

PHA 5-Year and Annual Plan

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

**OMB No. 2577-0226
Expires 4/30/2011**

1.0	PHA Information					
	PHA Name: <u>Housing Authority of Jackson County</u>		PHA Code: <u>OR015</u>			
	PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8)					
	PHA Fiscal Year Beginning: (MM/YYYY): <u>01/2012</u>					
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above)					
	Number of PH units: _____		Number of HCV units: <u>1871</u>			
3.0	Submission Type					
	<input type="checkbox"/> 5-Year and Annual Plan		<input checked="" type="checkbox"/> Annual Plan Only		<input type="checkbox"/> 5-Year Plan Only	
4.0	PHA Consortia <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	
					PH	HCV
	PHA 1:					
	PHA 2:					
	PHA 3:					
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.					
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:					
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.					

PHA Plan Update

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

1. Pg. 19 Section 3.2 D Social Security Number Documentation

Change the whole first paragraph to the following: "Prior to Admission. Every family member regardless of age must provide the HAJC with a complete and accurate Social Security Number unless they do not contend eligible immigration status. New family members must provide this verification prior to being added to the lease. If the new family member is under the age of six and has not been assigned a Social Security Number, the family shall have ninety (90) calendar days after starting to receive the assistance to provide a complete and accurate Social Security Number. The HAJC may grant one ninety (90) day extension for newly-added family members under the age of six if in its sole discretion it determines that the person's failure to comply was due to circumstances that could not have reasonable been foreseen and was outside the control of the person.

If a person is already a program participant and has not disclosed his or her Social Security Number, it must be disclosed at the next re-examination or re-certification.

Participants aged 62 or older as of January 31, 2010 whose initial eligibility determination was begun before January 31, 2010 are exempt from the required disclosure of their Social Security Number. This exemption continues even if the individual moves to a new assisted unit.

The best verification of the Social Security Number is the original Social Security card. If the card is not available, the Housing Authority of Jackson County will accept an original document issued by a federal or state government agency, which contains the name of the individual and the Social Security Number of the individual, along with other identifying information of the individual or such other evidence of the Social Security Number as HUD may prescribe in administrative instructions.

6.0 If a member of an applicant family indicates they have a Social Security Number, but cannot readily verify it, the family cannot be assisted until verification is provided. If the Social Security Number of each household member cannot be provided to the Housing Authority of Jackson County within Fourteen (14) days of it being requested, the family shall lose its place on the waiting list and removed from the waiting list.

If an individual fails to provide the verification within the time allowed, the family will be denied assistance or will have their assistance terminated. The Housing Authority may grant one ninety (90) day extension from termination if in its sole discretion it determines that the person's failure to comply was due to circumstances that could not have reasonable been foreseen and there is a reasonable likelihood that the person will be able to disclose a Social Security Number by the deadline."

2. Pg. 16 Section 2.3 K Crime by Household Members

Add after last sentence: "Or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises. The use of medical marijuana is not included in this ban."

Pg. 19 Section 3.2 D Social Security Number Documentation

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If a member of an applicant family indicates they have a Social Security Number, but cannot readily verify it, the family cannot be assisted until verification is provided. If the Social Security Number of each household member cannot be provided to the Housing Authority of Jackson County within Fourteen (14) days of it being requested, the family shall lose its place on the waiting list and removed from the waiting list.

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(Additional revisions since last Annual Plan submission have been attached to this document)

3. Pg. 18 Section 3.2 F Suitability for Tenancy

The 2nd paragraph should read: "The Housing Authority of Jackson County will check with the State sex offender registration program and will ban for life any individual who is registered as a lifetime sex offender. The Housing Authority of Jackson will check with our state registry and if the applicant has resided in another State(s), with that State(s)'s list. The Housing Authority of Jackson County will utilize the U.S. Department of Justice's Dru Sjodin National Sex Offender web site as an additional resource. The Dru Sjodin National Sex Offender Database is an online, searchable database, hosted by the Department of Justice, which combines the data from individual state sex offender registries."

4. Pg. 21 Section 4.2 Taking Applications

The 4th paragraph add the following as the last sentence. "Applications can also be obtained on our website. www.hajc.net."

5. Pg. 23 Section 4.4 Families nearing the top of the waiting list

First paragraph after the 1st sentences add as 2nd & 3rd paragraph: "Applicants will be provided the opportunity to complete the information on form HUD-92006, Supplement to Application for Federally Assisted Housing. The form gives applicants the option to identify an individual or organization that the Housing Authority of Jackson County may contact and the reason(s) the individual or organization may be contacted. The applicants, if they choose to provide the additional contact information, must sign and date the form.

If the applicant chooses to have more than one contact person or organization, the applicant must make clear to the Housing Authority of Jackson County the reason each person or organization may be contacted. The Housing Authority of Jackson County will allow the applicant to complete a form HUD-92006 for each contact and indicating the reason the Housing Authority of Jackson County may contact the individual or organization. For example, the applicant may choose to have a relative as a contact for emergency purposes and an advocacy organization for assistance for tenancy purposes.

Those applicants who choose not to provide the contact information should check the box indicating that they "choose not to provide the contact information" and sign and date the form."

6. Pg. 31 Section 6.2 T Packet

Add as new section "S" " Applicants will also be given the opportunity to update their HUD Form-92006 if applicable and if they so desire."

7. Pg. 39 Section 7.3 Restrictions on Moves

Add as second paragraph: "When a Family moves and has left the unit damaged above normal wear and tear. We will ask the Landlord for documentation (copies of the final accounting and pictures that was sent to the tenant) for the tenant file. Upon receipt, the family will receive a written warning and a counseling session that this is a violation of their family obligations and if this type of violation reoccurs they will be terminated from the program. When the family moves again and causes documented damage to a unit they will then have their assistance terminated."

8. Pg. 40 Section 7.3 Restrictions on Moves

Add to 2nd to last paragraph: "this does not apply when the family or a member of the family is or has been the victim of domestic violence, dating violence, or stalking and the move is needed to protect the health or safety of the family or family member."

9. Pg. 40 Section 7.3 Restrictions on Moves

Add to 2nd to last paragraph: "this does not apply when the family or a member of the family is or has been the victim of domestic violence, dating violence, or stalking and the move is needed to protect the health or safety of the family or family member."

10. Pg. 40 Section 8.4 A (5) Portability Procedures

Delete the word "and" from the first sentence and inserting the following clause to the end of the first sentence: "and a copy of the family's voucher."

11. Pg. 43 Section 8.4 D(b) Portability Billing

Add after 80% the following: "or a negotiated amount that both housing authorities agree to."

12. Pg. 53 Section 10.4 Verification of Social Security Numbers

Add to 3rd paragraph after last sentence. "This exemption continues even if the individual moves to a new assisted unit."

13. Pg.54 Section 10.4 Verification of Social Security Numbers

Add as 1st sentence to the 5th paragraph: "If a member of an applicant family indicates they have a Social Security Number, but cannot readily verify it, the family cannot be assisted until verification is provided."

14. Pg. 54 Section 10.6 Frequency of Obtaining Verification

Delete first and last sentence of 3rd paragraph: (Paragraph should read) "For each family member, verification of Social Security number will be obtained only once. This verification will be accomplished prior to admission. When a family member who did not have a Social Security number at admission receives a Social Security number, that number will be verified at the next regular reexamination."

15. Pg. 63 Section 11.4 Maximum Subsidy

Revised whole section: " the payment standard adopted by the Housing Authority of Jackson County or over 100% of the Fair Market Rent that has been approved by HUD determines the maximum subsidy for a family.

For the Housing Choice Voucher Program, the minimum payment standard will be 90% of the FMR and the maximum payment standard will be 110% of the FMR without prior approval from HUD, or the exception payment standard approved by HUD.

For a voucher tenancy in an insured or non-insured 236 project, a 515 project of the Rural Development Administration, a Section 202 or 811 project, or a Section 221(d)(3) below market interest rate project the maximum subsidy may not exceed the basic rent charged including the cost of tenant-paid utilities. Furthermore, if any of the units also receive the benefit of a State, local, or federal housing subsidy (e.g., Section 8 project-based housing assistance payments contract), they are ineligible units under the HCV program.”

For manufactured home space rental, the maximum subsidy under any form of assistance is the Fair Market Rent for the space as outlined in 24 CFR 982.888.”

16. Pg. 63 Section 11.4.1 Setting the Payment Standard

Revised whole section as follows: “The Statute requires that the payment standard be set by the Housing Authority of Jackson County at between 90 and 110% of the FMR without HUD’s prior approval. The Housing Authority of Jackson County will review its determination of the payment standard annually after publication of the FMRs. The Housing Authority of Jackson County will consider vacancy rates and rents in the market area, size and quality of units leased under the program, rents for units leased under the program, success rates of housing choice voucher holders in finding units, and the percentage of annual income families are paying for rent under the Voucher Program. If it is determined that success rates will suffer or that families are having to rent low quality units located only in poverty-impacted neighborhoods, or pay over 40% of income for rent, the payment standard may be raised to the level judged necessary to alleviate these hardships. The objective is to allow families a reasonable selection of modest, decent, and safe housing in a range of neighborhoods.

The Housing Authority of Jackson County may establish a higher payment standard (although still within 110% of the published fair market rent) as a reasonable accommodation for a family that includes people with disabilities. With approval of the HUD Field Office, the payment standard can go to 120%.

If a higher payment standard is needed as a reasonable accommodation, the Housing Authority of Jackson County shall submit the following to HUD:

- A. Note whether the family is an applicant or participant family.
 - B. The number of household members including a live-in aide(s).
 - C. The voucher size the family is issued under the PHA(s) subsidy standards or any exception to those standards granted through a reasonable accommodation request; e.g., as a reasonable accommodation, a single-person family may be issued a two-bedroom voucher due to a need to store medical equipment.
 - D. The FMR for the voucher size or unit size, whichever is smaller.
 - E. When either the disability or the need for the requested accommodation is not known or readily apparent, a statement from a health care provider regarding the need for the reasonable accommodation and the features of the unit (which may include its location) which meet that person(s) needs.
 - F. The contract rent and utility allowance for the unit.
 - G. A statement from the PHA that it has determined the rent for the unit is reasonable, and that the unit has the feature(s) required to meet the needs of the person with disabilities as noted in the statement from the health care provide where such a statement is necessary (see E. above).
 - H. The household(s) monthly adjusted income.
 - I. Proposed effective date of the new lease or actual effective date of the lease renewal.
- Payment standards will not be raised solely to allow the renting of luxury units.

If success levels are projected to be extremely high and rents are projected to be at or below 30% of income, the Housing Authority of Jackson County will reduce the payment standard. Payment standards for each bedroom size are evaluated separately so that the payment standard for one bedroom size may increase or decrease while another remains unchanged. The Housing Authority of Jackson County may consider adjusting payment standards at times other than the annual review when circumstances warrant.

Before increasing any payment standard, the Housing Authority of Jackson County will deduct a financial feasibility test to ensure that in using the higher standard, adequate funds will continue to be available to assist families in the program.”

17. Pg. 57 Section 11.4.2 A Selecting the Correct Payment Standard for a Family

Add to A: “Housing Choice Voucher”

1. The payment standard for the family unit size; or
2. The payment standard for the unit size rented by the family.”

18. Pg. 58 Section 11.4.3 Area Exception Rents

Add to first paragraph last sentence: “the exception payment standard area(s) may not contain more than 50% of the population of the FMR area.”

19. Pg. 64 Section 12.2 B 1 Owner Responsibility for HQS

Add as new sections: “B. Oregon law requires carbon monoxide alarms to be installed following specific House Bill 3450 implementation date of.

7. July 1, 2010 for all new rental agreements, landlords must provide properly functioning carbon monoxide alarms for rental dwelling units with; or within a structure containing, a carbon monoxide source.
8. April 1, 2011 Landlords must provide properly functioning carbon monoxide alarms for all rental dwelling units with, or within a structure containing a carbon monoxide source.”

20. Pg. 75 Section 12.5 A. Time Frames and Corrections of HQS Fail Items.

Add to second paragraph after the first sentence: “An extension up to an additional 30 (thirty) calendar days will be granted for severe weather conditions (see Section D of this section)”.

21. Pg. 79 Section 14.0 Recertification

Change 14.1 Recertification to "General" (renumber everything that follows):

"Also, during the recertification, each household shall be asked whether any member is subject to the lifetime registration requirement under a state registration program. The Housing Authority of Jackson County will verify this information using the Dru Sjodin National Sex Offender Database and document this information in the same method used at admission. For any admissions after June 25, 2001 (the effective date of the Screening and Eviction for Drug Abuse and Other Criminal Activity final rule), if the recertification screening reveals that the tenant or a member of the tenant's household is subject to a lifetime sex offender registration requirement, or that the tenant has falsified information or otherwise failed to disclose his or her criminal history on their application and/or recertification forms, the Housing Authority of Jackson County will pursue termination of the household.

If a family is about to be terminated from housing based on the criminal check or the sex offender registration program, the applicant will be informed of this fact and given an opportunity to dispute the accuracy of the information before the termination occurs."

22. Pg. 79 Section 14.1.1 Annual Reexamination

"The Annual Reexamination Packet needs to be returned to the Housing Authority of Jackson County's office at 2251 Table Rock Road within their deadline."

23. Pg. 79 Section 14.1 E. Family Break-Up

Add as second paragraph: "If the family break-up results from an occurrence of domestic violence, dating violence, or stalking, the Housing Authority of Jackson County will ensure that the victim retains assistance. The factors to be considered in making this decision include:

3. Whether family members were forced to leave the unit as a result of actual or threatened domestic violence, dating violence, or stalking.
4. Whether any of the family members are receiving protection as victims of domestic violence, dating violence, or stalking".

24. Pg. 85 Section 15.0 Termination of Assistance to the Family by the Housing Authority of Jackson County

Add new section R: "Have a household member whose pattern of illegal drug use interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents. The members of the household may not engage in drug-related criminal activity, other violent criminal activity or right to peaceful enjoyment of other residents and person residing in the immediate vicinity of the premises. The use of medical marijuana is not included in this ban."

25. Pg. 85 Section 15.1 (The EIV's Deceased Tenant Report) of the Section 8 Administrative Plan.

Add whole new paragraph: "If it is a single member household, notify the owner in writing of the deceased Head Of Household and suspend HAP payments for any month following the month in which the death occurred. If the property is occupied by a live-in-aide to the deceased person, the assistance will end and the landlord and aide must decide on the future of the aide's tenancy.

If an owner received HAP for any month in which the owner was ineligible to receive HAP because of a deceased tenant, the Housing Authority of Jackson County will immediately notify the owner in writing of the ineligible HAP and require the owner to repay the overpayment within 30 days. If the owner does not comply, the HAJC will deduct the amount due to the Agency from any amounts due to the owner under any other HAP contract. If there is no other HAP contract with the owner, the Housing Authority of Jackson County may seek and obtain additional relief by judicial order or action in accordance with state and local laws."

26. Pg. 94 Section 17.1 D Violence Against Women Act (VAWA) Protections

Add as last sentence: "This is provided that neither subjects such a tenant to a more demanding standard that other tenants in making the determination whether to evict, or to terminate assistance or occupancy rights."

27. Pg. 94 Section 17.1 Violence Against Women Act (VAWA) Protections

Add to the end of section 17.1 E: "An actual and imminent threat consists of a physical danger that is real, would occur within an immediate timeframe, and could result in death or serious bodily harm. In determining whether an individual would pose an actual and imminent threat, the factors to be considered include: the duration of the risk, the nature and severity of the potential harm, the likelihood that the potential harm will occur, and the length of time before the potential harm would occur."

28. Pg. 108 Section 17.2 Verification of Domestic Violence, Dating Violence or Stalking

Add the following to the end of the last sentence in this section: "The submission of false information may be the basis for the termination of assistance or for eviction."

29. Pg. 95 Section 17.2 C Verification of Domestic Violence, Dating Violence of Stalking

Add as new paragraph C: "Managing confliction documentation. In cases where the Housing Authority of Jackson County receives confliction certification documents from two or more members of a household, each claiming to be a victim and naming one or more of the other petitioning household members as the perpetrator, the Housing Authority of Jackson County may determine which is the true victim by requiring third-party documentation as described in 24 CFR 5.2007 and in accordance with any HUD guidance as to how such determinations will be made.

The Housing Authority of Jackson County shall honor any court orders addressing rights of access or control of the property, including civil protection orders issued to protect the victim and issued to address the distribution or possession of property among the household."

30. Pg. 96 Section 17.2 D Verification of Domestic Violence, Dating Violence or Stalking

Add as new paragraph D: "The family or a member of the family is or has been the victim of domestic violence, dating violence, or stalking, as provided in 24 CFR part 5, subpart L, and the move is needed to protect the health or safety of the family or family member. The Housing

Authority will not terminate assistance if the family, with or without prior notification to the housing authority, already moved out of a unit in violation of the lease, if such move occurred to protect the health or safety of a family member who is or has been the victim of domestic violence, dating violence, or stalking and who reasonable believed he or she was imminently threatened by harm from further violence if he or she remained in the dwelling unit.”

31. Pg. 181 Section 29 Cost Saving Possibilities

Delete 4th (fourth) paragraph and add the following as 4th (fourth) paragraph: “There shall be one basic principle that will guide the Housing Authority of Jackson County in implementing any or all of these options – what must the Housing Authority of Jackson County do to assist the maximum number of eligible people in a quality Housing Choice Voucher Program while maintaining the fiscal integrity of the program. The Housing Authority shall endeavor to protect elderly and disabled families from significant impact (defined as loss of one’s Housing Choice Voucher) but recognizes that what is feasible is dependent on the amount of funding provided to the program.”

32. Pg. 182 Section 29.0 F Cost Saving Possibilities

Add the following to the end of 29 F: The Housing Authority of Jackson County will notify the HUD Field Office in writing that it is denying a portability move.

1. A financial analysis that demonstrates insufficient funds are projected to meet the current calendar year projection of expenses. The projection must not include vouchers that have been issued but are not yet under contract.
2. A statement certifying the Housing Authority of Jackson County has ceased issuing vouchers and will not admit families from their waiting list while the limitation on moves to a higher cost unit is in place.
3. A copy of this Section 8 Administrative Plan stating how the Housing Authority of Jackson County will address families who have been denied moves.

If a family is denied a portability request due to lack of funding it shall be so notified in writing when the denial is made. The letter shall include the period the family(s) request to move shall remain active for six (6) months and they will be notified by mail when funds become available.”

33. Pg. 183 Section 29.0 P Cost Saving Possibilities

Add as new section P: “If financial circumstances dictate, the Housing Authority of Jackson County may deny the right of a participant to move within the jurisdiction of the Housing Authority of Jackson County to a portion of the jurisdiction that has a higher payment standard than the portion of the jurisdiction the participant currently lives in if the Housing Authority of Jackson County has insufficient funds to pay the higher subsidy amounts.

The same HUD notification requirements as in the preceding paragraph apply. Also, if a family is denied a move within the jurisdiction due to lack of funding, it shall be so notified in writing when the denial is made. The letter shall include the period the family(s) request to move shall remain active for 6 (six) months and will be notified by a letter when funds become available.”

34. Pg. 189 Glossary

Add definition: “50058 Form: The HUD form that housing authorities are required to complete and electronically submit to HUD for each assisted household in public housing to record information used in the certification and re-certification process and, at the option of the housing authority, for interim reexaminations. Housing Authorities must retain at a minimum the last three years of the form 50058, and supporting documentation, during the term of each assisted lease, and for a period of at least three years from the end of participation date. Electronic retention of form HUD 50058 and HUD 50058-FSS and supporting documentation fulfills the record retention requirement.”

35. Pg. 225 Glossary

Add definition: “VAWA means the Violence Against Women and Department of Justice Reauthorization Act of 2005 (Pub. L. 109-162, approved August 28, 2006), as amended by the U.S. Housing Act of 1937 (42 U.S.C. 1427d and 42 U.S. 1437f).”

- (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.

Housing Authority of Jackson County
2251 Table Rock Road
Medford OR 97501

13. Violence Against Women Act (VAWA):

HAJC has implemented the Violence Against Women Act and will not deny program assistance to or terminate the assistance of an individual who is or has been a victim of domestic violence, dating violence, sexual assault or stalking because of charges or information linked to that violence. HAJC will refer clients to Dunn House through Community Works if such acts of violence have occurred or will occur to keep our clients safe. HAJC has provided training to staff on domestic violence and notified landlords in the community of the change in law.

7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i>
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <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. Attached
8.2	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. Attached
8.3	Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.

Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.

**Housing Problems Output for All Households Jurisdiction: Jackson County, Oregon Source of Data: CHAS Data Book
Date of Current as of: 2000 Renters**

Household by Type, Income & Housing Problem	Elderly 1 & 2 Member Households	Small Related (2 to 4)	Large Related (5 or more)	All Other Households	Total Renters
	A	B	C	D	E
1. Household Income <= 50% MFI	2,122	3,092	689	3,049	8,952
2. Household Income <= 30% MFI	863	1,603	259	1,780	4,505
3. % with any housing problems	57.7	81.9	95.8	72.5	74.5
4. % Cost Burden >30%	57.7	81.3	88.8	72.5	73.7
5. % Cost Burden >50%	46.9	73.6	75.3	65.2	65.3
6. Household Income > 30% to <50 % MFI	1,259	1,489	430	1,269	4,447
7. % with any housing problems	63.5	84.6	90.7	82.3	78.5
8. % Cost Burden >30%	61.9	51.2	73.3	80.8	74.8
9. % Cost Burden >50%	40.9	25.8	16.3	33.9	31.5
10. Household Income >50 to <=80% MFI	843	2,350	650	1,730	5,573
11. % with any housing problems	62	48.3	68.5	50	53.3
12. Cost Burden >30%	59.2	39.4	23.8	48	43.2
13. % Cost Burden >50%	26.6	1.9	0	5.5	6.5
14. Household Income >80% MFI	1,509	4,055	965	2,835	9,364
15. % with any housing problems	32.1	10.5	36.3	9.5	16.3
16. % Cost Burden >30%	29.4	5.4	3.1	7.1	9.5
17. % Cot Burden >50%	14.5	0	0	0	2.3
18. Total Households	4,474	9,497	2,304	7,614	23,889
19. % with any housing problems	51.5	43.5	62.5	45.6	47.5
20. % Cost Burden >30	49.6	38.5	31.7	43.9	41.7
21. % Cot Burden >50	30.5	16.9	11.5	22.1	20.6

9.0

HAJC Housing Needs of Families on PHA's Waiting List-Reported by Head of Household

TYPE % AMI	SECTION 8 < 50%	MOD & PROJECT BASED < 50%	HOME < 80%	TAX CREDIT < 60%	TOTAL ON WAITING LIST
	# Fam/%	#Fam/%	#Fam/%	#Fam/%	#Fam/%
Male	1,225 29.9	693 40.0	228 31.0	191 20.0	2,337 32.0
Female	3,022 71.0	1,078 60.0	507 69.0	345 80.0	4,952 68.0
Elderly	388 9.0	155 8.0	76 10.0	24 5.0	643 8.0
Disabled	1095 25.0	563 31.0	185 25.0	82 18.0	1,925 26.0
White	3,480 81.0	1,443 81.0	593 80.0	343 70.0	5,859 80.0
Black/AfAm	150 3.0	78 4.0	28 3.0	14 3.0	270 3.0
Asian	72 1.0	34 1.0	14 1.0	13 2.0	133 1.0
Native American/AK Native	181 4.0	78 .04	22 2.0	19 4.0	300 4.0
Nat. Hawaiian/Pacific Island	15 .03	4 .29	0 0	1 0	20 .03
Hispanic/Latino	506 11.0	183 10.0	79 10.0	58 13.0	826 11.0
Total Person Count	4,247	1,771	735	436	7,289
*Estimate based on acutal tenant population. Applicants have multiple race categories.					

9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p> <ol style="list-style-type: none"> 1. Continue development and acquisition of affordable housing. 2. Apply for new HCV as they become available from HUD. 3. Joint ventures with non-profits in our area to provide permanent housing for the homeless.
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>Apply for additional rental vouchers: Will apply as made available through Owner Opt Outs (Enhanced Vouchers), NOFA's and the VASH program.</p> <p>Reduce public housing vacancies: N/A</p> <p>Leverage private or other public funds...: The Canterbury project in the City of Medford will be complete by the end of 2011. Canterbury is an LIHTC project with 48 units and project based vouchers are being utilized. Cherry Creek Phase I is also an LIHTC project that just received funding from OHCS and is in the development process. It will consist of 50 units.</p> <p>Acquire or build units or developments: See the Canterbury and Cherry Creek projects listed above. In addition, the Housing Authority is in the process of purchasing Sunny Slope apartments in Rogue River. This is a 36 unit, Rural Development Section 515 Elderly/Disabled project being purchased as an acquisition rehab project. While the rehab is minimal due to the excellent condition of the property, there will be some minor rehabilitation done to update the property.</p> <p>Improve SEMAP Score: Received a score of 98% in 2010, will continue working toward a High Performer status in the upcoming year</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p>Significant Amendment: The agency will not require a full public hearing nor HUD review unless the change will have a negative impact on the households participating in the program.</p>

11.0 Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. **Note:** Faxed copies of these documents will not be accepted by the Field Office.

- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations* (which includes all certifications relating to Civil Rights)
- (b) Form HUD-50070, *Certification for a Drug-Free Workplace* (PHAs receiving CFP grants only)
- (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions* (PHAs receiving CFP grants only)
- (d) Form SF-LLL, *Disclosure of Lobbying Activities* (PHAs receiving CFP grants only)
- (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet* (PHAs receiving CFP grants only)
- (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.
- (g) Challenged Elements
- (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report* (PHAs receiving CFP grants only)
- (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan* (PHAs receiving CFP grants only)

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 3/31/2014

Part I: Summary

PHA Name: Housing Authority of
 Jackson County

Grant Type and Number
 Capital Fund Program Grant No: OR16P01550116
 Replacement Housing Factor Grant No:
 Date of CFFP:

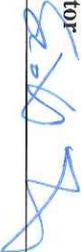
FFY of Grant: 2010
 FFY of Grant Approval: 2010

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2011	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no:)		Total Actual Cost ¹
			Original	Revised ²	
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³		81,465	0	0
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)		9,051	0	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonependable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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

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

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 3/31/2014

Part I: Summary		FFY of Grant: 2010	
PHA Name: Housing Authority of Jackson County		FFY of Grant Approval: 2010	
Grant Type and Number Capital Fund Program Grant No: ORI6P01550110 Replacement Housing Factor Grant No: Date of CFFP:			
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
		Original	Revised ²
		Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	90,516	0
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director: 		Date: 9/28/11	Signature of Public Housing Director
			Date

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

RESOLUTION 2011-12

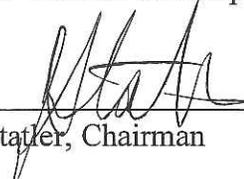
AUTHORIZING SIGNING OF PHA CERTIFICATIONS OF COMPLIANCE

WHEREAS, the final rule for Public Housing Agency Plans proposed on October 21, 1999 required that the Housing Authority of Jackson County ("Housing Authority") submit a 5 year plan and an annual plan, and

WHEREAS, it is the desire of the Housing Authority to submit the annual plan for 2012 and sign the required "PHA Certification of Compliance with the PHA Plans and Related Regulations," now therefore

BE IT RESOLVED by the Board of Commissioners of the Housing Authority of Jackson County that Chairman John Statler be authorized to sign the PHA Certification of Compliance with the PHA Plans and Related Regulations to be submitted to HUD with the annual plan for 2012.

DATED: September 21, 2011



John Statler, Chairman

ATTEST:



Scott Foster, Secretary



HOUSING AUTHORITY OF JACKSON COUNTY

2251 TABLE ROCK ROAD MEDFORD OR 97501

PH/TDD (541) 779-5785

FAX (541) 857-1118

HOUSING AUTHORITY OF JACKSON COUNTY ANNUAL PLAN FOR 2012

Date: August 1, 2011

To: Family Self-Sufficiency Participants

From: Brenda Brickey, Office Manager

The Housing Authority of Jackson County (Housing Authority) is in the process of completing the annual Public Housing Agency Plan (the Plan) for the year 2012. The Plan is designed to guide the Housing Authority's HUD funded programs and capital improvements to public housing.

HUD encourages residents to form an Advisory Board for the purpose of assisting in the creation of the Plan and for reviewing changes to the Plan. Such a group does not exist at this time to assist the Housing Authority. In the absence of a Resident Advisory Board, the Housing Authority is required by HUD to appoint the Resident Advisory Board members from participants of the Housing Authority programs. The decision was made to appoint the participants of the Family Self-Sufficiency Program. Your name will be included in the list of Resident Advisory Board members attached to the Plan.

Staff has completed a draft form of the Plan for 2012. After a 45-day review period, the Housing Authority will hold a Public Hearing on September 14, 2011. If you wish to participate, you may review the Plan during normal business hours at the Housing Authority's offices located at 2251 Table Rock Road from August 1, 2011 to September 14, 2011. You may also attend the Public Hearing to be held on September 14, 2011 at 11:00 AM at 2231 Table Rock Road, Medford, Oregon. Meeting will be conducted in the large conference room at this address.

This is a good opportunity to learn more about the Housing Authority and to influence its direction for the future. If you have questions or comments, please feel free to contact me at 541-779-5785 x1014. Your comments in person or in writing would be most appreciated.

Thank you



Submit Plan Checklist – PHA Plans

How do you know if your plan is complete? Use the following checklist to ensure the PHA Plan is complete and ready for submission:

<i>Place an "X" or √ in this column for items completed</i>		<i>Standard and Troubled 5-Year/Annual 50075</i>	<i>High Performers, Section 8 Only 50075</i>
X	1.0 PHA Information	X	X
	C. 5-Year Plan completed (when due)	X	X
X	2.0 Inventory	X	X
X	3.0 Submission Type	X	X
	4.0 PHA Consortia	Optional	Optional
	5.1 Mission (when 5-Year Plan due)	X	X
	5.2 Goals and Objectives (when 5-Year Plan due)	X	X
X	6.0 PHA Plan Update	X	X
	7.0		
	HOPE VI	If applicable	If applicable
	Mixed Finance Mod/Development	If applicable	If applicable
	Demo/Disposition	If applicable	If applicable
	Mandatory or Voluntary Conversion	If applicable	If applicable
	Homeownership Programs	If applicable	If applicable
	Project-based Vouchers	If applicable	If applicable
	8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report	If applicable	If applicable
	8.2 Capital Fund Five-Year Action Plan	If applicable	If applicable
	8.3 Capital Fund Financing Program (CFFP)	If applicable	If applicable
X	9.0 Housing Needs	X	5-Year Plan Only
X	9.1 Strategy for Addressing Housing Needs	X	5-Year Plan Only
X	10.0 Additional Information	X	5-Year Plan only
	11.0 Required Submissions, if applicable	X	

	Required Certifications signed and submitted to Local HUD Field Office	
	<i>Certification of Compliance with PHA Plan and Related Regulations</i> Form HUD-50077	X
	If applying for Capital Funds: Form HUD-50070, <i>Drug-Free Workplace</i> Form HUD-50071, <i>Payments to Influence Federal Transactions</i> Forms SF-LLL and SF-LLLa, <i>Lobbying Activities</i>	X
	RAB comments received and addressed	X

List of Supporting Documents Available for Local Review
(Applicable to All PHA Plan Types)

Indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

Applicable & On Display	Supporting Document	Applicable Plan Component
x	Form HUD-50077, <i>Standard PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual PHA Plans.</i>	Standard 5-Year and Annual Plans Streamlined 5-Year Plans
x	Form HUD-50076, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the Streamlined Annual PHA Plan</i> , including required PHA certification and assurances for policy and program changes since last Annual Plan.	Streamlined Annual Plans
x	State/Local Government Certification of Consistency with the Consolidated Plan	5-Year and Annual Plans 5-Year Streamlined Plans
x	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5-Year and Annual Plans
x	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments (AI) to Fair Housing Choice); and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
x	Housing Needs Statement of the Consolidated Plan for the jurisdiction(s) in which the PHA is located and any additional backup data to support statement of housing needs for families on the PHA's public housing and Section 8 tenant-based waiting lists.	Streamlined Annual Plan: Housing Needs
n/a	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
n/a	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan (TSAP) and the Site-Based Waiting List Procedure.	Annual Plan: Eligibility, Selection, and Admissions Policies
x	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
n/a	Deconcentration Income Analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
n/a	Any policy governing occupancy of Police Officers and Over-Income Tenants in Public Housing. <input type="checkbox"/> Check here if included in the public housing A&O Policy.	Annual Plan: Eligibility, Selection, and Admissions Policies
n/a	Public housing rent determination policies, including the methodology for setting public housing flat rents. <input type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
n/a	Schedule of flat rents offered at each public housing development. <input type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
x	Section 8 rent determination (payment standard) policies (if included in plan, not necessary as a supporting document) and written analysis of Section 8 payment standard policies. x <input type="checkbox"/> Check here if included in the Section 8 Administrative Plan.	Annual Plan: Rent Determination
n/a	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation).	Annual Plan: Operations and Maintenance
n/a	Results of latest Public Housing Assessment System (PHAS) assessment (or other applicable assessment).	Annual Plan: Management and Operations
n/a	Follow-Up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary).	Annual Plan: Operations and Maintenance and Community Service and Self-Sufficiency
x	Results of latest Section 8 Management Assessment System (SEMAP).	Annual Plan: Management and Operations
x	Any policies governing any Section 8 special housing types x <input type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Management and Operations

List of Supporting Documents Available for Local Review

(Applicable to All PHA Plan Types)

Indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

Applicable & On Display	Supporting Document	Applicable Plan Component
n/a	Public housing grievance procedures <input type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Grievance Procedures
x	Section 8 informal review and hearing procedures x <input type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Grievance Procedures
x	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement/Performance and Evaluation Report (form HUD-52837) for the active grant year	Annual Plan: Capital Needs
n/a	Most recent CIAP Budget/Progress Report (form HUD-52825) for any active CIAP grant	Annual Plan: Capital Needs
n/a	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
x	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. See Notice 99-52 (HA).	
n/a	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
n/a	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
n/a	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the U.S. Housing Act of 1937, or Section 33 of the U.S. Housing Act of 1937.	Annual Plan: Conversion of Public Housing
X	Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion.	Annual Plan: Voluntary Conversion of Public Housing
n/a	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
X	Policies governing any Section 8 Homeownership program (Section 23 of the Section 8 Administrative Plan).	Annual Plan: Homeownership
n/a	Public Housing Community Service Policy/Programs <input type="checkbox"/> Check here if included in the public housing A & O Policy.	
n/a	Cooperative agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies.	Annual Plan: Community Service & Self-Sufficiency
X	FSS Action Plan/s for public housing and/or Section 8.	Annual Plan: Community Service & Self-Sufficiency
n/a	Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing.	
n/a	Most recent self-sufficiency (ED/SS, TOP, or ROSS or other resident services grant) grant program reports for public housing.	Annual Plan: Community Service & Self-Sufficiency
n/a	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G). <input type="checkbox"/> Check here if included in the public housing A & O Policy.	
x Submitted & under review	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
n/a	Consortium agreements and certifications that agreements are in compliance with 24 CFR Part 943 pursuant to an opinion of counsel on file and available for inspection.	Joint PHA Plans for Consortia
n/a	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)



HOUSING AUTHORITY OF JACKSON COUNTY

2251 TABLE ROCK ROAD MEDFORD OR 97501

PH/TDD (541) 779-5785

FAX (541) 857-1118

September 29, 2011

Mr. Chad Trepinski
HUD
400 S.W. 6th Avenue, Suite 700
Portland, OR 97204

RE: ANNUAL PHA PLAN FOR 2012-CERTIFICATIONS

Dear Mr. Trepinski:

Enclosed are the following original certifications in connection with the submittal of the Annual PHA Plan for 2012 for the Housing Authority of Jackson County:

- Resolution 2011-12 Authorizing Signing of PHA Certifications of Compliance
- PHA Certifications of Compliance with PHA and Related Regulations
- Civil Rights Certification
- Certification for a Drug-Free Workplace
- Certification of Payments to Influence Federal Transactions
- Disclosure of Lobbying Activities
- Certification of Consistency signed by Rick Crager of the State of Oregon
- Certification of Consistency signed by Gary H. Wheeler of the City of Medford
- Certification of Consistency signed by Martha Bennett of the City of Ashland

Copies of the forgoing are also being filed electronically with HUD as required.

Please let me know if you need something else from us.

Thank you for your time.

Sincerely,

Brenda Brickey
Office Manager

Phone: 541-779-5785 x1014

Email: Brenda@hajc.net



**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 01/2012 _____, 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.

Housing Authority of Jackson Count

OR015

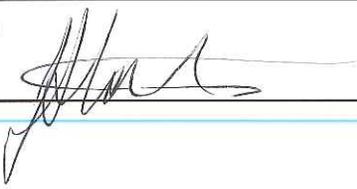
PHA Name

PHA Number/HA Code

_____ 5-Year PHA Plan for Fiscal Years 20____ - 20____

X _____ Annual PHA Plan for Fiscal Years 20¹²____ - 20____

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
John Statler	Chairman
Signature	Date
	09/21/2011

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.

Housing Authority of Jackson County

OR015

 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

John Statler

Title

Chairman

Signature



Date

09/21/2011

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Housing Authority of Jackson County

Program/Activity Receiving Federal Grant Funding

Captial Fund

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Name of Authorized Official

Scott Foster

Title

Executive Director

Signature



Date

9/28/11

X

Certification of Payments to Influence Federal Transactions

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

Applicant Name

Housing Authority of Jackson County

Program/Activity Receiving Federal Grant Funding

Capital Fund

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 Scott Foster	Title Executive Director
Signature 	Date (mm/dd/yyyy) 9/28/11

DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB
0348-0046

(See reverse for public burden disclosure.)

1. Type of Federal Action: <input checked="" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input checked="" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known: 4c	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:	
6. Federal Department/Agency: U.S Department of Housing and Urban Development	7. Federal Program Name/Description: Capital Fund CFDA Number, if applicable: _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$ On going	
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):	b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: <u></u> Print Name: <u>Scott Foster</u> Title: <u>Executive Director</u> Telephone No.: <u>541-779-5785</u> Date: <u>9/28/11</u>	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

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

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

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

I, Rick Crager the Acting Director certify that the Five Year and
Annual PHA Plan of the Housing Authority of Jackson County is consistent with the Consolidated Plan of
the State of Oregon prepared pursuant to 24 CFR Part 91.

RC

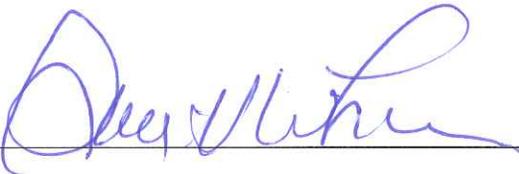
Signed / Dated by Appropriate State or Local Official

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

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

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

I, Gary H. Wheeler the Mayor of Medford certify that the Five Year and Annual PHA Plan of the Housing Authority of Jackson County is consistent with the Consolidated Plan of the City of Medford, Oregon prepared pursuant to 24 CFR Part 91.



Signed / Dated by Appropriate State or Local Official

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

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

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

I, Martha Bennett the City Administrator certify that the Five Year and
Annual PHA Plan of the Housing Authority of Jackson County is consistent with the Consolidated Plan of
the City of Ashland, Oregon prepared pursuant to 24 CFR Part 91.



Signed / Dated by Appropriate State or Local Official