de 1964, el Title VIII and Section 3 of the Civil Rights of 1968, as ammended by the Community Development Law of 1974; the Executive Order 11063, Section 504 of the Rehabilitation Law of 1973; Age Discrimination Law of 1975 and; The "Housing Choice Voucher Program Guidebook" 7420.10 G, April 2001 y el 24 CFR (Code of Federal Regulation, et seg). As per law number 81 of August 30, 1991 as ammended, known as the Autonomous municipalities law of the Commonwealth of Puerto Rico constitutes the legal base for this Administrative Plan. The HCV Homeownership Program will be administered by the Federal Affairs Office located at the municipality of Luquillo.

With the exception of unique eligibility and "family obligation" procedures identified elsewhere in the chapter, the Municipality of Luquillo (RQ081) will administer the HCV Homeownership program in accordance with all the policies and procedures contained in the HCV Administrative Plan and 24 CFR Part 982.

A. ELIGIBILITY REQUIREMENTS FOR FAMILIES

Participation in the HCV Homeownership Program is voluntary. Each participant must meet the general requirements for admission to the HCV rental program as set forth in the Municipality of Luquillo Housing Choice Voucher Section 8 Administrative Plan. The family must also meet all eligibility requirements of the HCV Homeownership Program.

A.1 General Requirements

- Only current participants in the HCV rental program who have received assistance for at least one full year may apply for the homeownership program.
- An applicant must be in good standing with their landlord and the Municipality of Luquillo with regard to their family obligations and contracts.

The family must satisfy the prerequisite of being in "good standing" prior to receiving a Certificate of Eligibility for the homeownership program. For the purposes of the homeownership program, "good standing" is defined as meeting all of the conditions prior to and during the homeownership shopping period, as outlined below.

A landlord reference(s) indicating that during the prior year the family has an uninterrupted record of paying monthly rent in full and on time, and satisfactorily meets all other lease obligations, as documented on the *Homeownership Landlord Reference* form. All verifications will be completed via third-party written or oral communication with the applicant's landlord.

- Within the past year, the family has met all the HUD and the Municipality of Luquillo (MOL) family obligations under the HCV program.
- Within the past year and throughout the homeownership shopping period, the family may not owe the Municipality of Luquillo or any other housing authority any outstanding debt nor enter into a repayment agreement. A participant may become eligible to apply for the homeownership program on the first anniversary date of full payment of any debt, subject to meeting the other conditions of good standing.

- An applicant must be a "first-time homeowner."

  To qualify as a "first-time homeowner," the assisted family may not include any person with a "present ownership interest" in a residence during the three years before the commencement of homeownership assistance for the family. Cooperative membership shares acquired prior to the commencement of homeownership assistance are exempt from this rule. A single parent or displaced homemaker who, while married, owned a home with

his or her spouse, or resided in a home owned by his or her spouse, is considered a "first-time homeowner."

Other conditions also apply to "first-time homeowner" definition:

- No family member may have a present ownership interest in a second residence while receiving homeownership assistance.
- If the Municipality of Luquillo determines that a disabled family requires homeownership assistance as a reasonable accommodation, the first-time homeowner requirement does not apply.
- The Municipality of Luquillo will not commence homeownership assistance for a family if any family member has previously received assistance under the homeownership option, and has defaulted on a mortgage securing debt incurred to purchase the home.

- An applicant must demonstrate a minimum down payment of at least three percent (3%) or more. One percent (1%) of the purchase price of the property must come from the family's personal resources.
- An applicant must meet the minimum income standards defined below:
  - For a family whose head or co-head of household, spouse or sole member is an individual that experiences permanent disability, the standard is equal to the monthly Federal Supplemental Social Security Income (SSI) benefit for an individual (1-person) living alone (or paying his or her share of food and housing costs) multiplied by twelve.
  - For non-disabled or elderly families, the minimum income standard is the state minimum wage multiplied by 2,000 hours ($7.50 x 2000 = $15,000.) This standard is a Municipality of Luquillo option and is greater than the HUD minimum income requirement.

For purposes of program eligibility, welfare assistance may only be counted as income in cases where the applicant meets the definition of an elderly or disabled family.

If a family has a minimum income equal to or greater than the Federal minimum wage multiplied by 2,000 hours ($14,500 as of July 24, 2009) but less than the state minimum wage multiplied by 2,000 hours, the family will meet the minimum income requirement if the family can demonstrate it has located a PHA approvable unit and has secured PHA approvable financing for that unit and meets all other program requirements.

An applicant shall be considered to have satisfied the minimum income requirement if the family can demonstrate that it has been pre-qualified or pre-approved for financing. The pre-qualified or pre-approved financing amount must be sufficient to purchase housing that meets HUD Housing Quality Standards (HQS).

- An applicant must attend and satisfactorily complete a Municipality of Luquillo HomeChoice pre-assistance housing counseling program, and any other counseling prescribed by the Municipality of Luquillo.

A.2 Employment Obligations

Except for a disabled family or an elderly family, assistance under the homeownership program is limited to families who demonstrate a stable work history. The employment requirement is used to determine eligibility and is a requirement throughout the period of homeownership assistance.

Regular seasonal employees and self-employed workers, who have a demonstrated work history averaging thirty (30) hours per week on an annualized basisand an annualized income at or above the minimum income, will be considered continuously employed for purposes of HCV Homeownership program eligibility and subsequent employment requirements.

- The applicant head of household, spouse, or adult that will be on the mortgage document is required to document full-time (no less than 30 hours per week), continuous employment for a period of no less than 12 months prior to application.

- The head of household, spouse or co-head must document earned income of no less than the state minimum wage times 1560hours ($7.50 x 1650 = $11,700) during the preceding 12 months.

- The applicant head of household, spouse or adult on the mortgage document must remain continuously employed (no less than 30 hours per week) while participating in the program.

For eligibility purposes, continuous employment is defined as: **"No gap in employment lasting more than four weeks total during the past year."** Continuous employment for seasonal employees and self-employed workers is defined as two consecutive years of regular seasonal employment where SHA 'annualizes' family income when determining family rent.

- Part-time employment by both parties, totaling over 30 hours per week, does not constitute full-time employment by either party.

The Municipality of Luquillo has the discretion to interpret small gaps in employment. Permissible gaps can only occur if loss of employment resulted from measures beyond the employee's control (layoff, medical emergency); and did not result in an employment gap of more than four consecutive weeks.

Documentation of the initial employment requirement for the HCV Homeownership program will be completed using the *Employment Verification* form. All verifications will be completed via EIV, third-party written or oral communication with the applicant's employer. Annual documentation of the full-time employment requirement will be completed using the *Homeownership Voucher Work Certification* at annual reexamination.

Lenders may have separate requirements and further require participants to demonstrate a history of full-time, continuous employment of no less than 24 months at 40 hours per week.

The employment requirement is not applicable to elderly families or those whose head of household, spouse, or co-head are verified disabled in accordance with the occupancy definition of disabled.

B. APPLICATION PROCESS

Applicants may contact the HCV Program Administrator or a Housing Specialist to receive information about HCV Homeownership Program and a *Homeownership Application*.

B.1 Application Form

An applicant must complete and submit the *Homeownership Application* to the HCV Program Administrator for review. The application includes information on income, assets, obligations, and family composition.

B.2 Application Attachments

1. Documentation of attendance at the Municipality of Luquillo HomeChoice Pre-Purchase Housing Seminar. Oficina del Comisioando de Asuntos Munipales (OCAM and Corporación de Desarrollo Económico de Ceiba are partner agencies and will be available to provide one-to-one counseling services specifically targeted for home buyers. A certificate of attendance for Home Choice must be attached to the pre-qualification application.

2. A current bank statement verifying $1,000 in savings designated toward the one percent (1%) of personal funds down payment requirement. Applicants must document a three percent (3%) down payment with the mortgage lender prior to closing.

3. A Municipality of Luquillo *Employment Verification* form.

4. A signed *Homeownership Landlord Verification form.*

5. If applicable, a verification of disability, if not on file.

6. The applicant must document household composition for all individuals who will reside in the household.

B.3APPLICATION REVIEW

Upon receipt of a HCV *Homeownership Application*, the HCV Program Administrator determines whether an applicant meets the eligibility criteria for the program. The application review will include:

1. Evaluation of family composition and HCV rental status.

2. Review of income, savings, and disability documentation.

3. Verification that the applicant is in compliance with all lease provisions using the Municipality of Luquillo *Landlord Reference* form.

4. Evaluation of employment history.

All documentation is subject to independent verification by the Municipality of Luquillo program staff. The Program Administrator will review the file for discrepancies or omissions. If, at any time throughout the process, the Program Administrator sees a discrepancy in reported income, assets, or family share, he/she shall report it to the Housing Program Specialist (HPS). The HPS shall perform an interim reexamination, resolve whether further action is necessary, and report the outcome to the Program Administrator.

- If, in the course of a loan application, a loan originator, or other third party, document income not previously reported to the Municipality of Luquillo, PHA will conduct an interim reexamination of income. Should the reexamination result in a debt or proposed repayment agreement, the Municipality of Luquillo shall retain sole discretion to withdraw the *Certificate of Eligibility* subject to the outcome of any grievance procedure related to the income discrepancy. The participant family must remain on the HCV program for an additional year, in good standing, before the Municipality of Luquillo may re-issue a *Certificate of Eligibility*.

C. DETERMINING "MORTGAGE READY" APPLICANTS

Applications for homeownership are date-stamped. Complete applications – those with all necessary attachments in place – are placed on a waiting list in order of date and time received.

A *Certificate of Eligibility* is awarded on a first-come, first-served, basis after a participant is determined eligible and "mortgage ready." The Municipality of Luquillo will issue approximately twenty *Certificates* each fiscal year as set forth in the Municipality of Luquillo Administrative Plan.

The *Certificate* contains an estimate of the amount of HAP available to the family. This estimate is useful to the applicant and lender when determining the housing and debt ratios.

C.1 Incomplete Applications

Incomplete applications will not be reviewed and will be returned to applicants for completion. A checklist of application deficiencies will be attached to the incomplete application. Participants must correct all deficiencies noted on the checklist and resubmit the checklist, complete application, and attachments, for additional consideration. Applications that are returned for incompleteness will be re-stamped and dated when they are returned complete.

C.2 Homeownership Counseling

The Municipality of Luquillo will provide homeownership counseling prior to application, after a *Certificate of Eligibility* is issued, and post-purchase counseling. An HCV applicant must attend and satisfactorily complete the Municipality of Luquillo *HomeChoice* counseling program. The counseling program covers the topics listed below. Applicants who the Municipality of Luquillo determines are not yet "mortgage ready" may be required to obtain additional information on any of the following issues:

1. Is homeownership right for you?
2. Special needs of disabled home buyers/fair housing issues;
3. Budgeting and money management;
4. Credit counseling;
5. How to negotiate the purchase price of a home;

6. How to obtain homeownership financing and loan pre- approvals, including a description of types of financing that may be available, and the pros and cons of different types of financing;

7. How to find a home, including information about homeownership opportunities, schools, and transportation services in the area;

8. Information about the Real Estate Procedures Act, State and Federal truth-in-lending laws, and how to identify and avoid loans with oppressive terms and conditions;

9. Home maintenance;

10. Taxes, proration of taxes if assisted by the program;

11. Inspection criteria, HQS requirements, special requirements in the contract for sale;

12. Voucher, eligibility, and continuous eligibility requirements;

13. Post purchase counseling.

D. CERTIFICATE OF ELIGIBILITY

With the expansion of the program to working families, the Municipality of Luquillo shall use a priority mechanism to ensure a fair and equitable selection of new applicants. Upon securing a sufficient number of applicants to ensure full utilization of the program, the Municipality of Luquillo shall resort to its traditional use of priority and then date and time of application.

- The priority is established with Board of Directors' approval and is limited to the initial admissions process. A sufficient window of opportunity shall exist to ensure equal representation of eligible applicants within the priority pool.

- Priority will be given in the following order:

  - Families that have graduated from the FSS program and meet the HCV HO eligibility requirements

  - Families that have verified that they meet the eligibility requirements and are acceptable for lender/loan requirements by a qualified lender with qualified loan products

  - All other eligible families

- Other families that are participating to achieve eligibility

If the HCV Program Administrator determines that a family meets minimum eligibility criteria, he/she may issue a *Certificate of Eligibility* to enable the applicant to shop for a home purchase. The Program Administrator will deliver the *Certificate of Eligibility* and a copy of the *Homeownership Application* to the participant. These documents will assist the applicant in determining the maximum sales price and loan amount in the pre-qualification process in conjunction with their lender.

Whenever an opening occurs in the program, the Municipality of Luquillo will select the next available applicant for an intake interview. The Program Administrator will interview the applicant to ensure that all the information contained in their *Homeownership Application* is current and that the applicant is eligible for homeownership.

The issuance of a *Certificate of Eligibility* does not guarantee that a participant will have the ability to secure a homeownership loan. Other considerations such as the housing market, an applicant's credit history, total indebtedness, and current income will be factors that will determine a participant's ability to secure a home mortgage. All participants will qualify independently through a mortgage lender of their choice.

D.1 Changes in Family Size or Composition

All changes in family composition must be reported prior to the change to the Housing Program Specialist and the HCV Homeownership Program Administrator. The *Certificate of Eligibility* will reflect the applicable subsidy standard the Municipality of Luquillo assigns to the family based upon the family's size and composition. The final *Housing Assistance Payment Certificate* will be issued based upon the subsidy standard applicable on the date of closing.

D.2 Changes in the Payment Standards

The payment standard applicable on the date of closing establishes the baseline payment standard for the unit. If the payment standard changes after an offer to purchase has been made, but prior to closing, the payment standard applicable on the date of closing applies. The Municipality of Luquillo will reissue a revised *Certificate of Eligibility* effective on the effective date of the new Payment Standard.

Occasionally, a buyer and seller may execute an Earnest Money Agreement prior to a decrease in payment standard, with the closing taking place after the effective date of a decreased payment standard. For families whose head of household, spouse or co-tenant experiences permanent

disability, the Municipality of Luquillo may request HUD approval to use the payment standard in effect on the date the Earnest Money Agreement was fully executed if the new, decreased, payment standard would jeopardize the sales agreement. This may only occur as a reasonable accommodation to a disabled household.

E. ELIGIBLE UNITS

Eligible homes must be located within the respective geographic boundaries that govern the Municipality of Luquillo HCV rental program.

A family approved for homeownership assistance may purchase the following type of homes:

- A new or existing home;
- A single-family home;
- A condominium;
- A home in a planned use development, a cooperative, a loft or live/work unit;
- A manufactured home, if situated on a privately owned lot or on a leased pad in a mobile home park.

If the family does not own fee title to the real property on which the home is located, the family must have the right to occupy the site for a period of at least forty (40) years and the home must have a permanent foundation.

A unit can be under construction at the time a family enters into the contract of sale. A unit is considered to be "under construction" if the footers have been poured. The PHA will not commence Housing Assistance Payments until the unit has satisfactorily passed an HQS and Independent inspections and meet all other program requriements.

For the Municipality of Luquillo-owned units all of the following conditions must be satisfied:

- The Municipality of Luquillo informs the family, both orally and in writing, that the family has the right to purchase any eligible unit and a other owned unit is freely selected by the family without the Municipality of Luquillo pressure or steering;
- The unit is an eligible housing unit;
- The Municipality of Luquillo obtains the services of an independent agency to inspect the unit for compliance with HQS, review the independent inspection

report, review the contract of sale, determine the reasonableness of the sales price and any Municipality of Luquillo provided financing. All of these actions must be completed in accordance with program requirements. The Municipality of Luquillo will obtain the services of a neighboring PHA or other independent HCV administering agency to perform these services, so long as the independent agency is operating a HCV Program.

For units not yet under construction. Families may enter into contracts of sale for units not yet under construction at the time the family enters into the contract for sale. However, the PHA shall not commence homeownership assistance for the family for that unit, unless and until:

(1) Either:

(i) The responsible entity completed the environmental review procedures required by 24 CFR part 58, and HUD approved the environmental certification and request for release of funds prior to commencement of construction; or

(ii) HUD performed an environmental review under 24 CFR part 50 and notified the PHA in writing of environmental approval of the site prior to commencement of construction;

(2) Construction of the unit has been completed; and

(3) The unit has passed the required Housing Quality Standards (HQS) inspection and independent inspection.

F. FAMILY SEARCH AND OFFER TO PURCHASE

At the time the *Certificate of Eligibility* is issued, the family is placed in "home shopping status." The family has 180 days to locate and make an offer on a home, and secure a prequalification letter from their lender. The Program Administrator may recommend three additional 30 day extensions not to exceed a total of 270 home shopping days. Additional 30-day extensions are available on a case-by-base basis, subject to approval by the Director of Housing or their designee.

During a participant's search for a home, their housing choice voucher rental assistance shall continue. The participant family remains subject to all applicable rules and regulations.

- Applicants must submit housing choice progress reports every 30 days to document progress toward homeownership.

Six progress reports will be included with the *Certificate*. If a participant family is unable to locate and purchase a home within the timeframe approved by the Municipality of Luquillo, the family may continue to receive rental assistance through their Housing Choice Voucher.

- The family may not re-apply for the Homeownership Program until they have completed an additional full year of participation in the rental program following the expiration date of the *Certificate of Eligibility*.

The Municipality of Luquillo may require additional homeownership counseling prior to issuance of a second *Certificate of Eligibility*. The participant must meet all other eligibility criteria of the program at the time of resubmission.

- A unit is considered "located" if a 90% letter from the lender has been issued to the participant and the buyer and seller have executed an 'earnest money' purchase agreement that includes the Municipality of Luquillo *Addendum to the Residential Purchase Agreement.*

G. CONTRACT OF SALE

Eligible homes must be located within the boundaries of the HCV Program. The seller cannot be an individual, company, or corporation who has been debarred, suspended, or is subject to a limited denial of participation by HUD or the Municipality. The Municipality of Luquillo may deny approval of a seller for any reason provided for disapproval of an owner under the voucher rental program regulations.

Before commencement of homeownership assistance, the homeownership applicant must enter into a contract of sale, or earnest money agreement, with the home seller.

- The Municipality of Luquillo will provide the buyer with an *Addendum to the Residential Purchase Agreement.* Both the buyer and seller must execute the earnest money agreement and *Addendum*.

The *Addendum to the Residential Purchase Agreement* shall contain the following provisions:

1. Specify price and other terms of sale by the seller to the purchaser.

2. Provide that the purchaser will arrange for a pre-purchase inspection of the dwelling unit by an independent inspector selected by the purchaser.

3. Provide that the purchaser is not obligated to purchase the unit unless the inspection is satisfactory to the purchaser and the municipality of Luquillo.

4. Provide that the purchaser is not obligated to pay for any necessary repairs.

5. Specify that an HQS inspector be granted access to the property to perform an HQS inspection prior to closing. Homeownership assistance is contingent on satisfactory inspections by both inspectors and subject to approval by the Municipality of Luquillo.

6. Specify that the seller has not been debarred, suspended, or subject to a limited denial of participation in a HUD program under 24 CFR.

7. Specify that before Buyer is obligated under any contract to purchase Property, Seller shall permit Buyer a 10-day period (unless the parties mutually agree, in writing, upon a different period of time) to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards. Buyer may waive the opportunity to conduct the risk assessment or inspection by so indicating in writing.

The *Addendum to the Residential Purchase Agreement* shall contain the following provisions if the unit is not yet constructed:

1. The purchaser is not obligated to purchase the unit unless an environmental review has been performed and the site has received environmental approval prior to commencement of construction in accordance with 24 CFR 982.628.

2. The construction will not commence until the environmental review has been completed and the seller has received written notice from the PHA that environmental approval has been obtained. Conduct of the environmental review may not necessarily result in environmental approval, and environmental approval may be conditioned on the contracting parties' agreement to modifications to the unit design or to mitigation actions.

3. Commencement of construction in violation of either of the above two provisions voids the purchase contract and renders homeownership assistance under 24 CFR part 982 unavailable for purchase of the unit.

H. HOME INSPECTIONS

Two home inspections are required prior to purchase: (1) An independent home inspection, and (2) an HQS inspection.

H.1 Independent Home Inspection

HUD regulations require a home inspection by an approved independent, professional home inspector. The family is required to select and pay for a home inspector to identify any physical defects and determine the condition of the major building systems and components. The buyer and the Municipality of Luquillo must receive a written report of this examination describing the observable major defects, required repairs and/or accessibility modification requirements.

The inspector shall also be acceptable to the local lending institutions. In all cases the inspection must cover major building systems and components, including foundation and structure, housing interior and exterior, and the roofing, plumbing, electrical and heating systems. The unit must pass a termite or wood destroying organism report and any other requirements as determined by the State.

The family may not require to use an independent inspector selected by the Municipality of Luquillo. The independent inspector may not be a Municipality of Luquillo employee or contractor, or other person under control of the Municipality of Luquillo. However, MOL has established standards for qualification of inspectors selected by families under the homeownership program.

The Municipality of Luquillo and the family will discuss the results of the inspection and determine if any pre-purchase repairs are necessary. ICBO inspections performed by an independent inspector, performed at periodic points in the homebuilding process, may be utilized. The cost of the ICBO inspection is included in the cost of the home. The Municipality of Luquillo may disapprove the unit for purchase based on the results of the independent inspection.

H.2 Housing Quality Standards (HQS) Inspection

A Housing Quality Standards (HQS) inspection is required whenever the home is 100% ready for occupancy. The condition of the home must satisfy HQS standards before a sale may occur. The Municipality of Luquillo will conduct a Housing Quality Standards (HQS) inspection first, and if satisfactory, then require the independent inspection.

No further HQS inspections are required. However, the Municipality of Luquillo reserves the right to conduct interim HQS inspections before continuing to provide yearly homeownership assistance. The Municipality of Luquillo may exercise this option if it has reason to believe the home would no longer meet HQS standards, or has reason to believe that unauthorized individuals are living in the household.

A PHA inspection is required if the PHA has granted as a reasonable accommodation an additional bedroom size for medical equipment or for a live-in aide. The inspection is to verify that the additional

bedroom is being used for its intended purpose. If the extra bedroom is not being used for the intended purpose, the PHA must reduce the subsidy standard and corresponding payment standard at the family's next annual recertification.

Non-compliance with HQS standards may jeopardize a family's housing assistance payment. If the home does not pass the initial HQS inspection, then the Program Administrator will discuss with the purchasing family whether it would be more feasible to locate another home to purchase, or to have the needed repairs completed prior to the sale.

I. FINANCING AND AFFORDABILITY OF PURCHASE

It is the responsibility of the family to secure financing for the home purchase. The issuance of the *Certificate of Eligibility* does not guarantee that a family has the ability to secure financing for a home purchase. The Program Administrator and/or partner agencies will provide guidance to potential home buyers to ensure they avail themselves of various down payment assistance programs, optimum loan packages, mortgage interest rates, and ways to avoid predatory lending practices.

The PHA demonstrates its capacity to administer the HCV Homeownership program by requiring the financing to purchase a home either be provided, insured, or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards.

I.1 Down Payment Requirement

The purchasing family is required to invest at least three percent (3%) of the purchase price of the home. This investment can take the form of a down payment, closing costs, or a combination of the two. Of this sum, at least one percent (1%) of the purchase price must come from the family's personal resources.

If the family is an FSS graduate, the FSS escrow may be used to meet 50% of the downpayment and closing costs contribution requirements established by the Municipality of Luquillo.

The buyer may acquire financing through any Municipality of Luquillo approved lender. If the home is purchased using FHA mortgage insurance, it is subject to FHA mortgage insurance requirements.

Qualified participants may use the value of rental assistance as a form of "income" to help them qualify for a mortgage. Their assistance may be applied directly against their mortgage payment, therefore enabling a borrower to qualify for a home purchase.

There is no prohibition against using local/state grants or other subsidized financing in conjunction with the Housing Choice Voucher Homeownership Program. The program can be combined with a variety of mortgage loan products and other HUD programs to assist a potential home buyer in achieving the most favorable interest rate and terms of purchase.

I.2 Lending Partners

The Municipality of Luquillo may not influence a family's choice of lending options by limiting the use of homeownership assistance to particular units, neighborhoods, developers, lenders or require a family to use a set financing approach. However, HUD encourages local public housing authorities to develop partnerships with lenders to better serve the needs of families. The Municipality of Luquillo will counsel the family to avoid predatory lenders or lending practices. The Municipallity of Luquillo will honor any financing package that arises from any lender approved by the Municipality of Luquillo designated personnel.

I.3 Underwriting Options

The following underwriting options are suggested under this program. The lender will decide upon the option based upon income and borrower qualifications determined on a case-by-case basis by the lender, and dependent upon the specific loan products utilized.

Option One: Deduct HAP from Principal, Interest, Taxes & Insurance (PITI)

The borrower's HAP is applied directly to the PITI, and the housing debt to income ratio is calculated on the "net housing obligation" of the borrower.

Option Two: Add HAP to Borrower's Income

Calculate total income as a combination of the tax-exempt HAP (grossed up by 25%) and the borrower's income from employment using underwriting ratios specific to the loan product being used.

Option Three: Two Mortgage Approach

Borrower qualifies for the first mortgage (PITI) using only earned income. The HAP is used to pay the full P&I for a second mortgage.

I.4 Loan Restrictions

Mortgages with balloon payments, interest only, or variable interest rates are not allowed under the Municipality of Luquillo program. The buyer may not enter into a seller financing or lease-purchase agreement under this program.

The Municipality of Luquillo reserves the right to review lender qualifications and the loan terms before authorizing homeownership assistance. The Municipality of Luquillo may disapprove proposed financing of the debt if MOL determines that the debt is unaffordable. In making this determination, the Municipality of Luquillo will take into account family expenses such as child care, un-reimbursed medical expenses, homeownership expenses, and other family expenses, in addition to the participant's income.

Independent of the lender's requirements, the Municipality of Luquillo has established a criteria that the family cannot have a family share in excess of 45% of the monthly adjusted income at the time of the initial closing.

The Municipality of Luquillo must approve any proposed refinancing of the property. A loan committee will be convened to review all requests for refinancing.

- Refinancing the property, without prior written approval from the Municipality of Luquillo, may result in termination of the HCV Homeownership assistance.

In making its determination, the Municipality of Luquillo will take into account the reason(s) for the request to refinance, as well as the current assets and liabilities of the family, and how the refinancing will impact the total tenant payment. Homeownership assistance may continue if refinancing is approved, but will be limited to the remaining term based on the initial mortgage loan.

J. CONTINUED ASSISTANCE: FAMILY OBLIGATIONS

After a home is located, but before homeownership assistance can begin, the family and the Municipality of Luquillo must execute a HUD prescribed "Statement of Homeowner Obligations." In the statement the family agrees to comply with all obligations under the homeownership option. The initial "Statement of Homeowner Obligations, HUD-52649" will be reviewed and executed at the HCV homeownership orientation.

The family must also execute the MOL *Statement of Family Obligations* which details the additional Municipality of Luquillo HCV Homeownership Program obligations.

J.1 Continuous Reporting Requirements

The Municipality of Luquillo will reexamine the family's income and composition on an annual basis. After purchase of the home, the family must continue to adhere to the "HUD Statement of Homeowner Obligations" and the Municipality of Luquillo *Statement of Family Obligations* in order to continue to receive the monthly housing assistance payment. The Municipality of Luquillo *Statement of Family Obligations* will be reviewed by the family and signed at each annual reexamination.

A new *Certificate of Housing Assistance Payment* must be issued prior to any change in the housing assistance payment. Non-elderly and non-disabled families are required to annually document continued compliance with the full-time work requirement of the program by annual completion of the *Homeownership Work Certification.*

A family must disclose all changes in income within ten (10) business days of the change and at the annual reexamination. Failure to disclose or accurately report changes will jeopardize a family's continued participation in this program. A family may not add an adult household member without prior the MOL. The Municipality of Luquillo will deny admission to any individual who would otherwise not qualify for admission to the program due to criminal history, drug related history, or registry on a sex-offender list.

Participant must agree to attend post-purchase counseling sessions in conjunction with acceptance into this program to continue to receive assistance. The Municipality of Luquillo may require families who become delinquent on their mortgage payments to participate in additional homeownership and/or credit counseling classes.

The Municipality of Luquillo may deny or terminate assistance for violation of participant obligations as described in the "HUD Statement of Homeowner Obligations", the MOL *Statement of Family Obligations, or other program obligations.*

J.2 Continuous Employment Obligations

- The applicant head of household or spouse must remain continuously employed (no less than 30 hours per week) while participating in the program.
- Part-time employment by both parties, totaling over 30 hours per week, does not constitute full-time employment by either party.

For continued eligibility purposes, continuous employment is defined two ways. Continuous employment by the head, spouse or co-head defined as full time employment (average of 30 hours

per week) with no gap in employment lasting more than four weeks total (30 hours x 48 weeks = 1,440 hours). Or, earned income received by the head, spouse or co-head during the past year greater than the state minimum wage times 1560 hours ($7.50 x 1560 = $11,700).

The employment requirement is not applicable to elderly families or those whose head or co-head of household, spouse or sole member experience permanent disability.

J.3 Mitigating Circumstances

If a working family is subsequently determined by the Municipality of Luquillo to now qualify as a "disabled family," as defined by HUD, the full-time employment requirement is no longer applicable to that family.

The Municipality of Luquillo will consider mitigating circumstances where certain lapses in employment prohibit the family from meeting its continuous employment obligation. These include receipt of Unemployment Insurance Benefits due to layoff; absences defined under the Family Medical Leave Act; receipt of Workman's Compensation benefits.

The Municipality of Luquillo will allow week-for-week substitutions whenever of any of these benefits are received.

The participant must return to full-time employment within 30 days after exhaustion of unemployment benefits. Failure to return to full-time employment (30 hours per week) within 30 days will generate a 60-day *Notice to Correct*. Failure to correct will result in a correctable 30-day *Notice of Termination*.

A participant who is employed but is on leave from work due to maternity leave, FMLA or is receiving Workman's Compensation, is exempt from the full-time employment requirement during the period of approved leave from work. A participant must return to full-time employment within 30 days after exhaustion of applicable benefits. Willful failure to return to full-time employment (30 hours per week), after 30 days, will generate a 60-day *Notice to Correct*. Failure to correct will result in a correctable 30-day *Notice of Termination*.

Consideration of other mitigating circumstances is at the discretion of a local Area Coordinator recommendation to the HCV Program Administrator. The Program Administrator will convene a three-person committee to review any additional mitigating circumstances that prevent a participant's return to full-time employment within the time frames allotted. Determinations of the review committee are made on a case-by-case basis. Their decisions are subject to final approval by the Director, the Municipality of Luquillo Public Housing Division.

J.4 Guests and Changes in Family Composition

All changes in family composition must be reported to the Housing Program Specialist. All new family members must be approved as eligible residents before moving into the residence.

Family guests are permitted for a period not to exceed 30 days in any calendar year. The Municipality of Luquillo may consider persons who exceed the 30 day occupancy limit, or who use the residence as a personal mailing address, unauthorized family members. The family may be in violation of their family obligations and SHA may take appropriate action up to and including termination of assistance.

K.5 Other Continued Family Obligations

In addition to completing the HUD Statement of Homeowner Obligations and MOL Statement of Family Obligations Addendum prior to the issuance of the homeownership voucher, agreeing to comply with all family obligations under the Homeownership Program, including but not limited to:

The family must comply with the terms of any mortgage securing debt incurred to purchase the home or any refinancing of such debt.

At any time the family is receiving homeownership assistance, the family may not sell or transfer any interest in the home to any entity or person other than a member of the assisted family residing in the home.

A home equity loan or any refinancing may not be acquired without the prior written consent of the Municipality of Luquillo.

The family must provide required information regarding income and family composition in order to correctly calculate the total tenant payment (TTP) and homeownership assistance, consistent with the HCV requirements and any other information requested by the Municipality of Luquillo concerning financing, the transfer of any interest in the home, or the family's homeownership expenses.

While receiving homeownership assistance, the family must notify the Municipality of Luquillo if the family defaults on a mortgage securing any debt incurred to purchase the home.

While receiving homeownership assistance, the family must notify the Municipality of Luquillo before the family moves out of the home.

The family must, at annual reexamination, document that the family is current on mortgage, insurance, escrow accounts, repair reserve account, and utility payments.

The family is prohibited from moving more than one time in a one (1) year period. The family may be required to participate in pre- and post-purchase homeownership counseling prior to re-housing.

While receiving homeownership assistance, no family member may have any ownership interest in any other residential property.

Sign a release allowing MOL, counselors, realtors, and participating lenders to exchange information on the borrower.

Agree to maintain the condition of the home to comply with minimum HUD Housing Quality Standards (HQS).

Acknowledge that the termination of assistance shall be in accordance with program requirements and the Administrative Plan.

Acknowledge that the family is obligated for the whole mortgage payment in the event of termination of assistance.

Disclose any and all changes of family composition and family income immediately to the Municipality of Luquillo.

Agree that the family must immediately notify the Municipality of Luquillo of any late payment, delinquency notices, or default notices and must agree to participate in default counseling with a designated agency to become current.

Agree to attend any identified financial, homeowner or post purchase counseling during time of assistance.

Agree to the continued employment requirement as stated in the Municipality of Luquillo Administrative Plan.

The Municipality of Luquillo requires the family to maintain a minimum reserve for maintenance and major repairs. The minimum reserve shall be equal to the monthly reserve amounts times the number of months assisted as a homeowner less any Municipality of Luquillo approved withdraws.

Agrees that should they itemize deductions for IRS taxing purposes, they shall deduct in accordance with the IRS opinion that provides for a prorate deduction of the interest on a homeownership mortgage and homeownership taxes.

K. MAXIMUM TERM OF HOMEOWNERSHIP ASSISTANCE

For non-elderly and non-disabled households, homeownership assistance is available for a maximum 15-year term for mortgages with a 20-year or longer term and a maximum 10-year term in all other cases. The term is calculated from the date of issuance of the first housing assistance payment on the initial mortgage loan.

Families that qualify as a disabled family at the commencement of homeownership assistance, or at any time during the provision of homeownership assistance, are not subject to the 15-year term limitation. Homeownership assistance is available for a disabled family as long as the family remains eligible for the program.

If, during the course of homeownership assistance, the family ceases to qualify as a disabled or elderly family, the family will continue to be eligible for the homeownership assistance, subject to eligibility requirements of the Housing Choice Voucher program. The term of assistance will change to a maximum of 15-years for mortgages with a 20 year or longer term and a maximum ten year term in all other cases. This term will be calculated from the date of issuance of the first housing assistance payment on the initial mortgage loan. If the family ceases to qualify as a disabled or elderly family and the 15 or 10 year term has expired then the family will receive 6 months of monthly HAP payments and then the homeownership assistance will terminate.

In the case of an elderly family, the maximum term is for as long as they are eligible, provided the family qualifies as an elderly family at the start of homeownership assistance and continues to qualify as an elderly family.

Upon the death of a family member who holds, in whole or in part, title to the home, homeownership assistance may continue, pending settlement of the decedent's estate. The home must be solely occupied by remaining family members in accordance with 24 CFR 982.551(h).

For a nonelderly/nondisabled family, the total homeownership assistance received by a family, whether on different homes or through different public housing agencies, cannot exceed the eligible term of assistance based on the of the initial mortgage loan.

L. HOUSING ASSISTANCE PAYMENT (HAP)

While the family is residing in a homeownership unit, the HAP is equal to the lower of: (1) the payment standard minus the total tenant payment, or (2) the monthly homeownership expenses minus the total tenant payment.

The family is responsible for all monthly homeownership expenses not reimbursed by the housing assistance payment. Homeownership expenses include:

- principal and interest on the initial mortgage debt and any refinancing of such debt;
- any mortgage insurance premium incurred to finance the purchase of the home;
- real estate taxes and public assessments on the home;
- home insurance;
- cooperative or condominium operating charges or maintenance fees assessed by the condominium or cooperative homeowner association;
- the land lease for land where the home is located;
- the Municipality of Luquillo allowance for maintenance expenses;
- the Municipality of Luquillo allowance for costs of major repairs and replacements;
- the Municipality of Luquillo utility allowance for the home; and
- principal and interest on debt incurred to finance major repairs, replacements or improvements on the home.

For an individual with disabilities, such debt may include those costs incurred by the family to make the home accessible.

M. PAYMENT STANDARD/SUBSIDY STANDARD

For initial homeownership assistance, the payment standard for the family is the lower of: (1) the payment standard for the family unit size, or (2) the payment standard for the size of the home purchased (number of bedrooms in the house). At the annual recertification or an interim recertification, the Municipality of Luquillo will apply a payment standard that is the greater of: (1) the dollar amount of the payment standard used at the commencement of homeownership

assistance, or (2) the PHA payment standard for family unit size, used at its most recent annual anniversary. [24 CFR 982.635]

The Municipality of Luquillo subsidy standards determine the bedroom-size that the Municipality of Luquillo assigns to the family based upon its size and composition. The subsidy standards are approved by the Municipality of Luquillo designated personnel; they generally remain the same from year to year. The initial subsidy standard applied to a homeownership family is the same standard used for the rental program. The *Certificate of Housing Assistance Payment* will be issued based on the current subsidy and payment standards in effect on the date of closing.

The respective payment and subsidy standard applicable on the date of closing establishes the baseline payment and subsidy standards for the unit. The payment standard for subsequent years is the greater of the payment standard at the commencement of homeownership assistance or the payment standard at the most recent annual re-examination. Unlike the voucher rental program, the initial payment standard shall be the base for future housing payments. The payment standard shall not drop below the initial payment standard dollar amount due to changes by HUD or due to changes in family composition.

N. PORTABILITY

The Municipality of Luquillo will permit portability of HCV homeownership assistance to another jurisdiction subject to the Municipality of Luquillo policies governing portability. The receiving jurisdiction must operate a HCV Homeownership Program for which the applicant qualifies and it must be willing to administer new homeownership families. In order to remain eligible for the program, the participant must sell the current home purchased under the HCV Homeownership Program and incur no mortgage default.

The Municipality of Luquillo will also accept families from another HCV Homeownership Program subject to the Municipality of Luquillo admission requirements for the homeownership program. It will administer the voucher if approved for homeownership.

O. MOVE WITH CONTINUED TENANT-BASED ASSISTANCE

A family receiving homeownership assistance may move to a new unit with continued assistance. A family member must not own any title or other interest in the prior home and may not move more than once per year. The Municipality of Luquillo will review all requests to move with continued tenant-based assistance and may deny permission to move based on lack of sufficient funding to provide continued assistance or based upon the violations listed in Section Q of this document.

P. TERMINATION OF HOMEOWNERSHIP ASSISTANCE

A family's homeownership assistance may be terminated if a family fails to comply with its obligations under the HCV Homeownership Program or if the family defaults on the mortgage.

P.1 Failure to Comply with Homeowner Obligations

The family must comply with the terms of any mortgage incurred to purchase and/or refinance the home. The family must provide the Municipality of Luquillo with written notice of any sale or transfer of any interest in the home; any plan to move out of the home prior to the move; notification of the family's household composition and income and homeownership expenses on an annual basis; and any notice of mortgage default received by the family. Except as otherwise specified in this plan, the family may not convey or transfer the home to any entity or person.

Homeownership assistance may be denied or terminated in accordance with any of the provisions listed at 24CFR 982.638 and/or the Municipality of Luquillo requirements.

P.2 Occupancy of Home

Homeownership assistance will only be provided while the family resides in the home. If the family moves out of the home, the Municipality of Luquillo will not continue homeownership assistance commencing with the month after the family moves out. Neither the family nor the lender is obligated to reimburse the Municipality of Luquillo for homeownership assistance paid for the month the family moves out.

P.3 Changes in Income Eligibility

The Municipality of Luquillo may adjust a family's homeownership assistance based upon changes in family income. The effective change shall occur 30 days after the month in which a reexamination of income occurred.

Participation in the HCV Homeownership Program shall continue until such time as the assistance payment amounts to zero for a period of 180 consecutive days. At that time the family will no longer be eligible and the HAP will be terminated. However, should the family go to zero HAP, for 180 consecutive days, the Municipality of Luquillo reserves the right to extend the period past 180 days, should there be documented extenuating circumstances for an extension to the time period.

Such documented extenuating circumstances include but is not limited to:

- Death in the family,

- Loss of employment or income due to no fault of the family,
- Documentation of a medical or financial hardship beyond the control of the family for a member of the assisted household.

After receipt of verification, the Municipality of Luquillo shall reinstate the family into the program subject to available funding and other program requirements.

P.4 Refusal to Meet Continuous Work Requirement

The Municipality of Luquillo may terminate a working family's homeownership assistance based on a willful refusal to adhere to, or properly document, the full-time employment requirement.

P.5 Family Requests a Return to Rental Assistance

If a family requests to return to rental assistance, the Municipality of Luquillo may provide the family with a rental voucher, provided there is no mortgage loan default and the family has met all obligations under the HCV Program. The family must sell the home before the Municipality of Luquillo provides rental assistance.

Q. MORTGAGE DEFAULT

If a family defaults on a mortgage, the Municipality of Luquillo may permit the family to move with continued assistance. The family must demonstrate that it has conveyed title of the home to the lender, or its designee, and moved from the home within the period established and approved by the lender and the Municipality of Luquillo [CFR 24 982.638(d)]. Any decision to approve or deny rental assistance is based on HCV rental program policies and procedures addressed in the Municipality of Luquillo Administrative Plan.

R. INFORMAL HEARINGS

[24 CFR 982.555]

An informal hearing will be provided for participants who are being terminated from the Program because of the family's action or failure to act as provided in 24 CFR 982.552. The rules and procedures set forth in the Administrative Plan, entitled "Informal Hearings," will apply.

T. Recapture

[24 CFR 982.640]

The Municipality of Luquillo will not recapture the Homeownership Voucher payments unless there was an act of fraud or misrepresentation of a material fact in order to obtain a benefit. The HCV Homeownership recapture provision does not apply to any other program funds that may be used in the transaction.

DOCUMENTATION RETAINAGE POLICY

The documents related to the HCV Homeownership Program will be retained by six (6) years from the cancellation date of each participant file. The disposition of the documentation will be through the formal request to the "Oficina de Documentos Públicos" by applying the corresponding procedures.

VALIDITY

The HCV Homeownership dministrative Plan will be executed by the Executive Order Number _____ of June 30, 2010.

Marilyn Rodríguez Millán
Director
Federal Affairs Office

Hon. Jose M González Ortiz
Mayor

ATTACHMENT - D

FAMILY SELF SUFFICIENCY PROGRAM

(AS INCLUDED IN THE ANNUAL ADMINISTRATIVE PLAN)

Programa de Autosuficiencia Familiar ("Family Self Sufficiency") 24 CFR 960.255

El municipio de Luquillo se ha comprometido a dedicar veinticinco (25) vales para unidades de vivienda dentro del Programa de Autosuficiencia Familiar. A estos efectos, el municipio será responsable de crear una cuenta de ahorros ("Escrow account"). La cantidad total de dicha cuenta en exceso de alguna deuda contraída por el participante con el municipio estará disponible a la familia, siempre y cuando que esta cumpla con todas sus obligaciones y el plan de servicios según se establece en el contrato de participación. Las cantidades a ser acreditadas a dicha cuenta se basarán en el aumento del "Total Tenant Payment" (TTP) que resulte del aumento del ingreso familiar durante un período de un (1) año dentro del contrato del Programa de Autosuficiencia familiar.

El Programa de Autosuficiencia Familiar (FSS) consiste en promover el desarrollo de estrategias locales entre los programas de vivienda, la empresa privada y el gobierno para ayudar a las familias a lograr su independencia económica. El programa esta diseñado para las familias desempleadas y sub-empleadas y, esta dirigido a asistir a las familias en la búsqueda y obtención de empleo para minimizar la dependencia de los servicios de asistencia económica del gobierno.

FSS es un programa voluntario para los participantes y éstos trabajaran directamente con un gerente de proyecto que desarrollará un plan de trabajo con metas y objetivos por un período de cinco (5) años. Dentro de estas metas se incluyen programas de adiestramiento básico y especializado, participación en ferias de empleo y reinicio en el mundo laboral. A estos efectos, se cumplimentará un contrato especial ("FSS HAP Contract" Forma HUD 52650), en el cual se compromete a continuar el plan de trabajo y a través del cual deberá buscar y mantener un empleo remunerado tras completar un programa de servicios y adiestramiento. El contrato tendrá una duración de cinco (5) años que pudieran extenderse a discreción del municipio por

un período de dos (2) años a petición por escrito de la familia que contenga las razones para la solicitud de la prórroga. El plan de trabajo deberá contener las actividades elegibles tomando en consideración las preferencias y necesidades de la familia. Se requerirá un Comité de Coordinación para establecer los enlaces entre la empresa privada y el gobierno para la ejecución de dicho Programa. Como parte de dicho comité se pueden incluir miembros del municipio, del Consorcio y cualquier organización como por ejemplo, agencias de empleo, Departamento de la Familia, colegios técnicos, proveedores de servicios u organizaciones sin fines de lucro. A estos efectos, se debe preparar un plan de acción que describa las políticas y procedimientos para la operación del programa. Las familias que cualifican para participar del Programa de Autosuficiencia Familiar son aquellas que participan del Programa de Vales de Vivienda Sección 8.

El contrato de asistencia terminará automáticamente conforme a los siguientes requisitos:

1. Consentimiento mutuo
2. Incumplimiento de contrato de la familia participante
3. Retiro voluntario de la familia participante
4. Inconsistencias y/o irregularidades
5. Ordenanza del Congreso de los Estados Unidos

Aquellas familias participantes con ingresos por encima del límite de ingresos bajos ("Low Income limit") @ 80%, no recibirá crédito a su cuenta de ahorros aunque podrá mantenerse bajo el Programa de Vales de Vivienda Sección 8, expire el contrato de participación y todas las obligaciones contractuales hayan sido completadas o, que el treinta (30%) porciento de su ingreso ajustado sea igual o exceda el Mercado Justo de Renta ("Fair Market Rent") que corresponda a la composición familiar. Los fondos serán depositados en una cuenta "Single interest bearing". Por lo tanto, el municipio no podrá cobrarle a la familia ningún tipo de gastos por servicios para el mantenimiento de la misma. Es necesario que, el municipio aperture una cuenta en los libros o subsidiario identificado por cada familia participante con los balances actualizados. Los fondos a ser acreditados al "Escrow account" serán transferidos de los fondos depositados en la cuenta del pago de subsidio ("HAP payment account") y requisados a HUD.

El municipio se compromete a notificar a los participantes a base anual a través del envío de un estado de cuenta que validará la siguiente información:

1. Balance inicial y final del período
2. Créditos registrados en el período
3. Deducciones realizadas por concepto de deudas con el municipio
4. Intereses devengados en el período

La familia será elegible para recibir los fondos acreditados en la cuenta cuando complete todas las obligaciones bajo el contrato de participación y el jefe de familia certifique que no recibe asistencia económica del gobierno, cuando las obligaciones contractuales hayan sido completadas o, que el treinta (30%) porciento de su ingreso ajustado sea igual o exceda el Mercado Justo de Renta ("Fair Market Rent") según corresponda a la composición familiar. La familia tendrá derecho a utilizar los fondos depositados en la cuenta de ahorros para subvencionar las siguientes actividades:

1. Pago por concepto de gastos escolares para completar un grado académico, desarrollo profesional, colegio técnico o adiestramiento laboral.
2. Gastos relacionados al establecimiento de un negocio propio.
3. Compra de automóvil para uso de trabajo
4. Compra de residencia principal
5. Traslado a otra jurisdicción sujeto a confirmación de la Autoridad de Vivienda Pública de esa jurisdicción

El ingreso familiar ajustado es la diferencia entre el ingreso total a base anual menos las siguientes deducciones:

1. $400 del ingreso total familiar para familias de ancianos según definido en este Reglamento

2. Gastos médicos proyectados a doce (12) meses posterior a la fecha de admisión o de un re-examen regular o especial que exceda de tres (3%) porciento del ingreso total anual y no sean compensados o cubiertos por algún seguro de salud.

3. Cuido de dependientes menores de doce (12) años a fin de que el participante pueda trabajar o estudiar. La deducción no debe exceder de la cantidad de ingreso que reciba la persona que trabaje fuera del hogar. Persona con impedimento mayor de doce (12) años no será incluida en este renglón.

4. $480 por cada miembro menor de dieciocho (18) años de la composición familiar que resida en la vivienda o a miembros mayores de edad con impedimento o estudiantes a tiempo completo según establecido por la institución educativa. La deducción no aplicara al jefe, cónyuge e hijos bajo el Programa de Hogares de Crianza.

5. Gastos por el cuidado y equipo de miembros con impedimento. La fórmula para determinar los gastos médicos será aplicada.

ATTACHMENT – E

STATEMENT FOR SIGNIFICANT AMENDMENT AND SUBSTANTIAL DEVIATION/ MODIFICATION

The municipality of Luquillo, PHA number RQ081, will amend or modify its agency plan upon the occurrence of any of the following events, if and only if, the events are not included in the approved annual plan during the term of the approved plan, as it constitutes a significant amendment and substantial deviation/modification:

1. Changes to rent or admissions policies or organization of waiting list
2. Any modification to PHAs Mission Statement or any substantial modification to the Municipality's goals and objectives.

An exception to this definition will be made if there are changes to the requirements of the Federal Regulation. Those changes will not be considered significant amendments.

Certification of Payments to Influence Federal Transactions

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

Applicant Name

MUNICIPALITY OF LUQUILLO RQ081

Program/Activity Receiving Federal Grant Funding

HOUSING CHOICE VOUCHER PROGRAM SECTION 8

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	Title
HON. JOSE M GONZALEZ	MAYOR
Signature	Date (mm/dd/yyyy)
	04/16/2010

PHA Certifications of Compliance with PHA Plans and Related Regulations	U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011

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* July 1rst, 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.

MUNICIPALITY OF LUQUILLO

PHA Name

RQ081

PHA Number/HA Code

x 5-Year PHA Plan for Fiscal Years 20 10 - 20 14

x Annual PHA Plan for Fiscal Years 20 10 - 20 11

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	Title
JOSE M. GONZALEZ ORTIZ	MAYOR
Signature	Date
	06/16/2010

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

MUNICIPALITY OF LUQUILLO_ RQ081

Program/Activity Receiving Federal Grant Funding

HOUSING CHOICE VOUCHER PROGRAM SECTION8

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

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

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

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

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

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

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

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

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

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

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

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

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

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

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

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

Name of Authorized Official	Title
HON. JOSE M GONZALEZ	MAYOR
Signature X	Date 04-16-2010

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

Civil Rights Certification

Annual Certification and Board Resolution

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

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

MUNICIPALITY OF LUQUILLO	RQ081
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 HON JOSE M GONZALEZ	Title MAYOR
Signature	Date 04-16-2010

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB
0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

1. Type of Federal Action:	2. Status of Federal Action:	3. Report Type:
☐ a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	☐ a. bid/offer/application b. initial award c. post-award	☐ a. initial filing b. material change **For Material Change Only:** year _____ quarter _____ date of last report _____

4. Name and Address of Reporting Entity:	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:
☐ Prime ☐ Subawardee Tier _____, *if known*: **Congressional District**, *if known*: 4c	 **Congressional District**, *if known*:
6. Federal Department/Agency:	**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*):	**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: _____

Print Name: HON JOSE M GONZALEZ

Title: MAYOR

Telephone No.: 787-889-2525 Date: 04162010

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.

Certification by State or Local Official of PHA Plans Consistency with the Consolidated Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing Expires 4/30/2011

Certification by State or Local Official of PHA Plans Consistency with the Consolidated Plan

I, Omar E. Negrón Judice, MBA the Commissioner of Municipality Affair Office - OCAM certify that the Five Year and Annual PHA Plan of the Municipality of Luquillo is consistent with the Consolidated Plan of Puerto Rico prepared pursuant to 24 CFR Part 91.

RECIBIDO- OFIC
CORRESPONDE

FECHA 5/20/10 HORA 8:30 am

5/10/10

Signed / Dated by Appropriate State or Local Official

VISTA PÚBLICA
PLAN ADMINISTRATIVO (PHA ANNUAL PLAN 2010-11)
21 DE JUNIO DE 2010
SALON ASAMBLEA CASA ALCALDIA LUQUILLO
10:35 A.M.

Parte I

Siguiendo la agenda programada para esta vista pública el orden programado fue el siguiente:
Se tomó record de la asistencia de los presentes con un total de (4) personas.
La invocación fue dirigida por el Sr. Carlos Santo y la bienvenida por el Sr. Juan P. Rodríguez.
La lectura del anuncio de la Vista Publica, publicado el miércoles, 5 de mayo de 2010, en el periódico Primera Hora por el Sr. Juan Pablo Rodríguez, Coordinador Oportunidades de Vivienda, Programas Federales.
Se reconoció la presencia de la Sra. Marilyn Flores, Técnico de Vivienda del Municipio de Luquillo.
Se orientó a todos lo presentes las normas reguladoras de la ponencia que todos los ponentes procederán a dirigirse al área asignada ubicada con un micrófono para mantener record de lo expuesto.

Parte II

Dando comienzo a la presentación se discutiendo los diferentes temas tales como:

- Objetivos del Programa Sección 8
- Misión del Programa Sección 8.
- Invitación a dueños de vivienda fuera de áreas de pobreza y concentración minoritarias.
- Se establecieron y ampliaron los procesos de controles internos para mejoramiento del programa Sección 8.
- Se informó que los arrendadores deben añadir "Screens" a las unidades arrendada bajo Sección 8. Esto con el propósito de cumplir con la inspección "Home Quality Standards"
- Se indicó que se estará estableciendo el Programa de "Homeownership Option" para los participantes de Sección 8.
- Se indicó que es estará trabajando con el Programa de Autosuficiencia Familiar y de los objetivos de este.
- Se indicó que para Sección 8 en su Plan Administrativo está definido y lo que es "VAWA" y que se estableció un plan de trabajo como parte del Plan de Cinco Años del Programa Sección 8.

Estos temas fueron presentados por el Sr. Juan Pablo Rodríguez, Coordinador de Oportunidades de Vivienda del municipio de Luquillo.

Parte III

Se presento la parte de la ponencia, no habiendo nadie para de poner se procedió a pasar a la próxima parte.

Parte IV

Se dio por concluida la Vista Pública del 21 de junio de 2010 a las 10:55 a.m.

Sra. Marilyn Rodríguez Millán
Directora
Programas Federales
Municipio de Luquillo

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VISTAS PÚBLICAS
HOJA DE ASISTENCIA
21 DE JUNIO DE 2009

1. Amneris Campos Ramos
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EQUAL HOUSING

ESTADO LIBRE ASOCIADO DE PUERTO RICO

OFICINA DE PROGRAMAS FEDERALES

PLAN ADMINISTRATIVO

PROGRAMA SECCION 8 VALES

("VOUCHER CHOICE PROGRAM")

MUNICIPIO DE LUQUILLO

HON. JOSE M GONZALEZ ORTIZ

ALCALDE

LUQUILLO, PUERTO RICO

ABRIL 2009

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BASE LEGAL

El plan administrativo está basado por disposición de ley en el "Housing Act 1974"; "The Housing and Community Development Act de 1987"; "The Housing and Urban Recovery Act de 1983"; "Public Housing Reform Act of 1998"; "Quality Housing and Work Responsibility Act de 1998"; "Titulo VI de la Ley de Derechos Civiles de 1964", el Titulo VIII y la Sección 3 de los Derechos Civiles de 1968, según enmendada por la Ley de Desarrollo Comunitario de 1974; la Orden Ejecutiva 11063, Sección 504 de la Ley de Rehabilitación de 1973; la Ley de Rehabilitación de 1973; la Ley de Discriminación por Edad de 1975.y; el Manual Operacional del Programa Sección 8 "Housing Choice Voucher Program Guidebook" 7420.10 G, April 2001 y el 24 CFR (Code of Federal Regulation, et seg.)

En virtud de la Ley #81 del 30 de agosto de 1991, según enmendada, conocida como Ley de Municipios Autónomos del Estado Libre Asociado de Puerto Rico, se establecen las bases para el diseño de este plan administrativo.

PROPOSITO

El propósito del plan administrativo redunda en la implementación de la política pública, la jurisdicción territorial y administrativa, los procedimientos y criterios de selección, ocupación y ocupación continuada de nuevos solicitantes y participantes del Programa. A efectos de cumplir con el Plan Administrativo, el municipio se compromete a no discriminar por razón de raza, color, sexo, religión, estado civil, incapacidad y origen étnico.

Este Programa estará adscrito y será administrado por la Oficina de Programas Federales, dentro de la jurisdicción correspondiente al municipio de Luquillo.

DEFINICIONES

A tenor con el Plan Administrativo, los siguientes términos han sido debidamente definidos:

1. **Acompañante**- Persona autorizada por la Oficina de Programas Federales a residir temporeramente en la unidad de vivienda junto a los miembros de la composición familiar que sea envejeciente, incapacitado o impedido. Dicho acompañante será considerado siempre que sea esencial para el cuidado y bienestar del miembro de la composición familiar; no está obligado a sostener económicamente al miembro bajo cuidado y; no residirá en la vivienda, excepto para proveer los servicios de cuidado. El acompañante no será parte de la

composición familiar y no se convertirá en remanente del jefe de familia para propósitos de la ocupación continuada. Los ingresos de dicho acompañante no serán incluídos en la determinación del ingreso familiar y, no será considerado dentro de las normas de acomodo, ni acomodo razonable.

2. **Actividad criminal-** Ningún miembro de la composición familiar puede tener un historial criminal reciente. La actividad criminal relacionada con las sustancias controladas se define como manufactura, fabricación, venta, distribución, transportación, uso o posesión.

3. **Admisión**- Aprobación de solicitud para participar del Programa de Vales Sección 8.

4. **Arrendador-** Dueño de una unidad de vivienda debidamente alquilada bajo el Programa de Vales Sección 8 adscrito al municipio de Luquillo a través de un contrato de subsidio, arrendamiento activo y cuya unidad de vivienda está ocupada por una familia participante.

5. **Arrendatario-** Miembro o miembros del grupo familiar que actúan como contratantes, quiénes firman el Contrato de Arrendamiento y Subsidio y, a su vez, ocupan la unidad contratada.

6. **Asecho-** Seguir, buscar, o repetidamente cometer actos con la intención de matar, herir, hostigar, o intimidar o vigilar con la intención de matar, herir, hostigar, o intimidar otra persona, y en el curso de o como resultado de esta persecución, vigilancia, o repetición de actos, se ha logrado poner a una persona bajo temor razonable de muerte o de serias lesiones físicas, o de causar suficiente daño emocional a: una persona, miembro inmediato de la familia de esta persona o de intimidar a esposo o compañero(a) íntimo de esta persona.

7. **Ausencia temporera-** Término en cual un miembro del grupo familiar debidamente incluído en el Contrato de Arrendamiento, se ausente de la vivienda con previa autorización de la Oficina de Programas Federales. Dicha ausencia no excederá de noventa (90) dias calendario, excepto en casos de estudiantes, miembro de la Fuerzas Armadas, personas bajo tratamiento médico u otras condiciones especiales previamente ratificadas.

8. **Citas violentas-** Esto es violencia cometida por una persona: quien ha tenido una relación social o romántica o de naturaleza íntima con la victima. Donde existe una relación que puede ser determinada basada en los siguientes factores: el tiempo de la relación, tipo de relación, la frecuencia o interacción entre las personas envueltas en la relación

9. **Composición familiar-** Persona o grupo de personas cubiertas bajo el mismo Contrato de Arrendamiento.

10. **Contrato de arrendamiento-** Documento legal que contiene las estipulaciones contractuales entre el arrendador y el arrendatario con respecto al arrendamiento de una vivienda.

11. **Crédito por utilidades-** Costo razonable aplicado a los servicios de primera necesidad para habilitar una unidad de vivienda con respecto a la composición familiar.

12. **Custodia de menores-** Para cumplir con los criterios de Selección, Ocupación y Ocupación Continuada, se considerará como menor (es) dentro de la composición familiar a aquellos que residan cincuenta porciento (50%) del tiempo o más con el contratante o solicitante, en caso de existir custodia compartida. Si el menor no reside con el solicitante pero, existe evidencia que de ser asignada una vivienda, dicho menor residirá con el (la) solicitante, se le tomará en consideración cómo parte de la composición familiar. El menor no se considerará en más de una caso, para calificar un solicitante como familia. Si se determina que, en efecto, el menor es parte de la composición familiar, se le aplicarán las mismas reglas en la determinación de ingresos y las deducciones como a cualquier otro menor.

13. **Dependiente-** Cualquier miembro de la composición familiar según definido por las leyes, vigentes, ya sea, menor de edad, impedido, incapacitado o estudiante regular independientemente de su edad. Se excluye al jefe de familia, cónyuge e hijos de crianza conforme al Programa de Hogares de Crianza.

14. **Emancipacion legal-** Acto legal a través del cual un menor se constituye en mayor de edad por concesión de los padres conforme al procedimiento dispuesto en la Ley, por Orden de un Tribunal de Justicia o por matrimonio legal.

15. **Tabla de limites de ingreso familiar-** Tabla que indica los límites máximos de ingreso bruto anual de la composición familiar para determinar la elegibilidad para admisión, debidamente revisados a base anual por el "Housing Urban Development" (HUD).

16. **Estudiante extranjero no inmigrante-**Persona con residencia (domicilio) en un país extranjero y que no tiene la intención de abandonarla, pero que a su vez, es un estudiante bonafide debidamente cualificado para continuar un programa completo de estudios en una institucion de enseñanza o lugar reconocido de estudios previamente seleccionado por el participante y aprobado por el Procurador General tras consultar con el Departamento de Educación de Estados Unidos y que en virtud de este proceso, ha sido admitido a ingresar temporeramente al territorio americano. Dicha institución o lugar de estudio se comprometerá a informar periódicamente al Procurador General respecto a fecha que concluirá el programa de estudios. La autorización de residencia temporera podrá ser revocada por el incumplimiento en referencia a los informes requeridos. Bajo las mismas condiciones están autorizados a residir

en los Estados Unidos de América, el cónyuge y los hijos menores de edad que acompañen al estudiante extranjero no inmigrante.

17. **Estudiante regular-** Persona que tiene un programa de estudios a tiempo completo según establecen las normas y prácticas de la institución educativa a la cual asiste. Una institución educativa incluye escuelas vocacionales con un diploma o programa certificado así como, una institución que ofrezca un grado de colegio o universitario.

18. **Familia-** Grupo de dos ó más personas relacionadas por sangre, matrimonio legal o consensual, por adopción o por ser hijos de crianza que convivan regularmente en la misma vivienda. Serán considerados a otros miembros que estén ausentes temporeramente, cuyos ingresos o recursos estén disponibles para sufragar los gastos de la composición familiar. Se considerará como familia a: familia de ancianos, familia incapacitada o impedida, familia desplazada, remanente y persona soltera.

19. **Familia a la cual el arrendador le exige el desalojo-** Familia que ha sido obligada a desocupar una vivienda sin que haya mediado una demanda de desahucio por las siguientes razones: (1) la acción del arrendador está fuera del control del solicitante o ésta no se pudo prevenir, (2) la acción ocurre a pesar de que el solicitante ha cumplido con las condiciones previas acordadas entre el arrendador y el arrendatario y (3) la acción responde a otras causas que no sea un aumento en la renta.

20. **Familia de ancianos-** Familia cuyo jefe, cónyuge o cuyo único miembro tenga sesenta y dos (62) años o más. Familia cuyo jefe, cónyuge o cuyo único miembro esté impedido (independientemente de la edad) según definido previamente. Dos (2) o más personas que residan en la misma unidad de vivienda y tengan sesenta y dos (62) años o más. Dos (2) o más personas impedidas (independientemente de la edad) que residan en una misma unidad de vivienda. Una (1) o más personas que tengan sesenta y dos (62) años ó más o sean impedidas y residan en la misma unidad de vivienda con un acompañante.

21. **Familia cerca de los sesenta y dos (62) años ("near elderly")-** Familia cuyo jefe, cónyuge o miembro sólo entre las edades de los cincuenta (50) y sesenta y dos (62) años; dos (2) o más personas entre las edades de los cincuenta (50) y sesenta y dos (62) años; una (1) persona o más entre las edades de los cincuenta (50) y sesenta y dos (62) años residiendo con una (1) o más amas de llave o acompañantes.

22. **Familia deambulante-** Familia sin vivienda fija, albergada temporeramente en una unidad de vivienda no apta para ser habitada debido a que podría afectar la salud y/o seguridad de la

familia, o que habiten en lugares no considerados como vivienda, que estén expuestos a las inclemencias del tiempo y que no constituya un lugar fijo de residencia.

23. **Familia desahuciada-** Familia que mediante accion judicial, solicitada por algún ente natural o jurídico, ha recibido sentencia de un Tribunal de Justicia que le obliga a abandonar o desalojar su residencia y, cuya causal redunda en las siguientes razones: (1) ingreso del la familia se ha reducido considerablemente y se le dificulta cumplir con el cánon de arrendamiento, (2) incremento en cánon de arrendamiento sobre la capacidad razonable de pago de la composición familiar y, (3) el arrendador demolerá o rehabilitará la unidad de vivienda o, la requiere para propio uso residencial. Aquellas familias cuyo desahucio haya ocurrido por concepto de falta de pago voluntario o incumplimiento de otras obligaciones contractuales, no serán consideradas bajo esta categoría.

24. **Familia desplazada-** Familia o persona obligada a desocupar la unidad de vivienda por acción gubernamental. Incluye, además, a familias víctimas de desastre.

25. **Familia de ingresos extremadamente bajos ("extremely low income")**- Familia cuyo ingreso anual no excede el cincuenta porciento (50%) del ingreso promedio de la mediana del área debidamente establecida dentro de los criterios de admisión por el "Housing Urban Development" (HUD) y publicados en el "Federal Register" conocidos como "Income Limit".

26. **Familia victima de desastre**- Familia cuya unidad de vivienda ha sido seriamente afectada como resultado de un desastre declarado a través de las agencias pertinentes en conformidad con las leyes federales de ayuda para desastre (FEMA) o, familia cuya unidad de vivienda se encuentre en estado deplorable a consecuencia de huracanes, terremotos, marejadas fuertes, incendios, explosiones, inundaciones, entre otros, aunque dicha área no haya sido declarada como zona de desastre pero medie certificación de la entidad de Manejo de Emergencias del municipio y sea debidamente ratificado por la Oficina de Programas Federales.

27. **Fraude**- Ofrecer información falsa y/o incorrecta u ocultar información con el propósito de defraudar al municipio de Luquillo.

28. **Hijo de crianza**- Menor de edad, bajo la custodia del Departamento de la Familia, ubicado en un hogar dentro del Programa de Hogares de Crianza, debidamente licenciado por dicho departamento, a través del cual media un contrato que faculta a la composición familiar para recibir una subvención económica, la cual no se tomará en consideración en la determinación del cánon de arrendamiento.

29. **"Housing Urban Development" (HUD)**- Departamento federal de vivienda y desarrollo urbano.

30. **Huésped**- Persona o personas no incluídas en el Contrato de Arrendamiento que se alojan temporeramente en una unidad de vivienda con un contrato de arrendamiento y subsidio bajo el Programa de Vales Sección 8, por un período de tiempo que no excederá de tres (3) meses debidamente autorizado por la Oficina de Programas Federales.

31. **Ingreso**- Efectivo y activos corrientes, incluyendo los intereses devengados por algún efectivo depositado en alguna cuenta bancaria que genere intereses, de cada miembro de la composición familiar determinada según los criterios de "HUD".

32. **Ingreso anual**- Ingreso total que se anticipe por el jefe de familia y cónyuge (aún en su ausencia) y por todo miembro de la composición familiar mayor de edad, incluyendo todos los ingresos derivados del expediente, por el período siguiente a los doce (12) meses de su fecha de admisión o reexamen regular (CFR 24-5.609).

33. **Ingreso bruto**- Ingreso anual total de la composición familiar. Las deducciones y/o créditos establecidos dentro del plan administrativo y por la reglamentación de HUD no serán aplicados a dicho cálculo.

34. **Ingreso neto**- Ingreso total familiar menos el total de deducciones y créditos conforme a lo establecido en el Plan administrativo.

35. **Jefe de familia**- Miembro del grupo familiar que actúa como representante, toma decisiones y que está capacitado legalmente para firmar el Contrato de Arrendamiento y Subsidio.

36. **Junta de residentes**- Grupo representativo de todos los inquilinos del Programa de Vales Sección 8.

37. **Ocupación continuada**- Período de ocupación de una unidad de vivienda bajo contrato que cubre desde la fecha de admisión hasta que concluye la participación del Programa de todos los miembros de la composición familiar.

38. **Pago de renta**- Renta bruta a pagar por los participantes al arrendador. El cánon de arrendamiento se determina calculando el pago, utilizando las siguientes variables de la composición familiar, lo que sea mayor: 10% del ingreso bruto a base anual, 30% del ingreso ajustado a base mensual o, la renta mínima establecida por el Plan administrativo.

39. **Persona con impedimento y/o incapacitada**- Persona con impedimento es aquella que presenta deterioro físico o mental que le limita sustancialmente en una o más de sus funciones vitales como sigue: realizar tareas manuales, caminar, ver, escuchar, hablar, aprender y respirar dentro de los parámetros normales. Además, se considerará limitación el no poder realizar distintos tipos de trabajo por razón de: enfermedad contagiosa o accidente, desorden fisiólogico, desfiguración cosmética o anatómica, enfermedades emocionales o mentales con problemas de aprendizaje, según se define en la Seccion 504 de la Ley de Rehabilitación de 1973. Conforme a la Ley de Seguro Social (42 U.S.C. 416 (I)(I); 1382c), se considerará incapacidad como sigue: (1) inhabilidad para desempeñar una actividad remunerativa sustancial dado a condición física o mental determinada clínicamente , que podría resultar en muerte o con una expectativa de vida menor a doce (12) meses, (2) la adicción a drogas o al alcohol no se considera dentro de esta definición, (3) persona ciega, cuya visión sea ____ o menos, en el ojo con mayor visión, con el uso de lente correctivo, o cualesquiera otra definición conforme a la sección 416 (i) Ley del Seguro Social y, (4) Personas empleadas previamente con sesenta y cinco (65) años o más y que sean ciegas según lo define la ley y que por motivo de su ceguera no puedan desempeñar un trabajo lucrativo que requiera las destrezas y habilidades comparables.

40. **Persona mayor de edad**- Miembro de la composición familiar que ha cumplido la mayoría de edad establecida por la ley o esté emancipado legalmente.

41. **Persona menor de edad**- Miembro de la composición familiar que no ha cumplido la mayoría de edad establecida por la ley y, no haya obtenido emancipación por vía legal.

42. **Persona sola**- Persona que resida sola o intente residir sola y no califica como familia de anciano, desplazado, deambulante o remanente de familia.

43. **Re-examen interino**- Revisión ejecutada fuera de la fecha del examen regular que resulta en un cambio en el ingreso de la familia por medio de algún miembro de la composición familiar o por el crédito por utilidades.

44. **Re-examen anual**- Revisión periódica ejecutada a base anual para determinar los siguientes criterios: cánon de arrendamiento, elegibilidad y tamaño de la unidad de vivienda.

45. **Procedimiento para la cancelación de contrato**- Reglamentación establecida para tramitar la cancelación de contrato de la unidad de vivienda por concepto de incumplimiento del arrendatario y/o arrendador.

46. **Remanente familiar**- Miembro o miembros de la composición familiar debidamente incluídos en el contrato de arrendamiento que permanecen residiendo en la unidad de vivienda cuando el jefe de familia abandona la propiedad inmueble.

47. **Renta bruta (TTP)**- Cánon de arrendamiento determinado antes de la aplicación del crédito por concepto de utilidades.

48. **Renta contratada**- Cánon de arrendamiento bruto menos el crédito por utilidades según corresponda.

49. **Requerimiento de ciudadanía**- Resulta compulsorio que todo miembro o miembros de la composición familiar, presenten evidencia de ciudadanía. El solicitante debe firmar una declaración de ciudadanía americana la cual será validada por medio de pasaporte americano, tarjeta de extranjero residente, tarjeta de registro, tarjeta de seguro social u otra documentación pertinente. Aquellos solicitantes que tienen sesenta y dos (62) años o más, que no sean ciudadanos, deben firmar una declaración de estado ("status") de elegibilidad de inmigración y documentos de validen su edad. Otros solicitantes que no son ciudadanos deben firmar una declaración de estado ("status") de elegibilidad de inmigración, una forma de consentimiento de verificación firmada y un formulario del Servicio de Inmigración de Naturalización (Forma I-9) de los Estados Unidos de América para establecer su elegibilidad para el Programa de Vales Sección 8.

50. **Solicitante**- Persona que radica una solicitud para admisión al Programa de Vales Sección 8.

51. **Solicitud de admisión para Sección 8 Vales**- Formulario y documentos de soporte debidamente cumplimentado por el solicitante.

52. **Tutor-** Persona a cargo de un menor, anciano o incapacitado. Padre o madre biológica designada por el Tribunal y/o Departamento de la Familia, según dispuesto por el Código Civil de Puerto Rico.

53. **Veterano**- Aquella persona licenciada de forma honorable por las Fuerzas Armadas de los Estados Unidos de América.

54. **Violencia doméstica-** Esto es una felonía o acto criminal de violencia cometido por un cónyuge o excónyuge de la víctima, por una persona con quien la víctima tiene un hijo(a) en común, por una persona que convive o ha convivido con la víctima, como cónyuge o por una persona similarmente situada a un cónyuge de la víctima de violencia doméstica o bajo las leyes de violencia familiar dentro de la jurisdicción que recibe sumas de subvención, o por

cualquier otra persona contra una víctima adulta o juvenil que es protegida de los actos de aquella persona bajo las leyes de violencia doméstica de la jurisdicción.

55. **Violencia en contra de la mujer (VAWA- "Violence against women act")**- Ley que protege a los participantes y familiares de nuestro programa que son víctimas de violencia doméstica, citas violentas "dating violence" y asecho, de cancelar su participación cuando ocurren estos actos de violencia en contra de ellos. Esto es aplicable a agencias que administran programas de Vivienda Pública, Sección 8 y a dueños de viviendas arrendadas bajo el programa de asistencia Sección 8. El propósito de esta ley y su aplicación con el Programa Sección 8, es que ninguna familia, miembro de composición familiar, huésped o cualquier persona bajo el control de participante, no será terminada su asistencia, participación y no se considerará un motivo para cancelación por repetidas violaciones al contrato por ser víctima de violencia domestica, citas violentas y asecho.

56. **Vivienda Inadecuada**- Unidad de vivienda que incumple con la reglamentación mínima según dispone el "Housing Quality Standard" (CFR 960.211 (a) (3). Se considerará inadecuada una unidad de vivienda si presenta cualesquiera de las siguientes condiciones: (1) deficiencia estructural que constituya una seria amenaza para la salud y la seguridad de la composición familiar, (2) claridad y ventilación inapropiada, (3) carencia de abastecimiento de agua potable, (4) facilidades sanitarias inadecuadas, (5) carencia de facilidades de cocina, (6) instalaciones eléctricas inadecuadas y, (7) localización de la unidad de vivienda que constituya un riesgo para la salud y seguridad de los residentes.

REQUISITOS GENERALES DE ELEGIBILIDAD

Los requisitos de elegibilidad para ser admitidos al Programa se detallan a continuación:

1. Ciudadanía americana.
2. Familia calificada de ingresos extremadamente bajos, bajos y moderados conforme al Plan administrativo.
3. Persona sola debidamente calificada según el Plan administrativo.
4. Ausencia de historial criminal recientes; uso y abuso de alcohol y sustancias controladas.
5. Falta de vivienda propia o alquilada y de tener vivienda, la misma no puede ser habitable.

6. Residente del municipio de Luquillo, preferiblemente.

7. Pago por concepto de renta o hipoteca que exceda el 50% de sus ingresos a base mensual.

CRITERIOS DE SELECCION

Los criterios de selección para ser elegibles al Programa de Vales Sección 8 se ilustran a continuación:

1. **Prioridad**

    a. Se considera prioridad a aquellos casos en la lista de espera en el siguiente orden de importancia: fecha y hora de radicación de la solicitud y, necesidad de vivienda.

2. **Ingresos**

    a. Ingresos proyectados dentro de los próximos doce (12) meses deben estar por debajo de los límites de ingresos aplicables, debidamente establecidos por HUD. Se toma como base el grupo familiar para el área de San Juan- Bayamón conforme a los límites de ingreso ("Income Limit") de HUD y publicados por el Registro Federal ("Federal Register").

    b. El municipio de Luquillo utilizará dos niveles de ingresos para determinar la elegibilidad, el tercer nivel será utilizado para asegurar que el municipio cumpla con sus metas y objetivos de asistir al mayor número de familias con necesidad dentro de las comunidades. Los niveles de ingreso se detallan como sigue:

        i. **Ingresos extremadamente bajos** ("Extremely Low Income")- Familia con ingresos anuales menor o igual al treinta porciento (30%) de la mediana de ingresos del área.

        ii. **Ingresos muy bajos** ("Very Low Income")- Familia con ingresos anuales menor o igual al cincuenta porciento (50%) de la mediana de ingresos del área.

        iii. **Ingresos bajos y/o moderados** ("Low Income")- Familia menor o igual al ochenta porciento (80%) de la mediana de ingresos del área.

3. Preferencias

PREFERENCIAS	REGLAMENTACION	I	II	III	IV
FAMILIAS VICTIMAS VIOLENCIA Y/O AMENAZA	960.211 (b) (2)	5			
FAMILIAS VICTIMAS DE DESASTRE	960.211 (a) (3)	4			
FAMILIAS DESPLAZADAS POR ACCION GUBERNAMENTAL	960.211 (b) (2)	4			
FAMILIAS SIN HOGAR POR CAUSA DE ENFERMEDADES TERMINALES O PERDIDA DE EMPLEO	24 CFR 960.211 (a)(3) 24 CFR 960.211 (b)(2)	5			
FAMILIAS DESAHUCIADAS		5			
FAMILIA DEAMBULANTE		5			
ORDEN DE CLAUSURA		4			
FAMILIA TRABAJADORA	24 CFR 960.206				1
PERSONA SOLA, ENVEJECIENTE, DESPLAZADO	24 CFR 960.206 (b)(5)	5			
VETERANO	24 CFR 960.211 (a)(3) 24 CFR 960.211 (b)(2)	3			
REUNIFICACION DE FAMILIA	24 CFR 960.211 (a)(3) 24 CFR 960.211 (b)(2)		3		
FAMILIAS AGREGADAS CON OTROS FAMILIARES	24 CFR 960.211 (a)(3) 24 CFR 960.211 (b)(2)				1
PROTECCION DE TESTIGO		4			
FAMILIA CON IMPEDIMENTO Y/O INCAPACITADA	24 CFR 960.260 (b)(3)	5			
FAMILIA QUE RESIDE EN VIVIENDA CON DEFICIENCIA ESTRUCTURAL	24 CFR 960.211 (a)(3)	4			
DESCONCENTRACION	24 CFR 960.211 (a)(3) 24 CFR 960.211 (b)(2)				2
DETERIORO MENTAL O EMOCIONAL DEBIDO A DEFICIENCIA ESTRUCTURAL DE LA VIVIENDA					3
FAMILIA DESOCUPADA			3		
HACINAMIENTO Y/O SEPARACION INVOLUNTARIA					2
FAMILIAS CON PAGO DE RENTA MAS DEL 50% DE SU INGRESO	24 CFR 960.211 (a)(3)			3	

La política de desconcentración provee herramientas para incluir familias de ingresos más altos en los residenciales públicos donde el ingreso promedio es más bajo; y familias con ingresos bajos en

proyectos donde el ingreso promedio es más alto, siempre y cuando, se mantengan familias de ingresos más altos en la lista de espera.

TRAMITE DE LA SOLICITUD DE ADMISION

1. Solicitud

Las solicitudes serán válidas por un término de doce (12) meses. Durante este término, el solicitante tiene la responsabilidad de dar seguimiento a su solicitud, de lo contrario, el municipio remitirá dos (2) notificaciones escritas a la dirección registrada y actualizada. Se ha establecido un término de diez (10) días entre cada notificación para recibir la respuesta del solicitante. De no recibir respuesta a la segunda notificación, se procederá a emitir una tercera notificación escrita para indicar el cierre del caso, cuyo término final serán diez (10) días adicionales. A estos efectos, de no recibir respuesta, se procederá a desactivar la solicitud y por ende, perderá el turno en la lista de espera. El municipio de Luquillo emitirá un anuncio público para notificar la apertura o cierre de la lista de espera. El número de solicitantes a ser incluídos en la lista de espera no excederá un total de diez porciento (10%) de las unidades administradas. Es menester recalcar que, las solicitudes deben ser debidamente completadas para ser consideradas e incluídas en la lista de espera.

2. Radicación de la solicitud

Cada familia deberá proveer la información completa y los documentos requeridos a efectos de radicar la solicitud y por ende, ser considerados para la lista de espera. Los documentos básicos se detallan a continuación:

a. Certificado de nacimiento (original) de todos los miembros del grupo familiar

b. Certificado de matrimonio (original) según aplique

c. Tarjetas de seguro social (original) de todos los miembros del grupo familiar

d. Certificado de antecedentes penales. De tener antecedentes penales, se requiere evidencia del Certificado de cumplimiento de sentencia.

e. Sentencia de divorcio (original) según aplique

f. Foto de todos los miembros del grupo familiar

g. Tarjeta de inmigración de residente y pasaporte Americano según aplique

h. Una (1) carta de referencia de crédito

i. Dos (2) cartas de referencias personales

j. Evidencia de ingresos

k. Evidencia de emancipación si es menor y clasifica como jefe de familia, de lo contrario, se le requerirá un tutor

l. Certificación del Departamento del Trabajo (W5, 07 o 651-A)

m. Factura de utilidades. Se requiere certificación si los servicios no estan registrados a nombre del solicitante.

n. Evidencia del problema de vivienda

o. Recibo de pago de renta de los últimos seis (6) meses

p. Cualquier documento adicional según requerido para determinar la preferencia a ser concedida y no se limita a solicitar la información que sea necesaria para efectos de documentación de la solicitud.

3. <u>Lista de espera</u>

La lista de espera será actualizada cada dos (2) años a través de notificaciones escritas por medio de correo regular a todos los solicitantes. Se removerán a aquellos solicitantes que no cualifiquen para el programa.

4. <u>Solicitantes no interesados</u>

Aquellos solicitantes que no respondan dentro de los términos establecidos, serán removidos de la lista de espera. Si el (la) solicitante se comunica con el municipio posterior a los términos establecidos, se le requerirá radicar una nueva solicitud para ser considerado(a) en la lista de espera y se le aplicarán las mismas reglas establecidas en el Plan. A estos efectos, el solicitante deberá proveer la información reglamentaria para determinar los criterios de elegibilidad, urgencia y tamaño de la vivienda y, el cánon de arrendamiento. Se recalca que, cualquier solicitante que incurra en falsa representación y/o provea informacion falsa u omita información con respecto a su elegibilidad, concesión de preferencia para la admisión e

ingresos, no será considerado dentro del Programa. El municipio le notificará por escrito cualquier irregularidad y por ende, su derecho a solicitar una Vista Administrativa. A consecuencia de esto, su solicitud sería denegada. Los siguientes factores constituyen causal para denegar una solicitud con respecto a un programa de vivienda federal: (1) historial de violación a los términos y condiciones de arrendamiento, (2) fraude y, (3) deudas o incumplimiento en el plan de pagos. De no existir deudas al momento de radicación, se le requerirá al solicitante proveer certificación de no deuda o plan de pagos actualizado.

5. **Clasificación de la solicitud y notificación al solicitante**

El municipio clasificará al solicitante como elegible o no elegible tomando como base la información y documentos de soporte debidamente provistos en la solicitud. Se le entregará al solicitante, copia de la solicitud, la cual incluye fecha y hora de radicación, clasificación, urgencia de vivienda, cánon de arrendamiento preliminar y tamaño de la vivienda. Es menester señalar que, la elegibilidad de un solicitante será confirmada a través de los siguientes criterios: necesidad, tamaño de la vivienda (número de habitaciones) y el cánon de arrendamiento preliminar (TTP). La información será archivada en el expediente del solicitante y la documentación para validar dicha información consistirá en lo siguiente:

a. Certificación de ingreso del patrono u otras fuentes relacionadas

b. Declaración jurada para aquellas personas que trabajen por cuenta propia

c. Entrevistas ya sea personales u otros medios de comunicación que contengan la fuente de información y firma del funcionario que obtuvo la misma. Esta evidencia será recopilada en la Hoja de Observaciones, como parte del expediente.

d. Activos corrientes serán ser validados por evidencia provista en cuentas de ahorro y copia de documentos relacionados. La no-existencia de activos corrientes deberá certificarse a través de una declaración informativa debidamente provista por el funcionario municipal.

e. Información desfavorable relacionada con la conducta del solicitante o su grupo familiar, se requiere examinar el tiempo incurrido, la naturaleza, el tipo de conducta y los factores que puedan indicar la probabilidad de cambios favorable de su conducta, como por ejemplo: evidencia de participación del grupo familiar en programas sociales, consejería o rehabilitación; y aprovechamiento en programas de adiestramiento y empleo en la comunidad.

f. Se preparará un resumen de la información básica provista y respectiva validación en la Hoja de Observaciones en el expediente de cada solicitante como sigue: elegibilidad conforme a los criterios establecidos en el Plan, requisitos de ciudadania, fecha/hora y prioridad asignada, necesidad de vivienda y, pago más de 50% del cánon de arrendamiento con respecto a los ingresos.

g. Los documentos requeridos para confirmar y/o conceder la Preferencia según estipulado en el Plan administrativo, se detallan a continuacion:

PREFERENCIAS	I	II	III	IV	DOCUMENTOS REQUERIDOS
FAMILIAS VICTIMAS VIOLENCIA Y/O AMENAZA	X				Certificación Policía Estatal o local, Departamento de la Familia, Orden Judicial, sentencia, instituciones religiosas, certificado médico o de agencia pública o privada que provee refugio para las victimas de violencia domóstica
FAMILIAS VICTIMAS DE DESASTRE	X				Certificación Manejo de emergencies
FAMILIAS DESPLAZADAS POR ACCION GUBERNAMENTAL	X				Certificación de agencia de gobierno que ejecuta el desplazo
FAMILIAS SIN HOGAR POR CAUSA DE ENFERMEDADES TERMINALES O PERDIDA DE EMPLEO	X				Certificacion de agencia pública o privada (albergues) del Departamento de la Familia o Manejo de Emergencias Certificación médica
FAMILIAS DESAHUCIADAS	X				Orden del Tribunal de Justicia
FAMILIA DEAMBULANTE	X				
ORDEN DE CLAUSURA	X				Certificación Departamento de Salud
FAMILIA TRABAJADORA				X	Certificación del patrono
PERSONA SOLA, ENVEJECIENTE, DESPLAZADO	X				Certificado de nacimiento, Certificado acción gubernamental, certificacion agencia pública o privada, certificación medica, evidencia incapacidad y declaración jurada
VETERANO	X				Licenciamiento honorable
REUNIFICACION DE FAMILIA		X			Orden del Tribunal de Justicia o Departamento de la Familia
FAMILIAS AGREGADAS CON OTROS FAMILIARES				X	Certificación del arrendador, certificación de vecinos, evidencia de residencia, facturas de utilidades, certificacion medica
PROTECCION DE TESTIGO	X				Orden del Tribunal o Departamento de Justicia
FAMILIA CON IMPEDIMENTO Y/O INCAPACITADA	X				Certificación medica, evidencia de administracion de seguro social, certificacóon Departamento de la Familia, Certificación Procurador de personas con impedimento

FAMILIA QUE RESIDE EN VIVIENDA CON DEFICIENCIA ESTRUCTURAL	X				Evidencia condiciones de vivienda (fotografia) Inspección de la vivienda (HQS)
DESCONCENTRACION				X	Certificación del arrendador, certificación de vecinos, evidencia de residencia, facturas de utilidades, certificacion medica
DETERIORO MENTAL O EMOCIONAL DEBIDO A DEFICIENCIA ESTRUCTURAL DE LA VIVIENDA				X	Certificación del arrendador, certificación de vecinos, evidencia de residencia, facturas de utilidades, certificación médica
FAMILIA DESOCUPADA		X			Certificación del arrendador
HACINAMIENTO Y/O SEPARACION INVOLUNTARIA				X	Certificación del arrendador, certificacion de vecinos, evidencia de residencia, facturas de utilidades, certificación médica
FAMILIAS CON PAGO DE RENTA MAS DEL 50% DE SU INGRESO			X		Evidencia pago de renta, facturas de utilidades seis (6) meses previo a la radicación

6. Denegación de admisión por concepto de actividad criminal; uso y abuso de alcohol y sustancias controladas

Ningún miembro del grupo familiar puede tener un historial criminal que involucre a personas o propiedad y/o otras actividades criminales en detrimento de la salud, seguridad y bienestar de otras personas. El historial criminal se determina tomando en consideración la fecha en que completó la sentencia del delito más reciente según el certificado de antecedentes penales y se calculan tres (3) años y un día a partir de dicha fecha. Si ha transcurrido el término y no existe otra causal para denegar la actividad criminal se declarará, entonces, como "aparentemente elegible". Si no ha transcurrido dicho término, la solicitud no es elegible debido a actividad criminal. Ningún miembro del grupo familiar puede haber sido desahuciado por actividad criminal relacionada a sustancias controladas dentro de un programa de vivienda pública. A estos efectos, existen las siguientes excepciones: (1) que haya transcurrido más de tres (3) años del desahucio cuyo término se establece a partir de la fecha de sentencia del desahucio y, (2) cuando se presente evidencia de haber completado un programa de rehabilitación debidamente aprobado por el municipio de Luquillo (uso y abuso de alcohol y sustancias controladas).

En aquellos casos bajo sentencia, se considerará la fecha de cumplimiento de la última sentencia y se solicitará una Certificación de cumplimiento de los delitos incluidos en los antecedentes penales. Es necesario verificar los siguientes puntos: nombre, dirección, seguro social, delitos, fecha de sentencia, número de caso y tribunal. El municipio de Luquillo notificará por escrito dentro de los diez (10) días laborables a partir del momento de determinación del solicitante, en aquellos casos no elegibles. Dicha notificación incluirá la justificación de la

determinación. Además, se le orientará respecto al derecho de apelación en una Vista informal dentro de los diez (10) días posterior a la fecha de la notificación. Si por circunstancias especiales del solicitante, la elegibilidad no pudiera ser determinada, se le enviará una notificación escrita para explicar y/o justificar esta acción. La resolución de la determinación de elegibilidad de un solicitante no debe exceder seis (6) meses. Todo solicitante que sea declarado elegible tras la apelación en la Vista informal, deberá ser incluido en la Lista de espera y la misma debera estar en el siguiente orden: preferencia, fecha y hora de radicacion, limite de ingresis aplicable segun se detalla en el Plan y, familia de anciano o impedido.

7. Selección de solicitantes admitidos al Programa

El procedimiento para la selección de solicitantes elegibles se realizará como sigue: (1) todo Vale ("Voucher") disponible será otorgada a la primera familia en la Lista de Espera que reúna los requisitos, tenga preferencia prioritaria y tenga asignada la fecha y hora de más antigüedad. Si existiera más de un solicitante con la misma preferencia, con la misma hora y día, la unidad de vivienda sera otorgada al grupo familiar con mayor necesidad. Sin embargo, si mas de un solicitante tiene el mismo nivel de necesidad, la unidad de vivienda será otorgada a la familia con el ingreso más alto.

8. Otorgación del Vale, vigencia y búsqueda de vivienda

Al determinar la existencia o disponibilidad de una unidad de vivienda o Vale ("Voucher") disponible, el municipio de Luquillo seleccionará un solicitante debidamente cualificado de la Lista de Espera. El expediente de dicho solicitante debe ser examinado y actualizado si la información provista corresponde a un término mayor de seis (6) meses. El municipio ofrecerá una orientación al solicitante cualificado referente a todos los aspectos del Programa e incluirá el paquete informativo según estipulado en el Plan Administrativo. El paquete informativo debe incluir los siguientes documentos: Formulario HUD 52646 ("Tenant-Based Assistance Rental Voucher Program"), una carta de bienvenida y orientación del Alcalde del municipio. El formulario HUD 52646 será válido si es debidamente completado y firmado por el Alcalde y la familia participante, donde el original se le proveeáa a la familia y una copia será archivada en el expediente permanente. La información requerida se detalla a continuación: número de Vale, número de dormitorios (según cualifique), fecha de otorgación y expiración del Vale, extensiones y firmas. La ocurrencia de la disponibilidad de un Vale será por concepto de cancelación de un Vale activo o por asignaciones adicionales de HUD. Bajo ninguna circunstancia, se podrá decretar una vacante en exceso del límite de unidades asignadas por HUD.

Todo Vale otorgado tendrá una vigencia de sesenta (60) días. Si la familia elegible no somete una Solicitud de Aprobación de Arrendamiento-Formulario HUD 52517 ("Request for Tenancy Approval") y presenta una unidad de vivienda en dicho término, el municipio tiene la facultad de cancelar el Vale y otorgarlo a otra familia dentro de la Lista de espera. El municipio se reserva el derecho de otorgar una prorroga de treinta (30) días, en aquellos casos donde antes del vencimiento del término, la familia presente una petición de extensión del Vale debidamente justificado. Dicha justificación incluirá un listado de las gestiones realizadas respecto a la búsqueda de vivienda. Si al vencimiento de la prórroga otorgada, la familia aún no ha conseguido una unidad de vivienda, dicha familia podrá solicitar una segunda extensión bajo los requisitos mencionados previamente y queda a discreción del municipio la ortorgacion de dicha prórroga. Posterior a la segunda extensión, si la familia no presenta una unidad de vivienda, el municipio de Luquillo cancelará el Vale y tendrá la facultad de otorgarlo a otro solicitante de la Lista de espera y tras la cancelación del Vale, la familia no tendrá derecho a reconsideración.

La búsqueda de vivienda es medular en el proceso de ocupación ya que, el grupo familiar estará en contacto con el arrendador(a) y las viviendas disponibles en el Mercado de rentas. La familia es sumariamente responsable del proceso de búsqueda de vivienda. Sin embargo, para mantener una ocupación de cien porciento (100%) de las unidades administradas, el municipio interviene en dicho proceso a través de la prestación de asistencia técnica necesaria. Dicha asistencia consistirá en una orientación en torno a la determinación del cánon de arrendamiento, unidades de vivienda aceptables, inspecciones, vigencia del Vale, área de desconcentración de minorias, estudio de utilidades y paquete informativo.

DETERMINACION DE INGRESOS

Para minimizar los errores en el cálculo de renta debido a los ingresos no reportados por los miembros del grupo familiar, se ha implementado la política pública en torno al "Upfront Income Verification" (UIV), "System information" y, "Tenant Assessment Sub System (TASS), el cual se utiliza para validar el ingreso de la composición familiar. Esta herramienta facilita el cómputo de la renta y la determinación eficaz de la elegibilidad de la familia.

1. Ingreso total familiar- el cánon de arrendamiento se determinará a base del ingreso total familiar:

    a. Ingreso proyectado a doce (12) meses posterior a la fecha de admisión o de re-examen regular.

b. El ingreso total familiar incluye lo siguiente:

   i. Salarios y jornales brutos, horas extras, compensación por servicios personales como comisiones, honorarios, propinas y bonos

   ii. Ingreso neto de negocio o profesión, venta de propiedad mueble e inmueble. Los gastos incurridos en la expansión de un negocio o la amortización de deudas no será deducible en la determinación de ingreso neto porque son partidas capitalizables.

c. Intereses y dividendos de cualquier propiedad mueble o inmueble. Si el capital neto es menor de $5,000, se utilizara el ingreso devengado proveniente de los activos a base de .03% segun establecido por HUD. Si el valor de la propiedad excede la cantidad de $5,000, se incluira como ingreso el 5.5% de su valor o de la participacion de su valor. Si la propiedad esta bajo contrato de alquiler, se tomara como ingreso el 5.5% del valor de la propiedad o de la participacion, lo que fuere mayor.

d. Totalidad de pagos periódicos en atraso de ingresos no recibidos.

e. Otros pagos por concepto de compensación de desempleo o incapacidad, beneficios de seguro social, compensaciones obreras, compensación por despido.

f. Ayuda económica de Programas de Asistencia Pública.

g. Pensión alimentaria periódica y determinable por motivo de divorcio o separacion, ayuda alimenticia a hijos menores de edad y contribuciones o regales regulares, inclusive montos recibidos de personas que no residan en la vivienda.

h. Todo pago regular, especial y/o asignaciones recibidas por un miembro de las Fuerzas Armadas.

i. Estipendios que excedan la cantidad de $200 a base mensual.

j. Pagos recibidos por concepto de manutención de un menor por el jefe de familia o por el menor que sea controlado para el beneficio de éste por el jefe de familia o por otro miembro del grupo familiar.

2. <u>Ingresos no incluídos en la determinación del cánon de arrendamiento</u>:

   a. Regalos esporádicos e irregulares y cantidades que se reciben específicamente por concepto de reembolso de gastos, ya sea por enfermedad o tratamiento médico.

b. Adiciones a los activos del núcleo familiar, ya sea herencia, pagos de seguro, inclusive seguros de salud y de accidentes, compensación obrera, ganancias de capital y pagos por pérdidas personales o activos fijos.

c. Pagos retroactivos de seguro social

d. Montos pagados a estudiantes o instituciones educativas y a veteranos por el gobierno de Estados Unidos por concepto de gastos de matrícula, cuotas y libros, siempre y cuando dichas cantidades se utilizan para tales propositos. Cualquier sobrante será considerado como ingreso.

e. Pagos especiales a un miembro de la familia en las Fuerzas Armadas.

f. Pagos de relocalización en conformidad con el Titulo II de la Ley Federal de Realojo y Adquisición de Propiedad de 1970.

g. Pagos recibidos por programas de capacitación como compensación de gastos tales como: equipo especial, transportación compensación por el cuido de hijos, entre otros.

h. Ingresos de huespedes

i. Pagos recibidos por el jefe de familia o cónyuge de una agencia pública o privada sin fines de lucro por el cuidado o albergue en la vivienda a una o más personas menores de veintiún (21) años.

j. Beneficios recibidos bajo el Programa de Asistencia Nutricional (PAN).

k. Pagos recibidos por programas auspiciados mediante la Ley Federal de Servicios Domésticos de 1973.

l. Pagos recibidos por el Programa de Asistencia de Energía para el pago de utilidades.

m. Pagos recibidos bajo la Ley de Adiestramiento para el empleo.

n. Reembolsos por concepto de dietas y millaje.

o. Pagos recibidos bajo el Titulo V del Acta de Envejecientes Americanos de 1995.

p. Cantidades específicamente excluídas por cualquier otro estatuto federal

q. Ingresos en exceso de $480 por cada estudiante de dieciocho (18) años o más con una carga de estudios a tiempo completo.

r. Ingresos de acompañantes según se define en el Artículo III

s. Remuneración recibida por jornada realizada en el Censo Federal que no exceda los ciento ochenta (180) dias.

t. Ingresos provenientes de menores de edad, incluyendo los hijos de crianza.

u. Pagos recibidos por el cuido de menores y adultos por el Programa de hogar sustituto

v. Pagos en exceso de $480 por asistencia a niños adoptados

w. Pagos recibidos por una nación extranjera bajo la Ley de gobierno por personas perseguidas durante era Nazi.

3. Programa de Autosuficiencia Familiar ("Family Self Sufficiency") 24 CFR 960.255

El municipio de Luquillo se ha comprometido a dedicar veinticinco (25) vales para unidades de vivienda dentro del Programa de Autosuficiencia Familiar. A estos efectos, el municipio será responsable de crear una cuenta de ahorros ("Escrow account"). La cantidad total de dicha cuenta en exceso de alguna deuda contraída por el participante con el municipio estará disponible a la familia, siempre y cuando que esta cumpla con todas sus obligaciones y el plan de servicios según se establece en el contrato de participación. Las cantidades a ser acreditadas a dicha cuenta se basarán en el aumento del "Total Tenant Payment" (TTP) que resulte del aumento del ingreso familiar durante un período de un (1) año dentro del contrato de autosuficiencia familiar.

El Programa de Autosufiencia Familiar (FSS) consiste en promover el desarrollo de estrategias locales entre los programas de vivienda, la empresa privada y el gobierno para ayudar a las familias a lograr su independencia económica. El programa esta diseñado para las familias desempleadas y sub empleadas y, esta dirigido a asistir a las familias en la búsqueda y obtención de empleo para lograr la autosuficiencia para de esta forma, minimizar la dependencia de los servicios de asistencia económica del gobierno.

FSS es un programa voluntario para los participantes y éstos trabajaran directamente con un gerente de proyecto que desarrollará un plan de trabajo con metas y objetivos por un período de cinco (5) años. Dentro de estas metas se incluyen programas de adiestramiento básicos y especializados, participación en ferias de empleo y reinicio en el mundo laboral. A estos efectos, se cumplimentará un contrato especial ("FSS HAP Contract" Forma HUD 52650), en el cual se compromete a continuar el plan de trabajo y a través del cual debera buscar y mantener un empleo remunerado tras completar un programa de servicios y adiestramiento. El contrato

tendrá una duración de cinco (5) años prorrogables a discreción del municipio por un período de dos (2) años a petición por escrito de la familia que contenga las razones para la solicitud de la prorroga. El plan de trabajo debera tener las actividades elegibles tomando en consideración las preferencias y necesidades de la familia. Se requerirá un Comité de Coordinación para establecer los enlaces entre la empresa privada y el gobierno para la ejecución de dicho Programa. Como parte de dicho comité se pueden incluir miembros del municipio, del Consorcio y cualquier organización como por ejemplo, agencias de empleo, Departamento de la Familia, colecios técnicos, proveedores de servicios u organizaciones sin fines de lucro. A estos efectos, se debe preparer un plan de acción que describa las politicas y procedimientos para la operación del programa. Las familias que cualifican para participar del programa de Autosuficiencia Familiar son aquellas que participan del Programa de Vales Sección 8.

El contrato de asistencia terminará automáticamente conforme a los siguientes requisitos:

1. Consentimiento mutuo
2. Incumplimiento de contrato de la familia participante
3. Retiro voluntario de la familia participante
4. Inconsistencias y/o irregularidades
5. Ordenanza del Congreso de los Estados Unidos

Aquellas familias participantes con ingresos por encima del límite de ingresos bajos (Low Income limit) @ 80%, no recibirá crédito a su cuenta de ahorros aunque podrá mantenerse bajo el Programa de Vales Seccóon 8, expire el contrato de participación y todas las obligaciones contractuales hayan sido completadas o, que el treinta (30%) porciento de su ingreso ajustado sea igual o exceda el Mercado Justo de Renta ("Fair Market Rent" FMR) que corresponda a la composicion familiar. Los fondos seran depositados en una cuenta "Single interest bearing". Por lo tanto, el municipio no podrá cobrarle a la familia ningún tipo de gastos por servicios para el mantenimiento de la misma. Es necesario que, el municipio aperture una cuenta en los libros o subsidiario identificado por cada familia participante con los balances actualizados. Los fondos a ser acreditados al "Escrow account" seran transferidos de los fondos depositados en la cuenta del pago de subsidio ("HAP payment account") y requisados a HUD. El municipio se compromete a notificar a los participantes a base anual a través del envío de un estado de cuenta que validará la siguiente información:

1. Balance inicial y final del período

2. Créditos registrados en el período

3. Deducciones realizadas por concepto de deudas con el municipio

4. Intereses devengados en el período

La familia será elegible para recibir los fondos acreditados en la cuenta cuando complete todas las obligaciones bajo el contrato de participación y el jefe de familia certifique que no recibe asistencia económica del gobierno, cuando las obligaciones contractuales hayan sido completadas o, que el treinta (30%) porciento de su ingreso ajustado sea igual o exceda el Mercado Justo de Renta ("Fair Market Rent"- FMR) según corresponda a la composición familiar. La familia tendrá derecho a utilizar los fondos depositados en la cuenta de ahorros para subvencionar las siguientes actividades:

1. Pago por concepto de gastos escolares para completar un grado académico, desarrollo profesional, colegio técnico o adiestramiento laboral.

2. Gastos relacionados al establecimiento de un negocio propio.

3. Compra de automóvil para uso de trabajo

4. Compra de residencia principal

5. Traslado a otra jurisdicción sujeto a confirmación de la Autoridad de Vivienda Pública de esa jurisdicción

El ingreso familiar ajustado es la diferencia entre el ingreso total a base anual menos las siguientes deducciones:

1. $400 del ingreso total familiar para familias de ancianos según definido en este Reglamento

2. Gastos médicos proyectados a doce (12) meses posterior a la fecha de admisión o de un re-examen regular o especial que exceda de tres (3%) porciento del ingreso total anual y no sean compensados o cubiertos por algun seguro de salud.

3. Cuido de dependientes menores de doce (12) años a fin de que el participante pueda trabajar o estudiar. La deducción no debe exceder de la cantidad de ingreso que reciba la persona que trabaje fuera del hogar. Persona con impedimento mayor de doce (12) años no será incluida en este renglón.

4. $480 por cada miembro menor de dieciocho (18) años de la composición familiar que resida en la vivienda o a miembros mayores de edad con impedimento o estudiantes a tiempo completo según establecido por la institución educativa. La deducción no aplicara al jefe, cónyuge e hijos bajo el Programa de Hogares de Crianza.

5. Gastos por el cuidado y equipo de miembros con impedimento. La fórmula para determinar los gastos médicos será aplicada.

RENTA MENSUAL Y SUBSIDIO PARA EL PAGO DE VIVIENDA

1. Renta mensual (Aportación familiar) y cálculo de subsidio

El municipio de Luquillo ha establecido un método de renta a tenor con la reglamentación establecida por HUD que garantiza que el cánon de arrendamiento a pagar por el arrendatario base de los porcientos (%) establecidos por HUD, será aplicado al ingreso neto a base mensual del grupo familiar conocido como el pago total del arrendatario ("Total Tenant Payment"- TTP). Este cálculo representa la cantidad mínima a ser contribuída por el arrendatario por concepto del cánon de arrendamiento y las utilidades de la unidad de vivienda bajo contrato. El TTP se calcula como sigue:

(Ingreso bruto/ 12 meses) x 10%

(Ingreso ajustado/ 12 meses) x 30%

Con el propósito de maximizar los recursos fiscales del Programa de Vales Sección 8 y fomentar la participación de los arrendatarios, el municipio ha estipulado una renta mínima de $50 a base mensual. De esta forma, el cánon de arrendamiento establecido será lo que sea mayor entre 10% IBM, 30% IAM o la RM @ $50.

El subsidio de vivienda se calcula de la siguiente manera:

Pago estándar (PS) – TTP=subsidio

ESTANDARES DE PAGO DE VIVIENDA

El municipio de Luquillo ha establecido un sistema estándar de pago de vivienda a efectos de calcular los Pagos para Asistencia de Vivienda ("Housing Assistance Payments"- HAP) a los arrendadores en beneficio de los arrendatarios. Este sistema se basa en un Mercado de Renta Justa ("Fair Market

Rent"-FMR), debidamente distribuídos por dormitorios y área geográfica; el cual es publicado por el Departamento de Vivienda Federal (HUD) en el "Federal Register". El municipio ha establecido que se adjudicará el cien (100%) porciento del FMR. El sistema será evaluado a base anual.

NORMAS DE ACOMODO

Para minimizar el pago en exceso por concepto de subsidio, hacinamiento y la pérdida de espacio, se asignarán los Vales conforme a las normas de acomodo segun se establecen a continuación:

NUMERO DORMITORIOS	NUMERO DE PERSONAS	
	MINIMO	MAXIMO
0	1	1
1	1	2
2	2	4
3	3	6
4	4	8
5	5	10

En el proceso de asignar la unidad de vivienda, se considerará la edad, sexo y relación entre los miembros del grupo familiar. En adición, otros factores serán considerados como por ejemplo, salud, incapacidad de algunos de los miembros, equipo especializado para terapia y/o rehabilitación requerido clínicamente y tamaño de la composición familiar. La determinación del número máximo de personas por dormitorio se realizará como sigue: matrimonio (jefe de familia), dos (2) miembros de la familia del mismo sexo, dos (2) niños de diferentes sexos hasta los tres (3) años de edad y menores del mismo sexo cuyas edades fluctúen como sigue:

- Infante hasta once (11) años
- Doce (12) a quince (15) años
- Dieciséis (16) a veinte (20) años

El número máximo de personas por dormitorio podrá excederse para permitir que un infante comparta el dormitorio de sus padres hasta la edad de tres (3) años. No se podrá asignar otro dormitorio a este menor tras cumplir el límite de edad establecido. No será excluído de las normas de acomodo a aquellos miembros que estudien y no residan en la unidad de vivienda por virtud de este evento, sin embargo, se espera que retornen a la vivienda al final del curso y sea debidamente justificado.

CONTRATO DE ARRENDAMIENTO

1. Ejecución del contrato

    a. El jefe de familia deberá ser orientado antes de la ejecución de contrato a través del cual sera informado respecto a sus derechos y obligaciones como arrendatario, derechos y obligaciones del arrendador hacia el arrendatario y el Programa. Los siguientes documentos deben ser suscritos entre el arrendador y el arrendatario: Contrato de Arrendamiento ("HAP Contract") y Anejos ("Addendum to Lease"). Los documentos originales deberán ser archivados en el expediente del arrendatario, una (1) copia para el arrendatario y otra copia para el arrendador. El alcalde, en representación del municipio de Luquillo, firmara el contrato refrendando el pago de subsidio en adición al formulario OC-OG-65 de la Oficina del Contralor de Puerto Rico y ya debidamente firmado, sera sometido a dicha agencia. La clausulas del contrato seran incorporadas a este Reglamento por referencia y será compulsorio el cumplimiento con los criterios establecidos en el "Housing Quality Standard" (HQS), de otra forma los documentos contractuales no podran ser refrendados.

2. Contratos

    a. Los documentos contractuales a ser firmados son: Contrato de Arrendamiento, "HAP Contract" y "Tenancy addendum". La siguientes claúsulas rigen la ejecución y enmiendas a dichos contratos:

        i. Admisión de nuevos inquilinos o cambio de jefe de familia

        ii. Complemento de contrato

        iii. Notificación o cambio de renta

        iv. Cese de permanencia del jefe de familia o cónyuge respecto al grupo familiar

v. Miembros de la composición familiar incluidos en la Forma HUD 50058 y el contrato de arrendamiento

3. Documentos informativos

a. La politica pública del municipio consiste en orientar a todo solicitante, participante y dueño de vivienda bajo el programa con el propósito de cumplir con el requisito de Expansión de Oportunidades de Vivienda. Estas orientaciones se realizarán anterior, durante y posterior a la formalización de cada contrato ejecutado. Los documentos informativos serán revisados a base annual y consistiran en lo siguiente:

i. Opúsculo informativo del Programa

ii. Listado de dueños y organizaciones voluntarias participantes del programa

iii. Listado de viviendas disponibles

iv. Material informativo sobre el uso y la portabilidad de los vales de vivienda

v. Listado de contactos de Oficinas de Vivienda Publica (PHA)

vi. Información y mapas áreas de pobreza con viviendas asequibles para renta

vii. Información y mapas que ilustren jurisdicción y su relación a municipios adyacentes demarcando areas de pobreza y concentraciones minoritarias.

viii. Información sobre sistemas de transportacion publica, rutas y costo.

ix. Información sobre la fianza

x. Descripción sobre los servicios adicionales para la asistencia en la busqueda de vivienda de los participantes

4. Conflicto de intereses

a. Si se determinará algún conflicto de interés en cualesquiera de las partes, el municipio de Luquillo no refrendará el contrato de subsidio como sigue:

i. Todo empleado, contratista, sub-contratista o agente del municipio de Luquillo que formúle politica pública o de alguna forma pueda influencial sobre alguna decisión del programa.

ii. Todo empleado que trabaje directa o indirectamente con la Oficina de Programas Federales o el Programa de Vales Sección 8.

iii. Todo funcionario publico, miembro de la Rama Ejecutiva, estatal o municipal el cual realize funciones o responsabilidades relacionadas al programa o,

iv. Miembros del Congreso de los Estados Unidos

b. Esta sección no eximirá a cualquiera de las partes del cumplimiento de la Ley de Etica Gubernamental ni del requerimiento de solicitar las dispensas requeridas por ley ante la Oficina del Comisionado de Asuntos Municipales (OCAM) cuando una de las partes es un empleado público.

5. Fianza

a. La fianza estipulada en todo contrato de arrendamiento tendra el propósito de garantizar que todo arrendatario mantenga la unidad de vivienda libre de deudas por concepto de cánon de arrendamiento y utilidades y, que ésta será entregada en condiciones aceptables al arrendador. De otra forma, se requerira un reembolso por concepto de renta y utilidades adeudadas al arrendador y/o gastos por concepto de reparaciones a la unidad de vivienda. Toda fianza representa el equivalente de un mes de renta contratada y será pagadera a más tardar cinco (5) días despúes de firmado los respectivos contratos. En la eventualidad de contraer un plan de pagos entre ambas partes, este plan debera ser notificado al municipio. Si el arrendatario incumple con el plan de pagos, éste estará sujeto a la cancelación del contrato y del subsidio según se establece en el Reglamento.

6. Requisito de cualificación

a. Se ha estipulado que todo dueño de vivienda deberá cumplir con los siguientes requisitos a efectos de que el municipio pueda refrendar los contratos bajo el Programa:

i. No incurrir en adjudicaciones pendientes donde el gobierno federal haya instituido una acción judicial o administrativa por violaciones al Acta de Igualdad de Oportunidades de Vivienda, otras leyes de Iguadad de Oportunidades Federales y/o violación a cualquiera de estas leyes de Igualdad de Oportunidades de Vivienda.

ii. No incurrir en Conflicto de Intereses según estipulado en este Plan administrativo

iii. No Incurrir en violación de obligación contractual en uno (1) o más contratos de subsidio para vivienda.

iv. No incurrir en fraude o acto de soborno, corrupción o acto criminal relacionado a programas de vivienda federal.

v. No participar en actividades relacionadas a sustancias controladas o actividad criminal violenta

vi. Cumplimiento con HQS

vii. No historial de rechazo de familias participantes del Programa

viii. No incurrir en evasión contributiva

ix. Cumplimiento con la responsabilidad contractual de reembolso de fianza a arrendatarios bajo este programa

x. Dueño o representante autorizado mediante poder legal con pleno dominio sobre la propiedad a ser arrendada.

INSPECCION Y REPARACION DE LA UNIDAD DE VIVIENDA

1. Inspección y reparación

   a. La inspección de la unidad de vivienda será realizada antes del comienzo de la ocupacion por el arrendador o su representante autorizado, el jefe de familia y el oficial designado del municipio de Luquillo. Será requisito que el arrendador autorice la inspección inicial mediante el formulario HUD 52517 "Request for Tenancy Approval" debidamente cumplimentado.y firmado por las partes que estuvieron presentes durante el proceso de inspección. La inspección indicará la condición física de la unidad de vivienda y un listado del equipo que el arrendador incluirá en la unidad de vivienda bajo contrato. Si la unidad de vivienda no cumple con los parametros de la inspección o ha sido declarada inconclusa, el municipio de Luquillo no autorizará ningún cambio de vivienda. Los equipos serán inspeccionados, deberan cumplir con los requisitos de "HQS" y su tamaño o uso deberán ser adecuados a la composición familiar, a saber: estufa, nevera y calentador, entre otros.

b. En caso de reparaciones, el arrendador o su representante autorizado debera notificar por escrito y con dos (2) días de anticipación, su intención de realizar reparaciones a la unidad de vivienda, excepto en casos de emergencia donde notificará la intención de accesar a la unidad de vivienda.

c. El arrendatario notificará al municipio de Luquillo y al arrendador, cualquier situacion de emergencia que puedan amenazar la vida, la salud o la seguridad de la familia. Toda reparacion considerada como emergencia, deberá ser efectuada por el arrendador en un término de veinticuatro (24) horas.

d. El arrendatario cubrira los gastos por concepto de reparaciones por negligencia, descuido, mal uso o daño intencional por la composición familiar y/o visitantes.

e. El municipio realizará una inspección a base anual y la familia esta obligada a permitir el acceso a la unidad de vivienda bajo contrato.

f. Toda reparacián no clasificada como emergencia, podra completarse hasta un maximo de quince (15) días.

g. Cualquier deficiencia será notificada por escrito a todas las partes y se le concederá un tiempo razonable para la accion correctiva. Si el arrendador incumple con el termino de la reparación o manifiesta que no realizara las reparaciones, el municipio le orientara respecto a sus obligaciones e informara que, de no realizar las acciones correctivas pertinentes, se le retendrá todo pago por concepto de subsidio sin que medie obligación contractual del municipio aceptados como parte de la inspección de la unidad de vivienda.

h. El municipio estará facultado para cancelar en contrato con el arrendador y/o cancelar los beneficios de la familia, en la eventualidad que las partes incumplan con el requisito de reparación de la unidad de vivienda.

2. <u>Requisitos de cualificación de la unidad de vivienda</u>

a. Cumplimiento con los "Housing Quality Standard" (HQS)

b. Pagos al día, en aquellos casos donde la unidad de vivienda tenga algún gravamen hipotecario

c. Certificacion de no deuda CRIM

d. No cualificará unidades de vivienda bajo las siguientes categorías: vivienda pública, "project base"-sección 8, nueva construcción- sección 8, rehabilitación sustancial o moderada, proyectos bajo la sección 202 de "Rural Housing Service", hogares de cuidado diurno, hospedajes de estudiantes, instituciones correccionales, psiquiátricas o medicas y unidades ocupadas por el dueño o por personas con interés en la vivienda.

3. Desalojo de la unidad

a. El arrendatario no podrá desalojar o abandonar su unidad de vivienda sin previa notificación escrita por el municipio de Luquillo.

b. El arrendatario podrá ausentarse temporeramente de su unidad de vivienda mediante previa autorización por escrito del municipio de Luquillo. A estos efectos, dicha ausencia será hasta un máximo de noventa (90) días consecutivos durante el curso de un año. La autorización estará condicionada a lo siguiente: propiedad mueble deberá permanecer en la unidad de vivienda y el cánon de arrendamiento este al día. La dirección de la residencia temporera sera notificada al municipio y al arrendador. El jefe de familia será responsable de designar y notificar al municipio respecto a la persona responsable de permitir acceso a la vivienda en caso de cualquier emergencia.

4. Estudio de comparabilidad de renta

a. Para salvaguardar la integridad en el uso de los fondos públicos para el pago de renta a través del Programa Sección 8, el municipio ha establecido un sistema para determinar Rentas Justas en el Mercado (FMR). Este sistema se basa en la razonabilidad de la renta bajo contrato en función del área y además, promover la participación de los arrendadores y sus respectivas viviendas para evitar el efecto inflacionario en determinados mercados.

b. La razonabilidad de renta será determinada por las siguientes circunstancias:

i. Antes de firmar contrato de subsidio

ii. Antes de un aumento de renta

iii. Al disminuir un cinco (5%) porciento el FMR publicado por HUD

iv. Cuando sea solicitado por HUD

c. La renta contratada no podrá exceder determinaciones recientes de razonabilidad de renta mientras el contrato de subsidio para una unidad de vivienda se encuentre vigente.

d. Los parametros utilizados en el estudio de razonabilidad de renta será como sigue:

   i. Localización

   ii. Calidad

   iii. Tipo de unidad

   iv. Año de construcción

   v. Comodidades

   vi. Servicios

   vii. Mantenimiento

   viii. Utilidades bajo contrato

e. El inspector de vivienda realizará el estudio utilizando un formulario pre-determinado el cual será parte del expediente de la familia. El inspector de vivienda sera el encargado de mantener y actualizar una base de datos por área censal y será actualizada anualmente. La base de datos deberá tener la siguiente información:

   i. Número de unidades

   ii. Dormitorios por unidad

   iii. Tipo por unidad

   iv. Localización en mapas censales

   v. Renta por área

5. <u>Estudio de utilidades</u>

a. El municipio será responsable de establecer y mantener un inventario de deducciones por concepto de utilidades ("Utility Allowance") para el pago de utilidades bajo la responsabilidad del arrendatario o arrendador, según se estipule en el contrato. Los créditos por utilidades han sido establecidas para facilitar a la familia participante, una deducción en el pago de renta por servicios esenciales. En aquellos casos donde el

arrendador es la persona responsible del pago de utilidades, esta partida será utilizado para determinar el costo de la unidad de vivienda.

b. Los créditos por concepto de utilidades consistirán de dos (2) elementos: (1) tenencia y, (2) pago de utilidades. La tenencia de utilidades representa la titularidad de cualquiera de las partes respecto a los equipos o enseres. El pago de utilidades representa el pago efectuado por concepto de los servicios esenciales prestados por un tercero para constituir la unidad de vivienda como habitable.

c. Las utilidades estan vinculadas con la composición familiar, las cuales son compulsorias para satisfacer las necesidades de ese grupo. Toda interrupción de servicios esenciales por incumplimiento de pago sera considerado como una violación a las obligaciones de la familia lo cual constituirá causal suficiente para la cancelación del contrato.

d. El municipio será responsable de realizar un estudio anual por concepto del pago de utilidades para determinar el crédito aplicable como sigue:

Tenencia	**Pago por Utilidades**
Estufa	Servicio de agua y alcantarillado
Nevera	Servicio de energía electrica
Calentador	Servicio de gas fluido

e. El costo por utilidad se mantendrá separado por categoría, tipo y tamaño de la unidad y por utilidad. Las utilidades se subdividen como sigue: Alto costo y no alto costo. La utilidades de alto costo son los servicios de agua, energía eléctrica y gas. Los servicios de bajo costo lo constituyen la estufa, nevera y calentador.

f. El inspector de vivienda será el responsible de realizar el estudio de utilidades como sigue:

   i. Solicitará al arrendador o arrendatario, las últimas doce (12) facturas pagadas que ilustren el consumo mensual por concepto de servicios

   ii. Distribuirá la información por dormitorios que componen el grupo familiar y promediará a base mensual. Este promedio constituirá el costo por utilidades.

iii. En el caso de la tenencia de utilidades, el inspector solicitará cotizaciones por escrito de los equipos tomando en consideración las especificaciones del manufacturero respecto a número de personas a ser servidas por dicho producto. El costo utilizado será el menor de las tres (3) cotizaciones. El estudio de utilidades aplicará a cada familia al vencimiento de cada reexamen de la composición familiar.

DETERMINACION DE ELEGIBILIDAD PARA OCUPACION CONTINUADA

Aquellas familias que mediante un reexamen regular o especial cumplan con los siguientes requisitos serán elegibles para ocupación continuada:

1. Miembro o miembros de la composición familiar que ocupan la vivienda estén incluídos en el contrato de arrendamiento y cumplan con todos los requisitos de ocupación.

2. Miembro o miembros cumplan con la definición de familia y con los requisitos de admisión que dispone el Plan Administrativo.

3. Estudiantes extranjeros no inmigrantes, a ser incluidos en el contrato de arrendamiento y que cumplan con los requisitos de admisión según definido en el Plan administrativo.

4. Familia que no haya incurrido en fraude u omisión de información.

5. Familia que no absorbe el cien porciento (100%) del pago por concepto del cánon de arrendamiento contratada por un término mayor de un (1) año

REEXAMENES REGULARES Y ESPECIALES

El municipio de Luquillo realizará evaluaciones periódicas, por lo menos una vez al año, de las condiciones socioeconómicas, ciudadanía, composición familiar de los arrendatarios para validar la elegibilidad, a efectos de mantener la ocupación de la vivienda y que la renta asignada y el tamaño se ajuste a la reglamentación establecida en el Plan administrativo.

1. Itinerario de reexamenes- Los reexamenes regulares se realizarán al menos una vez al ano conforme al itinerario preparado a la fecha de la admisión del grupo familiar al Programa. Las familias serán citadas con noventa (90) dias de anticipación al vencimiento del contrato.

2. Trámite de la solicitud para la ocupación continuada

    a. Solicitud de ocupación continuada

        i. Para cada reexamen regular será requisito completar, certificar y firmar una Autorización para renovación de contrato por el jefe de familia. El arrendador cumplimentara y firmará dicho documento para validar su interés de renovar el mismo.

        ii. La Autorizacion para renovación de contrato consistirá en lo siguiente:

            1. Una (1) foto del grupo familiar

            2. Nombre, parentesco, sexo, edad y ocupación de cada miembro que resida en la unidad de vivienda.

            3. Certificado de antecedentes penales expedido por la Policia de Puerto Rico hasta un máximo de tres (3) meses de expedición por cada miembro mayor de edad.

            4. Nombre, fecha de nacimiento y ocupación de cualquier miembro nuevo a a ser incluido y certificado de antecedentes penales según discutido en sección anterior.

            5. La familia notificará cualquier cambio en el "status" de la familia y otros.

            6. Datos sobre el empleo o ingreso proyectado a doce (12) meses posterior a la fecha de reexamen.

            7. La familia notificara cualquier cambio en las utilidades.

3. Verificación y documentación de los datos

    a. La información provista por la familia en la solicitud para la ocupación continuada deberá ser verificada por el municipio, cuya acción validará la elegibilidad de la familia para dicha ocupación y el interés del arrendatario y arrendador para renovar el contrato.

    b. De existir una diferencia material en los datos, se entrevistara al jefe de familia a efectos de proveer una oportunidad de explicar cualquier discrepancia.

c. Los datos verificados sobre empleo o ingresos proyectados serán válidos hasta el próximo reexamen, excepto en situaciones que amerite un reexamen interino.

d. Los datos verificados serán documentados y archivados en el expediente de la familia.

e. Los documentos requeridos para verificar los datos se ilustran como sigue:

   i. Cartas o certificaciones de patronos y otras fuentes autorizadas con relación a los ingresos, deducciones u otra información necesaria para determinar elegibilidad.

   ii. Copias de documentos que validen las declaraciones provistas.

   iii. Verificación de terceros

f. Se emitirá informe escrito sobre entrevistas, verificaciones por teléfono y otros medios que indiquen la fuente, el nombre de la persona que suministra la información, la fecha y hora de los datos provistos.

g. Los datos serán revisados y evaluados para determinar que están completos y exactos. La investigación se continuará toda vez que la información recibida este incompleta o sea inadecuada.

4. Notificación a la familia del resultado del reexamen

   a. El arrendatario y el arrendador serán informados por escrito como sigue:

      i. Renta asignada conforme al sistema vigente. La notificación se emitirá con treinta (30) días de antelación a la fecha de efectividad de la renta o del contrato de renovación

      ii. Necesidad para cambio de vivienda en caso de variación en la composición familiar para proveer acomodo razonable. De ser necesario, se negociará el nuevo cánon de arrendamiento y en aquellos casos que una de las partes no acepte la negociación, se procederá a mudar a la familia.

      iii. Medida de corrección o sanción respecto a falsa representación o incumplimiento con los términos de los contratos durante el proceso de reexamen.

b. El arrendatario podrá ejercer su derecho a revisión de la determinación según estipulado en la reglamentación y el Plan administrativo en caso de no estar conforme con dicha determinación.

c. Si el arrendatario no somete los documentos requeridos dentro del término prescrito, se procederá a notificar la intención de cancelación de contrato mediante previa notificación. Toda vez que se determine la renta apropiada, la misma será retroactiva a la fecha de efectividad del reexamen regular correspondiente.

5. Corrección de errores de cálculo al establecer el cánon de arrendamiento

   a. Procedimiento para corregir deficiencias en el áalculo del cánon de arrendamiento:

      i. Aumento en la renta mensual- Nueva renta será efectiva el dia 1 del mes subsiguiente al mes que se realizó la corrección.

      ii. Disminución en la renta mensual- Diferencia será retroactiva a la fecha de efectividad de la renta anterior. El exceso se acreditará a cualquier deuda que el arrendatario tenga o se le abonara a pagos futuros, según corresponda.

6. Falsas declaraciones del grupo familiar

   a. Al ejecutar los reexamenes regulares y/o especiales, se validara la informacion provista por la composición familiar y si en el proceso se descubre falsa representaciones, se iniciará el proceso de cancelación de contrato según estipulado en el Contrato de arrendamiento y subsidio (HAP Contract). Se tomará en consideración el recobro por concepto de deudas al municipio durante le proceso de cancelación de contrato.

7. Reexamenes interinos

   a. Conforme al Plan administrativo, el municipio de Luquillo realizará reexamenes especiales o interinos según lo amerite o cuando el arrendatario notifique por escrito y valide con evidencia que ha ocurrido un cambio en su ingreso, composición familiar u otras circunstancias para justificar una o más deducciones.

   b. En aquellos casos donde se solicita eliminar del contrato al cónyuge legalmente casado o al jefe de familia, el miembro que solicita el cambio deberá presentar una declaracion jurada sobre este particular. Se tomara en consideración, cualquier orden del Tribunal ordenando la salida de la vivienda a algún miembro de la composición.

c. Toda reducción de renta como resultado de un reexamen interino sera efectiva al día primero del mes siguiente en que fuera notificado por el jefe de familia.

d. El jefe de familia ésta obligado a informar de inmediato los aumentos en ingresos o cualquier otra circunstancia que resulte en un reajuste de renta.

e. El incremento en el cánon de arrendamiento que resulten en cambios en el ingreso familiar u otras circunstancias serán efectivos previa notificación escrita el día primero del mes subsiguiente a la fecha de radicación.

f. Si el jefe de familia cumple con el requisito de informar las circunstancias que resultarian en un incremento en el cánon de arrendamiento, el incremento será retroactiveo al día primero del mes que se radicó el cambio y, que haya sido debidamente revisado y justificado.

8. Obligaciones del jefe de familia durante un reexamen

a. Será responsabilidad del jefe de familia, acudir a las citas según sean solicitadas mediante comunicación escrita. A estos efectos, el mismo proveerá la información y certificaciones requeridas sobre la composición familiar e ingresos durante los reexamenes regulares y especiales para que se pueda determinar la renta, elegibilidad y tamaño de la unidad de vivienda de forma adecuada.

b. Si se determina en una investigación que un grupo familiar ha provisto información falsa, ya sea al ser admitida al Programa o durante el proceso de reexamenes interinos o especiales, se procederá a cancelar el contrato y se tomaran medidas reglamentarias, según aplique.

c. Permitir la inspección de la unidad contratada según sea solicitado.

d. Mantener la renta al día y proveer evidencia según se le requiera

e. Mantener pagos por concepto de utilidades al dia y proveer evidencia según se le requiera

9. Renovación de contratos de arrendamiento y subsidios

a. El arrendatario y el arrendador estarán obligados a completar los requisitos de reexamenes regulares y especiales, según este Plan administrativo durante el proceso de renovación del Contrato de arrendamiento, Subsidio y Addendum. El contrato

mencionado como "Addendum to Lease" será parte del conjunto de contratos. Los mismos se cumplimentaran en original y copia, tendrán vigencia de un año prorrogable en términos similares y se cumplimentaran al efectuar los reexamenes regulares. A estos efectos, el contrato original quedara quedara vigente, excepto en aquellas clausulas que se enmienden por cambios en renta, composición familiar, utilidades o pago de subsidio.

EXPANSION DE OPORTUNIDAD DE VIVIENDA ("Expanding Housing Opportunity")

Como parte de su politica pública, el municipio de Luquillo proveerá a familias de ingresos muy bajos, la oportunidad de obtener una vivienda de alquiler fuera de las áreas de pobreza o concentración de minorías, cuyo propósito redunde en mejorar su calidad de vida al ubicarlos en áreas donde existen escuelas, servicios y mejores oportunidades de empleo. Para cumplir con lo antes dispuesto, el municipio será responsable de informar a todas las familias en torno a la disponibilidad y los beneficios de trasladarse de jurisdicción con el fin de obtener beneficios en el acceso de mejores oportunidades de vivienda.

Para lograr este objetivo, el municipio mantendrá una base de datos con información actualizada de arrendadores con interes de alquilar sus viviendas, de organizaciones dedicadas a asistir a las familias en la busqueda de viviendas fuera del área de pobreza y concentración de minorías además de, la implementación efectiva de los procedimiento de portabilidad bajo el Programa de vales Sección 8. Los éetodos principales se ilustran a continuación:

1. Determinar la localización de toda vivienda asequible en el municipio
2. Identificar comunidades con alta y baja concentración de pobreza
3. Identificar arrendadores fuera de las áreas de pobreza y concentración de minorias e invitarlos mediante comunicación escrita a participar del Programa.
4. Informar y motivar a las familias que residan en comunidades de alta concentración de pobreza que consideren trasladarse a otras áreas.

5. Referir familias que residan en areas de alta concentracion de pobreza a organizaciones que provean asistencia tecnica y orientacion sobre los beneficios de la relocalizacion.

6. Preparar mapas que indiquen viviendas disponibles fuera de áreas de concentración de pobreza y/o minorías dentro o fuera de la jurisdicción. El mapa consistirá en: oportunidades de trabajo, medios de transportación, escuelas y otros servicios disponibles.

7. Preparar documentos informativos que consistan en: listado de viviendas disponibles dentro y fuera de la jurisdicción, listado de organizaciones que asistan a las familias en la busqueda de viviendas, listado de corredores de bienes raíces, información relacionada a la portabilidad de los vales y listado de las Oficinas de Vivienda Pública (PHA) del area que provea el nombre de la persona contacto, teléfono, dirección y disposiciones sobre el pago de fianza.

8. Identificar viviendas disponibles para impedidos o incapacitados

Traslado de familias ("Portability")

La portabilidad de los vales se utilizán como método para la desconcentración de familias en áreas de extrema pobreza. Todo arrendatario tendra la libertad de elegir el lugar y la vivienda conforme a sus necesidades, según reglamentación vigente. En adición, tendrá derecho de escoger una unidad de vivienda fuera de las áreas de pobreza o concentraciones de grupos minoritarios y podra solicitar la portabilidad a otras jurisdicciones si dichas áreas se encuentran dentro de su área local. La politica pública previamente explicada en el Plan Administrativo será facilitada a estos arrendatarios a efectos de cumplir con la estrategia de desconcentración.

i. Todo arrendatario tendrá derecho a solicitar que su vale sea transferido a otra jurisdicción dentro o fuera de Puerto Rico, incluyendo a cualquier estado de Estados Unidos y sus territories o posesiones, con todos los derechos y obligaciones a los que mantiene bajo el Programa.

ii. El arrendatario deberá cumplir con todas las obligaciones contractuales antes de solicitar el traslado.

iii. El arrendatario someterá una solicitud por escrito indicando el PHA que recibirá la portabilidad.

iv. No deben existir deficiencias atribuibles al arrendatario y presentar certificaciones de no deuda por concepto de renta o utilidades.

v. Notificar al arrendador su intención de traslado

vi. Si el contrato estuviera vigente y fuera el primer año de contrato, este deberá ser rescindido por escrito por el arrendador y el arrendatario, excepto que el traslado responda a una situación de emergencia.

Cuando el arrendatario cumpla con los requisitos de la solicitud de traslado, el Alcalde como representante autorizado del municipio, procedera a extenderle un vale utilizando el formulario HUD 52645 a través del cual se le otorgarán sesenta (60) días con dos prorrogas de treinta (30) días adicionales hasta un máximo de ciento veinte (120) días para la busqueda de una vivienda en otra jurisdicción. De excederse dichos términos, perderá su vale y el mismo regresara al municipio. En adición, se incluirá un "Good Standing Letter" por el cual se notificará a la otra jurisdicción de que: (1) dicho arrendatario es bonafide del Programa, (2) la intención del participante para reubicarse en esa jurisdicción, (3) viabilidad de facturar por todos los servicios de pago de renta, utilidades y honorarios administrativos y, (4) que el arrendatario ha cumplido con todos los requisitos de traslado.

Como parte de los documentos requeridos, se incluirá el formulario HUD 52655 ("Family Portability Information") formaliza el nuevo contrato debidamente validado, el municipio reembolsará por los gastos incurridos, limitándose a las partidas discutidas previamente. El expediente original del la familia permanecera en el municipio. El PHA receptor o la jurisdicción que recibe el vale asumirá todas las responsabilidades sobre la administración del vale, no tendrá la titularidad del mismo. Cuando este vale se encuentre vacante, notificará sobre su disponibilidad, será devuelto y estará disponible al municipio para ser otorgado. Las disposiciones sobre la administración, pago de facturas, responsabilidades del municipio y caducidad del vale, aplicarán de igual manera que si se recibiera de otra jurisdiccion.

VAWA y los procedimientos de Portabilidad

Bajo los requerimientos de la Ley VAWA en sus secciones 606 y 607 se requiere una certificación que debe ser mantenida de forma confidencial que le permite a los PHA's, dueños y administradores responder a un incidente (s) actuales de violencia doméstica, violencia en la relación y asecho que puedan afectar la participación de ellos en un programa de vivienda a que soliciten por escrito que un individuo complete, firme y someta la forma dentro de 14 días laborales de su solicitud. En esta forma el individuo certifica que el o ella es víctima de violencia

doméstica, citas violentas o asecho. Además de que certifica la veracidad de estos incidentes como actuales y como víctima de abuso. En la certificación debe proveer el nombre del perpetrador.

En adición a la certificación el participante deberá proveer al PHA, administrador o dueño de propiedad:

1. Expediente policiaco o de un tribunal ya sea Federal, estatal o territorial.
2. Documentación firmada y certificada por un empleador, agente o voluntario de un centro de servicio a víctimas de violencia domestica, un abogado o profesional médico, de que la persona recibe asistencia a razón de ser víctima de violencia doméstica, violencia en la relación y asecho, en cual el profesional que emite la documentación firma la misma bajo penalidad de perjurio (28 U.S.C. 1746) en donde este entiende bajo su creencia profesional que el(los) incidente(s) de abuso son reales y que la víctima de violencia doméstica o asecho ha firmado o juramentado la certificación.

Como parte de este plan, se le requerira a un individuo la documentación oficial o prueba física sobre estatus de violencia doméstica, violencia en una relación, asecho, una violación a efectos de recibir la protección bajo VAWA. La familia podra recibir un vale y mudarse en violación con el contrato bajo portabilidad, si la familia ha cumplido con todas las demás obligaciones del Programa Sección 8 Vales y esta desea reubicarse de su actual domicilio para salvaguardar la salud y seguridad de un individuo que ha sido víctima de violencia doméstica, citas violentas, y asecho y que razonablemente el o ella podrán ser inminentemente afectados por futuros actos violentos si permanecieran en la unidad. Si las circunstancias descritas anteriormente existen, el PHA puede permitir a esta familia mudarse bajo los procedimientos de portabilidad, si solamente el único motivo para denegar el traslado es por repetidas violaciones al contrato de arrendamiento. El PHA puede solicitar que la familia provea la certificación 50066, u otra aceptable documentación para corroborar el reclamo de la familia y su solicitud de pronta mudanza debido a incidentes en la unidad.

CANCELACION DE CONTRATO

En caso de violación al Contrato de Arrendamiento y de Subsidio ("HAP Contract Addendum to Lease"), Reglamentos del Programa de Vales Sección 8, Plan administrativo y cualquiera de las disposiciones aplicables a este Programa, el municipio quedará facultado para notificar por escrito al arrendatario en torno a su intención de cancelar dicho contrato con treinta (30) días de anticipación a la

fecha de efectividad. En toda intencion de cancelación de contrato, mediará una notificación respecto al derecho de apelación, los términos de prescripción de dicha apelación y el derecho de representación legal. Dentro de las causales para la cancelación de contrato se incluyen pero no se limitan a las siguientes:

1. Morosidad en el pago de cánon de arrendamiento o incumplimiento en el plan de pagos.
2. Negligencia en acción u omisión que afecte la salud o seguridad del vecindario
3. Fraude
4. Abandono de vivienda
5. Falta de firma y/o aceptación de enmiendas al contrato de arrendamiento
6. Uso de vivienda para actividades que afecten el ambiente físico o social de la comunidad; actividades delictivas como por ejemplo, violación de los códigos y leyes penales del Estado Libre Asociado de Puerto Rico y de los Estados Unidos de America; o actividades criminales en o fuera de la residencia, relacionadas a la venta de sustancias controladas, armas y juegos prohibidos. Esta conducta criminal será causa suficiente para la cancelación del Contrato de Arrendamiento y de Subsidio ("HAP Contract"). Independientemente de la acción y/o fallo judicial.

ABANDONO DE VIVIENDA

El arrendatario ocupará la vivienda como su domicilio habitual y permanente por lo cual se requiere previa autorización del municipio de Luquillo para desocupar o deshabitar la unidad de vivienda. En situaciones especiales, debidamente justificadas, el municipio tiene la facultad de autorizar por escrito al jefe de familia, a ausentarse temporeramente de la vivienda por un término no mayor de noventa (90) días consecutivos durante un período de doce (12) meses. La autorización será sujeta a condiciones como mantener el mobiliario dentro de la unidad de vivienda y mantenga su pago por concepto de arrendamiento actualizado. Para autorizar dicha acción, el arrendatario emitira un comunicado por escrito al municipio donde informará la dirección física y postal y medios de comunicación, ya sea por teléfono u otros. En adición, el jefe de familia, antes de ausentarse, autorizará al municipio a inspeccionar la vivienda al vencimiento del período concedido. En la eventualidad de que, ninguno de los miembros del grupo familiar regrese a la unidad de vivienda, el municipio emitirá un comunicado escrito al jefe de familia respecto a la intención de disolver el Contrato de Arrendamiento y Subsidio ("HAP Contract") al vencimiento del termino de la ausencia

autorizada, y le concederá diez (10) días laborables a partir del recibo de dicha comunicación para que justifique su ausencia. El comunicado escrito se enviara por correo certificado con acuse de recibo a la dirección actualizada, a la vivienda bajo contrato o, a su residencia temporera. De resultar comunicaciones devueltas por el correo, que el jefe de familia no se presente a justificar su ausencia dentro del término establecido, el municipio quedará facultado para cancelar el contrato correspondiente en el término que indique la intención de cancelación.

En caso de que la familia desocupe o deshabite la unidad de vivienda sin previa notificación al municipio, el procedimiento será como sigue:

1. El arrendador accesará la vivienda abandonada en presencia del inspector de vivienda del municipio de Luquillo siempre y cuando medie permiso o autorización legal para tal acción.

2. El municipio inspeccionará la unidad de vivienda y en caso de existir propiedad mueble dentro de las facilidades, levantará un acta indicando fecha y hora de la entrada a la vivienda, método utilizado para accesar a la vivienda, personas presentes e inventario de la propiedad mueble.

3. El arrendador será responsable de la propiedad mueble, si aplica.

QUEJAS POR DISCRIMINACION

Se constituirá como política pública del municipio de Luquillo, prohibir, desalentar o eliminar toda actividad que propenda al discrimen en virtud de la Ley de Igualdad de Oportunidades de Vivienda, la Sección 504 de la Ley de Rehabilitación de 1973, Titulo VI de la Ley de Derechos Civiles de 1964, Título VIII, Sección 3 de la Ley de Derechos Civiles de 1968 y la Ley de Discrimen de edad de 1975. Toda persona que se considere afectada en sus derechos por las determinaciones del municipio de Luquillo por motivo de la interpretación de la ley al revisar este Plan Administrativo, podrá radicar una querella en la Oficina de Programas Federales del municipio utilizando la forma HUD 903-s, cuya copia la hallará en el Tablón de Edictos de la referida agencia. Además, podrá radicar cualquier querella en la Oficina local de HUD del Caribe o a la línea de quejas (HUDHOTLINE) al teléfono 1-800-347-3735. De padecer algún impedimento de audición o del habla, puede comunicarse al (202) 708-2451 (TDY). Es responsabilidad de la Oficina de Programas Federales del municipio de Luquillo, investigar toda querella en un tiempo razonable y referir copia de ésta a la Oficina de Igualdad de Oportunidad de Vivienda de HUD.

En cumplimiento con la Sección 504 de la Ley de Rehabilitación de 1973, se ofrecerá acomodo razonable a toda persona con impedimiento físico y/o mental, incluyendo pero sin limitarse en

asistencia técnica, al arrendador como a las familias con impedimento a fin de viabilizar su accesibilidad, tramitación rápida de las querellas, instalación de equipos de comunicación para impedidos (TDY), asistencia en la busqueda de vivienda y, transportación gratuita para la búsqueda de vivienda.

EVALUACION DEL DESEMPEÑO DEL PROGRAMA

El "SEMAP" y el "PHA Annual Plan" son herramientas efectivas en la sana administración del Programa de Vales Sección 8 por los conceptos de transparencia, responsabilidad y seguridad que le exigen.

1. "SECTION 8 MANAGEMENT ASSESSMENT PROGRAM" (SEMAP)

   Esta herramienta fue diseñada por HUD para medir el desempeño de la Oficina de Vivienda (PHA) en la administración del Programa de Vales Sección 8, Programa de Autosuficiencia Familiar (FSS) y todos sus componentes. Este sistema de evaluación mide las siguientes áreas:

   a. Acceso a viviendas en cumplimiento con HQS

   b. Desempeño administrativo

      i. Sistema de contabilidad y controles internos

      ii. Identificar deficiencias con respecto al área de necesidad de asistencia técnica

      iii. Asistir y asesorar en la operación del Programa

   c. Acción afirmativa Igualdad Oportunidades de Vivienda

   El SEMAP consiste de catorce (14) indicadores de desempeño y un indicador que actúa como un bono, a saber:

      1.) Selección lista de espera

      2.) Razonabilidad de renta

      3.) Determinación de ajuste

4.) Estudio de utilidades

5.) HQS- Inspecciones de control de calidad

6.) Cumplimiento de HQS

7.) Expansión de oportunidades de vivienda

8.) Límites en renta justa del Mercado

9.) Re-examen annual

10) Corrección en cálculo de renta

11) Inspecciones pre-contrato

12) Inspecciones anuales

13) Renovaciones de contrato

14) Autosuficiencia Familiar (FSS)

15) Bono de Desconcentración

Cada año fiscal, el municipio será responsable del cumplimiento de los catorce (14) indicadores y el bono de desconcentración. A estos efectos, el procedimiento será como sigue:

a) Completar y someter electrónicamente el formulario HUD 52648 "SEMAP Certification" dentro de un período de sesenta (60) días posterior al cierre de año fiscal.

b) HUD confirmará los datos sometidos por el municipio a traves de un "Confirmatory review".

c) De ser determinada alguna deficiencia en el SEMAP, el municipio someterá un Plan de acción correctiva o refutaraá el (los) señalamientos dentro de un período de treinta (30) días.

2. PHA ANNUAL PLAN

A través de este plan, el municipio establece sus metas y objetivos en la administracion del Programa de Vales Sección 8. El propósito principal redunda en satisfacer las necesidades y/o problemas de vivienda de los ciudadanos. El municipio prepara un plan general de cada cinco (5) años donde describe la misión, visión, metas y objetivos a largo plazo. En adición, se

prepara un plan anual donde se establecen las estrategias para la ejecución de las metas. Este plan se realizará en consulta con los partes interesadas (arrendatarios y público en general) a través de Vistas Públicas, a las cuales deben convocarse por medio de una publicación en el rotativo de mayor circulación. Además, se les enviaran cartas a los participantes y a la Junta consultiva para validar el proceso de Vistas Publicas. El plan será sometido electrónicamente a través de la página de internet www.hud.gv/pih/pha/plans/phaps-home.html. El documento original sera sometido a la oficina de HUD en el Caribe junto a toda la documentación de soporte según establecido por la agencia federal.

Como parte de los controles internos del Programa, el municipio constituirá una Junta consultiva de residentes debidamente compuesta por el jefe de familia de cada composición familiar participante. Esta Junta participará en el diseño y estructura del Plan Anual y el Plan Administrativo a través de sugerencias y opiniones. Estos comentarios y/o recomendaciones serán validados en la preparación final de ambos planes. El municipio realizará un monitoreo adecuado a efectos de confirmar que la Junta es representativa de la población y su proceso de selección fue razonable. La estructura de dicha Junta es como sigue: Presidente, Vicepresidente, Secretario(a) y dos (2) vocales.

PUBLICACIONES

El municipio de Luquillo mantendrá publicado en tablones de Edicto los siguientes documentos que evidencien su vigencia:

1. Descripción de los derechos civiles
2. Lista de espera de los solicitantes de vivienda
3. Documentos de interés para los solicitantes y residentes
4. "SEMAP"
5. "PHA ANNUAL PLAN"
6. Paquete de información
7. Notificación sobre pintura de plomo
8. Mapas censales
9. Mapas de otras jurisdicciones
10. Folleto del Programa de Seccion 8 Vales correspondiente al Municipio de Luquillo

11. Listado de viviendas disponibles

12. HUD 903-S Forma de querellas

13. Folletos y afiches informativos sobre Igualdad de oportunidades de vivienda "Equal Housing Act" y Sección 504 de la Ley de Rehabilitación de Vivienda de 1973.

POLITICA DE RETENCION DE DOCUMENTOS

Los documentos relacionados al Programa de Vales Seccion 8 seran retenidos por seis (6) anos a partir de la fecha de cancelacion de los casos. La disposición de dichos documentos seran por medio de una petición formal a la Oficina de Documentos Publicos y aplicara la reglamentación vigente sobre ese particular.

DEROGACION

Este Plan Administrativo deroga el Plan Administrativo, revisión del 3 de mayo de 2004.

SALVEDAD

Las disposiciones del Plan Administrativo no serán afectadas, perjudicadas ni invalidadas salvo cualquier palabra, párrafo, y/o secci de este Reglamento que fuera declarado inconstitucional o nulo por el Tribunal.

VIGENCIA

Este plan administrativo entrará en vigor mediante la Orden Ejecutiva Num. 3 del 3 de Mayo de 2004.

Marilyn Rodríguez Millán
Directora Asuntos Federales
Municipio de Luquillo

Hon. Jose M González Ortiz
Alcalde
Municipio de Luquillo

ADDENDUM

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

Civil Rights Certification

Annual Certification and Board Resolution

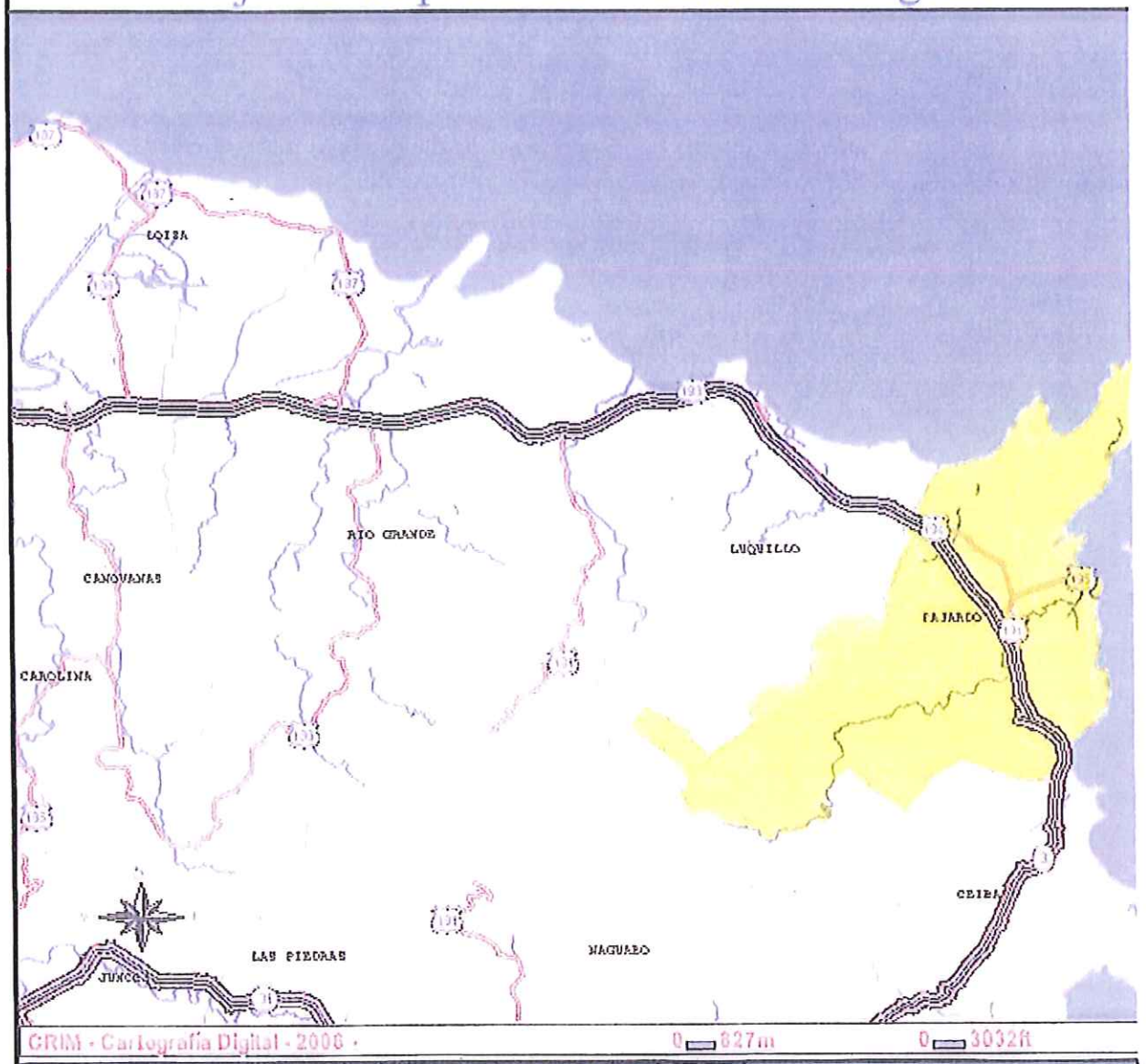
Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification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

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

MUNICIPALITY OF LUQUILLO	RQ081
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 José M. González Ortiz	Title Mayor
Signature JCG	Date 04/24/2009

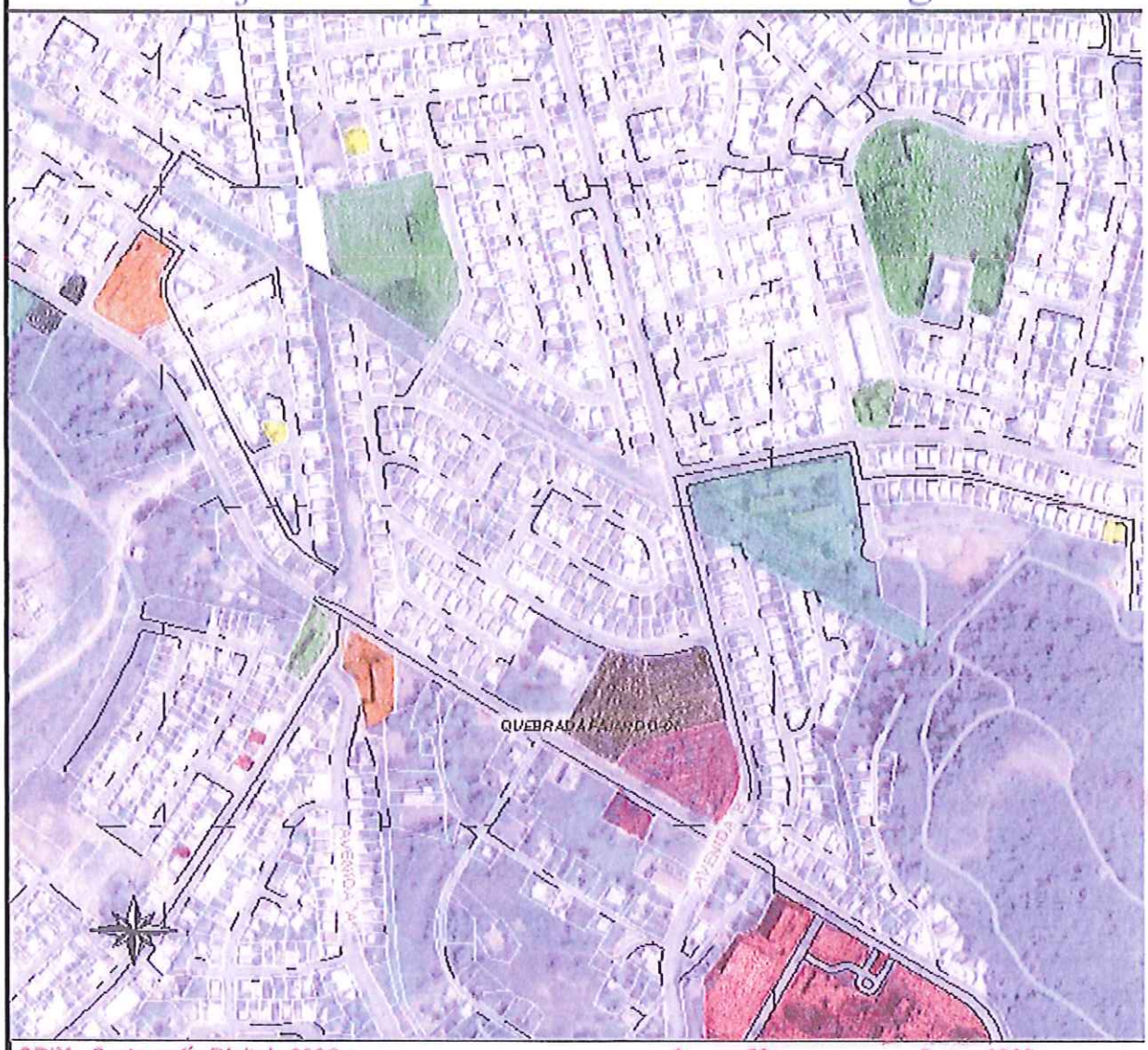
Hoja de impresión -- Catastro Digital



LEYENDA

Municipio de Fajardo

Hoja de impresión -- Catastro Digital

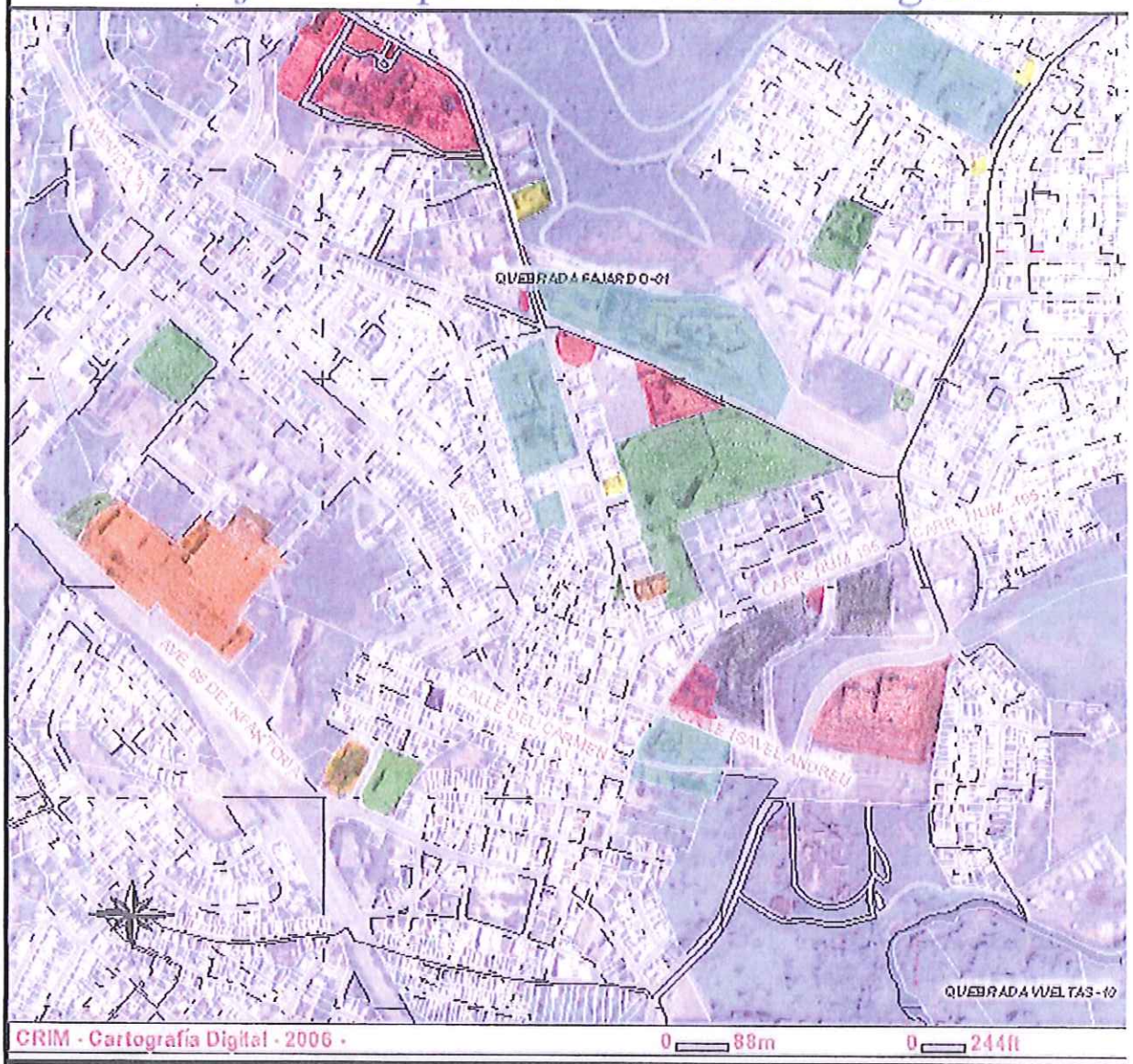


CRIM - Cartografía Digital - 2006 - 0 59m 0 162ft

LEYENDA

escuelas	parques	Fastfood
parques	centro comercial	Iglesias
fabricas	Garaje	auto parts
Hospital	desempleo	

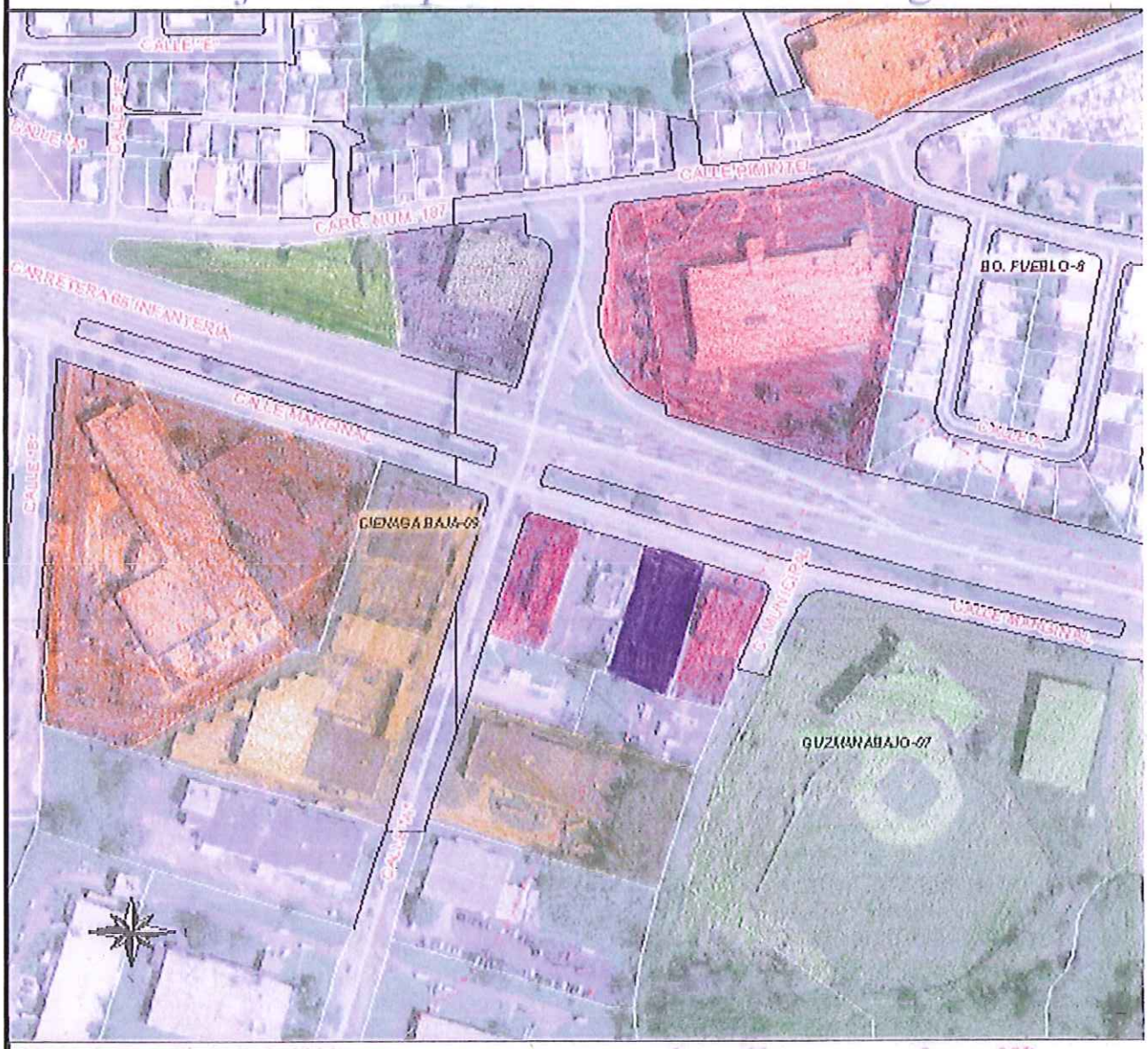
Hoja de impresión -- Catastro Digital



LEYENDA

escuelas	parques	Fastfood
parques	policia	Iglesias
bancos	Garaje	Universidad
Hospital	desempleo	Fabricas

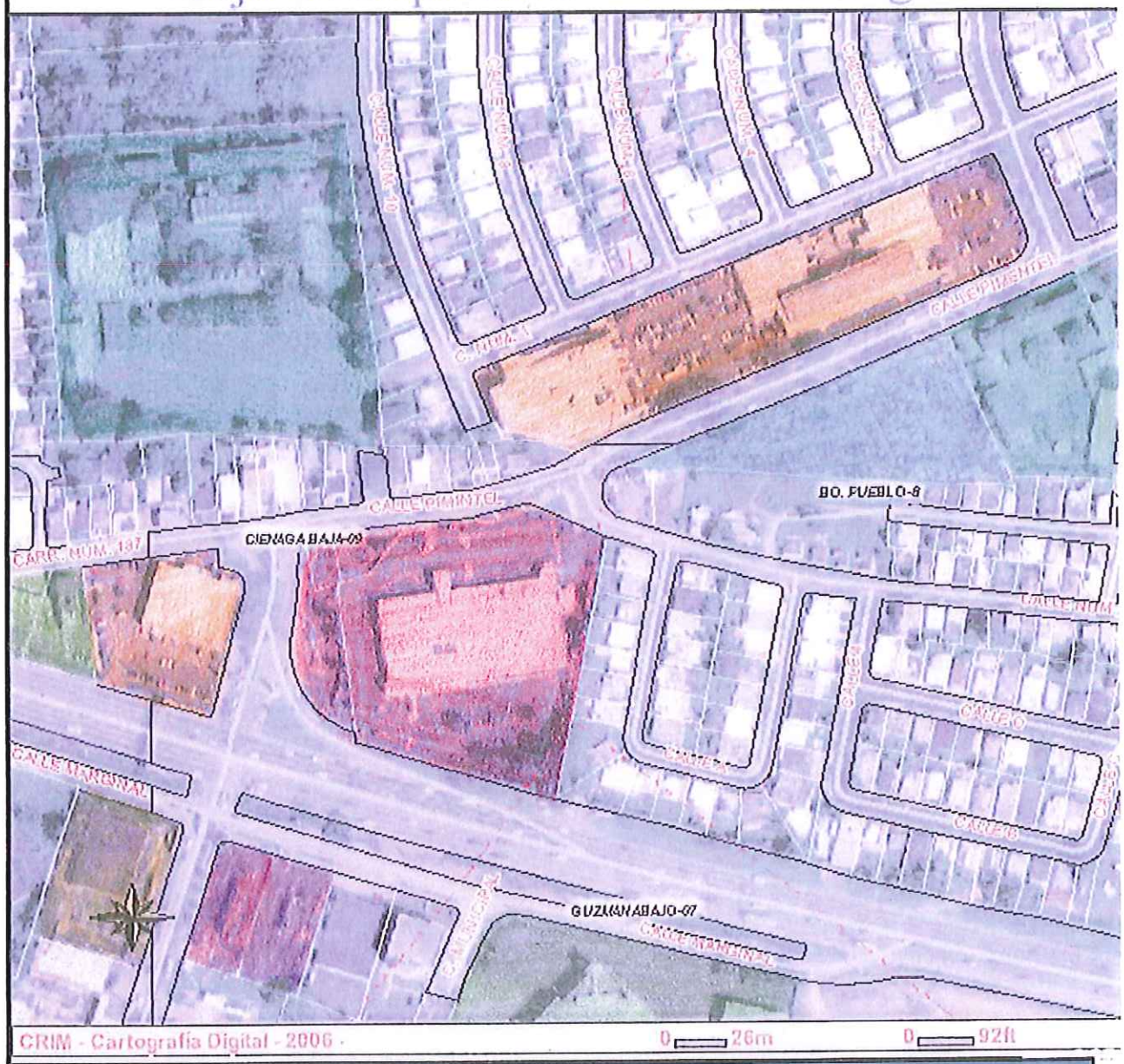
Hoja de impresión -- Catastro Digital



LEYENDA

- Escuelas
- fabricas
- Consorcio del noreste
- Centro Comercial
- Garaje
- Parques
- Auto Parts

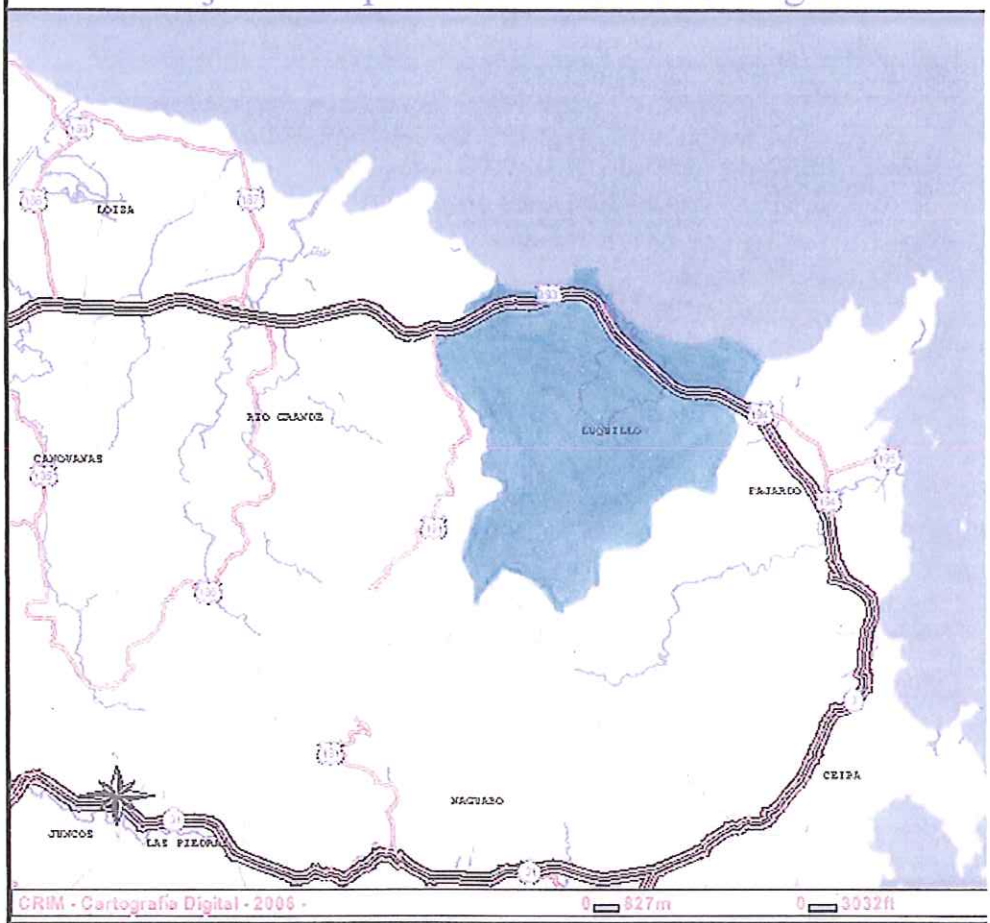
Hoja de impresión -- Catastro Digital



LEYENDA

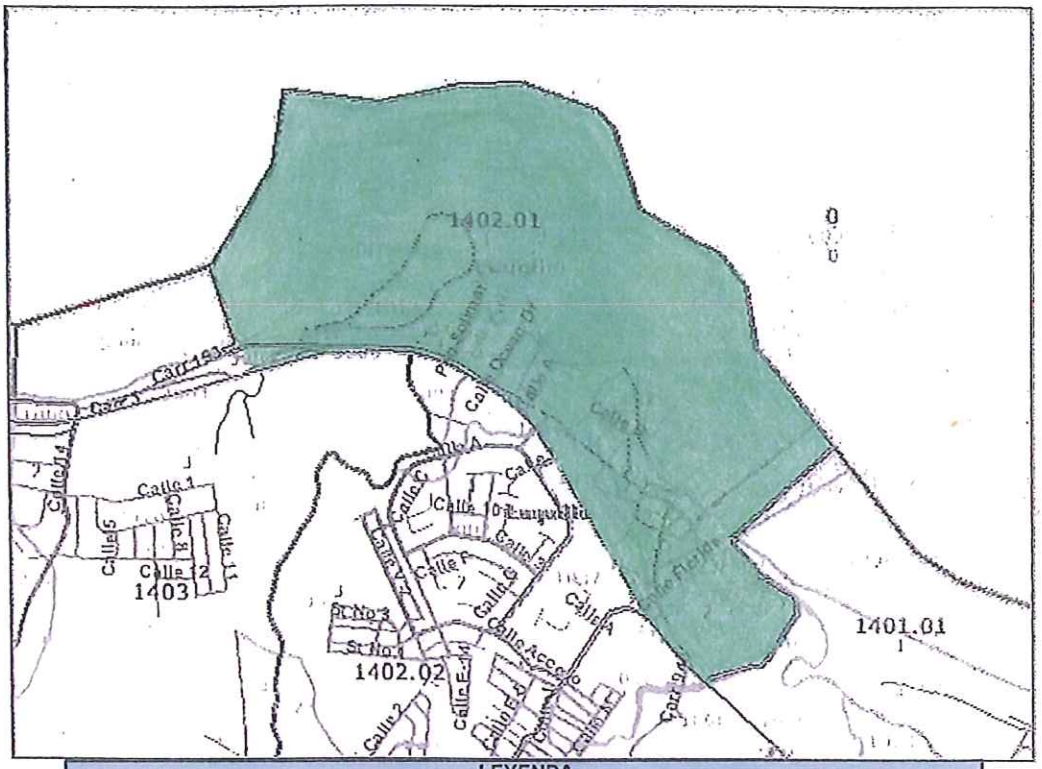
Hospital	Escuelas	Cementerio
Garaje	Bancos	
Centro Comercial	Fastfoods	

Hoja de impresión -- Catastro Digital



LEYENDA

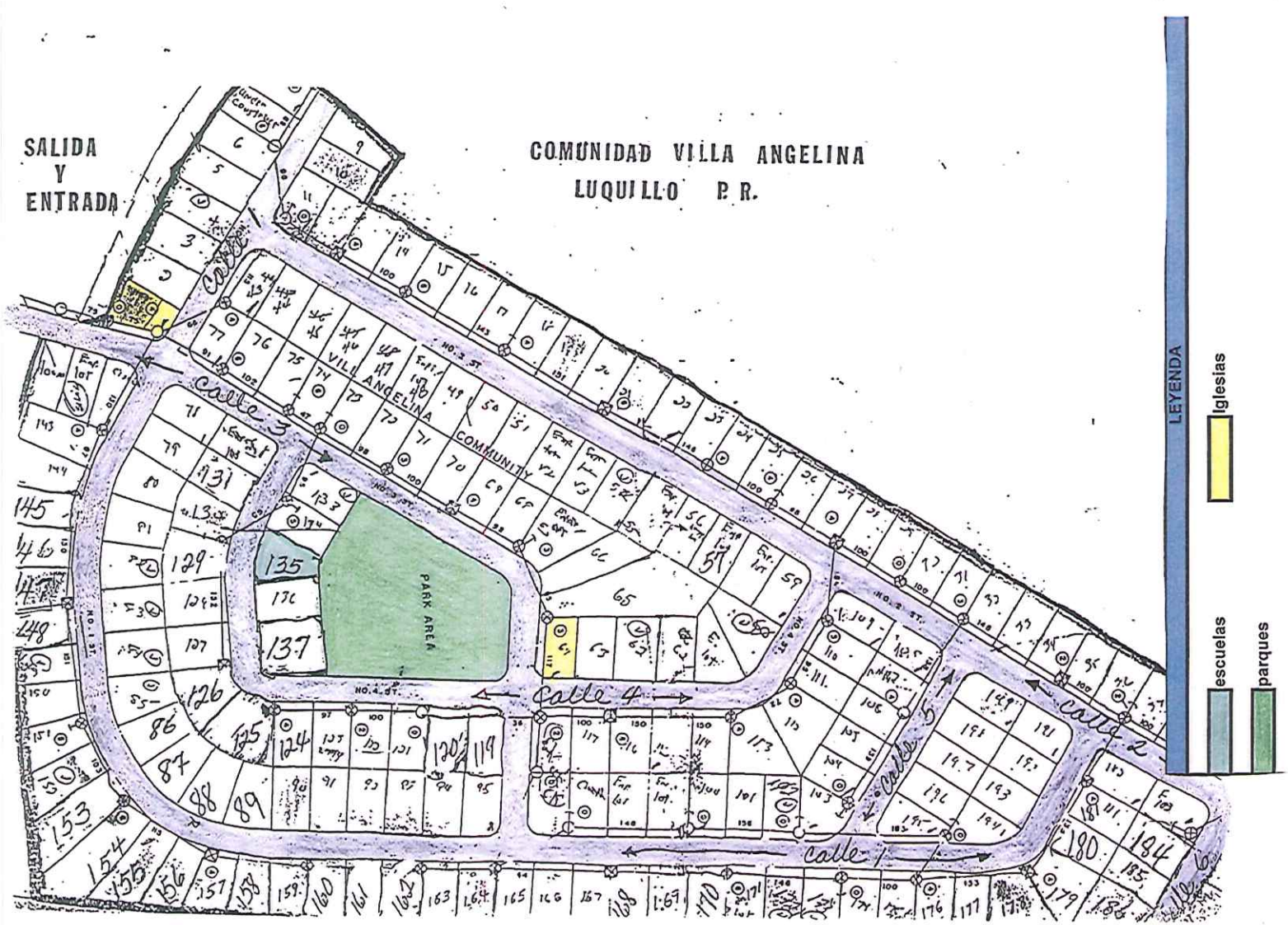
Municipio de Luquillo

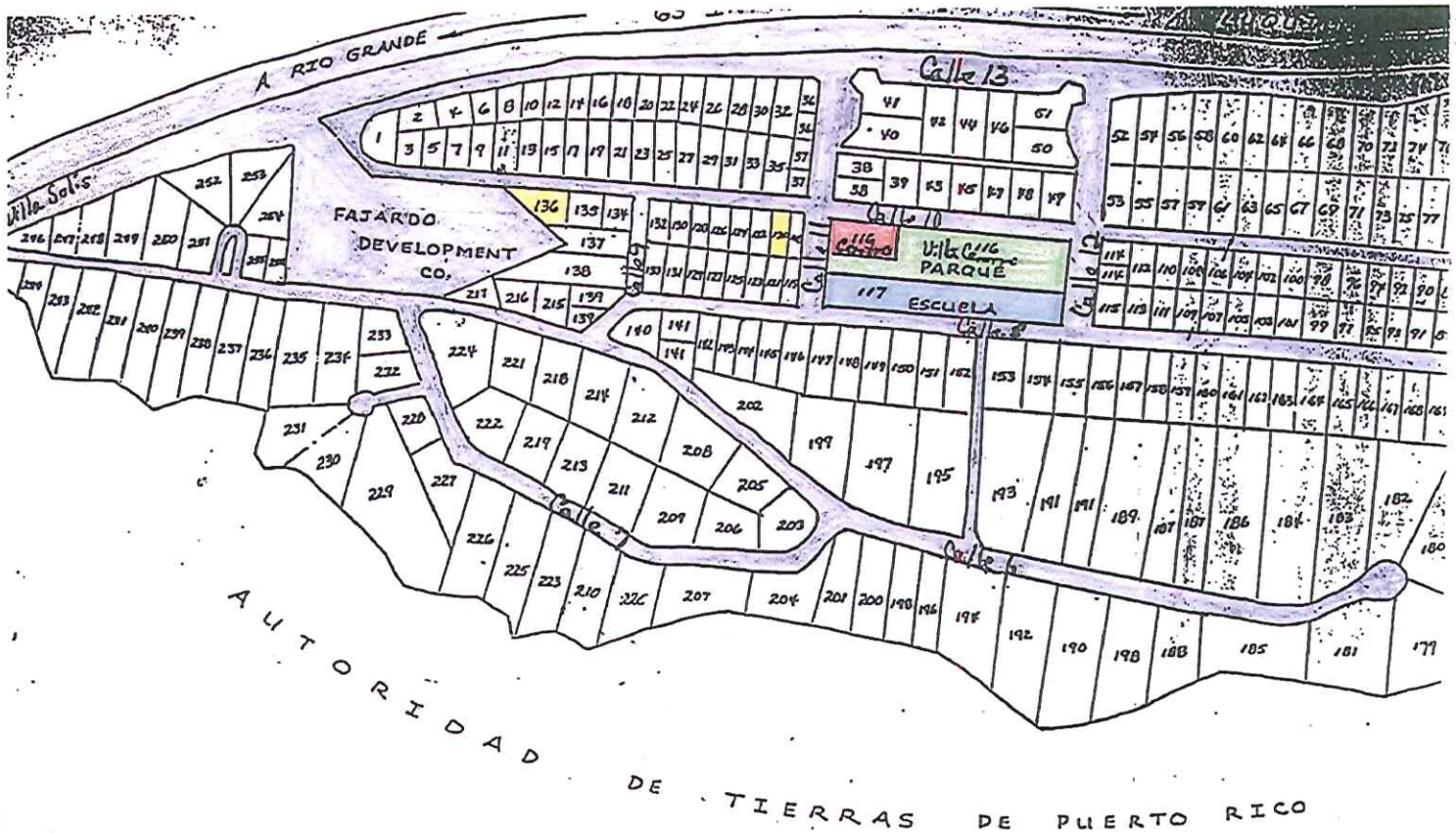


LEYENDA

Census Track Area of Poverty and Minority Concentration.

CARRETERA ESTATAL No. 3
CARRETERA ESTATAL No. 332
URB. INDUSTRIAL
URB. VISTA DE MAYO
URB. VISTA DE LUDILLO
QUEBRADA MATA DE PLATANO
RIO
fabricas
gasolinera
Banco
Farmacia
parques
centro comercial
Dispensario medico
alcaldia
escuela
iglesia
correo
cementerio


SALIDA
Y
ENTRADA
COMUNIDAD VILLA ANGELINA
LUQUILLO P.R.
VILLA ANGELINA COMMUNITY
PARK AREA
Calle 1
Calle 2
Calle 3
Calle 4
Calle 5
Calle 6
NO. 1 ST.
NO. 2 ST.
NO. 3 ST.
NO. 4 ST.
LEYENDA
Iglesias
escuelas
parques



Fortuna

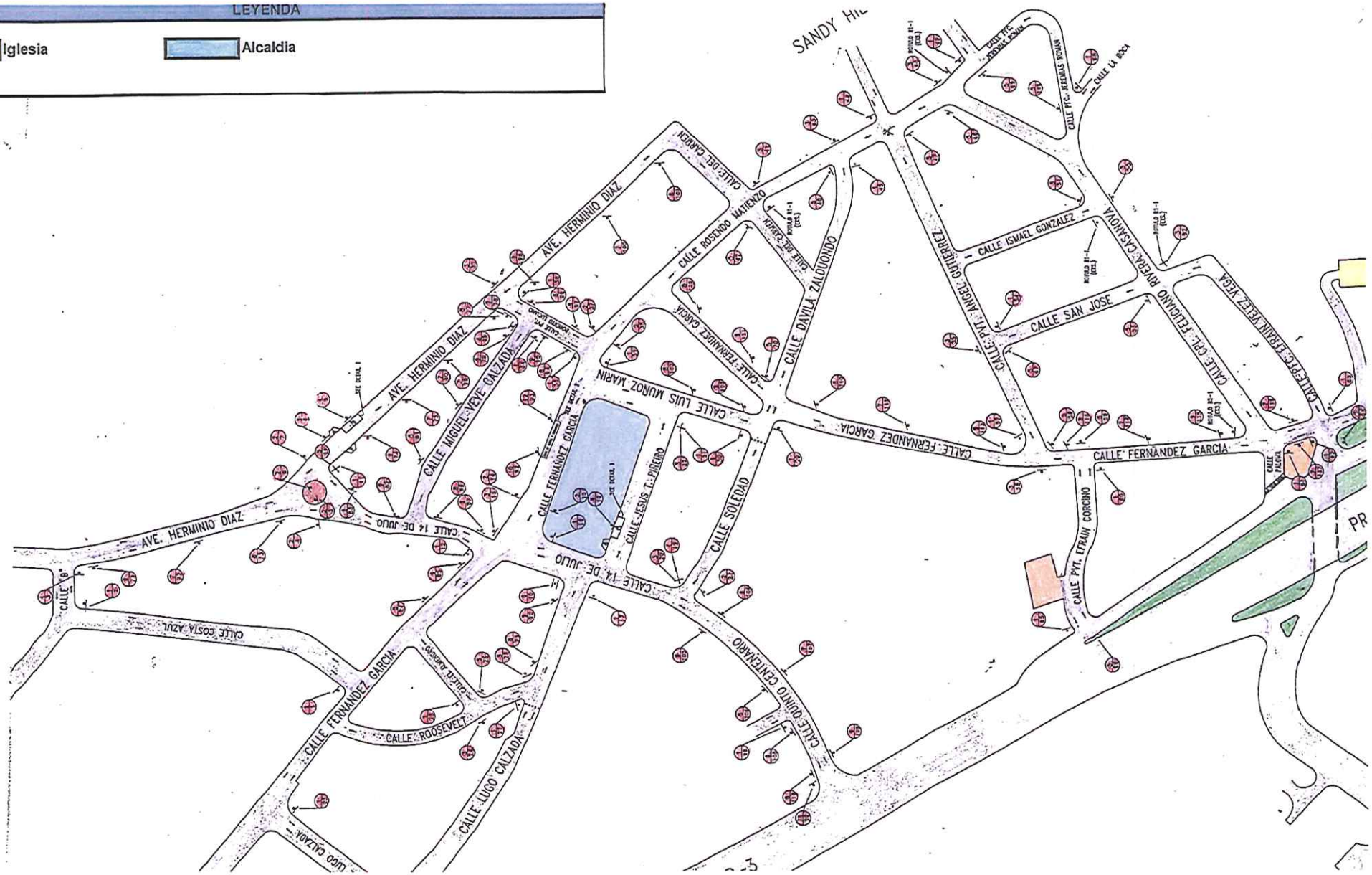
LEYENDA

- escuelas
- Iglesias
- parques
- centro de usos multiples

LEYENDA

Iglesia

Alcaldia



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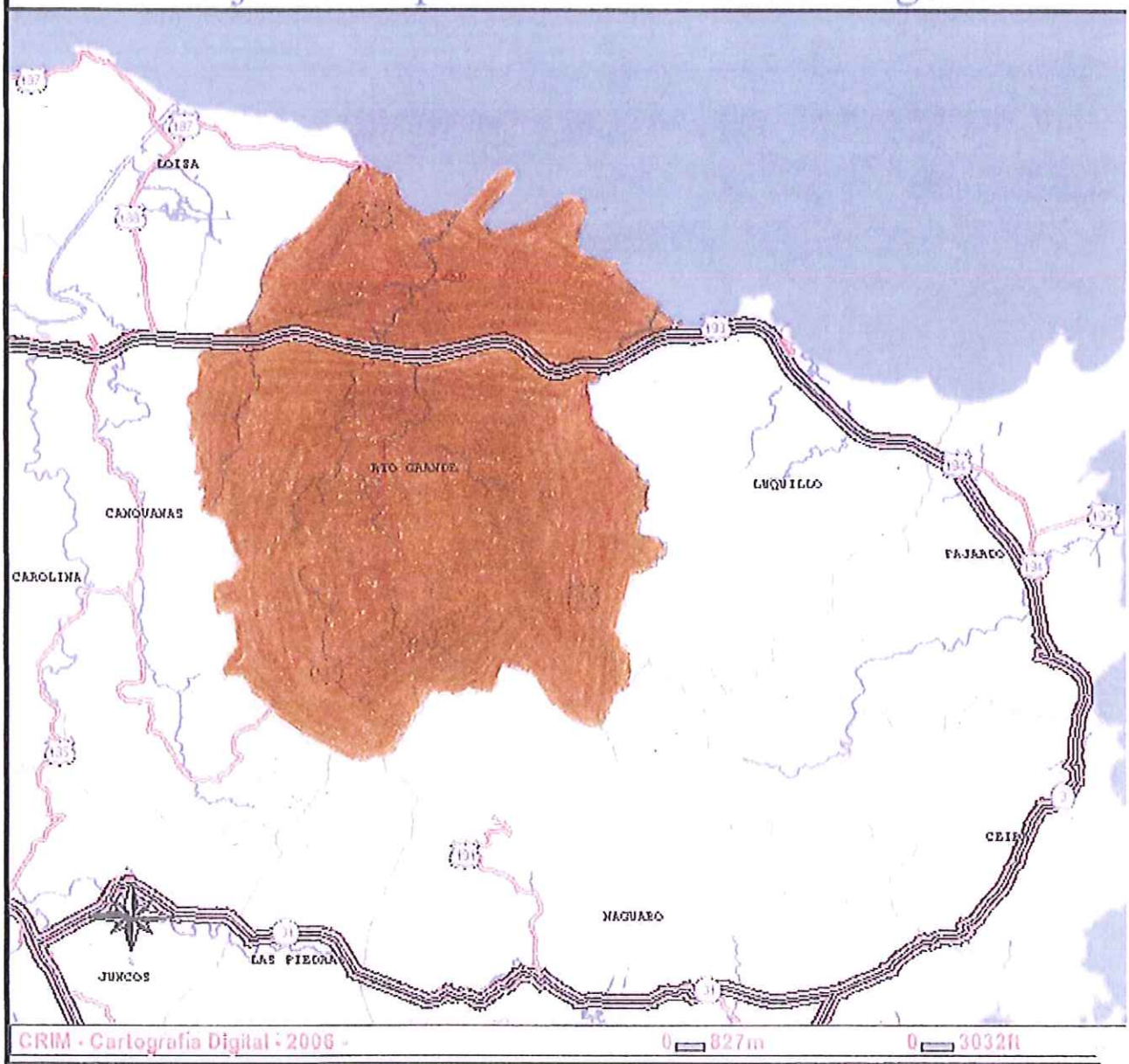
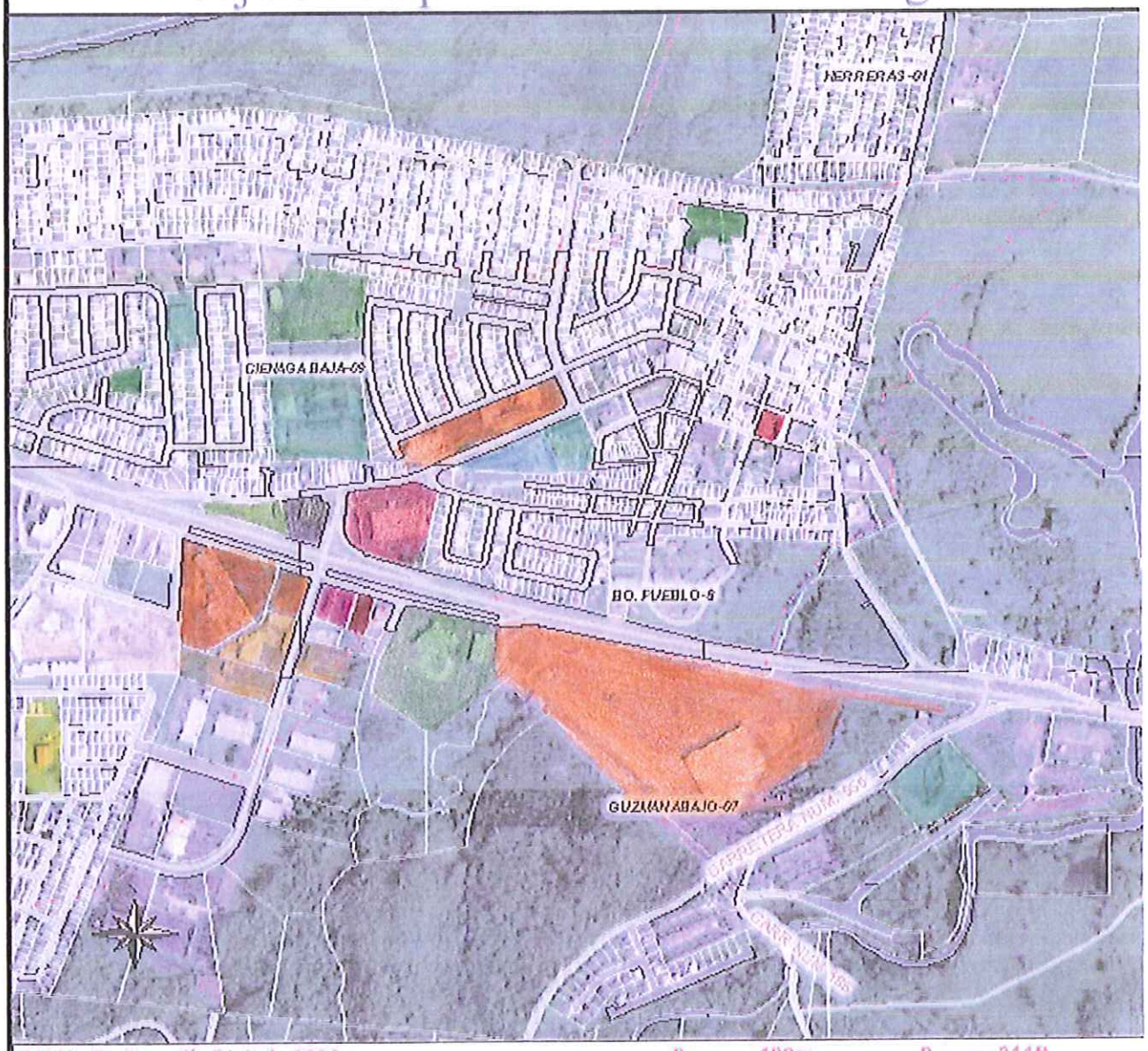


LEYENDA

Municipio de Rio Grande

Hoja de impresión -- Catastro Digital



CRIM - Cartografía Digital - 2006 - 0 109m 0 311ft

LEYENDA

- escuelas
- parques
- cementerios
- parques
- fabricas
- Fastfood
- consorcio del noreste
- Garaje
- centro comercial
- Iglesias

Federal Program Office				
Municipality of Luquillo				
Listado de Personas de Contacto de PHA en Jurisdicciones Cercanas				
item	Nombre del PHA	Persona Contacto	Direccion	Telefono
1	Municipio de Fajardo	Sonia Sacheus- Cordinadora Programa Seccion 8	Garrido Morales #11 Fajrdo PR 00738 PO Box 1049 Fajardo, PR 00738	787-863-4115, 787-8632818
2	Municipio de Rio Grande	Daisy Medero - Cordinadora Programa Seccion 8	PO Box 847 Rio Grande, PR 00745	787-887-0330
3	Departamento de la Vivienda Estatal/ Region de Carolina	Lydia Castillo- Supervisora	Edificio Jesus T. Piñero, Minicipio de Carolina, PR	787-274-2525

MUNICIPIO DE LUQUILLO	
OFICINA DE PROGRAMAS FEDERALES	
TARIFAS DE TRANSPORTACIÓN PUBLICA	
TERMINAL DE FAJARDO	
Calle Garrido Morales #53 Frente al cuartel de la Policia Estatal, Fajardo PR 00738	
RUTAS	**TARIFAS**
Fajardo a Ceiba	$1.00
Fajardo a Luquillo	$1.50
Fajardo a Naguabo	$2.00
Fajardo a Humacao	$3.00
Fajardo a Rio Grande	$2.50
Fajardo a Canovanas	$3.00
Fajardo Rio Piedras	$4.50
TERMINAL DE RIO GRANDE	
Calle San Antonio Ramal 187 Rio Grande, PR 00745	
RUTAS	**TARIFAS**
Rio Grande a Luquillo	$2.00
Rio Grande a Fajardo	$2.50
Rio Grande a Canovanas	$1.20
Rio Grande a Carolina	$1.50
Rio Grande a Rio Piedras	$2.25

Federal Program Office				
Municipality of Luquillo				
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3	Departamento de la Vivienda Estatal/ Region de Carolina	Lydia Castillo- Supervisora	Edificio Jesus T. Piñero, Mini	787-274-2525

4. Derecho a una Vista Administrativa si considera que sé este discriminando contra usted o una determinación adversa es arbitraria y caprichosa.
5. A mudarse a otra vivienda, por causas justificadas siempre que la autoricen, al vencerse el contrato y no tenga deudas con el dueño, el Programa, la Autoridad de Energía Eléctrica, Autoridad de Acueductos y Alcantarillados.

Obligaciones de la familia:

a. Acudir a citas del Programa cuando se le requiera. (re-exámenes, citaciones, querellas)
b. Notificar inmediatamente cualquier cambio en ingresos, composición familiar, utilidades.
c. Mantener la vivienda y sus alrededores y el equipo provisto por el arrendador en buenas condiciones.
d. Hacer el pago de aportación familiar a tiempo y en la Oficina de Programas Federales.
e. Cumplir con todas sus obligaciones contractuales.
f. Mantener buenas relaciones con sus vecinos y arrendador.
g. No sub-arrendar la vivienda o alguno de sus espacios.
h. No podrá asignar o transferir la vivienda a otra persona.
i. El participante no será dueño de la vivienda o parte de ella o tener interés alguno.

¿Qué deficiencias de la vivienda tienen que ser corregidas en 24 horas o menos?

Facilidades eléctricas.
b. Facilidades sanitarias.
c. Áreas de accesos y ventanas seguras.
d. Deficiencias que representen alto riesgo a la familia.

Penalidades por cometer fraude:

Según establece HUD en el Titulo 24 del Code of Federal Regulation si su solicitud o recertificación contiene información falsa o incompleta que envuelva la intención de defraudar a un programa subvencionado con fondos federales usted podría ser multado con hasta $10,000.00 o encarcelado o encarcelado por hasta cinco años o ambas penas a discreción del Tribunal además podría ser privado de recibir subsidio de por vida y la obligatoriedad de restituir los fondos defraudados.

QUEJAS POR DISCRIMEN:

Si usted considera que ha sido discriminado por razón de sexo, raza, religión, color, **impedimento físico y/o mental**, nacionalidad, afiliación política, composición familiar o embarazo. Las que están contenidas en la **Ley de Igualdad de Oportunidades de Vivienda y la Sección 504 de la Ley de Rehabilitación de 1973.**

Podrá radicar una querella en nuestra Oficina de Programas Federales del Municipio de Luquillo utilizando la forma HUD 903-s, copia de esta la hallara en el tablón edictos de nuestra Oficina de Programas Federales o podrá radicar su querella en la Oficina local de HUD del Caribe o a la línea de quejas (HUDHOTLINE) al teléfono 1-800-347-3735. Si padeciera de algún impedimento de audición o del habla puede llamar al (202) 708-2451 (TDY). Es obligación de nuestra Oficina el investigar dicha querella en un tiempo razonable y referir copia de ésta a la Oficina de Igualdad de Oportunidad de Vivienda de HUD.

MUNICIPIO DE LUQUILLO
Oficina de Programas Federales
Programa Sección 8 Voucher
P. O. Box 1012
Luquillo, Puerto Rico 00773
Teléfono: (787) 889-3666 Fax: (787) 889-5493
TTY:
Email: seccion8luquillo@live.com

MUNICIPIO DE LUQUILLO

OFICINA DE PROGRAMAS FEDERALES

PROGRAMA DE SUBSIDIO PARA EL PAGO DE RENTA DE VIVIENDA

SECCION 8 VALES (VOUCHER)

El Programa Sección 8 Vales (Voucher) es un programa federal de vivienda administrado por la Oficina de Programas Federales del Municipio de Luquillo. Este Programa provee subsidio para el pago de renta a personas de ingresos bajos y moderados que no tengan vivienda propia, para alquilar una vivienda segura e higiénica en el mercado privado.

La familia participante es la responsable de seleccionar una vivienda que se adapte a sus necesidades de acomodo y a las Rentas de Mercado establecida por el Departamento de Vivienda y Desarrollo Urbano Federal (HUD).

Actualmente nuestro municipio cuenta con tres (2) programas subsidiados estos son:

1. Sección 8 Vales (Voucher)
2. Auto-suficiencia familiar.

Requisitos básicos de elegibilidad para la familia:

Son elegibles para subsidio las familias de una (1) o más personas, familias de ancianos e incapacitados de ingresos bajos y bien bajos que no tengan una vivienda propia.

Viviendas elegibles para alquiler:

Será elegible toda vivienda que cumpla con los requerimientos de inspección establecidos por HUD las que tienen que ser HIGIEINICAS y SEGURAS además de no exceder las Rentas Justas del Mercado según establece HUD, estar al día en el pago de hipoteca y no estar sujeta a próximo embargo. Y que la vivienda no tenga deuda contributiva sobre la propiedad.

Elegibilidad del Arrendador:

Toda persona dueña de una propiedad dedicada a vivienda ya sea en nuestra jurisdicción o fuera de ella y principalmente fuera de las áreas de pobreza, podrá alquilarla bajo el programa siempre y cuando su vivienda cumpla con los requisitos antes mencionados.

Pasos a seguir para el alquiler de una vivienda:

a. Deberá inscribir su vivienda en nuestras Oficinas.
b. Inmediatamente algún participante nuestro lo contacte deberá cumplimentar la Solicitud de Aprobación de Arrendamiento "Request for Lease Approval".
c. Estar presente el día de la inspección inicial.
d. Proveer documentación requerida por el programa.
e. De aceptar la renta propuesta por nuestra Oficina, procederemos con la firma del contrato de arrendamiento y subsidio.

¿Quién es responsable del pago de la renta contratada?

La familia es responsable de pagar una aportación de acuerdo a sus ingresos. La Oficina de Programas Federales del Municipio pagará la diferencia en renta restante hasta cubrir la renta contratada.

Causales para cancelación de contrato:

a. Aplicable a participantes y arrendadores del programa.
b. Ya pasado un año desde el contrato inicial las partes no interesen renovar.
c. Por violaciones a los contratos de subsidio y arrendamiento y reglamentos aplicables, por una de las partes o ambos.
d. Disminución en él número de dormitorios a los que cualifica.
e. Que por un año la aportación familiar iguale o exceda la renta contratada.
f. No mantener la vivienda en condiciones óptimas y no reparar las deficiencias, de la vivienda.
g. Hacer acuerdos no permitidos fuera de contrato.
h. No proveer documentos recurridos.

¿Cuáles serían las violaciones del contrato por parte del inquilino? (causales para cancelación de contrato)

a. Que el jefe de familia o un miembro de la composición familiar este envuelto en actividades criminales o sustancias controladas.
b. Utilizar la vivienda con otros fines que no sean para vivienda.
c. Ofrecer información falsa sobre ingresos y composición familiar.
d. Comportamiento impropio o inadecuado de cualquier miembro de la composición familiar que afecte la sana convivencia en la comunidad.
e. No pagar su aportación de la renta.
f. No darle el debido mantenimiento de la vivienda y sus alrededores.
g. No acudir a citas, en especial al re-examen anual en el tiempo establecido y no proveer los documentos recurridos a tiempo.
h. Abandonar o mudarse de la vivienda sin autorización.
i. Sub arrendar la vivienda o parte de ella, a otra persona o familia.
j. Tener huéspedes permanentes en la vivienda.
k. Hacer pagos u otros arreglos con el arrendador fuera de lo estipulado en el contrato.
l. Tener animales en la vivienda a excepción de perros guías.
m. No permitir la entrada a la vivienda de funcionarios del Programa, o al arrendador para corregir deficiencias.

Derechos y Obligaciones del Arrendador:

a. Tiene derecho a escoger al inquilino.
b. Tiene derecho a investigar al inquilino antes de firmar contrato.

Obligaciones del Arrendador:

a. Mantener la vivienda en óptimas condiciones.
b. Informar al Programa sobre cualquier violación al contrato que observe en la familia.
c. No cobrar más de lo estipulado por el contrato
d. Proveer los servicios y equipos contratados.
e. No interferir con la privacidad o intimidad de la familia.
f. Mantener buena comunicación con al familia y el programa.
g. Notificar a la Oficina de Programas Federales inmediatamente advenga a su conocimiento que ésta ha sido desocupada por la familia.
h. No puede discriminar con la familia por razones de raza, color, sexo, religión, nacionalidad, incapacidad física o mental, composición familiar o por embarazo.
I. Estar presente en la inspección inicial y final de la vivienda contratada.

Derechos de la familia:

1. Disfrutar de una vivienda higiénica y segura.
2. Libertad de escoger el lugar y la vivienda de acuerdo a sus necesidades, siempre y cuando cumpla con la reglamentación aplicable, incluyendo su derecho a escoger una unidad de vivienda fuera de las áreas de pobreza y concentraciones minoritarias. Si dichas áreas de pobreza o concentración minoritaria se encuentran dentro de su área local podrá solicitar la portabilidad de su Voucher (portability) a otra jurisdicción. Nuestra Oficina le proveerá un listado de viviendas disponibles en nuestra área y un mapa conteniendo las concentraciones minoritarias y de las áreas de pobreza
3. Todo inquilino tendrá derecho a solicitar el que su Voucher sea transferido **(Portability Voucher)** a otra jurisdicción dentro o fuera de Puerto Rico, incluyendo a cualquier estado de los Estados Unidos y sus territorios o posesiones, con todos los derechos y obligaciones a los que mantiene bajo nuestro programa en este municipio. Tenemos un listado de los Public Housing tanto de todo Puerto Rico y de EEUU.

MUNICIPIO DE LUQUILLO
PROGRAMAS FEDERALES

PO BOX 1012
LUQUILLO PUERTO RICO 00773-1012

OFICINA DEL DIRECTOR

MUNICIPIO DE LUQUILLO
PROGRAMAS FEDERALES

Tel.: (787) 889-6228
Fax: (787) 889-5493
TTY: (787) 889-5757
mundeluq@coqui.net

MUNICIPIO DE LUQUILLO
OFICINA DE PROGRAMAS FEDERALES
PROGRAMA SECCION 8 VOUCHER

ADENDUM AL CONTRATO DE ARRENDAMIENTO SOBRE VIVIENDAS LIBRES DE DROGAS

1. El inquilino, cualquier miembro de la composición familiar, sus visitantes o cualquier otra persona bajo el control de este, no podrá implicarse ni propiciar ningún tipo de actividad criminal en la vivienda o sus alrededores. Esto incluye actividad criminal violenta o actividad criminal relacionada a drogas.
2. El inquilino o cualquier miembro de su composición familiar, no puede permitir el uso de su vivienda para actividades criminales o facilitarla para actividades violentas o criminales relacionadas con las drogas, ni situaciones similares.
3. "Actividad criminal violenta" significa cualquier actividad criminal de tipo grave, que tiene como uno de sus elementos el uso de fuerza física, tentativa o amenaza de muerte contra la persona o la propiedad de otro ser humano.
4. "Actividad criminal relacionada con al droga" significa la manufactura, venta distribución, uso ilegal o posesión con intento de manufacturar, vender, distribuir o usar una sustancia controlada. Según esta definida en al sección 102 de la Ley de Sustancia controladas (21 USC 802).
5. Una o más violaciones de las secciones 1 o 2 de este Adendum constituye (n) violación sustancial e incumplimiento sustancial al Contrato de Arrendamiento. Cualquiera de tales violaciones será BASE PARA CANCELAR SU ASISTENCIA DE RENTA.
6. La prueba de violación se hará por medio de la preponderancia de la prueba, a menos que otra cosa sé dispuesta por Ley..
7. En el caso de cualquier conflicto entre las disposiciones de este Ademdum al Contrato de Arrendamiento y cualquier otra disposición del Contrato de Arrendamiento, prevalecerá la versión del Contrato de Arrendamiento.
8. Este Adedum al Contrato de Arrendamiento se incorpora al contrato de Arrendamiento.

_____	_____
Arrendador	Inquilino
_____	_____
Municipio de Luquillo	Fecha

EQUAL HOUSING OPPORTUNITY

ICINA DEL DIRECTOR

MUNICIPIO DE LUQUILLO
PROGRAMAS FEDERALES

PO BOX 1012
LUQUILLO PUERTO RICO 00773-1012

MUNICIPIO DE LUQUILLO
PROGRAMAS FEDERALES

Tel.: (787) 889-6228
Fax: (787) 889-5493
TTY: (787) 889-5757
mundeluq@coqui.net

AUTORIZACION PARA LIBERARACION DE INFORMACION Y PARA EXAMINAR DOCUMENTOS

Yo, _____, en virtud de la presente autorizamos al Municipio de Luquillo- Oficina Programas Federales, a que se le ofrezca cualquier información, examinar y/o fotocopiar documentos públicos y privados en poder de terceras personas, tales como pero no limitadas a agencias de gobiernos estatales o federales, instituciones privadas o establecimientos comerciales que en alguna forma puedan tener información necesaria y pertinente a cualquier investigación que se produzca para determinar elegibilidad para los beneficios de subsidio para el referido programa. Además, autorizamos que se haga un estudio de crédito de los adultos en la composición familiar.

Dado en Luquillo, Puerto Rico, hoy _____ de _____ de _____.

_____
Firma del Técnico

_____
Firma Jefe de Familia

Seguro Social: _____
Dirección: _____
_____
_____
Teléfono: _____

Miembros mayores de 18 años

NOMBRE	FIRMA	SEGURO SOCIAL

Aviso: El Titulo 18 USC establece que cualquier persona que con conocimiento y voluntariamente utilice documentos conteniendo información fraudulenta o ficticia en cualquier forma y lo somete a una agencia federal, será multada con una cantidad no mayor de $10,000 o cárcel por un término no mayor de cinco años o ambas penas a discreción del Tribunal. Esta certificación será invalidada si contiene tachaduras, borrones o alguna alteración de cualquier índole.

Preparado por: NIMM

EQUAL HOUSING OPPORTUNITY

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD) and the Housing Agency/Authority (HA)

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

PHA requesting release of information; **(Cross out space if none)** (Full address, name of contact person, and date)	IHA requesting release of information: **(Cross out space if none)** (Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

Date: _____ Time: _____

FULL APPLICATION FOR ADMISSION TO THE HOUSING CHOICE VOUCHER PROGRAM

APPLICANT NAME _____ APPLICATION NO.: _____

CURRENT ADDRESS _____ APT. NO.: _____

CITY, STATE, ZIP CODE _____

HOME PHONE _____ HEAD HH WORK NO. _____ SPOUSE WORK NO. _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

1. List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head.

MEMBER NO.	MEMBER'S FULL NAME	RELATION TO HEAD	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.

2. Race of Head of Household: (Check one - used for statistical purposes only)
   ☐ White ☐ Black ☐ American Indian/Alaskan Native ☐ Asian ☐ Native Hawaiian/Other
3. Ethnicity of Head of Household (Check one)
   ☐ Hispanic or Latino ☐ Not-Hispanic or Latino
4. Does anyone live with you now who is not listed above? ☐ Yes ☐ No
5. Does anyone plan to live with you in the future who is not listed above? ☐ Yes ☐ No
   Explain if you answered yes to either question: _____

*6. Is head of household or spouse a person with disabilities? ☐ Yes ☐ No

*7. Please identify any special housing needs your household has.

8. How many people live in your unit now? _____ How many bedrooms do you have? _____
9. Do you wish to move? ☐ Yes ☐ No If yes, why? _____
10. Are you now living in a federally subsidized housing unit? ☐ Yes ☐ No
11. Have you ever lived in Public Housing? ☐ Yes ☐ No If yes, where? _____
12. Have you ever participated in the Certificate or Voucher Program? ☐Yes ☐ No
    If yes, enter the date(s) of occupancy: _____
13. Have you ever been evicted from public housing, Indian Housing, a Section 23 or Section 8 program? ☐ Yes☐ No
    If yes, provide the following information: When? _____ For what reason? _____
    Name of Housing Authority or owner _____
14. Have you ever been arrested for illegal use of a controlled substance or activities related to an abuse of alcohol?
    ☐ Yes ☐ No
15. Name and address of current landlord: _____ Phone: _____
16. Your last address: _____. Dates you lived there: from _____ to _____
17. Name and address of previous landlord: _____
    _____ Phone: _____

*These questions are asked only for the purposes of calculating total tenant payment and determining the family's need for an accessible unit.

INCOME AND ASSET INFORMATION

Please answer each of the following questions. For each "yes," provide details in the charts below.

YES	NO		Does any member of your household:
☐ Yes	☐ No	1.	Work full-time, part-time, or seasonally?
☐ Yes	☐ No	2.	Expect to work for any period during the next year?
☐ Yes	☐ No	3.	Work for someone who pays them cash?
☐ Yes	☐ No	4.	Expect a leave of absence from work due to lay-off, medical, maternity, or military leave?
☐ Yes	☐ No	5.	Now receive or expect to receive unemployment benefits?
☐ Yes	☐ No	6.	Now receive or expect to receive child support?
☐ Yes	☐ No	7.	Have an entitlement to receive child support that he/she is not now receiving?
☐ Yes	☐ No	8.	Now receive or expect to receive alimony?
☐ Yes	☐ No	9.	Have an entitlement to receive alimony that is not currently being received?
☐ Yes	☐ No	10.	Now receive or expect to receive public assistance (welfare)?
☐ Yes	☐ No	11.	Now receive or expect to receive Social Security benefits?
☐ Yes	☐ No	12.	Now receive or expect to receive income from a pension or annuity?
☐ Yes	☐ No	13.	Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit?
☐ Yes	☐ No	14.	Receive income from assets including interest on checking or savings accounts, interest, and dividends from certificates of deposit, stocks or bonds, or income from rental property?
☐ Yes	☐ No	15.	Own real estate or any assets for which you receive no income (checking account, cash)?
☐ Yes	☐ No	16.	Have you sold or given away real property or other assets (including cash) in the past two years?

MEMBER NO.	SOURCE OF INCOME/TYPE OF INCOME	ANNUAL INCOME

ASSETS

1. List all checking and savings accounts (including IRAs, Keogh accounts, and Certificates of Deposit) of all household members.

MEMBER NO.	BANK NAME	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE

2. List the value of all stocks, bonds, trusts, pensions, or other assets owned by any household member:

3. List the value of any assets disposed of for less than fair market value during the past two years:

EXPENSES

☐ Yes ☐ No Do you have expenses for child care of a child aged 12 or younger?
If yes, provide the name, address, and telephone number of the care provider:

What is the weekly cost to you of the child care?

☐ Yes ☐ No Do you pay a care attendant or for any equipment for any household member(s) with disabilities necessary to permit that person or someone else in the household to work?
If you pay a care attendant, provide the name, address, and telephone number:

What is the cost to you for the care attendant and/or the equipment?

Elderly Families Only

☐ Yes ☐ No Do you have medicare? If yes, what is your monthly premium?

☐ Yes ☐ No Do you have any other kind of medical insurance? If yes, provide name and address of carrier, policy number, premium amount, and agent's name.

☐ Yes ☐ No Do you have outstanding medical bills which you are paying? If yes, list them below.

What medical expenses do you expect to incur in the next twelve months?

If you use the same pharmacy regularly, please provide the name and address.

All Families List names, addresses, and phone numbers of two relatives or friends who generally know how to contact you.

1. 2.

APPLICANT CERTIFICATION

I/We certify that the information given to the _____ (HA) _____ on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. *I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Signature of Head: _____ Date: _____

Signature of Spouse: _____ Date: _____

HA Representative: _____ Date: _____

NOTE TO APPLICANTS: If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free Hot Line at (800) 424-8590.

*Add state law, if applicable.

DECLARACION DE CATEGORIA BAJO LA SECCION 214

Aviso a solicitantes y residentes: Para ser elegible a recibir subsidio para vivienda, cada solicitante o recipiente de subsidio para vivienda debe estar legalmente en los Estados Unidos. Favor de leer cuidadosamente esta Declaración y firmarla y devolver a la Oficina de Admisiones de la Autoridad de Vivienda. Por favor, siéntase en la libertad de consultar con un abogado de inmigración u otro experto de inmigración de su preferencia.

Yo, _____ certifico, bajo la penalidad de perjurio 1) que, a mi mejor conocimiento, estoy legalmente en los Estados Unidos porque (favor de marcar en el cuadro apropiado):

☐ Yo soy ciudadano por nacimiento, un ciudadano naturalizado o con nacionalidad de los Estados Unidos; o

☐ Yo tengo una categoría elegible de inmigración y soy de 62 años de edad o mayor. Incluyo evidencia que prueba mi edad 2/; ó

☐ Yo tengo una categoría elegible de inmigración según marqué abajo (vea el reverso de este formulario para más explicación). Le incluyo documento(s) del Servicio de Inmigración y Naturalización (INS) que evidencian mi categoría elegible de inmigración y el formulario de consentimiento de verificación, debidamente firmado.

- ☐ Categoría de inmigrante bajo §101 (a) (15) ó 101 (a) (20) de la Ley de Inmigración y Nacionalidad (INA) 3/; ó
- ☐ Residencia permanente bajo §249 de la Ley de Inmigración y Nacionalidad (INA) 4/ ; ó
- ☐ Con categoría de refugiado, asilado o entrada condicional bajo §207, 208 ó 203 de la Ley de Inmigración y Nacionalidad (INA) 5/; ó
- ☐ El Fiscal General le ha permitido permanecer provisionalmente en los Estados Unidos ("parole") bajo §212 (d) (5) de la Ley de Inmigración y Nacionalidad (INA) 6/; ó
- ☐ Amenaza de la vida o libertad bajo §243 (h) de la Ley de Inmigración y Nacionalidad (INA) 7/; ó
- ☐ Amnistía bajo §245A de la Ley de Inmigración y Nacionalidad (INA) 8/; ó

_____ Firma del Miembro de la Familia

_____ Fecha

☐ Marque en el encasillado de la izquierda si la firma es de un adulto que reside en la unidad que es responsable por el niño cuyo nombre está en la Declaración.

A.V.: Indique el INS/SAVE de la Verificación Primaria # _____
Fecha: _____

(Vea el reverso para instrucción y notas al calce)

Voucher
Housing Choice Voucher Program

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

OMB No. 2577-0169
(exp. 12/31/2002)

Public Reporting Burden for this collection of information is estimated to average 0.05 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

This collection of information is authorized under Section 8 of the U.S. Housing Act of l937 (42 U.S.C. 1437f). The information is used to authorize a family to look for an eligible unit and specifies the size of the unit. The information also sets forth the family's obligations under the Housing Choice Voucher Program.

Please read **entire** document before completing form Fill in all blanks below. Type or print clearly.	Voucher Number
1. Insert **unit size** in number of bedrooms. (This is the number of bedrooms for which the Family qualifies, and is used in determining the amount of assistance to be paid on behalf of the Family to the owner.)	1. Unit Size
2. **Date Voucher Issued (mm/dd/yyyy)** Insert actual date the Voucher is issued to the Family.	2. Issue Date (mm/dd/yyyy)
3. **Date Voucher Expires (mm/dd/yyyy)** Insert date sixty days after date Voucher is issued. (See Section 6 of this form.)	3. Expiration Date (mm/dd/yyyy)
4. **Date Extension Expires** (if applicable)(mm/dd/yyyy) (See Section 6. of this form)	4. Date Extension Expires (mm/dd/yyyy)

5. Name of Family Representative	6. Signature of Family Representative	Date Signed (mm/dd/yyyy)

7. Name of Public Housing Agency (PHA)

8. Name and Title of PHA Official	9. Signature of PHA Official	Date Signed (mm/dd/yyyy)

1. Housing Choice Voucher Program

A. The public housing agency (PHA) has determined that the above named family (item 5) is eligible to participate in the housing choice voucher program. Under this program, the family chooses a decent, safe and sanitary unit to live in. If the owner agrees to lease the unit to the family under the housing choice voucher program, and if the PHA approves the unit, the PHA will enter into a housing assistance payments (HAP) contract with the owner to make monthly payments to the owner to help the family pay the rent.

B. The PHA determines the amount of the monthly housing assistance payment to be paid to the owner. Generally, the monthly housing assistance payment by the PHA is the difference between the applicable payment standard and 30 percent of monthly adjusted family income. In determining the maximum initial housing assistance payment for the family, the PHA will use the payment standard in effect on the date the tenancy is approved by the PHA. The family may choose to rent a unit for more than the payment standard, but this choice does not change the amount of the PHA's assistance payment. The actual amount of the PHA's assistance payment will be determined using the gross rent for the unit selected by the family.

2. Voucher

A. When issuing this voucher the PHA expects that if the family finds an approvable unit, the PHA will have the money available to enter into a HAP contract with the owner. However, the PHA is under no obligation to the family, to any owner, or to any other person, to approve a tenancy. The PHA does not have any liability to any party by the issuance of this voucher.

B. The voucher does not give the family any right to participate in the PHA's housing choice voucher program. The family becomes a participant in the PHA's housing choice voucher program when the HAP contract between the PHA and the owner takes effect.

C. During the initial or any extended term of this voucher, the PHA may require the family to report progress in leasing a unit at such intervals and times as determined by the PHA.

3. PHA Approval or Disapproval of Unit or Lease

A. When the family finds a suitable unit where the owner is willing to participate in the program, the family must give the PHA the request for tenancy approval (on the form supplied by the PHA), signed by the owner and the family, and a copy of the lease, including the HUD-prescribed tenancy addendum. **Note: Both documents must be given to the PHA no later than the expiration date stated in item 3 or 4 on top of page one of this voucher.**

B. The family must submit these documents in the manner that is required by the PHA. PHA policy may prohibit the family from submitting more than one request for tenancy approval at a time.

C. The lease must include, word-for-word, all provisions of the tenancy addendum required by HUD and supplied by the PHA. This is done by adding the HUD tenancy addendum to the lease used by the owner. If there is a difference between any provisions of the HUD tenancy addendum and any provisions of the owner's lease, the provisions of the HUD tenancy addendum shall control.

D. After receiving the request for tenancy approval and a copy of the lease, the PHA will inspect the unit. The PHA may not give approval for the family to lease the unit or execute the HAP contract until the PHA has determined that all the following program requirements are met: the unit is eligible; the unit has been inspected by the PHA and passes the housing quality standards (HQS); the rent is reasonable; and the landlord and tenant have executed the lease including the HUD-prescribed tenancy addendum.

E. If the PHA approves the unit, the PHA will notify the family and the owner, and will furnish two copies of the HAP contract to the owner.

1. The owner and the family must execute the lease.
2. The owner must sign both copies of the HAP contract and must furnish to the PHA a copy of the executed lease and both copies of the executed HAP contract.
3. The PHA will execute the HAP contract and return an executed copy to the owner.

F. If the PHA determines that the unit or lease cannot be approved for any reason, the PHA will notify the owner and the family that:

1. The proposed unit or lease is disapproved for specified reasons, and
2. If the conditions requiring disapproval are remedied to the satisfaction of the PHA on or before the date specified by the PHA, the unit or lease will be approved.

4. Obligations of the Family

A. When the family's unit is approved and the HAP contract is executed, the family must follow the rules listed below in order to continue participating in the housing choice voucher program.

B. The family must:

1. Supply any information that the PHA or HUD determines to be necessary including evidence of citizenship or eligible immigration status, and information for use in a regularly scheduled reexamination or interim reexamination of family income and composition.
2. Disclose and verify social security numbers and sign and submit consent forms for obtaining information.
3. Supply any information requested by the PHA to verify that the family is living in the unit or information related to family absence from the unit.
4. Promptly notify the PHA in writing when the family is away from the unit for an extended period of time in accordance with PHA policies.
5. Allow the PHA to inspect the unit at reasonable times and after reasonable notice.
6. Notify the PHA and the owner in writing before moving out of the unit or terminating the lease.
7. Use the assisted unit for residence by the family. The unit must be the family's only residence.
8. Promptly notify the PHA in writing of the birth, adoption, or court-awarded custody of a child.
9. Request PHA written approval to add any other family member as an occupant of the unit.
10. Promptly notify the PHA in writing if any family member no longer lives in the unit.
11. Give the PHA a copy of any owner eviction notice.
12. Pay utility bills and provide and maintain any appliances that the owner is not required to provide under the lease.

C. Any information the family supplies must be true and complete.

D. The family (including each family member) must not:

1. Own or have any interest in the unit (other than in a cooperative, or the owner of a manufactured home leasing a manufactured home space).
2. Commit any serious or repeated violation of the lease.
3. Commit fraud, bribery or any other corrupt or criminal act in connection with the program.
4. Engage in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.
5. Sublease or let the unit or assign the lease or transfer the unit.
6. Receive housing choice voucher program housing assistance while receiving another housing subsidy, for the same unit or a different unit under any other Federal, State or local housing assistance program.
7. Damage the unit or premises (other than damage from ordinary wear and tear) or permit any guest to damage the unit or premises.
8. Receive housing choice voucher program housing assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.
9. Engage in abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises.

5. Illegal Discrimination

If the family has reason to believe that, in its search for suitable housing, it has been discriminated against on the basis of age, race, color, religion, sex, disability, national origin, or familial status, the family may file a housing discrimination complaint with any HUD Field Office in person, by mail, or by telephone. The PHA will give the family information on how to fill out and file a complaint.

6. Expiration and Extension of Voucher

The voucher will expire on the date stated in item 3 on the top of page one of this voucher unless the family requests an extension in writing and the PHA grants a written extension of the voucher in which case the voucher will expire on the date stated in item 4. At its discretion, the PHA may grant a family's request for one or more extensions of the initial term.

Request for Tenancy Approval
Housing Choice Voucher Program

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

OMB Approval No. 2577-0169
(exp. 9/30/2010)

Public reporting burden for this collection of information is estimated to average .08 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Eligible families submit this information to the Public Housing Authority (PHA) when applying for housing assistance under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The PHA uses the information to determine if the family is eligible, if the unit is eligible, and if the lease complies with program and statutory requirements. Responses are required to obtain a benefit from the Federal Government. The information requested does not lend itself to confidentiality.

1. Name of Public Housing Agency (PHA)	2. Address of Unit (street address, apartment number, city, State & zip code)

3. Requested Beginning Date of Lease	4. Number of Bedrooms	5. Year Constructed	6. Proposed Rent	7. Security Deposit Amt.	8. Date Unit Available for Inspection

9. Type of House/Apartment

☐ Single Family Detached ☐ Semi-Detached / Row House ☐ Manufactured Home ☐ Garden / Walkup ☐ Elevator / High-Rise

10. If this unit is subsidized, indicate type of subsidy:

☐ Section 202 ☐ Section 221(d)(3)(BMIR) ☐ Section 236 (Insured or noninsured) ☐ Section 515 Rural Development

☐ Home ☐ Tax Credit

☐ Other (Describe Other Subsidy, Including Any State or Local Subsidy) _____

11. Utilities and Appliances

The owner shall provide or pay for the utilities and appliances indicated below by an "**O**". The tenant shall provide or pay for the utilities and appliances indicated below by a "**T**". Unless otherwise specified below, the owner shall pay for all utilities and appliances provided by the owner.

Item	Specify fuel type	Provided by	Paid by
Heating	☐ Natural gas ☐ Bottle gas ☐ Oil ☐ Electric ☐ Coal or Other		
Cooking	☐ Natural gas ☐ Bottle gas ☐ Oil ☐ Electric ☐ Coal or Other		
Water Heating	☐ Natural gas ☐ Bottle gas ☐ Oil ☐ Electric ☐ Coal or Other		
Other Electric			
Water			
Sewer			
Trash Collection			
Air Conditioning			
Refrigerator			
Range/Microwave			
Other (specify)			

12. Owner's Certifications.

ı. The program regulation requires the PHA to certify that the rent charged o the housing choice voucher tenant is not more than the rent charged for other unassisted comparable units. **Owners of projects with more than 4 units must complete the following section for most recently leased comparable unassisted units within the premises.**

Address and unit number	Date Rented	Rental Amount
1.		
2.		
3.		

ɔ. The owner (including a principal or other interested party) is not the parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving leasing of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

c. Check one of the following:

_____ Lead-based paint disclosure requirements do not apply because this property was built on or after January 1, 1978.

_____ The unit, common areas servicing the unit, and exterior painted surfaces associated with such unit or common areas have been found to be lead-based paint free by a lead-based paint inspector certified under the Federal certification program or under a federally accredited State certification program.

_____ A completed statement is attached containing disclosure of known information on lead-based paint and/or lead-based paint hazards in the unit, common areas or exterior painted surfaces, including a statement that the owner has provided the lead hazard information pamphlet to the family.

13. **The PHA has not screened the family's behavior or suitability for tenancy. Such screening is the owner's own responsibility.**

14. The owner's lease must include word-for-word all provisions of the HUD tenancy addendum.

15. The PHA will arrange for inspection of the unit and will notify the owner and family as to whether or not the unit will be approved.

Print or Type Name of Owner/Owner Representative		Print or Type Name of Household Head	
Signature		Signature (Household Head)	
Business Address		Present Address of Family (street address, apartment no., city, State, & zip code)	
Telephone Number	Date (mm/dd/yyyy)	Telephone Number	Date (mm/dd/yyyy)

Solicitud de autorización del arrendamiento
Programa de Distribución de Cupones para Conseguir Vivienda

Departamento de Vivienda y Desarrollo Urbano de los EE.UU.
Oficina de Vivienda Pública y para Comunidades Indígenas

Aprobación No. 2577-0169 de la OMB
(fecha de vencimiento: 30/09/2010)

Se estima que el tiempo dedicado por el público a suministrar la información acopiada con este formulario es de 0,08 horas por respuesta, en promedio, incluido el tiempo empleado en leer las instrucciones, buscar las fuentes de datos existentes, recoger y mantener los datos necesarios y terminar y revisar el proceso de acopio. Esta entidad no puede realizar ni patrocinar el acopio de información, y una persona no tiene la obligación de responder a las preguntas hechas para ese fin, a menos que el formulario de acopio muestre un número de control válido de la Oficina de Administración y Presupuesto (Office of Management and Budget, en adelante OMB).

Las familias que cumplan con los requisitos establecidos presentan esta información a la Autoridad de Vivienda Pública (Public Housing Authority, en adelante PHA) al solicitar asistencia para conseguir vivienda según las disposiciones de la Sección 8 de la Ley de Vivienda de los EE.UU. de 1937 (Sección 1437f del Título 42 del Código de los EE.UU.). La PHA emplea la información para determinar si la familia es idónea, si el inmueble tiene las condiciones exigidas, y si el contrato se ciñe a los requisitos establecidos por el programa y la ley. Se necesitan las respuestas para recibir beneficios del Gobierno Federal. La información solicitada no se presta a las exigencias de confidencialidad.

1. Nombre de la Oficina de Vivienda Pública (PHA)	2. Dirección del inmueble (dirección física, número del apartamento, ciudad, Estado y código postal)

3. Fecha solicitada de iniciación del arrendamiento	4. Número de dormitorios	5. Año de construcción	6. Monto propuesto del alquiler	7. Monto del depósito de garantía	8. Fecha en que el inmueble estará listo para inspección

9. Tipo de casa/apartamento

☐ Casa unifamiliar separada ☐ Casa semiseparada/ adosada ☐ Casa prefabricada ☐ Apto. con jardín, sin ascensor ☐ Edificio alto/ascensor

10. Si este inmueble es subvencionado, sírvase indicar el tipo de subsidio:

☐ Sección 202 ☐ Sección 221(d)(3)(Interés inferior al del mercado, BMIR) ☐ Sección 236 (Asegurado o no asegurado) ☐ Sección 515 Desarrollo rural
☐ Casa ☐ Crédito tributario
☐ Otros (Explique cualquier otro subsidio, incluso estatal o local) _____

11. Servicios públicos y electrodomésticos. El propietario proporcionará o pagará los servicios públicos y electrodomésticos indicados a continuación con una "**P**". El inquilino proporcionará o pagará los servicios públicos y electrodomésticos indicados a continuación con una "**I**". A menos que se indique lo contrario a continuación, el propietario pagará todos los servicios públicos y electrodomésticos que proporcione.

Servicio/Artículo	Indique el tipo de combustible	* Combustible de calefacción				Proporcionado por	Pagado por
Calefacción	☐ Gas natural	☐ Gas/cilindro	☐ CC*	☐ Electricidad	☐ Carbón u otro		
Preparación de alimentos	☐ Gas natural	☐ Gas/cilindro	☐ CC*	☐ Electricidad	☐ Carbón u otro		
Calentamiento de agua	☐ Gas natural	☐ Gas/cilindro	☐ CC*	☐ Electricidad	☐ Carbón u otro		
Otros servicios eléctricos							
Agua							
Alcantarillado							
Recogida de basura							
Aire acondicionado							
Refrigerador							
Estufa/Microondas							
Otros (explique)							

12. Certificación por parte del propietario.

a. El reglamento del programa exige que la PHA certifique que el monto del alquiler cobrado al inquilino portador de un cupón para conseguir vivienda no debe superar el monto del alquiler cobrado por otros inmuebles comparables arrendados sin asistencia. **Los propietarios de proyectos con más de 4 unidades habitacionales deben llenar la sección siguiente sobre las unidades arrendadas sin asistencia dentro de los locales, en la fecha más reciente.**

	Dirección y no. de la unidad	Fecha de arrendamiento	Monto del alquiler
1.			
2.			
3.			

b. El propietario (que incluye la parte poderdante u otra parte interesada) no es el padre, la madre, el hijo, el abuelo, el nieto ni el hermano de ningún familiar, a menos que la PHA haya determinado (e informado al respecto al propietario y a la familia) que la autorización del alquiler de la unidad, a pesar de existir ese parentesco, proporcionaría alojamiento razonable para un familiar con discapacidad.

c. Marque uno de los siguientes puntos:

_____ No rigen los requisitos sobre la indicación de la existencia de pintura fabricada con plomo porque este inmueble fue construido después del 1 de enero de 1978.

_____ Un inspector de pintura fabricada con plomo, diplomado por el programa de certificación federal o el programa de certificación estatal acreditado por las autoridades federales, ha determinado que el inmueble, las zonas comunes de servicio del mismo y las superficies exteriores pintadas relacionadas con ese inmueble o con las zonas de uso común no tienen plomo.

_____ Se anexa una declaración completa que revela la información conocida sobre la pintura fabricada con plomo, así como los peligros de ese tipo de pintura en el inmueble, las zonas de uso común o las superficies exteriores pintadas, en la cual se afirma que el propietario ha proporcionado a la familia el folleto informativo sobre los peligros causados por el plomo.

13. La PHA no ha examinado el comportamiento de la familia ni su idoneidad para el arrendamiento. Ese examen constituye responsabilidad del propietario.

14. El contrato de alquiler del propietario debe incluir, al pie de la letra, todas las disposiciones del anexo sobre las condiciones del arrendamiento del HUD.

15. La PHA hará los arreglos necesarios para la inspección del inmueble y le avisará al propietario y a la familia si se autorizará su uso o no.

Escriba en letra de molde o a máquina el nombre del propietario o de su representante		Escriba en letra de molde o a máquina el nombre del jefe del hogar	
Firma		Firma (Jefe del hogar)	
Domicilio comercial		Domicilio actual de la familia (dirección física, no. del apartamento, ciudad, Estado y código postal)	
Teléfono	Fecha (día/mes/año)	Teléfono	Fecha (día/mes/año)

Este documento es traducción de un documento jurídico expedido por el Departamento de Vivienda y Desarrollo Urbano (HUD), el cual proporciona esta traducción solamente a modo de conveniencia para que le ayude a usted a comprender sus derechos y obligaciones. La versión en inglés es el documento oficial, legal y que rige. Esta traducción no constituye un documento oficial.

Inspection Form

Housing Choice Voucher Program

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

OMB Approval No. 2577-0169
(exp. 9/30/2010)

Public reporting burden for this collection of information is estimated to average 0.25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This collection of information is authorized under Section 8 of the U.S. Housing Act of I937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

PHA	Tenant ID Number	Date of Request (mm/dd/yyyy)
Inspector	Date Last Inspection (mm/dd/yyyy)	Date of Inspection (mm/dd/yyyy)
Neighborhood/Census Tract	Type of Inspection ☐ Initial ☐ Special ☐ Reinspection	Project Number

A. General Information

Street Address of Inspected Unit

City	County	State	Zip

Name of Family	Current Telephone of Family

Current Street Address of Family

City	County	State	Zip

Number of Children in Family Under 6	
Name of Owner or Agent Authorized to Lease Unit Inspected	Telephone of Owner or Agent

Address of Owner or Agent

Housing Type (check as appropriate)

- ☐ Single Family Detached
- ☐ Duplex or Two Family
- ☐ Row House or Town House
- ☐ Low Rise: 3,4 Stories, Including Garden Apartment
- ☐ High Rise; 5 or More Stories
- ☐ Manufactured Home
- ☐ Congregate
- ☐ Cooperative
- ☐ Independent Group Residence
- ☐ Single Room Occupancy
- ☐ Shared Housing
- ☐ Other:(Specify)

B. Summary Decision on the Unit

(to be completed after the form has been filled in)

Housing Quality Standard Pass or Fail

☐ 1. **Fail** If there are any checks under the column headed "Fail" the **unit** fails the minimum housing quality standards. Discuss with the owner the repairs noted that would be necessary to bring the unit up to the standard.

☐ 2. **Inconclusive** If there are no checks under the column headed "Fail" and there are checks under the column headed "Inconclusive," obtain additional information necessary for a decision (question owner or tenant as indicated in the item instructions given in this checklist). Once additional information is obtained, change the rating for the item and record the date of verification at the far right of the form.

☐ 3. **Pass** If neither (1) nor (2) above is checked, the unit passes the minimum housing quality standards. Any additional conditions described in the right hand column of the form should serve to (a) establish the precondition of the unit, (b) indicate possible additional areas to negotiate with the owner, (c) aid in assessing the reasonableness of the rent of the unit, and (d) aid the tenant in deciding among possible units to be rented. The tenant is responsible for deciding whether he or she finds these conditions acceptable.

☐ **Unit Size:** Count the number of bedrooms for purposes of the FMR or Payment Standard. Record in the box provided.

☐ **Year Constructed:** Enter from Line 5 of the Request for Tenancy Approval form. Record in the box provided.

☐ **Number of Sleeping Rooms**: Count the number of rooms which could be used for sleeping, as identified on the checklist. Record in the box provided.

C. How to Fill Out This Checklist

Complete the checklist on the unit to be occupied (or currently occupied) by the tenant. Proceeed through the inspection as follows:

Area	Checklist Category
room by room	1. Living Room
	2. Kitchen
	3. Bathroom
	4. All Other Rooms Used for Living
	5. All Secondary Rooms Not Used for Living
basement or utility room	6. Heating & Plumbing
outside	7. Building Exterior
overall	8. General Health & Safety

Each part of the checklist will be accompanied by an explanation of the item to be inspected.

Important: For each item numbered on the checklist, **check one box only** (e.g., check one box only for item 1.4 "Security,"in the Living Room.)

In the space to the right of the description of the item, if the decision on the item is: "Fail" write what repairs are necessary; If "Inconclusive" write in details.

Also, if "Pass" but there are some conditions present that need to be brought to the attention of the owner or the tenant, write these in the space to the right.

If it is an annual inspection, record to the right of the form any repairs made since the last inspection. If possible, record reason for repair (e.g., ordinary maintenance, tenant damage).

If it is a complaint inspection, fill out only those checklist items for which complaint is lodged. Determine, if possible, tenant or owner cause.

Once the checklist has been completed, return to Part B (Summary Decision on the Unit).

1. Living Room

For each numbered item, check one box only.

Item No. Description	Decision: Yes, Pass	Decision: No, Fail	Decision: Inconclusive	If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
1.1 Living Room Present Is there a living room?	☐	☐			
1.2 Electricity Are there at least two working outlets or one working outlet and one working light fixture?	☐	☐	☐		
1.3 Electrical Hazards Is the room free from electrical hazards?	☐	☐	☐		
1.4 Security Are all windows and doors that are accessible from the outside lockable?	☐	☐			
1.5 Window Condition Is there at least one window, and are all windows free of signs of severe deterioration or missing or broken out panes?	☐	☐			
1.6 Ceiling Condition Is the ceiling sound and free from hazardous defects?	☐	☐			
1.7 Wall Condition Are the walls sound and free from hazardous defects?	☐	☐			
1.8 Floor Condition Is the floor sound and free from hazardous defects?	☐	☐			
1.9 Lead-Based Paint Are all painted surfaces free of deteriorated paint?	☐	☐			
If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	☐	☐		☐ Not Applicable	

Additional Comments: (Give Item Number)

Comments continued on a separate page Yes ☐ No ☐

2. Kitchen

For each numbered item, check one box only.

Item No. Description	Decision: Yes, Pass	Decision: No, Fail	Decision: Inconclusive	If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
2.1 Kitchen Area Present Is there a kitchen?	☐	☐			
2.2 Electricity Are there at least one working outlet and one working, permanently installed light fixture?	☐	☐	☐		
2.3 Electrical Hazards Is the kitchen free from electrical hazards?	☐	☐	☐		
2.4 Security Are all windows and doors that are accessible from the outside lockable?	☐	☐			
2.5 Window Condition Are all windows free of signs of deterioration or missing or broken out panes?	☐	☐			
2.6 Ceiling Condition Is the ceiling sound and free from hazardous defects?	☐	☐			
2.7 Wall Condition Are the walls sound and free from hazardous defects?	☐	☐			
2.8 Floor Condition Is the floor sound and free from hazardous defects?	☐	☐			
2.9 Lead-Based Paint Are all painted surfaces free of deteriorated paint?	☐	☐			
If no, does deteriorated surfaces exceed two square feet and/or less than 10% of a component?	☐	☐		☐ Not Applicable	
2.10 Stove or Range with Oven Is there a working oven, and a stove (or range) with top burners that work?	☐	☐	☐		
If no oven and stove (or range) are present, is there a microwave oven and, if microwave is owner-supplied, do other tenants have microwaves instead of an oven and stove (or range)?	☐	☐	☐		
2.11 Refrigerator Is there a refrigerator that works and maintains a temperature low enough so that food does not spoil over a reasonable period of time?	☐	☐	☐		
2.12 Sink Is there a kitchen sink that works with hot and cold running water?	☐	☐	☐		
2.13 Space for Storage, Preparation, and Serving of Food Is there space to store, prepare, and serve food?	☐	☐	☐		

Additional Comments: (Give Item Number)(Use an additional page if necessary)

Comments continued on a separate page Yes ☐ No ☐

3. Bathroom

For each numbered item, check one box only.

Item No.	Description	Decision: Yes, Pass	Decision: No, Fail	Decision: Inconclusive	If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
3.1	**Bathroom Present** (See description) Is there a bathroom?	☐	☐			
3.2	**Electricity** Is there at least one permanently installed light fixture?	☐	☐	☐		
3.3	**Electrical Hazards** Is the bathroom free from electrical hazards?	☐	☐	☐		
3.4	**Security** Are all windows and doors that are accessible from the outside lockable?	☐	☐			
3.5	**Window Condition** Are all windows free of signs of deterioration or missing or broken out panes?	☐	☐			
3.6	**Ceiling Condition** Is the ceiling sound and free from hazardous defects?	☐	☐			
3.7	**Wall Condition** Are the walls sound and free from hazardous defects?	☐	☐			
3.8	**Floor Condition** Is the floor sound and free from hazardous defects?	☐	☐			
3.9	**Lead-Based Paint** Are all painted surfaces free of deteriorated paint?	☐	☐			
	If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	☐	☐		☐ Not Applicable	
3.10	**Flush Toilet in Enclosed Room in Unit** Is there a working toilet in the unit for the exclusive private use of the tenant?	☐	☐	☐		
3.11	**Fixed Wash Basin or Lavatory in Unit** Is there a working, permanently installed wash basin with hot and cold running water in the unit?	☐	☐	☐		
3.12	**Tub or Shower** Is there a working tub or shower with hot and cold running water in the unit?	☐	☐	☐		
3.13	**Ventilation** Are there openable windows or a working vent system?	☐	☐	☐		

Additional Comments: (Give Item Number)(Use an additional page if necessary)

Comments continued on a separate page Yes ☐ No ☐

4. Other Rooms Used for Living and Halls For each numbered item, check one box only.

4.1 Room Location

_____ right/left/center: the room is situated to the right, left, or center of the unit.

_____ front/rear/center: the room is situated to the back, front or center of the unit.

_____ floor level: the floor level on which the room is located.

Room Code ☐

1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room)
2 = Dining Room or Dining Area
3 = Second Living Room, Family Room, Den, Playroom, TV Room
4 = Entrance Halls, Corridors, Halls, Staircases
5 = Additional Bathroom (also check presence of sink trap and clogged toilet)
6 = Other:

Item No. Description	Decision: Yes, Pass	Decision: No, Fail	Decision: Inconclusive	If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
4.2 Electricity/Illumination					
If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture?	☐	☐	☐		
If Room Code is not a 1, is there a means of illumination?	☐	☐	☐		
4.3 Electrical Hazards					
Is the room free from electrical hazards?	☐	☐	☐		
4.4 Security					
Are all windows and doors that are accessible from the outside lockable?	☐	☐			
4.5 Window Condition					
If Room Code is a 1, is there at least one window?	☐	☐			
And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken-out panes?	☐	☐			
4.6 Ceiling Condition					
Is the ceiling sound and free from hazardous defects?	☐	☐			
4.7 Wall Condition					
Are the walls sound and free from hazardous defects?	☐	☐			
4.8 Floor Condition					
Is the floor sound and free from hazardous defects?	☐	☐			
4.9 Lead-Based Paint					
Are all painted surfaces free of deteriorated paint?	☐	☐			
If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	☐	☐		☐ Not Applicable	
4.10 Smoke Detectors					
Is there a working smoke detector on each level?	☐	☐			
Do the smoke detectors meet the requirements of NFPA 74?	☐	☐			
In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?	☐	☐			

Additional Comments: (Give Item Number)(Use an additional page if necessary)

Comments continued on a separate page Yes ☐ No ☐

4. Supplemental for Other Rooms Used for Living and Halls

For each numbered item, check one box only.

4.1 Room Location

_____ right/left/center: the room is situated to the right, left, or center of the unit.

_____ front/rear/center: the room is situated to the back, front or center of the unit.

_____ floor level: the floor level on which the room is located.

Room Code ☐

1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room)
2 = Dining Room or Dining Area
3 = Second Living Room, Family Room, Den, Playroom, TV Room
4 = Entrance Halls, Corridors, Halls, Staircases
5 = Additional Bathroom (also check presence of sink trap and clogged toilet)
6 = Other:

Item No. Description	Decision: Yes, Pass	Decision: No, Fail	Decision: Inconclusive	If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
4.2 Electricity/Illumination If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture?	☐	☐	☐		
If Room Code is not a 1, is there a means of illumination?	☐	☐	☐		
4.3 Electrical Hazards Is the room free from electrical hazards?	☐	☐	☐		
4.4 Security Are all windows and doors that are accessible from the outside lockable?	☐	☐			
4.5 Window Condition If Room Code is a 1, is there at least one window?	☐	☐			
And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken-out panes?	☐	☐			
4.6 Ceiling Condition Is the ceiling sound and free from hazardous defects?	☐	☐			
4.7 Wall Condition Are the walls sound and free from hazardous defects?	☐	☐			
4.8 Floor Condition Is the floor sound and free from hazardous defects?	☐	☐			
4.9 Lead-Based Paint Are all painted surfaces free of deteriorated paint?	☐	☐			
If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	☐	☐		☐ Not Applicable	
4.10 Smoke Detectors Is there a working smoke detector on each level?	☐	☐			
Do the smoke detectors meet the requirements of NFPA 74?	☐	☐			
In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?	☐	☐			

Additional Comments: (Give Item Number)(Use an additional page if necessary)

Comments continued on a separate page Yes ☐ No ☐

5. All Secondary Rooms (Rooms not used for living)

5. Secondary Rooms (Rooms not used for living)

If any room in the unit did not meet the requirements for "other room used for living" in Part 4, it is to be considered a "secondary room (not used for living)," Rate all of these rooms together (i.e., a single Part 5 checklist for all secondary rooms in the unit).

Inspection is required of the following two items since hazardous defects under these items could jeopardize the rest of the unit, even if present in rooms not used for living: 5.2 Security, 5.3 Electrical Hazards. Also, be observant of any other potentially hazardous features in these rooms and record under 5.4

5.1 None

If there are no "Secondary Rooms (rooms not used for living)," check "None" and go on to Part 6.

5.2 - 5.4 Explanations of these items is the same as those provided for "Living Room"

Additional Note

In recording "other potentially hazardous features," note (in the space provided) the means of access to the room with the hazard and check the box under "Inconclusive." Discuss the hazard with the HA inspection supervisor to determine "Pass" or "Fail." Include defects like: large holes in floor, walls or ceilings; evidence of structural collapse; windows in condition of severe deterioration; and deteriorated paint surfaces.

6. Building Exterior

6.1 Condition of Foundation

"Unsound or hazardous" means foundations with severe structural defects indicating the potential for structural collapse; or foundations that allow significant entry of ground water (for example, evidenced by flooding of basement).

6.2 Condition of Stairs, Rails, and Porches

"Unsound or hazardous" means: stairs, porches, balconies, or decks with severe structural defects; broken, rotting, or missing steps; absence of a handrail when there are extended lengths of steps (generally four or more consecutive steps); absence of or insecure railings around a porch or balcony which is approximately 30 inches or more above the ground.

6.3 Condition of Roof and Gutters

"Unsound and hazardous" means: The roof has serious defects such as serious buckling or sagging, indicating the potential of structural collapse; large holes or other defects that would result in significant air or water infiltration (in most cases severe exterior defects will be reflected in equally serious surface defects within the unit, e.g., buckling, water damage). The gutters, downspouts and soffits (area under the eaves) show serious decay and have allowed the entry of significant air or water into the interior of the structure. Gutters and downspouts are, however, not required to pass. If the roof is not observable and there is no sign of interior water damage, check "Pass."

6.4 Condition of Exterior Surfaces

See definition above for roof, item 6.3.

6.5 Condition of Chimney

The chimney should not be seriously leaning or showing evidence of significant disintegration (i.e., many missing bricks).

6.6 Lead-Based Paint: Exterior Surfaces

Housing Choice Voucher Units If the unit was built January 1, 1978 or after, no child under age six will occupy or currently occupies, is a 0-BR, elderly or handicapped unit with no children under age six on the lease or expected, has been certified lead-based paint free by a certified lead-based paint inspector (no lead-based paint present or no lead-based paint present after removal of lead), check NA and do not inspect painted surfaces . Visual assessment for deteriorated paint applies to all exterior painted surfaces (building components) associated with the assisted unit including windows, window sills, exterior walls, floors, porches, railings, doors, decks, stairs, play areas, garages, fences or other areas if frequented by children under age six. All deteriorated paint surfaces **more than 20 sq. ft. on exterior surfaces** must be stabilized (corrected) in accordance with all safe work practice requirements. **If the painted surface is less than 20 sq. ft., only stabilization is required. Clearance testing is not required.** Stabilization means removal of deteriorated paint, repair of the substrate, and application of a new protective coating or paint. Lead-Based Paint Owner Certification is required following stabilization activities except for *de minimis level* repairs.

6.7 Manufactured Homes: Tie Downs

Manufactured homes must be placed on a site in a stable manner and be free from hazards such as sliding and wind damage. Manufactured homes must be securely anchored by a tiedown device which distributes and transfers the loads imposed by the unit to appropriate ground anchors so as to resist wind overturning and sliding, unless a variation has been approved by the HUD Field Office.

7. Heating and Plumbing

7.1 Adequacy of Heating Equipment

"Adequate heat" means that the heating system is capable of delivering enough heat to assure a healthy environment in the unit (appropriate to the climate). The HA is responsible for defining what constitutes a healthy living environment in the area of the country in which it operates. Local codes (city or state codes) should be instructive in arriving at a reasonable local definition. For example, for heat adequacy, local codes often require that the unit's heating facility be capable of maintaining a given temperature level during a designated time period. Portable electric room heaters or kitchen stoves or ranges with a built-in heat unit are not acceptable as a primary source of heat for units located in areas where climate conditions require regular heating.

"Directly or indirectly to all rooms used for living" means:

> "directly" means that each room used for living has a heat source (e.g., working radiator; working hot air register; baseboard heat)
>
> "indirectly" means that, if there is no heat source present in the room, heat can enter the room easily from a heated adjacent room (e.g a dining room may not have a radiator, but would receive heat from the heated living room through a large open archway).

If the heating system in the unit works, but there is some question whether a room without a heat source would receive adequate indirect heat, check "Inconclusive" and verify adequacy from tenant or owner (e.g., unheated bedroom at the end of a long hallway).

How to determine the capability of the heating system: If the unit is occupied, usually the quickest way to determine the capability of the heating system over time is to question the tenant. If the unit is not occupied, or the tenant has not lived in the unit during the months when heat would be needed, check "Inclusive." It will be necessary to question the owner on this point after the inspection has been completed and, if possible, to question other tenants (if it is a multi-unit structure) about the adequacy of heat provided. Under some circumstances, the adequacy of heat can be determined by a simple comparison of the size of the heating system to the area to be heated. For example, a small permanently installed space heater in a living room is probably inadequate for heating anything larger than a relatively small apartment.

7.2 Safety of Heating Equipment

Examples of "unvented fuel burning space heaters" are: portable kerosene units; unvented open flame portable units.

"Other unsafe conditions" include: breakage or damage to heating system such that there is a potential for fire or other threats to safety; improper connection of flues allowing exhaust gases to enter the living area; improper installation of equipment (e.g., proximity of fuel tank to heat source, absence of safety devices); indications of improper use of equipment (e.g., evidence of heavy build-up of soot, creosote, or other substance in the chimney); disintegrating equipment; combustible materials near heat source or flue. SeeInspection Manual for a more detailed discussion of the inspection of safety aspects of the heating systems.

If you are unable to gain access to the primary heating system in the unit check "Inconclusive." Contact the owner or manager for verification of safety of the system. If the system has passed a recent local inspection, check "Pass." This applies especially to units in which heat is provided by a large scale, complex central heating system that serves multiple units (e.g., a boiler in the basement of a large apartment building). In most cases, a large scale heating system for a multi-unit building will be subject to periodic safety inspections by a local public agency. Check with the owner or manager to determine the date and outcome of the last such inspection, or look for an inspection certificate posted on the heating system.

7.3 Ventilation and Adequacy of Cooling

If the tenant is present and has occupied the unit during the summer months, inquire about the adequacy of air flow. If the tenant is not present or has not occupied the unit during the summer months, test a sample of windows to see that they open (see Inspection Manual for instruction).

"Working cooling equipment" includes: central (fan) ventilation system; evaporative cooling system; room or central air conditioning.

Check "Inconclusive" if there are no openable windows and it is impossible, or inappropriate, to test whether a cooling system works. Check with other tenants in the building (in a multi-unit structure) and with the owner or manager for verification of the adequacy of ventilation and cooling.

7.4 Water Heater

"Location presents hazard" means that the gas or oil water heater is located in living areas or closets where safety hazards may exist (e.g., water heater located in very cluttered closet with cloth and paper items stacked against it). Gas water heaters in bedrooms or other living areas must have safety dividers or shields.

Water heaters must have a temperature-pressure relief valve and discharge line (directed toward the floor or outside of the living area) as a safeguard against build up of steam if the water heater malfunctions. If not, they are not properly equipped and shall fail.

To pass, gas or oil fired water heaters must be vented into a properly installed chimney or flue leading outside. Electric water heaters do not require venting.

If it is impossible to view the water heater, check "Inconclusive." Obtain verification of safety of system from owner or manager.

Check "Pass" if the water heater has passed a local inspection. This applies primarily to hot water that is supplied by a large scale complex water heating system that serves multiple units (e.g., water heating system in large apartment building). Check in the same manner described for heating system safety, item 7.2, above.

7.5 Water Supply

If the structure is connected to a city or town water system, check "Pass." If the structure has a private water supply (usually in rural areas) inquire into the nature of the supply (probably from the owner) and whether it is approvable by an appropriate public agency.

General note: If items 7.5, 7.6, or 7,7 are checked "Inconclusive," check with owner or manager for verification of adequacy.

7.6 Plumbing

"Major leaks" means that main water drain and feed pipes (often located in the basement) are seriously leaking. (Leaks present at specific facilities have already been evaluated under the checklist items for "Bathroom" and "Kitchen.")

"Corrosion" (causing serious and persistent levels of rust or contamination in the drinking water) can be determined by observing the color of the drinking water at several taps. Badly corroded pipes will produce noticeably brownish water. If the tenant is currently occupying the unit, he or she should be able to provide information about the persistence of this condition. (Make sure that the "rusty water" is not a temporary condition caused by city or town maintenance of main water lines.) See general note under 7.5.

7.7 Sewer Connection

If the structure is connected to the city or town sewer system, check "Pass." If the structure has its own private disposal system (e.g., septic field), inquire into the nature of the system and determine whether this type of system can meet appropriate health and safety regulations.

The following conditions constitute "evidence of sewer back up": strong sewer gas smell in the basement or outside of unit; numerous clogged or very slow drains; marshy areas outside of unit above septic field. See general note under 7.5.

8. General Health and Safety

8.1 Access to Unit

"Through another unit" means that access to the unit Is only possible by means of passage through another dwelling unit.

8.2 Exits

"Acceptable fire exit" means that the building must have an alternative means of exit that meets local or State regulations in case of fire; this could include:

An openable window if the unit is on the first floor or second floor or easily accessible to the ground.

A back door opening on to a porch with a stairway leading to the ground.

Fire escape, fire ladder, or fire stairs.

"Blocked" means that the exit is not useable due to conditions such as debris, storage, door or window nailed shut, broken lock.

Important note: The HA has the final responsibility for deciding whether the type of emergency exit Is acceptable, although the tenant should assist in making the decision.

8.3 Evidence of Infestation

"Presence of rats, or severe infestation by mice or vermin" (such as roaches) is evidenced by: rat holes; droppings; rat runs; numerous settings of rat poison. If the unit is occupied, ask the tenant,

8.4 Garbage and Debris

"Heavy accumulation" means large piles of trash and garbage, discarded furniture, and other debris (not temporarily stored awaiting removal) that might harbor rodents, This may occur inside the unit, in common areas, or outside. It usually means a level of accumulation beyond the capacity of an individual to pick up within an hour or two.

8.5 Refuse Disposal

"Adequate covered facilities" includes: trash cans with covers, garbage chutes, "dumpsters" (i.e., large scale refuse boxes with lids); trash bags (if approvable by local public agency). "Approvable by local public agency" means that the local Health and Sanitation Department (city, town or county) approves the type of facility in use. Note: During the period when the HA is setting up its inspection program, it will check with the local health and sanitation department to determine which types of facilities are acceptable and include this in the inspection requirements.

If the unit is vacant and there are no adequate covered facilities present, check "Inconclusive." Contact the owner or manager for verification of facilities provided when the unit is occupied.

8.6 Interior Stairs and Common Halls

"Loose, broken, or missing steps" should fail if they present a serious risk of tripping or falling.

A handrail is required on extended sections of stairs (generally four or more consecutive steps). A railing is required on unprotected heights such as around stairwells.

"Other hazards" would be conditions such as bare electrical wires and tripping hazards.

Housing Choice Voucher Units If the unit was built January 1, 1978, or after, no child under six will occupy or currently occupies it, is a 0-BR, elderly or handicapped unit with no children under six on the lease or expected, has been certified lead-based paint free by a certified lead-based paint inspector (no lead-based paint present or no lead-based paint present after removal of lead-based paint.), check NA and do not inspect painted surfaces.

This requirement applies to all painted surfaces (building components) within the unit. (Do not include tenant belongings). Surfaces to receive a visual assessment for deteriorated paint include walls, floors, ceilings, built in cabinets (sink bases), baseboards, doors, door frames, windows systems including mullions, sills, or frames and any other painted building component within the unit. Deteriorated paint includes any painted surface that is peeling, chipping, chalking, cracking, damaged or otherwise separated from the substrate.

All deteriorated paint surfaces **more than 2 sq. ft. in any one interior room or space, or more than 10% of the total surface area of an interior type of component with a small surface area (i.e., window sills, baseboards, and trim)** must be stabilized (corrected) in accordance with all safe work practice requirements and clearance is required. **If the deteriorated painted surface is less than 2 sq. ft. or less than 10% of the component, only stabilization is required. Clearance testing is not required.** Stabilization means removal of deteriorated paint, repair of the substrate, and application of a new protective coating or paint. Lead-Based Paint Owner Certification is required following stabilization activities, except for *de minimis level* repairs.

8.7 Other Interior Hazards

Examples of other hazards might be: a broken bathroom fixture with a sharp edge in a location where it represents a hazard; a protruding nail in a doorway.

8.8 Elevators

Note: At the time the HA is setting up its inspection program, it will determine local licensing practices for elevators. Inspectors should then be aware of these practices in evaluating this item (e.g., check inspection date). If no elevator check "Not Applicable."

8.9 Interior Air Quality

If the inspector has any questions about whether an existing poor air quality condition should be considered dangerous, he or she should check with the local Health and Safety Department (city, town or county).

8.10 Site and Neighborhood Conditions

Examples of conditions that would "seriously and continuously endanger the health or safety of the residents" are:

other buildings on, or near the property, that pose serious hazards (e.g., dilapidated shed or garage with potential for structural collapse),

evidence of flooding or major drainage problems,

evidence of mud slides or large land settlement or collapse,

proximity to open sewage,

unprotected heights (cliffs, quarries, mines, sandpits),

fire hazards,

abnormal air pollution or smoke which continues throughout the year and is determined to seriously endanger health, and

continuous or excessive vibration of vehicular traffic (if the unit is occupied, ask the tenant).

8.11 Lead-Based Paint: Owner Certification

If the owner is required to correct any lead-based paint hazards at the property including deteriorated paint or other hazards identified by a visual assessor, a certified lead-based paint risk assessor, or certified lead-based paint inspector, the PHA must obtain certification that the work has been done in accordance with all applicable requirements of 24 CFR Part 35. The Lead-Based Paint Owner Certification must be received by the PHA before the execution of the HAP contract or within the time period stated by the PHA in the owner HQS violation notice. Receipt of the completed and signed Lead-Based Paint Owner Certification signifies that all HQS lead-based paint requirements have been met and no re-inspection by the HQS inspector is required.

Special Amenities (Optional)

This Section is for optional use of the HA. It is designed to collect additional information about other positive features of the unit that may be present. Although the features listed below are not included in the Housing Quality Standards, the tenant and HA may wish to take them into consideration in decisions about renting the unit and the reasonableness of the rent.
Check/list any positive features found in relation to the unit.

1. Living Room

- ☐ High quality floors or wall coverings
- ☐ Working fireplace or stove
- ☐ Balcony, patio, deck, porch
- ☐ Special windows or doors
- ☐ Exceptional size relative to needs of family
- ☐ Other: (Specify)

2. Kitchen

- ☐ Dishwasher
- ☐ Separate freezer
- ☐ Garbage disposal
- ☐ Eating counter/breakfast nook
- ☐ Pantry or abundant shelving or cabinets
- ☐ Double oven/self cleaning oven, microwave
- ☐ Double sink
- ☐ High quality cabinets
- ☐ Abundant counter-top space
- ☐ Modern appliance(s)
- ☐ Exceptional size relative to needs of family
- ☐ Other: (Specify)

3. Other Rooms Used for Living

- ☐ High quality floors or wall coverings
- ☐ Working fireplace or stove
- ☐ Balcony, patio, deck, porch
- ☐ Special windows or doors
- ☐ Exceptional size relative to needs of family
- ☐ Other: (Specify)

4. Bath

- ☐ Special feature shower head
- ☐ Built-in heat lamp
- ☐ Large mirrors
- ☐ Glass door on shower/tub
- ☐ Separate dressing room
- ☐ Double sink or special lavatory
- ☐ Exceptional size relative to needs of family
- ☐ Other: (Specify)

5. Overall Characteristics

- ☐ Storm windows and doors
- ☐ Other forms of weatherization (e.g., insulation, weather stripping)
- ☐ Screen doors or windows
- ☐ Good upkeep of grounds (i.e., site cleanliness, landscaping, condition of lawn)
- ☐ Garage or parking facilities
- ☐ Driveway
- ☐ Large yard
- ☐ Good maintenance of building exterior
- ☐ Other: (Specify)

6. Disabled Accessibility

Unit is accessible to a particular disability. ☐ Yes ☐ No

Disability _____

D. Questions to ask the Tenant (Optional)

1. Does the owner make repairs when asked? Yes ☐ No ☐
2. How many people live there? _____
3. How much money do you pay to the owner/agent for rent? $ _____
4. Do you pay for anything else? (specify) _____
5. Who owns the range and refrigerator? (insert O = Owner or T = Tenant) Range _____ Refrigerator _____ Microwave _____
6. Is there anything else you want to tell us? (specify) _____

Municipality of Luquillo			
Federal Affairs Office			
Components of the Residents Advisory Boards			
item	Name of RAB member	Tittle	Comments
1	Sheila Gaillardetz	Presidents	
2	Maria Bartolomey	Vice-president	
3	Maria La Cerda	Secretary	
4	Damaris Estrella	Member	She is no longer in the Program
5	Abigail Perez	Member	

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 PHA Information

PHA Name: Municipality of Luquillo PHA Code: RQ081

PHA Type: ☐ Small ☒ High Performing ☐ Standard ☒ HCV (Section 8)

PHA Fiscal Year Beginning: (MM/YYYY): 07/01/2010

2.0 Inventory (based on ACC units at time of FY beginning in 1.0 above)

Number of PH units: _____ Number of HCV units: 69

3.0 Submission Type

☒ 5-Year and Annual Plan ☐ Annual Plan Only ☐ 5-Year Plan Only

4.0 PHA Consortia ☐ PHA Consortia: (Check box if submitting a joint Plan and complete table below.)

Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program	
				PH	HCV
PHA 1:					
PHA 2:					
PHA 3:					

5.0 5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.

5.1 Mission. 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:

Our mission is to serve the needs of low-income, very low-income and extremely low-income families in Luquillo for the next five years through the Program administration by promoting social and economic services for the assisted families that contribute to the jurisdiction well-being as a whole.

5.2 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. **(Please refer to Attachment-A).**

The quantifiable goals and objectives that enables us as PHA to serve the needs of low-income, very low-income and extremely low-income families for the next five years has been illustrated as below:

1. **Increase the availability of decent, safe and affordable housing as we expand the supply and improve the quality of assisted housing. As part of this initiative, our PHA improve the Program management as evaluated in the SEMAP and implement the FSS program as part of the Annual Administrative Plan.**

2. **Improve community quality of life and economic vitality by implementing measures in order to deconcentrate poverty, planning the development for the elderly or people with disabilities, ensure lease enforcement and provide homeownership initiatives for the assisted families.**

3. **Promote self-sufficiency and asset development of families and individuals by increasing the number and percentage of employed persons and other labor programs, provide families with supportive services to improve their education and employability through the Federal Office Affairs activities and, enhance an economic development program for assisted families business and services.**

4. **Ensure equal opportunity and affirmatively further fair housing by implementing measures to provide a suitable living environment, access to assisted housing, among others. (Please refer to Attachment -B)**

6.0

PHA Plan Update

(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:

1. Eligibility, Selection and Admissions Policies, including De-concentration and Wait List Procedures.

The PHA will verify elegibility for admission when an voucher availability occurred as part of the implemented process. Our agency will utiize the following non-income screening factors to establish elegibility for admissions to the Housing Choice Voicher Program: criminal or drug related activity, history of disturbance or property destruction, and other relevant data found in PIC, any previous lease violation, debts to landlord and/or other housing authority and immigration status. Also, PHA will be requesting any other relevant information to the state enforcement agency for screening purposes. Regarding to the Waiting List, the agency has improved the system by providing guidance to the interested people in the application process and the information received at the site administrative office. An important fact, the waiting list has been organized or placed by date and time of the application. The PHA assignment plan is consistent across both waiting list type by offering applicants a vacant unit. Into the admission preferences, PHA has targeted more than 75% of all new admissions to the Housing Choice Voucher Program at or below 30% of median area income. The preferences has been formally distributed to assure a transparent process by giving priority to involuntary displacement, victims of domestic violence, substandard housing, homelessness, families with terminal disease (as defined in the administrative plan), veterans and veteran's families and those unable to work due to the age or disability factors. Tenant can refer to the tenant lease and other written informative materials for the use of information concerning the rules for continued occupancy in the Housing Choice Voucher Program. Families must notify the PHA of changes in the family composition during the annual reexamination and lease renewal, when changes occur in the family composition, at family request for revision, during relocation process due to relevant facts and/or family request for transfer duly documented and analyzed. The PHA will be conducting an analysis of the general occupancy by development to determine concentrations of poverty in order to promote de-concentration of poverty and income mixing. Upon the completion of the analysis, the PHA will list the developments where such de-concentration of poverty must take place and will assure access for lower-income families. (Please refer to the Annual Administrative Plan, as amended).

2. Rent Determination

The PHA employs discretionary policies for determining income based rent, establishing the minimum rent of $ and employing minimum rent hardship exemptions when a family has lost elegibility or is waiting for determination of elegibility for federal assistance program, family income decreases by changes in circumstances, family relevant expenses have risen, income generating family member has deceased. The PHA will employ a deductions and/or exclusions policy for the earned income of a previously unemployed household member. PHA ceiling rent are set at a level at or lower than % of adjusted income and are established in accordance to the Fair Market Rent applicable to the Municipality of Luquillo. For a rent re-determination to be considered between reexaminations, the tenant must report any decrease and/or increase family composition or income. Any changes shall be reported immediately the changes occur. In the process of setting flat rents, the PHA uses the following comparability: Fair Market Rents, Actual Rental Values of the Unit, Section 8 Reasonableness study and/or any surveys toward this topic. (Please refer to Administrative Plan,).

3. Family Self-Sufficiency Program

The PHA has an inventory of 25 vouchers to be used in those families that can participate into the FSS Program. This will encourage the assisted families to obtain economic independence and become homeowners (Please refer to the Homeownership Program and the FSS Plan). Also, the PHA has identified area developments in order to promote the economic independence to the moderate and low income assisted families, specifically those with special needs.

4. Civil Rights Certification. Refer to Form HUD 50077, Attachment

5. Fiscal Year Audit. Pursuant to 24 CFR 903.7 (p) require that the Agency Plan include the presentation of the results of the most recent PHA fiscal year audit conducted under section 5(h) (2) of the US Housing Act of 1937 (42USC 1437 c(h)). The Single Audit as of June 30, 2009 has been already submitted to HUD. One finding was included in that report and corrective action plan will be completed by June 30, 2010.

6. Violence Against Women Act (VAWA). PHA has been implementing and ensuring compliance with the provisions stated in the Violence against Women Act, as enacted to serve the needs of child and adult victims of domestic violence, dating violence, sexual assault, or stalking. Also, PHA will ensure the tenants are advised of the rights, equal opportunity, equal enjoyment of the housing program and, increase victim confidentiality under VAWA.

(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.

The five year plan contain comments and recommendations from the public in general and facilitate such comments through the Program Advisory Board meetings and a public hearing to be held on April , 2010. The purpose of the Annual Plan is to provide guidelines and requirements related to management, progress and services. In addition, the Plan sets forth the PHA major goals and initiatives for the upcoming year. The goals and objectives are measurable through the implementation of the public policies and procedures that results in an excellent customer service and fulfillment of the mission statement.

The Five Year and Annual Plan with the pertinent supporting documents will be available at the Federal Affairs Office, Municipality of Luquillo located at Calle 14 de Julio, Luquillo PR 00773. Also, the office phone numbers (787) 889-6228, (787) 889-2525, (787) 889-3666 are available for those wishing to examine the supporting documents by scheduling an appointment.

7.0	**Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.** *Include statements related to these programs as applicable.* **PHA will be implementing the Homeownership Program. (Please refer to Attachment-C)**
8.0	**Capital Improvements.** Please complete Parts 8.1 through 8.3, as applicable.
8.1	**Capital Fund Program Annual Statement/Performance and Evaluation Report.** As part of the PHA 5-Year and Annual Plan, annually complete and submit the *Capital Fund Program Annual Statement/Performance and Evaluation Report,* form HUD-50075.1, for each current and open CFP grant and CFFP financing.
8.2	**Capital Fund Program Five-Year Action Plan.** As part of the submission of the Annual Plan, PHAs must complete and submit the *Capital Fund Program Five-Year Action Plan,* 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	**Capital Fund Financing Program (CFFP).** ☐ 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	**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.. **PHA housing needs can be detailed as follows:**

Categories	% Total Families
Waiting List	**10%**
Extremely Low Income	**85%**
Very Low Income	**15%**
Families with children	**100%**

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.** **PHA main goal toward the housing needs of the families on the waiting list are to preserve and expand the voucher amount due to the fact of the latest SEMAP score obtained and updated waiting list amount. The PHA has identified ten (10) properties as part of the city revitalization plan to pursue the following strategies for addressing the needs:** **1. Increase the number of affordable housing units by levering resources through the creation of mixed-finance housing among other actual resources in order to encourage those assisted families to become homeowners and provide the vouchers to new families into the Waiting list Preference 1.** **2. Target available assistance to low and extremely low families by employing admission preferences, adopt rent policies to support and encourage work, develop and implement the FSS Program, and exceed HUD federal requirements.** **3. Target available assistance to elderly by seeking units and apply for special purpose vouchers.** **4. Target available assistance to families with disabilities by modifying as needed and so long it does not cause a financial and/or structural burden, apply for special purpose vouchers and, conduct activities to affirmatively further fair housing.** **5. Increase awareness of the Agency's resources among families of races and ethnicities with disproportionate needs.** **6. Maximize the number of vouchers assigned within the current resources by employing effective maintenance and management policies, undertake measures to ensure access to affordable housing among families assisted by PHA and develop the annual plans as part of the public policy implementation process.**

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. **The Housing Choice Voucher Program for the municipality of Luquillo has been evaluated in order to improve the management through the internal control procedures. The standard operating procedures has been developed in a clear and concise structure (six sigma approach), in order to adequate instruct the personnel. These administrative adjustments resulted in getting a 90% score in the last SEMAP by changing the status from Standard to High PHA. Through the Program Evaluation, we have identified various issues that will be addressed in order to be aligned to the HUD public policy in benefit of our communities and maintain the PHA as a HIGH performer.** (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" **(Please Refer to Attachment -E)** **One of our priorities is to encourage the assisted families to become homeowners by getting into the FSS and Homeownership Programs as developed and implement by the PHA as part of the public policy stated in the Administrative Plan. Through this strategy will be leveraging the Program by moving the Waiting List and providing the vouchers to those families with housing needs duly classified by preferences. Then, PHA will be enhancing the communication between the landlords and tenants in order to get input information about actual needs to improve the work plans in benefit of our constituents.** **Regarding to the Upfront Income Verification, various changes have been implemented by using the EIV system in order to verify the household income of assisted families. This action will minimize any income and/or rent involuntary errors due to unreported income or inaccurate determination of family elegibility and, further rent calculations.**

11.0	**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. **No response and/or comments from the Resident Advisory Board.** (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations* (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, *Certification for a Drug-Free Workplace* (PHAs receiving CFP grants only) (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions* (PHAs receiving CFP grants only) (d) Form SF-LLL, *Disclosure of Lobbying Activities* (PHAs receiving CFP grants only) (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet* (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. **(Please refer to Attachment-F)** (g) Challenged Elements (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report* (PHAs receiving CFP grants only) (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan* (PHAs receiving CFP grants only)

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937, as amended, which introduced 5-Year and Annual PHA Plans. The 5-Year and Annual PHA plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.68 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

Privacy Act Notice. The United States Department of Housing and Urban Development is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality

Instructions form HUD-50075

Applicability. This form is to be used by all Public Housing Agencies (PHAs) with Fiscal Year beginning April 1, 2008 for the submission of their 5-Year and Annual Plan in accordance with 24 CFR Part 903. The previous version may be used only through April 30, 2008.

1.0 PHA Information
Include the full PHA name, PHA code, PHA type, and PHA Fiscal Year Beginning (MM/YYYY).

2.0 Inventory
Under each program, enter the number of Annual Contributions Contract (ACC) Public Housing (PH) and Section 8 units (HCV).

3.0 Submission Type
Indicate whether this submission is for an Annual and Five Year Plan, Annual Plan only, or 5-Year Plan only.

4.0 PHA Consortia
Check box if submitting a Joint PHA Plan and complete the table.

5.0 Five-Year Plan
Identify the PHA's Mission, Goals and/or Objectives (24 CFR 903.6). Complete only at 5-Year update.

5.1 Mission. A statement of the mission of the public housing agency for serving the needs of low-income, very low-income, and extremely low-income families in the jurisdiction of the PHA during the years covered under the plan.

5.2 Goals and Objectives. Identify quantifiable goals and objectives that will enable the PHA to serve the needs of low income, very low-income, and extremely low-income families.

6.0 **PHA Plan Update.** In addition to the items captured in the Plan template, PHAs must have the elements listed below readily available to the public. Additionally, a PHA must:

(a) Identify specifically which plan elements have been revised since the PHA's prior plan submission.

(b) Identify where the 5-Year and Annual Plan may be obtained by the public. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central off ice of the PHA. PHAs are strongly encouraged to post complete PHA Plans on its official website. PHAs are also encouraged to provide each resident council a copy of its 5-Year and Annual Plan.

PHA Plan Elements. (24 CFR 903.7)

4. **Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.** Describe the PHA's policies that govern resident or tenant eligibility, selection and admission including admission preferences for both public housing and HCV and unit assignment policies for public housing; and procedures for maintaining waiting lists for admission to public housing and address any site-based waiting lists.

5. **Financial Resources.** A statement of financial resources, including a listing by general categories, of the PHA's anticipated resources, such as PHA Operating, Capital and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support public housing or tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned use for the resources.

3. **Rent Determination.** A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units.

4. **Operation and Management.** A statement of the rules, standards, and policies of the PHA governing maintenance management of housing owned, assisted, or operated by the public housing agency (which shall include measures necessary for the prevention or eradication of pest infestation, including cockroaches), and management of the PHA and programs of the PHA.

5. **Grievance Procedures.** A description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.

6. **Designated Housing for Elderly and Disabled Families.** With respect to public housing projects owned, assisted, or operated by the PHA, describe any projects (or portions thereof), in the upcoming fiscal year, that the PHA has designated or will apply for designation for occupancy by elderly and disabled families. The description shall include the following information: **1)** development name and number; **2)** designation type; **3)** application status; **4)** date the designation was approved, submitted, or planned for submission, and; **5)** the number of units affected.

7. **Community Service and Self-Sufficiency.** A description of: **(1)** Any programs relating to services and amenities provided or offered to assisted families; **(2)** Any policies or programs of the PHA for the enhancement of the economic and social self-sufficiency of assisted families, including programs under Section 3 and FSS; **(3)** How the PHA will comply with the requirements of community service and treatment of income changes resulting from welfare program requirements. **(Note: applies to only public housing).**

8. **Safety and Crime Prevention.** For public housing only, describe the PHA's plan for safety and crime prevention to ensure the safety of the public housing residents. The statement must include: (i) A description of the need for measures to ensure the safety of public housing residents; (ii) A description of any crime prevention activities conducted or to be conducted by the PHA; and (iii) A description of the coordination between the PHA and the

appropriate police precincts for carrying out crime prevention measures and activities.

9. **Pets.** A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.

10. **Civil Rights Certification.** A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.

11. **Fiscal Year Audit.** The results of the most recent fiscal year audit for the PHA.

12. **Asset Management.** A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.

13. **Violence Against Women Act (VAWA).** A description of: **1)** Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; **2)** Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and **3)** Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers

(a) **Hope VI or Mixed Finance Modernization or Development. 1)** A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and **2)** A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at:

http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm

(b) **Demolition and/or Disposition.** With respect to public housing projects owned by the PHA and subject to ACCs under the Act: **(1)** A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and **(2)** A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at:

http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm

Note: This statement must be submitted to the extent that **approved and/or pending** demolition and/or disposition has changed.

(c) **Conversion of Public Housing.** With respect to public housing owned by a PHA: **1)** A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or that the public housing agency plans to voluntarily convert; **2)** An analysis of the projects or buildings required to be converted; and **3)** A statement of the amount of assistance received under this chapter to be used for rental assistance or other housing assistance in connection with such conversion. See guidance on HUD's website at:

http://www.hud.gov/offices/pih/centers/sac/conversion.cfm

(d) **Homeownership.** A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.

(e) **Project-based Vouchers.** If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.

8.0 Capital Improvements. This section provides information on a PHA's Capital Fund Program. With respect to public housing projects owned, assisted, or operated by the public housing agency, a plan describing the capital improvements necessary to ensure long-term physical and social viability of the projects must be completed along with the required forms. Items identified in 8.1 through 8.3, must be signed where directed and transmitted electronically along with the PHA's Annual Plan submission.

8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report. PHAs must complete the *Capital Fund Program Annual Statement/Performance and Evaluation Report* (form HUD-50075.1), for each Capital Fund Program (CFP) to be undertaken with the current year's CFP funds or with CFFP proceeds. Additionally, the form shall be used for the following purposes:

(a) To submit the initial budget for a new grant or CFFP;

(b) To report on the Performance and Evaluation Report progress on any open grants previously funded or CFFP; and

(c) To record a budget revision on a previously approved open grant or CFFP, e.g., additions or deletions of work items, modification of budgeted amounts that have been undertaken since the submission of the last Annual Plan. The Capital Fund Program Annual Statement/Performance and Evaluation Report must be submitted annually.

Additionally, PHAs shall complete the Performance and Evaluation Report section (see footnote 2) of the *Capital Fund Program Annual Statement/Performance and Evaluation* (form HUD-50075.1), at the following times:

1. At the end of the program year; until the program is completed or all funds are expended;

2. When revisions to the Annual Statement are made, which do not require prior HUD approval, (e.g., expenditures for emergency work, revisions resulting from the PHAs application of fungibility); and

3. Upon completion or termination of the activities funded in a specific capital fund program year.

8.2 Capital Fund Program Five-Year Action Plan

PHAs must submit the *Capital Fund Program Five-Year Action Plan* (form HUD-50075.2) for the entire PHA portfolio for the first year of participation in the CFP and annual update thereafter to eliminate the previous year and to add a new fifth year (rolling basis) so that the form always covers the present five-year period beginning with the current year.

8.3 Capital Fund Financing Program (CFFP). Separate, written HUD approval is required if the PHA proposes to pledge any portion of its CFP/RHF funds to repay debt incurred to finance capital improvements. The PHA must identify in its Annual and 5-year capital plans the amount of the annual payments required to service the debt. The PHA must also submit an annual statement detailing the use of the CFFP proceeds. See guidance on HUD's website at:

http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm

9.0 **Housing Needs.** Provide a statement of the housing needs of families residing in the jurisdiction served by the PHA and the means by which the PHA intends, to the maximum extent practicable, to address those needs. **(Note:** Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).

9.1 Strategy for Addressing Housing Needs. Provide a 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:** Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).

10.0 Additional Information. Describe the following, as well as any additional information requested by HUD:

(a) **Progress in Meeting Mission and Goals.** PHAs must include (i) a statement of the PHAs progress in meeting the mission and goals described in the 5-Year Plan; (ii) the basic criteria the PHA will use for determining a significant amendment from its 5-year Plan; and a significant amendment or modification to its 5-Year Plan and Annual Plan. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

(b) **Significant Amendment and Substantial Deviation/Modification.** PHA must provide the definition of "significant amendment" and "substantial deviation/modification". **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan.)**

(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).**

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

(b) Form HUD-50070, *Certification for a Drug-Free Workplace* **(PHAs receiving CFP grants only)**

(c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions* **(PHAs receiving CFP grants only)**

(d) Form SF-LLL, *Disclosure of Lobbying Activities* **(PHAs receiving CFP grants only)**

(e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet* **(PHAs receiving CFP grants only)**

(f) Resident Advisory Board (RAB) comments.

(g) Challenged Elements. Include any element(s) of the PHA Plan that is challenged.

(h) Form HUD-50075.1, ***Capital Fund Program Annual Statement/Performance and Evaluation Report*** **(Must be attached electronically for PHAs receiving CFP grants only).** See instructions in 8.1.

(i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan* **(Must be attached electronically for PHAs receiving CFP grants only).** See instructions in 8.2.