



8.1	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.
8.2	<b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.
8.3	<b>Capital Fund Financing Program (CFFP).</b> <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.
9.0	<b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.
9.1	<b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b>
10.0	<b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.  (a) 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. (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"
11.0	<b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.  (a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. (g) Challenged Elements (h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)

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 office 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)

1. **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.

2. **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](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.

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

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

Part I: Summary		Grant Type and Number		FFY of Grant:	
PEIA Name:		Capital Fund Program Grant No: SD06P01650110		2010	
Commission:		Replacement Housing Factor Grant No:		FFY of Grant Approval:	
		Date of CFFP:		2010	
Type of Grant		Reserve for Disasters/Emergencies		Revised <sup>1</sup>	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report		Total Actual Cost <sup>1</sup>	
Line	Summary by Development Account	Original	Revised <sup>1</sup>	Obligated	Expended
1	Total non-CFF Funds	\$0			
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	\$39,766			
3	1408 Management Improvements	\$0			
4	1410 Administration (may not exceed 10% of line 21)	\$4,451			
5	1411 Audit	\$300			
6	1415 Liquidated Damages	\$0			
7	1430 Fees and Costs	\$0			
8	1440 Site Acquisition	\$0			
9	1450 Site Improvement	\$0			
10	1460 Dwelling Structures	\$0			
11	1465.1 Dwelling Equipment—Nonexpendable	\$0			
12	1470 Non-dwelling Structures	\$0			
13	1475 Non-dwelling Equipment	\$0			
14	1485 Demolition	\$0			
15	1492 Moving to Work Demonstration	\$0			
16	1495.1 Relocation Costs	\$0			
17	1499 Development Activities <sup>4</sup>	\$0			
18a	1501 Collateralization or Debt Service paid by the PHA	\$0			
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	\$0			
19	1502 Contingency (may not exceed 8% of line 20)	\$0			
20	Amount of Annual Grant: (sum of lines 2 – 19)	\$44,517			
21	Amount of line 20 Related to LBP Activities	\$0			
22	Amount of line 20 Related to Section 504 Activities	\$0			
23	Amount of line 20 Related to Security – Soft Costs	\$0			
24	Amount of line 20 Related to Security – Hard Costs	\$0			
25	Amount of line 20 Related to Energy Conservation Measures	\$0			

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

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

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

<b>Part I: Summary</b>		FFY of Grant: 2010	FFY of Grant Approval: 2010
PHA Name: <b>Sioux Falls Housing &amp; Redevelopment Commission</b>	Grant Type and Number Capital Fund Program Grant No: <b>SD06P01650110</b> Date of CFPP: _____	Replacement Housing Factor Grant No:	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: Line Summary by Development Account	<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	Total Estimated Cost	Total Actual Cost <sup>1</sup>
Signature of Executive Director <i>[Signature]</i>	Date <i>7/5/2010</i>	Original	Revised <sup>2</sup>
		Obligated	Expended
		Signature of Public Housing Director	









Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/20011

**Part I: Summary**

PHA Name/Number	Sioux Falls Housing & Development		Sioux Falls/Minnehaha County, SD		Original 5-Year Plan		Revision No:	
	Development Number and Name	Work Statement for Year 1 FFY 2010	Locality (City/County & State)	Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY 2013	Work Statement for Year 5 FFY 2014	Work Statement for Year 5 FFY 2014
A.								
B.	Physical Improvements Subtotal	Annual Statement		\$35,500	\$35,500	\$29,000	\$35,000	
C.	Management Improvements			\$0	\$0	\$0	\$1,500	
D.	PHA-Wide Non-dwelling Structures and Equipment			\$500	\$500	\$700	\$0	
E.	Administration			\$4,400	\$4,400	\$4,400	\$4,400	
F.	Other			\$300	\$300	\$300	\$300	
G.	Operations			\$4,100	\$4,100	\$4,100	\$3,870	
H.	Demolition			\$0	\$0	\$0	\$0	
I.	Development			\$0	\$0	\$0	\$0	
J.	Capital Fund Financing-- Debt Service			\$0	\$0	\$0	\$0	
K.	Total CFP Funds			\$44,800	\$44,800	\$44,800	\$44,800	
L.	Total Non-CFP Funds			\$0	\$0	\$0	\$0	
M.	Grand Total			\$44,800	\$44,800	\$44,800	\$44,800	











**SIOUX FALLS HOUSING & REDEVELOPMENT COMMISSION  
5-YEAR AGENCY PLAN & UPDATED ANNUAL PLAN  
PUBLIC HEARING ATTENDEES & WRITTEN COMMENTS RECEIVED  
June 18, 2010-10:00 AM  
630 South Minnesota Ave, Sioux Falls SD**

Dianne Hovdestad, Deputy Director, SFHRC

No other attendees

No written comments received

# Certification for a Drug-Free Workplace

U.S. Department of Housing  
and Urban Development

Applicant Name

Sioux Falls Housing & Redevelopment Commission

Program/Activity Receiving Federal Grant Funding

Public Housing Operating Fund

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

See Attached

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

Shireen Ranschau

Title

Executive Director

Signature

X 

Date

7/1/2010

Code	Address	County	City	State	Zip Code
SF007	1109 Gordon Drive	Minnehaha	Sioux Falls	South Dakota	57103
SF025	1300 Dale Drive	Minnehaha	Sioux Falls	South Dakota	57103
SF003	1328 Annway	Minnehaha	Sioux Falls	South Dakota	57103
SF008	1416 Point Drive	Minnehaha	Sioux Falls	South Dakota	57103
SF009	1900 Fox Trail	Minnehaha	Sioux Falls	South Dakota	57103
SF005	2104 South Bahnson	Minnehaha	Sioux Falls	South Dakota	57103
SF015	220 Meyer Lane	Minnehaha	Sioux Falls	South Dakota	57103
SF019	225 Holiday Avenue	Minnehaha	Sioux Falls	South Dakota	57103
SF004	3605 East 15th Street	Minnehaha	Sioux Falls	South Dakota	57103
SF002	3812 East 24th Street	Minnehaha	Sioux Falls	South Dakota	57103
SF006	3909 East 19th	Minnehaha	Sioux Falls	South Dakota	57103
SF001	3916 East 24th Street	Minnehaha	Sioux Falls	South Dakota	57103
SF011	424 Comet Road	Minnehaha	Sioux Falls	South Dakota	57103
SF010	925 S Bahnson	Minnehaha	Sioux Falls	South Dakota	57103
SF016	711 West 16th Street	Minnehaha	Sioux Falls	South Dakota	57103
SF017	804 S. West Avenue	Minnehaha	Sioux Falls	South Dakota	57104
SF022	1404 E 26th Street	Minnehaha	Sioux Falls	South Dakota	57104
SF013	1415 South VanEps	Minnehaha	Sioux Falls	South Dakota	57105
SF024	1512 S Grange Avenue	Minnehaha	Sioux Falls	South Dakota	57105
SF020	2034 Grange Avenue	Minnehaha	Sioux Falls	South Dakota	57105
SF021	4301 West Mesa Pass	Minnehaha	Sioux Falls	South Dakota	57106
SF023	5209 Danberry Drive	Lincoln	Sioux Falls	South Dakota	57106
SF014	5413 Landsdown Drive	Lincoln	Sioux Falls	South Dakota	57106
SF012	5700 West 43rd Street	Minnehaha	Sioux Falls	South Dakota	57106
SF018	5900 Bakker Park Drive	Lincoln	Sioux Falls	South Dakota	57106

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Sioux Falls Housing & Redevelopment Commission

Program/Activity Receiving Federal Grant Funding

Public Housing Capital Fund

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

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

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

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

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

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

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

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

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

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

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

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

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

See Attached

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

Shireen Ranschau

Title

Executive Director

Signature

X 

Date

7/1/2010

Code	Address	County	City	State	Zip Code
SF007	1109 Gordon Drive	Minnehaha	Sioux Falls	South Dakota	57103
SF025	1300 Dale Drive	Minnehaha	Sioux Falls	South Dakota	57103
SF003	1328 Annway	Minnehaha	Sioux Falls	South Dakota	57103
SF008	1416 Point Drive	Minnehaha	Sioux Falls	South Dakota	57103
SF009	1900 Fox Trail	Minnehaha	Sioux Falls	South Dakota	57103
SF005	2104 South Bahnson	Minnehaha	Sioux Falls	South Dakota	57103
SF015	220 Meyer Lane	Minnehaha	Sioux Falls	South Dakota	57103
SF019	225 Holiday Avenue	Minnehaha	Sioux Falls	South Dakota	57103
SF004	3605 East 15th Street	Minnehaha	Sioux Falls	South Dakota	57103
SF002	3812 East 24th Street	Minnehaha	Sioux Falls	South Dakota	57103
SF006	3909 East 19th	Minnehaha	Sioux Falls	South Dakota	57103
SF001	3916 East 24th Street	Minnehaha	Sioux Falls	South Dakota	57103
SF011	424 Comet Road	Minnehaha	Sioux Falls	South Dakota	57103
SF010	925 S Bahnson	Minnehaha	Sioux Falls	South Dakota	57103
SF016	711 West 16th Street	Minnehaha	Sioux Falls	South Dakota	57103
SF017	804 S. West Avenue	Minnehaha	Sioux Falls	South Dakota	57104
SF022	1404 E 26th Street	Minnehaha	Sioux Falls	South Dakota	57104
SF013	1415 South VanEps	Minnehaha	Sioux Falls	South Dakota	57105
SF024	1512 S Grange Avenue	Minnehaha	Sioux Falls	South Dakota	57105
SF020	2034 Grange Avenue	Minnehaha	Sioux Falls	South Dakota	57105
SF021	4301 West Mesa Pass	Minnehaha	Sioux Falls	South Dakota	57105
SF023	5209 Danberry Drive	Minnehaha	Sioux Falls	South Dakota	57106
SF014	5413 Landsdown Drive	Lincoln	Sioux Falls	South Dakota	57106
012	5700 West 43rd Street	Lincoln	Sioux Falls	South Dakota	57106
018	5900 Bakker Park Drive	Minnehaha	Sioux Falls	South Dakota	57106
		Lincoln	Sioux Falls	South Dakota	57106

## DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award c. post-award	<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input checked="" type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  Sioux Falls Housing & Redevelopment Comm 630 South Minnesota Ave Sioux Falls, SD 57104 Congressional District, if known: 1	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>   Congressional District, if known:	
<b>6. Federal Department/Agency:</b> Housing & Urban Development	<b>7. Federal Program Name/Description:</b>  CFDA Number, if applicable: 14.850 & 14.884	
<b>8. Federal Action Number, if known:</b>	<b>9. Award Amount, if known:</b> \$	
<b>10. a. Name and Address of Lobbying Registrant</b> <i>(if individual, last name, first name, MI):</i>	<b>b. Individuals Performing Services</b> <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i>	
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: <u></u> Print Name: <u>Shireen Ranschau</u> Title: <u>Executive Director</u> Telephone No.: <u>605/332.0704</u> Date: <u>7/6/2010</u>	
<b>Federal Use Only:</b>	Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)	

# Certification of Payments to Influence Federal Transactions

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

Applicant Name

Sioux Falls Housing &amp; Redevelopment Commission

Program/Activity Receiving Federal Grant Funding

Public Housing Operating and Capital Funds

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)

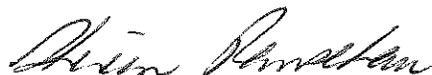
Name of Authorized Official

Shireen Ranschau

Title

Executive Director

Signature



Date (mm/dd/yyyy)

07/01/2010

## DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

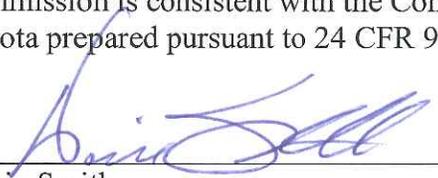
<b>1. Type of Federal Action:</b> <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award c. post-award	<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input checked="" type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  <b>Congressional District, if known:</b> <sup>1</sup>	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>  <b>Congressional District, if known:</b>	
<b>6. Federal Department/Agency:</b> Housing & Urban Development	<b>7. Federal Program Name/Description:</b>  CFDA Number, if applicable: <u>14.872 &amp; 14.850</u>	
<b>8. Federal Action Number, if known:</b>	<b>9. Award Amount, if known:</b> \$	
<b>10. a. Name and Address of Lobbying Registrant</b> <i>(if individual, last name, first name, MI):</i>	<b>b. Individuals Performing Services</b> <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i>	
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: <u></u> Print Name: <u>Shireen Ranschau</u> Title: <u>Executive Director</u> Telephone No.: <u>605/332.0704</u> Date: <u>7/1/2010</u>	
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

**U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  
OFFICE OF PUBLIC HOUSING**

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

I, Darrin Smith, Director, Sioux Falls Community Development, certify that the 5-Year Agency Plan covering October 1, 2010-September 30, 2015 and the Annual Plan for Fiscal Year 2011 of the Sioux Falls Housing and Redevelopment Commission is consistent with the Consolidated Plan of the City of Sioux Falls, South Dakota prepared pursuant to 24 CFR 91.

  
\_\_\_\_\_  
Darrin Smith  
Director  
Sioux Falls Department of Community Development

7-6-10  
Date Signed

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Certification by State and Local Officials of PHA Plans Consistency with the  
Consolidated Plan to Accompany the HUD 50075

OMB Approved No. 2577-0226  
Expires 03/03/2002  
(7/99)  
Page 1 of 1

**COMMENTS RECEIVED FROM PUBLIC HOUSING RESIDENTS  
SECTION 8 PROGRAM PARTICIPANTS**

SFHRC has been unsuccessful in its attempts to form a Public Housing Resident Council, due to the lack of interest on the residents' part. SFHRC believes this is a result of the configuration of the public housing units, i.e., 25 single-family houses literally scattered throughout the city of Sioux Falls, SD. There is no "connectedness" to each other.

In addition, SFHRC has scored high on the Resident's Satisfaction Survey (RASS) so SFHRC can only assume the Public Housing residents do not have major concerns or issues with the management of the Public Housing units.

SD0162010201007151152-06.txt

From: Hovdestad, D [d\_hovdestad@siouxfallshousing.org]  
Sent: Thursday, July 15, 2010 9:12 AM  
To: dianne hovdestad  
Subject: Message from "Savin9060"

Attachments: 20100715101212169.pdf

This E-mail was sent from "Savin9060" (9060).

Scan Date: 07.15.2010 10:12:12 (-0400)

## **VIOLENCE AGAINST WOMEN ACT (VAWA) POLIIES**

Title VI of Public Law 109-162, “the Act” addresses housing needs of victims of domestic violence, dating violence and stalking. These provisions affect SFHRC in the administration of the federally funded programs including the Voucher and Mod Rehab programs.

This law’s amendments state that an individual’s status as a victim of domestic violence is not appropriate basis for denial of tenancy or program assistance by SFHRC, or a landlord, so long as that individual would otherwise qualify for assistance or the unit. The amendments further state that incidents of abuse are not good cause for terminating a lease held by the victim, and that the abuser’s criminal activity directly related to abuse shall not be grounds for eviction or termination from the rental assistance program. The amendment specifies that a landlord or SFHRC may evict or terminate assistance to the abuser, i.e., bifurcate the Lease Agreement.

### **A. Definitions**

Definitions used under the Act are:

- Domestic Violence: felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse, by a person similarly situated to a spouse of the victim under the domestic violence laws of the jurisdiction receiving grant monies, or by another person against an adult or youth victim who is protected from that person’s acts under the domestic violence laws of the jurisdiction.
- Dating violence: violence by a person-
  - ◆ Who is or has been in a social relationship of a romantic or intimate nature with the victim; and
  - ◆ Where the existence of such a relationship shall be determined based on a consideration of the following factors:
    - i) The length of the relationship,
    - ii) The type of relationship,
    - iii) The frequency of interaction between the persons involved in the relationship.
- Stalking: 1) to follow, pursue or repeatedly commit acts with the intent to kill, injure, harass or intimidate another person; and 2) to place under surveillance;
  - ◆ In the course of, or a result of, such following, pursuit, surveillance or repeatedly committed acts, to place a person in reasonable fear of death, or serious bodily injury to, or to cause a substantial emotional harm, to
    - i) That person;
    - ii) A member of the immediate family of that person,
      - a spouse, parent, brother sister or child of that person,
      - an individual to whom that person stands in loco parentis;
      - any other person living in the household of that person and related to that person by blood or marriage, or
    - iii) The spouse or intimate partner of that person.

### **B. Policies**

In accordance with the Act, SFHRC adopts the following policies:

- No applicant for the Voucher or Mod Rehab program who is, or has been, a victim of domestic violence, dating violence or stalking shall be denied admission into the program if s/he is otherwise qualified;
- An incident or incidents of actual or threatened domestic violence, dating violence or stalking will be not construed as a “serious or repeated” violation of the Lease Agreement by the victim or threatened victim of violence and shall not be good for terminating the assistance of the victim of such violence;
- Criminal activity directly relating to domestic violence, dating violence or stalking, engaged in by a member of a tenant’s household or any guest or other person under the tenant’s control, shall not be cause for termination of assistance if the tenant or immediate member of the tenant’s household is a victim of that domestic violence, dating violence or stalking;
- SFHRC may terminate assistance to a program participant to remove a lawful occupant who engages in criminal acts of violence against household members without terminating assistance the victimized lawful occupant(s);
- SFHRC will honor a property owner’s bifurcation of a Lease Agreement in order to evict, remove or terminate assistance to any individual who is a tenant or lawful occupant and who engages in criminal acts of physical violence against household members of others, without evicting, removing, terminating assistance to, or otherwise penalizing the victim of such violence who is also a tenant or lawful occupant(s);
- SFHRC will, when notified, honor court orders addressing rights of access to, or control of, property including civil protection orders issued to protect the victim and issued to address the distribution or possession of property among household members in cases where a household breaks up;
- SFHRC retains the right to terminate assistance to a household for any violation of “Family Obligation/Responsibilities” under the rental assistance program not premised on act(s) of violence in question against the head of the household or a member of the household, provided that it will not subject an individual who is, or has been, a victim of domestic violence, dating violence or stalking to a more demanding standard than other program participants in determining whether to terminate participation in the rental assistance program; and
- SFHRC retains the right to terminate assistance to a household if it can demonstrate that there is an “actual or imminent threat” to others or SFHRC employees providing service to the property if the assistance is not terminated

Nothing in the Act shall be construed to supersede any provision of any federal, state or local law that provides greater protection than the Act to victims of domestic violence, dating violence or stalking.

### **C. Voucher Holders**

A household participating in the Voucher program may receive a Voucher from SFHRC and relocate to another unit. SFHRC will allow participating households wishing to relocate outside its area of jurisdiction to port their Voucher if they have complied with all other obligations of the Voucher program and have moved out of the assisted dwelling unit in order to protect the health or safety of an individual or, is or has been, a victim of domestic violence, dating violence or stalking and who reasonably believed s/he was imminently threatened by harm from further violence if s/he remained in the assisted unit.

In the event of insufficient funding the procedures outlined in the section of this Plan entitled “Portability” will apply.

### **D. Residents of Mod Rehab Units**

A household participating in the Mod Rehab program may be referred to another Mod Rehab unit that SFHRC has received notice of an upcoming vacancy. Unit transfers will be processed in accordance with this Plan.

### **E. Certification of Domestic Violence, Dating Violence and Stalking**

SFHRC will request that an individual certify, via HUD approved certification form, that the individual is a victim of domestic violence, dating violence or stalking and that the incidence or incidents in question are bona fide incidents of such actual or threatened abuse and meet the requirements set forth in the Act. Such certification shall include the name of the perpetrator. The individual shall provide the certification within 14 business days after SFHRC requests it. SFHRC may extend this deadline on a case-by-case basis, as circumstances warrant.

If the individual fails to provide the certification within the prescribed time SFHRC may terminate the assistance for any tenant or lawful occupant that commits a violation of the Lease Agreement.

An individual may satisfy the certification requirement by:

- Providing SFHRC with documentation signed by an employee, agent or volunteer of a victim service provider; an attorney or a medical professional from whom the victim has sought assistance in addressing domestic violence, dating violence sexual assault or stalking, or the effects of abuse, in which the professional attests under penalty of perjury to the professional's belief that the incident or incidents in question are bona fide incidents of abuse, and the victim has signed or attested to the documentation; or
- Producing a federal, state, tribal territorial or local police or court order.

All information provided to SFHRC relating to the fact that the individual is a victim of domestic violence, dating violence or stalking shall be retained in confidence to the extent disclosure is:

- Requested or consented to by the individual;
- Required for use in an eviction proceeding; or
- Otherwise required by applicable law.

Households needing legal counsel for domestic violence, dating violence or stalking issues will be referred to East River Legal Services.