



# Lake Metropolitan Housing Authority

2011 Annual Plan

# Streamlined Annual PHA Plan

Fiscal Year 2011

[24 CFR Part 903.12(c)]

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[24CFR 903.7[®]]

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<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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1.0	<b>PHA Information</b> PHA Name: <u>Lake Metropolitan Housing Authority</u> PHA Code: <u>OH025</u> PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>7/2011</u>				
2.0	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>241</u> Number of HCV units: <u>1456</u>				
3.0	<b>Submission Type</b> <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
4.0	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program
	PHA 1: Lake Metropolitan Housing	OH025	Public Housing & HCV		PH 241 HCV 1456
	PHA 2:				
	PHA 3:				
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.				
5.1	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:				
5.2	<b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. <i>The Lake Metropolitan Housing Authority will work to implement a project based voucher program that will provide additional affordable housing opportunities for the residents of Lake County. Following all HUD guidelines, LMHA will be drafting Administrative policies to insure that a project based voucher program is properly constructed and implemented.</i>				
6.0	<b>PHA Plan Update</b> (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.  <i>(a) The Lake Metropolitan Housing Authority has incorporated its Affirmatively Furthering Fair Housing Policy, and has attached for your review.</i>  <i>* All revised elements have been attached</i>  <i>(b) The 5-Year and Annual PHA Plan may be obtained at the Lake Metropolitan Housing Authority Administrative Office located at:          189 First St.          Painesville, OH 44077</i>				
7.0	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> Include statements related to these programs as applicable.  <i>The Lake Metropolitan Housing Authority is proposing to purchase an existing apartment complex located in Willoughby, OH. The development project will be a mixed finance project that will utilize Public Housing Development Grant OH12P025010, combined with a HOME loan from Lake County and a private loan from First Merit Bank. It is anticipated that this mixed finance project will provide an additional 44 units of affordable housing for the residents of Lake County. Current residents of the complex will have the opportunity to apply for continued residency, and relocation assistance and benefits will be provided for all current (and any qualifying former) tenants. Several of these units will be converted to fully ADA compliant housing units that will assist LMHA in meeting the needs of those families with disabilities. The project is contingent and still under review for approval by HUD, however; it is anticipated that the closing date will be on May 2, 2011.</i>				
8.0	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.				

8.1	<p><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.</p> <p style="text-align: center;"><i>See attached</i></p>
8.2	<p><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.</p> <p style="text-align: center;"><i>See attached</i></p>
8.3	<p><b>Capital Fund Financing Program (CFFP).</b></p> <p><input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p>
9.0	<p><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.</p> <p style="text-align: center;"><i>Not Applicable – Small PHA</i></p>
9.1	<p><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></p> <p style="text-align: center;"><i>Not Applicable – Small PHA</i></p>
10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) <b>Progress in Meeting Mission and Goals</b> Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>(b) <b>Significant Amendment and Substantial Deviation/Modification.</b> Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p style="text-align: center;"><i>Not Applicable – Small PHA</i></p>
11.0	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note: Faxed copies of these documents will not be accepted by the Field Office.</b></p> <p>(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)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(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.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

## **6.0 VAWA**

### **PHA Plan Element 13 – Violence Against Women Act (VAWA)**

Lake Metropolitan Housing Authority has provided proper notification to all Low Income Public Housing Program participants of their specific rights under this Act along with a copy of the Federal Register and contact information for reference and further guidance.

Lake Metropolitan Housing Authority has also notified all Housing Choice Voucher Program participants and landlords of this Act and provided them with a copy of the Federal Register and contact information for reference and further guidance.

LMHA will continue to review updates pertaining to this law and our requirements under it. LMHA will also continue to reach out to local agencies for assistance and guidance on verification of acts of domestic violence.

**See Attachments Below**

**NOTIFICATION OF RIGHTS UNDER VIOLENCE AGAINST WOMEN ACT –  
PUBLIC HOUSING MANAGER**

**To:** [Insert name and address of owner/family]

**From:** Lake Metropolitan Housing Authority

A new federal law reauthorizing the Violence Against Women Act (VAWA) provides certain rights and protections to Section 8-assisted tenants and members of their households. This law requires that you be notified of your rights and obligations under its provisions.

**Protections against Eviction or Termination of Assistance**

1. Under VAWA, if an applicant or participant in the Section 8 program is otherwise eligible, the fact that the applicant or participant or immediate family member is or has been a victim of domestic violence, dating violence, or stalking (as these terms are defined in VAWA) is not a basis for denial of program assistance or for denial of admission.

2. VAWA also states that an incident or incidents of actual or threatened domestic violence, dating violence, or stalking:

(a) is not a “serious or repeated” violation of the lease if the tenant or immediate family member is the victim of the incident or incidents of actual or threatened domestic violence, dating violence or stalking; and

(b) is not good cause for terminating the tenant’s assistance, tenancy, or occupancy rights if the tenant or immediate family member is the victim of such actual or threatened domestic violence, dating violence or stalking.

This means that the tenant may not be evicted, nor may his or her assistance be terminated, based on such an incident or incidents of actual or threatened domestic violence, dating violence or stalking where the tenant immediate family member is the victim.

3. In addition, although you may evict a tenant for certain types of criminal activity as provided in the lease, and the housing agency may terminate a household’s assistance in such cases, VAWA states that you may not evict, or terminate tenancy or terminate occupancy rights if the criminal activity is:

(a) directly related to domestic violence, dating violence, or stalking; and

(b) engaged in by a member of the household, or any guest, or another person under the tenant’s control; and

(c) the tenant or the tenant’s immediate family member is the victim or threatened victim of this criminal activity.

## Portability to a New Location

As you may know, Section 8 households in good standing may move to another location after one year of assistance and their assistance will follow them. However, the law does not allow this if the family was in violation of its lease when it moved. VAWA creates an exception when a family has complied with all other Section 8 requirements and moved out in order to protect the health or safety of an individual who:

- (a) was or is the victim of domestic violence, dating violence or stalking, and
- (b) reasonably believed he or she was imminently threatened by harm from further violence if he or she remained in the unit

In these situations, the family will be allowed to port to a new jurisdiction even if it broke the lease by moving out.

## Certification

If you notify a tenant that you intend to terminate the lease based on alleged violations and the tenant claims protection under VAWA, you may request the tenant to provide verification of the domestic violence, dating violence or stalking connected with the alleged lease violations. You do not have to require this verification. However, if you do require it, give a written request to the tenant for the verification, who has at least 14 business days to provide it. If the tenant does not do this, you may proceed with the legal process of terminating the tenancy.

The tenant may verify VAWA protection by:

- (a) completing and delivering to you the HUD certification form (see attached); or
- (b) providing documentation signed and sworn under penalty of perjury by an employee, agent, or volunteer of a victim service provider, an attorney, or a medical professional from whom the victim (the tenant or member of the tenant's immediate family) has sought assistance in addressing domestic violence, dating violence, or stalking or the effects of the abuse; or
- (c) providing a Federal, State, tribal, territorial, or local police or court record.

## Confidentiality

Information the tenant provides to you relating to the fact that the tenant or member of the tenant's household is a victim of domestic violence, dating violence, or stalking must be kept confidential. This information may not be shared or disclosed by you or your agents or employees without the tenant's express written consent except as necessary in an eviction proceeding or as otherwise required by law.

## Limitations

Nothing contained in VAWA:

1. prevents you from terminating a tenancy for any violation not involving domestic violence, dating violence, or stalking. However, in such cases you may not apply any more demanding standard to the tenant than to other Section 8-assisted tenants.

2. prevents you from terminating a tenancy where you demonstrate “an actual and imminent threat to other tenants or those employed at or providing service to the property.” Where you demonstrate such a threat, the tenant will not be protected from termination of tenancy and eviction by VAWA.
3. limits your ability to comply with court orders addressing rights of access to or control of the premises. This includes civil protection orders entered for the protection of the victim or relating to distribution or possession of property.
4. supersedes any Federal, State or local law that provides greater protections than VAWA.

### **Owner or Manager Right to Remove Perpetrator of Domestic Violence**

VAWA also creates authority under Federal law that allows you or your agent/employee to evict, remove, terminate occupancy rights, or terminate assistance to any individual tenant or lawful occupant of the property who engages in criminal acts of physical violence against family members or others. This bifurcation of the lease may be done without evicting or taking any other action adverse to the other lawful occupants remaining in the premises.

### **Definitions**

For purposes of this notice, the following definitions contained in VAWA are applicable:

#### *Domestic Violence:*

includes 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 cohabiting with or has cohabited with the victim as a spouse, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction, or by any other person against an adult or youth victim who is protected from that person’s acts under the domestic or family violence laws of the jurisdiction.” 42 U.S.C. § 13925(a)(6).

#### *Dating Violence:*

means violence committed by a person—

- (A) who is or has been in a social relationship of a romantic or intimate nature with the victim; and
- (B) 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.” 42 U.S.C. § 13925(a)(8).

#### *Stalking:*

(A) (i) to follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate another person; or (ii) to place under surveillance with the intent to kill, injure, harass or intimidate another person; and

(B) in the course of, or as a result of, such following, pursuit, surveillance or repeatedly committed acts, to place a person in reasonable fear of the death of, or serious bodily injury to, or to cause substantial emotional harm to –

- (i) that person;
- (ii) a member of the immediate family of that person; or
- (iii) the spouse or intimate partner of that person.

42 U.S.C. § 1437f(f)(10).

*Immediate Family Member* - with respect to a person –

- (A) a spouse, parent, brother, sister, or child of that person, or an individual to whom that person stands *in loco parentis*; or
- (B) any other person living in the household of that person and related to that person by blood or marriage. 42 U.S.C. § 1437f(f)(11).

### **Further Information**

You may obtain a copy of the housing agency's written policy concerning domestic violence, dating violence, and stalking, from: [insert persons/places]. You are encouraged to consult your legal counsel to develop a suitable written policy of your own that complies with VAWA. You are further encouraged to conduct the necessary training of property management personnel concerning VAWA's requirements.

Please contact [insert contact information] with any questions you may have concerning this notice.

**6.0 (a) Changed Elements:**

**The following are resolutions and amendments to the Admissions and Continued Occupancy Policy of the Lake Metropolitan Housing Authority.**

RESOLUTION NO. 32-2010

**A RESOLUTION AMENDING LAKE METROPOLITAN HOUSING  
AUTHORITY'S ADMISSIONS AND CONTINUED OCCUPANCY POLICY**

**WHEREAS**, the Members of the Lake Metropolitan Housing Authority have found and determined it necessary to amend the Admissions and Continued Occupancy Policy by incorporating the attached addendum (Exhibit "A").

NOW, THEREFORE, BE IT RESOLVED BY THE MEMBERS OF THE LAKE METROPOLITAN HOUSING AUTHORITY, THAT:

SECTION 1. The Admissions and Continued Occupancy Policy of the Lake Metropolitan Housing Authority be and hereby is amended from its existing form to incorporate an addendum which outlines reasonable steps that Lake Metropolitan Housing Authority will take to affirmatively further fair housing in regard to any Public Housing Applicant or Participant.

SECTION 2. It is found and determined that all formal actions of the Lake Metropolitan Housing Authority concerning and relating to the adoption of the Resolution were adopted in an open meeting of the Lake Metropolitan Housing Authority; and that, except as otherwise provided by Section 121.22 of the Ohio Revised Code, all deliberations of the Lake Metropolitan Housing Authority and any of its committees that resulted in such formal actions were in meetings open to the public, in compliance with all legal requirements, including Section 121.22 of the Ohio Revised Code.

SECTION 3. This Resolution shall go into effect at the earliest time allowed under law.

PASSED: August 11, 2010

  
\_\_\_\_\_  
Chairman

ATTEST:

  
\_\_\_\_\_  
Secretary

Resolution 32-2010

Exhibit A

**LAKE METROPOLITAN HOUSING AUTHORITY  
ADMINISTRATIVE PLAN ADDENDUM**

**AFFIRMATIVELY FURTHERING FAIR HOUSING** (24 CFR SECTION 903.7 (o))

This Addendum to the Lake Metropolitan Housing Authority Admissions and Continued Occupancy Policy outlines reasonable steps the Lake Metropolitan Housing Authority will take to affirmatively further fair housing in regard to any Public Housing Applicant or Participant.

- Informing applicants on how to file a fair housing complaint. The toll free number for the Housing Discrimination Hotline and the Federal Information Relay Service number are included in the Admissions and Continued Occupancy Policies and Objectives, Fair Housing Policy. Lake Metropolitan Housing Authority also provides applicants with the HUD Form 903.1 at their lease signing.

The Lake Metropolitan Housing Authority complies with the affirmatively furthering fair housing requirements of 24 CFR Section 903.7(o) by:

- Examining the Lake Metropolitan Housing Authority's programs or proposed programs.
- Identifying any impediments to fair housing choice within those programs.
- Addressing those impediments in a reasonable fashion in view of the resources available.
- Working with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the Lake Metropolitan Housing Authority's involvement; and
- Maintaining records reflecting these analyses and actions.
- Where requested by an individual, refer program participants to supportive services available in the community, but not require eligible applicants or participants to accept support services available within the community. Upon request, staff will refer participants requesting information about resources for covering the cost of structural alterations and other accessibility features to local community agencies that provide services to persons with disabilities.
- Not deny persons who qualify for Public Housing other housing opportunities, or otherwise restrict access to Lake Metropolitan Housing Authority programs to eligible participants who choose not to participate.

RESOLUTION NO. 34-2010

**A RESOLUTION AMENDING CHAPTER 3 OF THE LAKE METROPOLITAN  
HOUSING AUTHORITY'S ADMISSIONS AND CONTINUED OCCUPANCY  
POLICY**

**WHEREAS**, the Members of the Lake Metropolitan Housing Authority have found and determined it necessary to amend Chapter 3 of the Admissions and Continued Occupancy Policy.

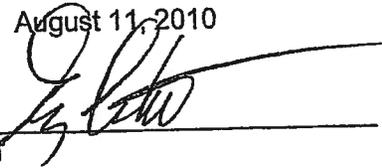
NOW, THEREFORE, BE IT RESOLVED BY THE MEMBERS OF THE LAKE METROPOLITAN HOUSING AUTHORITY, THAT:

SECTION 1. The Admissions and Continued Occupancy Policy of the Lake Metropolitan Housing Authority be and hereby is amended from its existing form to read in such a way that the language to be removed is shown as ~~stricken~~, newly added language is highlighted and shown as **bold** and language to remain retains the existing font and format depicted in Exhibit "A" attached hereto and incorporated herein.

SECTION 2. It is found and determined that all formal actions of the Lake Metropolitan Housing Authority concerning and relating to the adoption of the Resolution were adopted in an open meeting of the Lake Metropolitan Housing Authority; and that, except as otherwise provided by Section 121.22 of the Ohio Revised Code, all deliberations of the Lake Metropolitan Housing Authority and any of its committees that resulted in such formal actions were in meetings open to the public, in compliance with all legal requirements, including Section 121.22 of the Ohio Revised Code.

SECTION 3. This Resolution shall go into effect at the earliest time allowed under law.

PASSED: August 11, 2010

  
\_\_\_\_\_  
Chairman

ATTEST:

  
\_\_\_\_\_  
Secretary

Resolution 34-2010

Exhibit A

Chapter 3

ELIGIBILITY

3-III.D. SCREENING

Screening for Eligibility

PHAs are authorized to obtain criminal conviction records from law enforcement agencies to screen applicants for admission to the public housing program. This authority assists the PHA in complying with HUD requirements and PHA policies to deny assistance to applicants who are engaging in or have engaged in certain criminal activities. In order to obtain access to the records the PHA must require every applicant family to submit a consent form signed by each adult household member [24 CFR 5.903].

The PHA may not pass along to the applicant the costs of a criminal records check [24 CFR 960.204(d)].

PHA Policy

The PHA will perform criminal background checks and credit checks through RentGrow ~~a third party independent contractor that specializes in residential screening. experts in addition, if necessary, through~~ ~~also utilize~~ ~~local law enforcement, residential and local county records for all adult household members.~~ ~~If necessary, LMHA will~~

If the results of the criminal background check indicate there may have been past criminal activity, but the results are inconclusive, the PHA will request a fingerprint card and will request information from the National Crime Information Center (NCIC).

Each adult resident will be required to sign a law enforcement release of information. This allows the agency to discuss any pertinent or necessary information requested by law enforcement or crime fee housing.

PHAs are required to perform criminal background checks necessary to determine whether any household member is subject to a lifetime registration requirement under a state sex offender program in the state where the housing is located, as well as in any other state where a household member is known to have resided [24 CFR 960.204(a)(4)].

If the PHA proposes to deny admission based on a criminal record or on lifetime sex offender registration information, the PHA must notify the household of the proposed action and must provide the subject of the record and the applicant a copy of the record and an opportunity to dispute the accuracy and relevance of the information prior to a denial of admission [24 CFR 5.903(f) and 5.905(d)].

**6.0 (a) Changed Elements:**

**The following are resolutions and amendments to the  
The Administrative Plan  
of the Lake Metropolitan Housing Authority.**

RESOLUTION NO. 20-2010

**A RESOLUTION AMENDING LAKE METROPOLITAN HOUSING  
AUTHORITY'S HOUSING CHOICE VOUCHER ADMINISTRATIVE PLAN**

WHEREAS, the Members of the Lake Metropolitan Housing Authority have found and determined that it is necessary to amend the Housing Choice Voucher Administrative Plan by incorporating the attached addendum (Exhibit "A").

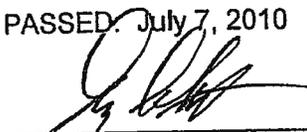
NOW, THEREFORE, BE IT RESOLVED BY THE MEMBERS OF THE LAKE METROPOLITAN HOUSING AUTHORITY, THAT:

SECTION 1. The Housing Choice Voucher Administrative Plan of the Lake Metropolitan Housing Authority be and hereby is amended from its existing form to incorporate an addendum which outlines reasonable steps that Lake Metropolitan Housing Authority will take to affirmatively further fair housing in regard to any vouchers awarded under the Rental Assistance for Non-Elderly Persons with Disabilities Program.

SECTION 2. It is found and determined that all formal actions of the Lake Metropolitan Housing Authority concerning and relating to the adoption of this Resolution were adopted in an open meeting of the Lake Metropolitan Housing Authority; and that, except as otherwise provided by Section 121.22 of the Ohio Revised Code, all deliberations of the Lake Metropolitan Housing Authority and any of its committees that resulted in such formal actions were in meetings open to the public, in compliance with all legal requirements, including Section 121.22 of the Ohio Revised Code.

SECTION 3. This Resolution shall go into effect at the earliest time allowed under law.

PASSED: July 7, 2010

  
\_\_\_\_\_  
Chairman

ATTEST:

  
\_\_\_\_\_  
Secretary

Exhibit "A"

**LAKE METROPOLITAN HOUSING AUTHORITY  
ADMINISTRATIVE PLAN ADDENDUM**

**AFFIRMATIVELY FURTHERING FAIR HOUSING 24 CFR SECTION 903.7 (o)**

This Addendum to the Lake Metropolitan Housing Authority Housing Choice Voucher Administrative Plan outlines reasonable steps the LAKE METROPOLITAN HOUSING AUTHORITY will take to affirmatively further fair housing in regard to any vouchers awarded under the Rental Assistance for Non-Elderly Persons with Disabilities Program.

- Informing applicants on how to file a fair housing complaint. The toll free number for the Housing Discrimination Hotline and the Federal Information Relay Service number are included in the Administrative Plan Statement of Policies and Objectives, Fair Housing Policy. LAKE METROPOLITAN HOUSING AUTHORITY also provides applicants with the HUD Form 903.1 at their briefing.

The LAKE METROPOLITAN HOUSING AUTHORITY complies with the affirmatively furthering fair housing requirements of 24 CFR Section 903.7(o) by:

- Examining the LAKE METROPOLITAN HOUSING AUTHORITY's programs or proposed programs.
- Identifying any impediments to fair housing choice within those programs.
- Addressing those impediments in a reasonable fashion in view of the resources available.
- Working with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the LAKE METROPOLITAN HOUSING AUTHORITY's involvement; and
- Maintaining records reflecting these analyses and actions.
- Where requested by an individual, refer program participants to supportive services available in the community, but not require eligible applicants or participants to accept support services available within the community. Upon request, staff will refer participants requesting information about resources

- for covering the cost of structural alterations and other accessibility features, to local community agencies that provide services to persons with disabilities.
- Not deny persons who qualify for a HCV under this program other housing opportunities, or otherwise restrict access to LAKE METROPOLITAN HOUSING AUTHORITY programs to eligible participants who choose not to participate.
  - Provide housing search assistance by providing lists of any and all available units in Lake County. The LAKE METROPOLITAN HOUSING AUTHORITY advises applicants, participants, and owners that we maintain a list of available units that is updated weekly and available in the lobby of the LAKE METROPOLITAN HOUSING AUTHORITY office. These lists are also available on the LAKE METROPOLITAN HOUSING AUTHORITY website at [www.Lakemha.org](http://www.Lakemha.org).



RESOLUTION NO. 33-2010

**A RESOLUTION AMENDING LAKE METROPOLITAN HOUSING AUTHORITY'S  
HOUSING CHOICE VOUCHER ADMINISTRATIVE PLAN**

WHEREAS, the Members of the Lake Metropolitan Housing Authority have found and determined it necessary to amend the Housing Choice Voucher Administrative Plan by incorporating the attached addendum (Exhibit "A").

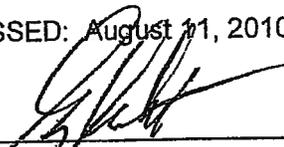
NOW, THEREFORE, BE IT RESOLVED BY THE MEMBERS OF THE LAKE METROPOLITAN HOUSING AUTHORITY, THAT:

SECTION 1. The Housing Choice Voucher Administrative Plan of the Lake Metropolitan Housing Authority be and hereby is amended from its existing form to incorporate an addendum which outlines reasonable steps that Lake Metropolitan Housing Authority will take to affirmatively further fair housing in regard to any vouchers awarded under the Housing Choice Voucher Program.

SECTION 2. It is found and determined that all formal actions of the Lake Metropolitan Housing Authority concerning and relating to the adoption of the Resolution were adopted in an open meeting of the Lake Metropolitan Housing Authority; and that, except as otherwise provided by Section 121.22 of the Ohio Revised Code, all deliberations of the Lake Metropolitan Housing Authority and any of its committees that resulted in such formal actions were in meetings open to the public, in compliance with all legal requirements, including Section 121.22 of the Ohio Revised Code.

SECTION 3. This Resolution shall go into effect at the earliest time allowed under law.

PASSED: August 11, 2010

  
\_\_\_\_\_  
Chairman

ATTEST:

  
\_\_\_\_\_  
Secretary

Exhibit A

**LAKE METROPOLITAN HOUSING AUTHORITY  
ADMINISTRATIVE PLAN ADDENDUM**

**AFFIRMATIVELY FURTHERING FAIR HOUSING (24 CFR SECTION 903.7 (o))**

This Addendum to the Lake Metropolitan Housing Authority Housing Choice Voucher Administrative Plan outlines reasonable steps Lake Metropolitan Housing Authority will take to affirmatively further fair housing in regard to any vouchers awarded in the Housing Choice Voucher Program.

- Informing applicants on how to file a fair housing complaint. The toll free number for the Housing Discrimination Hotline and the Federal Information Relay Service number are included in the Administrative Plan Statement of Policies and Objectives, Fair Housing Policy. Lake Metropolitan Housing Authority also provides applicants with the HUD Form 903.1 at their briefing.

The Lake Metropolitan Housing Authority complies with the affirmatively furthering fair housing requirements of 24 CFR Section 903.7(o) by:

- Examining the Lake Metropolitan Housing Authority's programs or proposed programs.
- Identifying any impediments to fair housing choice within those programs.
- Addressing those impediments in a reasonable fashion in view of the resources available.
- Working with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the Lake Metropolitan Housing Authority's involvement; and
- Maintaining records reflecting these analyses and actions.
- Where requested by an individual, refer program participants to supportive services available in the community, but not require eligible applicants or participants to accept support services available within the community. Upon request, staff will refer participants requesting information about resources for covering the cost of structural alterations and other accessibility features to local community agencies that provide services to persons with disabilities.
- Not deny persons who qualify for a HCV under this program other housing opportunities, or otherwise restrict access Lake Metropolitan Housing Authority programs to eligible participants who choose not to participate.

- Provide housing search assistance by providing lists of any and all available units in Lake County. The Lake Metropolitan Housing Authority advises applicants, participants, and owners that we maintain a list of available units that is updated weekly and available in the lobby of the Lake Metropolitan Housing Authority office. These lists are also available on the Lake Metropolitan Housing Authority website at [www.lakemetrohousing.org](http://www.lakemetrohousing.org).

RESOLUTION NO. 47-2010

**A RESOLUTION AMENDING LAKE METROPOLITAN HOUSING  
AUTHORITY'S HOUSING CHOICE VOUCHER ADMINISTRATIVE PLAN**

WHEREAS, the Members of the Lake Metropolitan Housing Authority have found and determined that it is necessary to amend the Housing Choice Voucher Administrative Plan by incorporating the attached Exhibit A, Chapter 5 Subsidy and Voucher Issuance, and Exhibit B, Chapter 8 Overview of HUD Housing Quality Standards.

NOW, THEREFORE, BE IT RESOLVED BY THE MEMBERS OF THE LAKE METROPOLITAN HOUSING AUTHORITY, THAT:

SECTION 1. The Housing Choice Voucher Administrative Plan of the Lake Metropolitan Housing Authority be and hereby is amended from its existing form to incorporate Exhibit A, 5II(B) Determining Family Unit (Voucher) Size, and Exhibit B, Overview of HUD Housing Quality Standards. Changes from the prior language to the current language are displayed to read in such a way that existing language to be removed is shown as ~~stricken~~, newly added language is highlighted and shown as **bold** and language to remain retains the existing font and format.

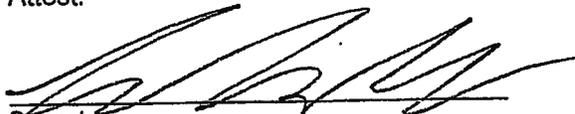
SECTION 2. It is found and determined that all formal actions of the Lake Metropolitan Housing Authority concerning and relating to the adoption of this Resolution were adopted in an open meeting of the Lake Metropolitan Housing Authority; and that, except as otherwise provided by Section 121.22 of the Ohio Revised Code, all deliberations of the Lake Metropolitan Housing Authority and any of its committees that resulted in such formal actions were in meetings open to the public, in compliance with all legal requirements, including Section 121.22 of the Ohio Revised Code.

SECTION 3. This Resolution shall go into effect at the earliest time allowed under law.

Passed: October 13, 2010

  
\_\_\_\_\_  
Chairman

Attest:

  
\_\_\_\_\_  
Secretary

Resolution 47-2010

Exhibit A

Chapter 5, Subsidy and Voucher Issuance

Section 511(B)

- Unless a live-in-aide resides with a family, the family unit size for any family consisting of a single person must be either a zero- or one-bedroom unit, as determined under the PHA subsidy standards.

**LMHA Policy**

The PHA will assign one bedroom for each two persons within the household, except in the following circumstances:

Persons of the opposite sex (other than spouses or **partnerships** and ~~children under age 5~~ **children 5 and older**) will be allocated separate bedrooms.

Live-in aides will be allocated a separate bedroom. **No additional bedrooms will be provided for the live-in aide's family.**

Single person families will be allocated one bedroom.

**An adult family member will not be allocated a separate bedroom with the exception of those listed above and same sex siblings that have 5 years or more difference between their ages.**

The PHA will reference the following chart in determining the appropriate voucher size for a family:

Voucher Size	Persons in Household (Minimum – Maximum)
1 Bedroom	1-2
2 Bedrooms	2-4
3 Bedrooms	3-6
4 Bedrooms	4-8
5 Bedrooms	6-10

## Resolution 47-2010

### Exhibit B

#### Exhibit 8-1: Overview of HUD Housing Quality Standards

Note: This document provides an overview of HQS. For more detailed information see the following documents:

- 24 CFR 982.401, Housing Quality Standards (HQS)
- Housing Choice Voucher Guidebook, Chapter 10.
- HUD approved LMHA Housing Inspection Handbook
- Housing Inspection Manual for Section 8 Housing
- HUD Inspection Form, form HUD-52580 (3/01) and Inspection Checklist, form HUD-52580-A (9/00)

#### **Sanitary Facilities**

The dwelling unit must include sanitary facilities within the unit. □The sanitary facilities must be usable in privacy and must be in proper operating condition and adequate for personal cleanliness and disposal of human waste. All toilets must be secured to the floor, all sinks must have stoppers. All sinks, commode water lines must have shut off valves, unless faucets are wall mounted. The bathroom must have an operable window or an exhaust fan for ventilation or other ventilation system.

#### **Food Preparation and Refuse Disposal**

The dwelling unit must have space and equipment suitable for the family to store, prepare, and serve food in a sanitary manner.

#### **Space and Security**

The dwelling unit must provide adequate space and security for the family. This includes having at least one bedroom or living/sleeping room for each two persons. Dwelling unit shall contain a double cylinder deadbolt lock, or lock which requires a key to exit on exterior doors.

#### **Thermal Environment**

The unit must have a safe system for heating the dwelling unit. Air conditioning is not required but if provided must be in proper operating condition. The dwelling unit must not contain unvented room heaters that burn gas, oil, or kerosene. Portable electric room heaters or kitchen stoves with built-in heating units are not acceptable as a primary source of heat for units located in climatic areas where permanent heat systems are required.

#### **Illumination and Electricity**

Each room must have adequate natural or artificial illumination to permit normal indoor activities and to support the health and safety of occupants. The dwelling unit must have sufficient electrical sources so occupants can use essential electrical appliances.

Minimum standards are set for different types of rooms. Once the minimum standards are met, the number, type and location of electrical sources are a matter of tenant preference. ~~Outlets must be GFCI protected (within 6 ft of any sink edge in any bathroom or kitchen). Outlets which fall into this criteria (kitchen or bathroom) must be grounded or clearly marked "not grounded" or "no equipment ground".~~ **Any outlet must be GFCI protected that is 6 ft from the center line of any sink basin including kitchen, bath or laundry tray. Note: A washer with a wall type drain only, does not require a GFCI outlet.**

RESOLUTION NO. 64-2010

**A RESOLUTION AMENDING LAKE METROPOLITAN HOUSING  
AUTHORITY'S HOUSING CHOICE VOUCHER ADMINISTRATIVE PLAN**

WHEREAS, the Members of the Lake Metropolitan Housing Authority have found and determined that it is necessary to amend the Housing Choice Voucher Administrative Plan by incorporating the attached Exhibit A, Chapter 5 Voucher Size, Exhibit B, Chapter 5 Voucher Term, Exhibit C, Chapter 8 HQS Inspection, Adult Present and Exhibit D, Chapter 11 Interim Procedure.

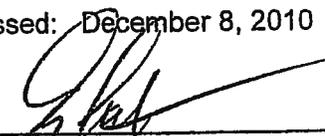
NOW, THEREFORE, BE IT RESOLVED BY THE MEMBERS OF THE LAKE METROPOLITAN HOUSING AUTHORITY, THAT:

SECTION 1. The Housing Choice Voucher Administrative Plan of the Lake Metropolitan Housing Authority be and hereby is amended from its existing form to incorporate Exhibit A, Chapter 5 Voucher Size, Exhibit B, Chapter 5 Voucher Term, Exhibit C, Chapter 8 HQS Inspection, Adult Present and Exhibit D, Chapter 11 Interim Procedure. Changes from the prior language to the current language are displayed to read in such a way that existing language to be removed is shown as ~~stricken~~, newly added language is highlighted and shown as **bold** and language to remain retains the existing font and format.

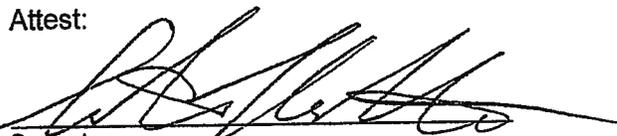
SECTION 2. It is found and determined that all formal actions of the Lake Metropolitan Housing Authority concerning and relating to the adoption of this Resolution were adopted in an open meeting of the Lake Metropolitan Housing Authority; and that, except as otherwise provided by Section 121.22 of the Ohio Revised Code, all deliberations of the Lake Metropolitan Housing Authority and any of its committees that resulted in such formal actions were in meetings open to the public, in compliance with all legal requirements, including Section 121.22 of the Ohio Revised Code.

SECTION 3. This Resolution shall go into effect at the earliest time allowed under law.

Passed: December 8, 2010

  
\_\_\_\_\_  
Chairman

Attest:

  
\_\_\_\_\_  
Secretary

Resolution 64-2010

Exhibit A

- Unless a live-in-aide resides with a family, the family unit size for any family consisting of a single person must be either a zero- or one-bedroom unit, as determined under the PHA subsidy standards.

**LMHA Policy**

The PHA will assign one bedroom for each two persons within the household, except in the following circumstances:

**A single Head of Household will be allocated a one bedroom.**

Persons of the opposite sex (other than spouses or "partnerships") and children age 5 and older of the opposite sex will be allocated separate bedrooms.

Live-in aides will be allocated a separate bedroom. No additional bedrooms will be provided for live-in aids family.

Single person families will be allocated one bedroom.

Any adult family member will not be allocated a separate bedroom with the exception of those listed above and same sex siblings that have 5 years or more difference between their ages.

The PHA will reference the following chart in determining the appropriate voucher size for a family:

<b>Voucher Size</b>	<b>Persons in Household (Minimum – Maximum)</b>
1 Bedroom	1-2
2 Bedrooms	2-4
3 Bedrooms	3-6
4 Bedrooms	4-8
5 Bedrooms	6-10

Exhibit B

**5-II.E. VOUCHER TERM, EXTENSIONS, AND SUSPENSIONS**

**Voucher Term [24 CFR 982.303]**

The initial term of a voucher must be at least 60 calendar days. The initial term must be stated on the voucher [24 CFR 982.303(a)].

**LMHA Policy**

The ~~initial voucher term will be 60 calendar days~~ **120 calendar days**.

The family must submit a Request for Tenancy Approval and proposed lease within the ~~60-day~~ **120 day period unless the PHA grants an extension**.

**Extensions of Voucher Term [24 CFR 982.303(b)]**

The PHA has the authority to grant extensions of search time, to specify the length of an extension, and to determine the circumstances under which extensions will be granted. There is no limit on the number of extensions that the PHA can approve. Discretionary policies related to extension and expiration of search time must be described in the PHA's administrative plan [24 CFR 982.54].

PHAs must approve additional search time if needed as a reasonable accommodation to make the program accessible to and usable by a person with disabilities. The extension period must be reasonable for the purpose.

Resolution 64-2010

Exhibit B

The family must be notified in writing of the PHA's decision to approve or deny an extension. The PHA's decision to deny a request for an extension of the voucher term is not subject to informal review [24 CFR 982.554(c)(4)].

**LMHA Policy**

The PHA will automatically issue the voucher with the full 120-day voucher term.  
~~approve one 30-day extension upon written request from the family.~~  
The PHA will approve additional extensions only in the following circumstances:

~~It is necessary as a reasonable accommodation for a person with disabilities.~~

~~It is necessary due to reasons beyond the family's control, as determined by the PHA. Following is a list of extenuating circumstances that the PHA may consider in making its decision. The presence of these circumstances does not guarantee that an extension will be granted:~~

~~Serious illness or death in the family~~

~~Other family emergency~~

~~Obstacles due to employment~~

~~Whether the family has already submitted requests for tenancy approval that were not approved by the PHA~~

~~Whether family size or other special requirements make finding a unit difficult~~

~~Any request for an additional extension must include the reason(s) an additional extension is necessary. The PHA may require the family to provide documentation to support the request.~~

~~All requests for extensions to the voucher term must be made in writing and submitted to the PHA prior to the expiration date of the voucher (or extended term of the voucher). The PHA will decide whether to approve or deny an extension request within 10 business days of the date the request is received, and will immediately provide the family written notice of its decision.~~

Exhibit B

**Suspensions of Voucher Term [24 CFR 982.303(c)]**

At its discretion, a PHA may adopt a policy to suspend the housing choice voucher term if the family has submitted a Request for Tenancy Approval (RTA) during the voucher term. "Suspension" means stopping the clock on a family's voucher term from the time a family submits the RTA until the time the PHA approves or denies the request [24 CFR 982.4]. The PHA's determination not to suspend a voucher term is not subject to informal review [24 CFR 982.554(c)(4)].

**LMHA Policy**

When a Request for Tenancy Approval and proposed lease is received by the PHA, the term of the voucher will be suspended while the PHA processes the request.

**Expiration of Voucher Term**

Once a family's housing choice voucher term ~~(including any extensions)~~ expires, the family is no longer eligible to search for housing under the program. If the family still wishes to receive assistance, the PHA may require that the family reapply, or may place the family on the waiting list with a new application date but without requiring reapplication. Such a family does not become ineligible for the program on the grounds that it was unable to locate a unit before the voucher expired [HCV GB p. 8-13].

**LMHA Policy**

If an applicant family's voucher term ~~or extension~~ expires before the family has submitted a Request for Tenancy Approval ~~(RTA)~~ **(RFTA)**, the PHA will require the family to reapply for assistance. If ~~an RTA~~ **a RFTA** that was submitted prior to the expiration date of the voucher is subsequently disapproved by the PHA (after the voucher term has expired), the family will be required to reapply for assistance.

Within 10 business days after the expiration of the voucher term ~~or any extension~~, the PHA will notify the family in writing that the voucher term has expired and that the family must reapply in order to be placed on the waiting list.

**8-II.C. ANNUAL HQS INSPECTIONS [24 CFR 982.405(a)]**

**Scheduling the Inspection**

Each unit under HAP contract must have an annual inspection no more than 12 months after the most recent inspection.

**LMHA Policy**

If an adult ~~family member~~ selected by the family (which may include the owner or the agent of the property) cannot be present on the scheduled date, the family should request that the PHA reschedule the inspection. If the PHA and family will agree on a new inspection date that generally should take place within 10 business days of the originally-scheduled date. The PHA may schedule an inspection more than 10 business days after the original date for good cause.

If the family misses the first scheduled appointment without requesting a new inspection date, the PHA will automatically schedule a second inspection. The inspector will leave notice at the unit that he/she arrived on the specified date for the scheduled inspection and the family was unavailable. A copy will also be attached to the inspection report.

Participants who miss (2) HQS inspections either by reschedule, not at home or a combination of both will be considered in violation of their Family Obligations. Violation of Family Obligations may result in termination of the family's assistance in accordance with Chapter 12.

**8-II.D. SPECIAL INSPECTIONS [HCV GB, p. 10-30]**

The PHA will conduct a special inspection if the owner, family, or another source reports HQS violations in the unit.

**LMHA Policy**

During a special inspection, the PHA generally will inspect only those deficiencies that were reported. However, the inspector will record any additional HQS deficiencies that are observed and will require the responsible party to make the necessary repairs.

If the annual inspection has been scheduled or is due within 90 days of the date the special inspection is scheduled the PHA may elect to conduct a full annual inspection.

The individual making the special inspection request or the PHA may cancel the request before the inspections is conducted if the issue has been resolved.

**8-II.E. QUALITY CONTROL INSPECTIONS [24 CFR 982.405(b); HCV GB, p. 10-32]**

HUD requires a PHA supervisor or other qualified person to conduct quality control inspections of a sample of units to ensure that each inspector is conducting accurate and complete inspections and that there is consistency in the application of the HQS.

The unit sample must include only units that have been inspected within the preceding 3 months. The selected sample will include (1) each type of inspection (Initial, annual, and special), (2) inspections completed by each inspector, and (3) units from a cross-section of neighborhoods.

**11-II.C. CHANGES AFFECTING INCOME OR EXPENSES**

Interim reexaminations can be scheduled either because the PHA has reason to believe that changes in income or expenses may have occurred, or because the family reports a change. When a family reports a change, the PHA may take different actions depending on whether the family reported the change voluntarily, or because it was required to do so.

**PHA-Initiated Interim Reexaminations**

PHA-initiated interim reexaminations are those that are scheduled based on circumstances or criteria defined by the PHA. They are not scheduled because of changes reported by the family.

**LMHA Policy**

The PHA will conduct interim reexaminations in each of the following instances:

For families receiving the Earned Income Disallowance (EID), the PHA will conduct an interim reexamination at the start and conclusion of the second 12 month exclusion period (50 percent phase-in period).

If the family has reported zero income, the PHA will conduct an interim reexamination every 3-4 months as long as the family continues to report that they have no income.

**If the family obtains a new source of income such as; new employment, child support, workmen's compensation and unemployment. An interim will not be conducted for pay increases.**

If at the time of the annual reexamination, it is not feasible to anticipate a level of income for the next 12 months (e.g. seasonal or ~~eye~~ sporadic income), the PHA will schedule an interim reexamination to coincide with the end of the period for which it is feasible to project income.

If at the time of the annual reexamination, tenant-provided documents were used on a provisional basis due to the lack of third-party verification, and third-party verification becomes available, the PHA will conduct an interim reexamination.

The PHA may conduct an interim reexamination at any time in order to correct an error in a previous reexamination, or to investigate a tenant fraud complaint.

## Attachments for Section 8.0 – Capital Improvements

### 8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report

See Attached Exhibit A

### 8.2 Capital Fund Program Five-Year Action Plan

See Attached Exhibit B

### 8.3 Capital Fund Financing Program (CFFP)

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: 2008	
PHA Name: Lake Metropolitan Housing Authority		Capital Fund Program Grant No: OH12P025501-08		FFY of Grant Approval: 2008	
Date of CFFP:		Replacement Housing Factor Grant No:			
Type of Grant		Revised Annual Statement (revision no: )		Total Actual Cost <sup>1</sup>	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Revised <sup>2</sup>		Expended	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2009		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Original	Obligated		
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	29,114	29,114	29,114	
3	1408 Management Improvements	7,000		99,000	
4	1410 Administration (may not exceed 10% of line 21)	29,114	29,114	29,114	
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	25,921		20,594.11	
10	1460 Dwelling Structures	150,000		150,000	
11	1465.1 Dwelling Equipment—Nonexpendable	50,000		26,051	
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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

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

<b>Part I: Summary</b>		FFY of Grant: 2008 FFY of Grant Approval: 2008	
<b>PHA Name:</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: OH12P025501-08 Replacement Housing Factor Grant No: Date of CFPP:	
<b>Type of Grant</b>		<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2009 <input type="checkbox"/> Summary by Development Account	
<b>Line</b>	<b>Description</b>	<b>Total Estimated Cost</b>	<b>Total Actual Cost<sup>1</sup></b>
		<b>Original</b>	<b>Obligated</b>
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)	291,149	254,972.11
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
<b>Signature of Executive Director</b>		<b>Signature of Public Housing Director</b>	
		<b>Date</b> 9/2/11	
		<b>Date</b>	

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









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

Part I: Summary		Grant Type and Number Capital Fund Program Grant No: OH12S025501-09 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2009 FFY of Grant Approval: 2009	
PHA Name: Lake Metropolitan Housing Authority		Reserve for Disasters/Emergencies <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2009		<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Original	Revised <sup>1</sup>	Obligated	Total Actual Cost <sup>1</sup> Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	57,925		57,925	20,000
3	1408 Management Improvements	5,000			722
4	1410 Administration (may not exceed 10% of line 21)	28,962			28,962
5	1411 Audit	2,500		2,500	
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	20,000			403
10	1460 Dwelling Structures	139,500			29,714
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	35,741			35,741
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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

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

<b>Part I: Summary</b>		FFY of Grant: 2009 FFY of Grant Approval: 2009	
PHA Name:		Grant Type and Number Capital Fund Program Grant No: OH12S025501-09 Replacement Housing Factor Grant No: Date of CFFP:	
Type of Grant		<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2009 <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost Original	Total Actual Cost <sup>1</sup> Obligated
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)	289,628	175,967
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		Signature of Public Housing Director	
Date		Date	

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









Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 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 Capital Fund Program Grant No: OH12S025501-10 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2010 FFY of Grant Approval:	
PHA Name: Lake Metropolitan Housing Authority		<input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2009		<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Obligated	Total Actual Cost <sup>1</sup>	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	57,731			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	28,865			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	202,058			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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

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

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

<b>Part I: Summary</b>		FFY of Grant: 2010 FFY of Grant Approval: 2010	
PHA Name:	Grant Type and Number Capital Fund Program Grant No: OH12S025501-10 Replacement Housing Factor Grant No: Date of CFFP:		
Type of Grant	<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2010	<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost <sup>1</sup>
		Original	Obligated
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)	288,654	
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		Signature of Public Housing Director	
Date 9.7.11		Date	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.









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

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

<b>Part I: Summary</b>		FFY of Grant: 2011	
PHA Name: Lake Metropolitan Housing Authority		FFY of Grant Approval:	
Grant Type and Number Capital Fund Program Grant No: OH12P025501-11 Replacement Housing Factor Grant No: Date of CFFP:			
<input 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	
Summary by Development Account		Total Estimated Cost	Total Actual Cost <sup>1</sup>
Line		Original	Obligated
1	Total non-CFP Funds		
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	47,665	
3	1408 Management Improvements	5,000	
4	1410 Administration (may not exceed 10% of line 21)	23,832	
5	1411 Audit	2,500	
6	1415 Liquidated Damages		
7	1430 Fees and Costs	14,559	
8	1440 Site Acquisition		
9	1450 Site Improvement		
10	1460 Dwelling Structures	119,767	
11	1465.1 Dwelling Equipment—Nonexpendable		
12	1470 Non-dwelling Structures		
13	1475 Non-dwelling Equipment	25,000	
14	1485 Demolition		
15	1492 Moving to Work Demonstration		
16	1495.1 Relocation Costs		
17	1499 Development Activities <sup>4</sup>		

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

<b>Part I: Summary</b>		<b>FFY of Grant:</b>	
<b>PHA Name:</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant Approval:</b>	
<b>Type of Grant</b>	<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>	<b>Total Actual Cost<sup>1</sup></b>
		<b>Original</b>	<b>Obligated</b> <b>Expended</b>
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)	238,323	
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
<b>Signature of Executive Director</b>		<b>Signature of Public Housing Director</b>	
<i>[Signature]</i>		<i>[Signature]</i>	
<b>Date</b>		<b>Date</b>	
9.7.11		9.7.11	

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









**Capital Fund Program—Five-Year Action Plan**

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

<b>Part I: Summary</b>					
PHA Name/Number and Authority	Work Statement for Year 1 FFY 2011	Work Statement for Year 2 FFY 2012	Work Statement for Year 3 FFY 2013	Work Statement for Year 4 FFY 2014	Work Statement for Year 5 FFY 2015
Locality (City/County & State) Painesville, Lake County Ohio	<input type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:				
A.	Physical Improvements	155,000	155,000	155,000	135,000
B.	Subtotal	30,500	30,500	30,500	10,500
C.	Management Improvements				40,000
D.	PHA-Wide Non-dwelling Structures and Equipment				
E.	Administration	29,000	29,000	29,000	29,000
F.	Other	17,500	17,500	17,500	7,500
G.	Operations	58,000	58,000	58,000	58,000
H.	Demolition				
I.	Development				
J.	Capital Fund Financing – Debt Service				
K.	Total CFP Funds				
L.	Total Non-CFP Funds	290,000	290,000	290,000	290,000
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 4/30/2011

	\$259,500	Subtotal of Estimated Cost
		\$259,500











## Attachments for Section 11.0 – Required Submission for HUD Field Office Review

- 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
- c) Form HUD-50071, Certification of Payments to Influence Federal Transactions
- d) Form SF-LLL, Disclosure of Lobbying Activities
- e) Form SF-LLL-A, Disclosure of Lobbying Activities, Continuation Sheet
- f) Resident Advisory Board (RAB) comments (N/A)
- g) Challenged Elements, Include any element(s) of the PHA Plan that is challenged. (N/A, No challenged elements)
- h) Form HUD-50075.1 Capital Fund Program Annual Statement/Performance and Evaluation Report (Reference Copy, Section 8.1,)
- i) Form HUD-50075.2, Capital Fund Program Five-Year Action Plan (Reference Copy, Section 8.2,)

## Required Submissions for HUD Field Office Review

### Resident Advisory Board Comments

There were no comments from residents concerning changes or alterations to the 2011 PHA Plan. After the advertisement period and request for assistance from LMHA, no resident assistance or input was received.

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

*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the \_\_\_ 5-Year and/or  Annual PHA Plan for the PHA fiscal year beginning July 1, 2011, 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.

Lake Metropolitan Housing Authority

OH025

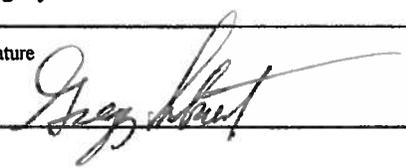
PHA Name

PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 20\_\_ - 20\_\_

xx Annual PHA Plan for Fiscal Years 20<sup>10</sup> - 20<sup>11</sup>

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
Gregory Schmidt	Board Chairman
Signature	Date
	4/13/11

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Lake Metropolitan Housing Authority

Program/Activity Receiving Federal Grant Funding

Low Income Public Housing and Housing Choice Voucher - OH025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.

(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official Steven K. Knotts	Title Executive Director
Signature 	Date 4.13.11

X

## DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB  
0348-0046

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

<b>1. Type of Federal Action:</b> <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input 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 type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known  Congressional District, if known: 4c	<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>	<b>7. Federal Program Name/Description:</b>  CFDA Number, if applicable: _____	
<b>8. Federal Action Number, if known:</b>	<b>9. Award Amount, if known:</b> \$ _____	
<b>10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):</b>	<b>b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):</b>	
<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: _____ Print Name: _____ Title: _____ Telephone No.: _____ Date: _____	
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

NON-APPLICABLE

# Certification of Payments to Influence Federal Transactions

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

Applicant Name

Lake Metropolitan Housing Authority

Program/Activity Receiving Federal Grant Funding

Low Income Public Housing and Housing Choice Voucher Program - OH025

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.

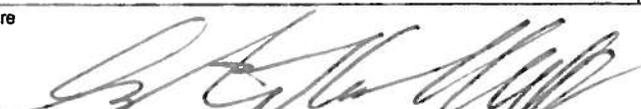
(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this 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 <b>Steven K. Knotts</b>	Title <b>Executive Director</b>
Signature 	Date (mm/dd/yyyy) <b>4.13.11</b>

**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.

Lake Metropolitan Housing Authority

OH025

PHA Name

PHA Number/HA Code

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

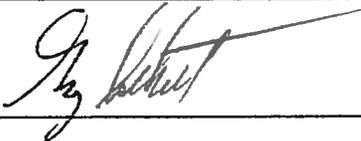
Name of Authorized Official

Gregory J. Schmidt

Title

Board Chairman

Signature



Date

4/13/11

form HUD-50077-CR (1/2009)  
OMB Approval No. 2577-0226

# Notice of Public Meeting Lake Metropolitan Housing Authority Annual Plan Review Monday, March 28, 2011 at...

Source: News-Herald

Category: Events & Notices » Legal & Public Notices

<http://news-herald.kaango.com/ads/view?adid=18432017>

Notice of Public Meeting Lake Metropolitan Housing Authority Annual Plan Review Monday, March 28, 2011 at 9:30 a.m. The meeting will be held at Jackson Towers 200 W. Jackson St. Painesville, OH 44077 The Plan will be available for public review Beginning Wednesday, February 9, 2011 From 8:30 a.m. until 5:00 p.m. at the Administration Building 189 First St. Painesville, OH 44077 1688244/February 8, 2011

**Ad Details:**

Ad ID: 18432017

Created: Feb 8, 2011

Expires: Feb 15, 2011

# AFFIDAVIT OF PUBLICATION

## The News-Herald

7085 MENTOR AVENUE - Willoughby, OHIO 44094

STATE OF OHIO, LAKE COUNTY, ss

Robin Luthanen, being duly sworn, says that she is the designated agent of the News-Herald, a newspaper printed and of general circulation in the Counties of Lake, Geauga, Ashtabula and other districts; and in compliance with sections 7.12 and 5721.1 of the revised code of the State of Ohio amended, effective September 14, 1957; that the attached notice was published

### LAKE METROPOLITAN HOUSING

189 FIRST STREET

PAINESVILLE, OH 44077

Published in the following edition(s):

The News-Herald Daily

02/08/11

Notice of Public Meeting  
Lake Metropolitan  
Housing Authority  
Annual Plan Review  
Monday, March 28, 2011 at  
9:30 a.m. The meeting will  
be held at Jackson Towers  
200 W. Jackson St. Paines-  
ville, OH 44077 The Plan  
will be available for public  
review Beginning Wednes-  
day, February 9, 2011 From  
8:30 a.m. until 5:00 p.m. at  
the Administration Building  
189 First St. Painesville, OH  
44077  
1688244/February 8, 2011

Sworn and subscribed before me this 02/10/2011

*Robin Luthanen*

signature

*Sharon Puncy*

Notary Public

#### Advertisement Information:

Client No: 00352084

Ad No: 1688244

Class 1050 Legal Notices

PO:

Total Units: 17 Lines

Ad Description: NOTICE OF PUBLIC MEETING LAKE METROPOLI

InvNo	Net Invoice	Payments	Balance
NCTR043653	\$39.61	\$0.00	\$39.61
Sum	\$39.61	\$0.00	\$39.61

2011 FEB 15 10 12

RECEIVED BY LMHA

MAIN OFFICE: 440-951-0000 - CIRCULATION 951-NEWS - CLASSIFIED 951-SOLD

Annual Plan Public Meeting  
03/28/11 - Jackson Towers

Name	Address
Erica Peavy	PH Manager
M. Kelly	Operations Manager



## Lake Metropolitan Housing Authority

189 First Street • Painesville, Ohio 44077

440-354-3347 • 440-354-5008 fax



June 21, 2011

To: The News Herald  
Public Notices – Classified  
440-975-2836 and  
[legals@news-herald.com](mailto:legals@news-herald.com)

From: Erica Peavy  
Lake Metropolitan Housing Authority

Please post the attached Public Notice in the Monday, June 27, 2011 edition of The News Herald.

**NOTICE OF PUBLIC MEETING**  
**Lake Metropolitan Housing Authority**  
**Annual Plan Review**

Wednesday, August 10, 2011 at 9:30 a.m.  
The meeting will be held at Jackson Towers  
200 W. Jackson St. Painesville, OH 44077  
The Plan will be available for public review  
Beginning Monday, June 27, 2011  
From 8:30 a.m. until 5:00 p.m. at the  
Administration Building  
189 First St.  
Painesville, OH 44077

Thank you,

Erica Peavy  
Public Housing Manager, LMHA  
440.354.3347 ext. 30

