

9.0	<p>Housing Needs.</p> <p>Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p>Based on the Agency's waiting lists and data compiled or surmised from these lists, the need for additional housing for elderly families and families with disabilities is relatively low. For elderly households we have both 1 and 2 bedroom units available. Of the 97 – 1 bedroom units available, we have only 5 people on the waiting list. For the 18 – 2 bedroom units, we have no one on our waiting list.</p> <p>Our greatest need in Ashland is for family housing predominantly 2 and 3 bedroom sizes. Our Section 8 waiting list has over 140 families waiting for 62 Vouchers. Of those 62 Vouchers, our funding permits only about 54 of them to be used. Our Public Housing Homes consist of 16 – 2 bedroom homes with a waiting list of 48 and 20 – 3 bedroom homes with a waiting list of 9. We also have 4 and 5 bedroom homes, but neither has any one on the waiting list.</p>
9.1	<p>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.</p> <p>Our strategy in the past has been to try to address these housing needs with request for additional Vouchers. Not only has there been no NOFA for Vouchers in the last 5 years or so, but funding of the Vouchers we do have has been inadequate. New construction costs have also made building new units cost prohibitive. We continue to encourage developers to build new housing, but the interest from them appears to be only in the area of elderly housing, which for now, in this community, is a saturated market.</p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <ol style="list-style-type: none"> 1) Expand the supply of Assisted Housing by applying for additional rental vouchers and/or acquire/build new units. 2) Increase assisted housing choices by conducting outreach efforts to potential landlords and increasing voucher payment standards 3) Provide an improved living environment by implementing public housing security improvements: more and better outdoor lighting, better police patrolling, implement additional safety devices for hard of hearing 4) Promote self-sufficiency by providing or attracting supportive services to increase independence for the elderly or families with disabilities 5) Ensure equal opportunity and affirmatively further fair housing
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <ol style="list-style-type: none"> (a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. (g) Challenged Elements (h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)

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

PHA Name:
 City of Ashland Housing Authority

Grant Type and Number
 Capital Fund Program Grant No: WIP13150108
 Date of CFRP: _____

Replacement Housing Factor Grant No:

FFY of Grant:
 2008
 FFY of Grant Approval:

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/>	Final Performance and Evaluation Report <input type="checkbox"/>	Total Estimated Cost		Total Actual Cost ¹	
					Original	Revised ²	Obligated	Expended
1	Total non-CFRP Funds							
2	1406 Operations (may not exceed 20% of line 21) ³							
3	1408 Management Improvements							
4	1410 Administration (may not exceed 10% of line 21)		20,000	20,000	20,000	20,000	20,000	
5	1411 Audit		500	500	500	500	500	
6	1415 Liquidated Damages							
7	1430 Fees and Costs		20,000	20,000	20,000	20,000	11,979	
8	1440 Site Acquisition							
9	1450 Site Improvement							
10	1460 Dwelling Structures		187,301	166,504	146,230	101,431		
11	1465.1 Dwelling Equipment—Nonependable							
12	1470 Non-dwelling Structures							
13	1475 Non-dwelling Equipment		0	20,800	0	0		
14	1485 Demolition							
15	1492 Moving to Work Demonstration							
16	1495.1 Relocation Costs							
17	1499 Development Activities ⁴							
18a	1501 Collateralization or Debt Service paid by the PHA							
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment							
19	1502 Contingency (may not exceed 8% of line 20)							
20	Amount of Annual Grant: (sum of lines 2 – 19)		227,801	227,801	186,730	133,410.35		
21	Amount of line 20 Related to LBP Activities							
22	Amount of line 20 Related to Section 504 Activities							
23	Amount of line 20 Related to Security – Soft Costs							
24	Amount of line 20 Related to Security – Hard Costs							
25	Amount of line 20 Related to Energy Conservation Measures							

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFRP Grants for operations.
⁴ 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

Part I: Summary

PHA Name: City of Ashland Housing Authority		Grant Type and Number Capital Fund Program Grant No: WIP-13150108 Date of CRFP: _____		Replacement Housing Factor Grant No: _____		FFY of Grant: 2008	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1)		FFY of Grant Approval: _____	
Line	Summary by Development Account	Original	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹	Expended
Signature of Executive Director		Date	Signature of Public Housing Director				
<i>[Signature]</i>		12/16/09					

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

PHFA Name: City of Ashland Housing Authority	Grant Type and Number Capital Fund Program Grant No: WI39S131501109 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2009 FFY of Grant Approval:
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Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: Summary by Development Account	Reserve for Disasters/Emergencies <input type="checkbox"/> Reserve for Disasters/Emergencies Final Performance and Evaluation Report	Revised Annual Statement (revision no:)		Total Actual Cost ¹ Expended
			Original	Revised ²	
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit	28,000	28,000	28,000	28,000
6	1415 Liquidated Damages	500	0	0	0
7	1430 Fees and Costs				
8	1440 Site Acquisition	20,000	25,750	25,750	21,900.20
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable	239,851	234,601	213,076	0
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ 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
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary

PHA Name:	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: FFY of Grant Approval:
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Type of Grant
 Original Annual Statement
 Performance and Evaluation Report for Period Ending:
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no:)
 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	288,351	288,351	266,826	49,900.20
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director:  Date: 12/16/09
 Signature of Public Housing Director: _____ Date: _____

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ 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
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary

PHA Name: City of Astland Housing Authority	Grant Type and Number Capital Fund Program Grant No.: W139P13150109 Replacement Housing Factor Grant No.: Date of CFP:	FFY of Grant: 2009 FFY of Grant Approval:
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Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	Reserve for Disasters/Emergencies <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Final Performance and Evaluation Report	Revised Annual Statement (revision no:)		Total Actual Cost ¹
			Original	Revised ²	
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit	20,000	22,700	22,700	20,000
6	1415 Liquidated Damages	500	500	500	0
7	1430 Fees and Costs				
8	1440 Site Acquisition	20,000	23,720	23,720	21,228
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable	186,569	180,149	180,149	0
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ 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
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		FFY of Grant: 2009	
PHA Name: City of Ashland Housing Authority	Grant Type and Number Capital Fund Program Grant No: W139P13150109 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval: OMB No. 2577-0226	

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	Expended
		Original	Revised ²		
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	227,069	227,069	227,069	41,228
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date	Signature of Public Housing Director		Date

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFFP Grants for operations.
⁴ 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
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary

PHA Name: City of Ashland Housing Authority	Grant Type and Number Capital Fund Program Grant No: WI39P13150110 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2010 FFY of Grant Approval:
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Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	<input type="checkbox"/> Reserve for Disasters/Emergencies	Original	Revised Annual Statement (revision no:)		Obligated	Total Actual Cost ¹
				Total Estimated Cost	Revised ²		
1	Summary by Development Account						
2	Total non-CFP Funds						
3	1406 Operations (may not exceed 20% of line 21) ³						
4	1408 Management Improvements						
5	1410 Administration (may not exceed 10% of line 21)						
6	1411 Audit		22,000				
7	1415 Liquidated Damages		500				
8	1430 Fees and Costs		22,000				
9	1440 Site Acquisition						
10	1450 Site Improvement		40,000				
11	1460 Dwelling Structures		126,000				
12	1465.1 Dwelling Equipment—Nonexpendable						
13	1470 Non-dwelling Structures						
14	1475 Non-dwelling Equipment		9,500				
15	1485 Demolition						
16	1492 Moving to Work Demonstration						
17	1495.1 Relocation Costs						
17	1499 Development Activities ⁴						

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² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ 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
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		FFY of Grant: 2010	
PHA Name: City of Ashland Housing Authority	Grant Type and Number Capital Fund Program Grant No: W139P13150110 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval:	

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	220,000			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date	Signature of Public Housing Director		Date
<i>[Signature]</i>		12/16/09			

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

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 Expires 4/30/20011

Part I: Summary

PHA Name/Number	Development Number and Name	Work Statement for Year 1 FFY 2010	Locality (City/County & State)		X Original 5-Year Plan Work Statement for Year 4 FFY 2013	Revision No: Work Statement for Year 5 FFY 2014
			Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012		
B.	Physical Improvements Subtotal	145,500		175,500	175,500	175,500
C.	Management Improvements		30,000			
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration		22,000	22,000	22,000	22,000
F.	Other		22,500	22,500	22,500	22,500
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total					

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2001

	Subtotal of Estimated Cost	\$ 145,500	Subtotal of Estimated Cost	\$ 175,500
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Attachment #1 to PHA 5-Year & Annual Plan

Resident Comments

The Residents of Bay Tower met on October 15, 2009 to present their comments for inclusion in the 5 Year and Annual Plan. The residents voiced their ideas below:

- 1) New Stoves. The Agency recommends the purchase of new stoves in 2012.
- 2) Vanities in the bathrooms. Although the Agency believes that this is a good idea for additional storage space, the bathrooms are very small and vanities would take much needed space away from mobility impaired residents.
- 3) Storage space. Again, although we would be pleased to offer additional storage for our residents, there is no space to build lockers, for example in a basement since the buildings were constructed without basements.
- 4) Build a basement so that there will be storage space. Building a basement under an 8 floor High Rise, would be cost prohibitive.
- 5) New Carpeting for Apartments. The Agency carpets apartments at turnover or as needed.
- 6) New Washers & Dryers. Although the Agency contracts these services, we are currently in negotiations with the service company to provide new washers and dryers.

The Residents of Bay Terrace met on November 17, 2009 to present their comments for inclusion in the 5 Year and Annual Plan. The Residents voiced their ideas below:

- 1) Smoke Detectors that strobe. These new smoke detectors will be installed at Bay Terrace in 2011.
- 2) Storage Space. The Agency appreciates the need for storage, but the complex was built "slab on grade" and there is no place to provide this additional storage.
- 3) Air Conditioners. Although the Agency has provided each apartment with an Air Conditioner Sleeve, we do not provide the Air Conditioners. Residents are responsible for providing their own and as Residents leave, their A/C's are generally for sale at very reasonable rates.
- 4) Hand Rails in Hallway. Although handrails currently exist at Bay Terrace, they are the original rails and no longer in compliance with ADA standards. These railings will be replaced in 2011.
- 5) Hallways need to be painted. The hallways are scheduled to be painted in early 2010 as part of the ARRA funding.
- 6) The water tastes bad. The Agency had the water tested, following this meeting and the results of the testing showed no abnormalities.
- 7) Install ceiling fans in each apartment. Residents are welcome to install their own ceiling fans, but it is not a cost incurred by the Agency.

- 8) New Refrigerators. New Refrigerators were installed in Bay Terrace less than 10 years ago and it will be another 10 years before new ones will be purchased.
- 9) Living Room windows are drafty. These windows were installed new about 10 years ago. Residents were advised to keep their drapes closed during periods of extreme cold.
- 10) Drapes in the Entry Lobby. The Agency does not see a need to provide drapes in the entry way. It is not intended as a gathering place and there is a fully draped Community Room for Residents to gather in the evenings.

**PHA Certifications of Compliance
with PHA Plans and Related
Regulations**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
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 X Annual PHA Plan for the PHA fiscal year beginning 4/1/10, 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.

City of Ashland Housing Authority
PHA Name

WI131
PHA Number/HA Code

X 5-Year PHA Plan for Fiscal Years 2010 - 2015

X Annual PHA Plan for Fiscal Years 2010 - 2011

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
Eleanor Teague	Board Chair
Signature	Date
	12-30-2009

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

City of Ashland Housing Authority

Program/Activity Receiving Federal Grant Funding

Capital Fund Program

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.)

319 Chapple Avenue
Ashland, WI 54806

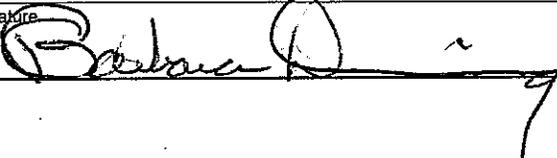
Check here if there are workplaces on file that are not identified on the attached sheets.

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

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

Name of Authorized Official
Barbara Demming

Title
Executive Director

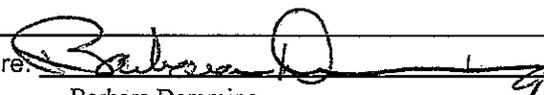
Signature
X 

Date
12/16/09

DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB
0348-0046

1. Type of Federal Action: <input checked="" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input checked="" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: City of Ashland Housing Authority 319 Chapple Avenue Ashland, WI 54806 Congressional District, if known: 8	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: <p style="text-align: center;">N/A</p> Congressional District, if known:	
6. Federal Department/Agency: Department of Housing & Urban Development	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 <i>(if individual, last name, first name, MI):</i> N/A	b. Individuals Performing Services <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i> N/A	
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: <u>Barbara Demming</u> Title: <u>Executive Director</u> Telephone No.: <u>715-682-7066</u> Date: _____	
Federal Use Only:		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

City of Ashland Housing Authority

Program/Activity Receiving Federal Grant Funding
Capital Fund Program

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

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

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

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

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

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

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

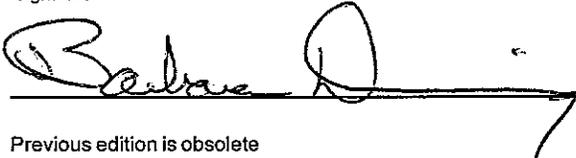
Name of Authorized Official

Barbara Demming

Title

Executive Director

Signature



Date (mm/dd/yyyy)

12/16/2009

Civil Rights Certification

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

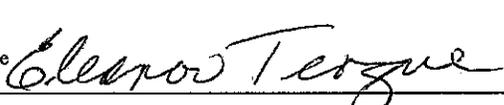
Civil Rights Certification**Annual Certification and Board Resolution**

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.

City of Ashland Housing Authority
 PHA Name

WI131
 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 Eleanor Teague	Title Board Chair
Signature 	Date 12-30-2009

**State of Wisconsin
Department of Commerce
Division of Housing and Community Development**

Wisconsin Consolidated Plan

CERTIFICATION FORM

This form or a HUD authorized equivalent, should be completed by the public housing agency to obtain certification of consistency with the State of Wisconsin Consolidated Plan. The State Department of Commerce, Division of Housing and Community Development will process Certification requests as promptly as possible; however please submit a request as early in the process as you can.

SEND TO:

**Consolidated Plan Certification
Division of Housing and Community Development
Attn: Jeanne Storm
P.O. Box 7970
Madison, WI 53707-7970
PHONE: (608) 264-6110
FAX: (608) 266-5381
TDD: (608) 264-8777**

PART I

- 1) Today's Date: December 18, 2009

- 2) Due Date for Plan Submission to HUD: January 14, 2010

- 3) Public Housing Agency Type: High Performer, Small PHA
(High Performer, Standard Performer,
Troubled Performer, Section 8 Only,
Small PHA)

- 4) Agency Name and Address: City of Ashland Housing Authority
319 Chapple Avenue
Ashland, WI 54806

- 6) Contact Person and Phone Number: Barbara Demming (715) 682-7066

PART II

Certification of Consistency with State of Wisconsin Consolidated Plan

PHA Plan Type *(Select One)*

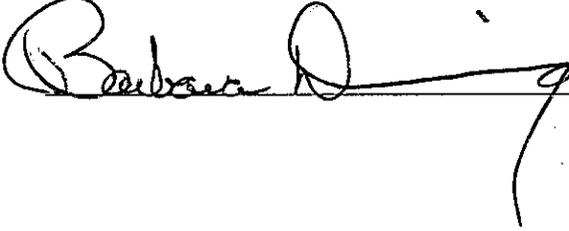
- Standard Annual PHA Plan
- Standard 5-Year/Annual PHA Plan
- Streamlined 5-Year/Annual PHA Plan
- Other: _____

PHA Statement

To the best of our knowledge, the proposed public housing agency plan is consistent with the jurisdiction's current, approved Consolidated Plan. *(Type or clearly print the following information)*

Public Housing Agency Name: City of Ashland Housing Authority

Public Housing Agency Official's Name: Barbara Demming

Public Housing Agency Official's Signature: 

For Division of Housing and Community Development Use Only:

Name of Public Housing Agency Jurisdiction: State of Wisconsin

Certifying Name and Title of Jurisdiction's Consolidated Plan Official: James O'Keefe, Administrator
Division of Housing and Community Development
Department of Commerce

DCD Approval Date: January 6, 2010

DCD Approval Signature: 