

<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>
-----------------------------------	---	--

<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>Klamath Housing Authority</u> PHA Code: <u>OR017</u> PHA Type: <input checked="" type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>01/01/2012</u>																										
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>59</u> Number of HCV units: <u>751 +25 VASH</u>																										
<b>3.0</b>	<b>Submission Type</b> <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only																										
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																										
	<table border="1"> <thead> <tr> <th rowspan="2">Participating PHAs</th> <th rowspan="2">PHA Code</th> <th rowspan="2">Program(s) Included in the Consortia</th> <th rowspan="2">Programs Not in the Consortia</th> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	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:					
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:																											
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.																										
<b>5.1</b>	<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: The mission of Klamath Housing Authority is to provide low income people in Klamath and Lake counties with the opportunities to obtain affordable housing and achieve self-sufficiency.																										
<b>5.2</b>	<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. <ol style="list-style-type: none"> <li>Expand the supply of assisted housing. KHA has received 25 VASH vouchers, successfully leased up a new 36 unit tax credit project, built and operates 8 units of housing for homeless mentally ill with state funding, offered state subsidized short term rental assistance programs and partnered with a non-profit to distribute HPRP funds in the community.</li> <li>Improve the quality of assisted housing. SEMAP scores have been 100 last two years, REAC physical inspections score is up 11 points.</li> <li>Increase assisted housing choices. KHA has increased the Payments Standards.</li> <li>Provide an improved living environment. KHA is installing surveillance cameras at all sights, and upgraded and added security fences where needed. KHA has also promoted and encouraged citizen's watch groups. KHA has also worked with local police agencies to have a frequent presence on housing sites.</li> <li>Promote self-sufficiency and asset development of families and individuals. KHA has applied to receive VASH case-management funds to assist local homeless veterans.</li> </ol>																										
<b>6.0</b>	<b>PHA Plan Update</b> (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: No elements have been revised. (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. The public may obtain copies of the 5-Year and Annual PHA Plan at our main office: Klamath Housing Authority 1445 Avalon St Klamath Falls, OR 97603																										
<b>7.0</b>	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i>  Not applicable																										
<b>8.0</b>	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.																										
<b>8.1</b>	<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.  <b>Attached</b>																										
<b>8.2</b>	<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.  <b>Attached</b>																										

8.3	<p><b>Capital Fund Financing Program (CFFP).</b>  <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.  <b>Not Applicable</b></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>There are 1472 families on the Section 8 waiting list, 84% are extremely low-income, 41% are families with children, 47% are families with disabilities, and 21% are elderly families.</p> <p>There are 30 families on the Public Housing waiting list. 88% are extremely low-income, 89% are families with children, 11% are families with disabilities, and 3% are elderly families.</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>Klamath Housing Authority had 100% voucher utilization in the HCV program, for 2010. The vacancy rate for Public Housing has been higher this year than in the past. We have seen a huge amount of turn-over, which has caused the units to be vacant as they wait for maintenance and new paint. In interviews with departing clients we have learned that many are leaving the area in search of jobs. Klamath County's unemployment rate has been around 12% for most of 2011. KHA has used this opportunity to perform major work items and repaint units, as our REAC scores were low. We will continue to advertise to get the units leased as soon as they are turned over. KHA just finished building 8 units of housing for homeless mentally ill clients. KHA also partnered in a 36 unit tax credit project which is in its first year of lease-up.</p>
10.0	<p><b>Additional Information.</b> 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>KHA continues to make significant progress in providing housing for low-income residents. The Public Housing vacancy rate continues to be less than 2%, and voucher utilization is at 100%. KHA has applied for VA-VASH case management monies to help facilitate 100% utilization of the VASH vouchers. KHA was granted state money to build 8 units of housing for homeless, mentally ill clients. KHA, in partnership with a developer was awarded 36 units of tax credit funding. Both projects were completed by the end of 2010.</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 – Modifications to the Annual Plan that are included within the 5-year plan will have board approval if over \$25,000. Emergency modifications/amendments that cannot wait until the next planning process will have Board Approval. Any non-emergency work modifications not included in the 5-year annual plan will require a public hearing and HUD review. Substantial Deviation – Any major change will have Board approval and be subject to comment from the public, unless an emergency with a cost of over \$25,000 arises and cannot wait until the next annual/5-year plan is developed.</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:</b> Faxed copies of these documents will not be accepted by the Field Office.</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.  NO COMMENTS RECEIVED</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>
------	--

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

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

**Part I: Summary**

PHA Name: Klamath Housing Authority	Grant Type and Number Capital Fund Program Grant No: OR16P01750112 Replacement Housing Factor Grant No: Date of CFFP: 2012	FFY of Grant: 2012 FFY of Grant Approval: 2012
--	---	---

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no: ) <input type="checkbox"/>	Final Performance and Evaluation Report <input type="checkbox"/>	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
					Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds							
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				26,000			
3	1408 Management Improvements				5,000			
4	1410 Administration (may not exceed 10% of line 21)				6,000			
5	1411 Audit				5,000			
6	1415 Liquidated Damages							
7	1430 Fees and Costs							
8	1440 Site Acquisition							
9	1450 Site Improvement				10,000			
10	1460 Dwelling Structures				15,000			
11	1465: 1 Dwelling Equipment—Nonexpendable							
12	1470 Non-dwelling Structures				30,000			
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>		<b>FFY of Grant: 2011</b>	
<b>PHA Name:</b> Klamath Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: OR16P01750111 Replacement Housing Factor Grant No: Date of CFFP: 2011	<b>FFY of Grant Approval: 2011</b>	

Type of Grant  
 Original Annual Statement       Reserve for Disasters/Emergencies  
 Performance and Evaluation Report for Period Ending:       Revised Annual Statement (revision no: )  
 Final Performance and Evaluation Report

Line	Summary by Development Account	Original	Total Estimated Cost	Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup>	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)		90,000				
21	Amount of line 20 Related to LBP Activities						
22	Amount of line 20 Related to Section 504 Activities						
23	Amount of line 20 Related to Security - Soft Costs						
24	Amount of line 20 Related to Security - Hard Costs						
25	Amount of line 20 Related to Energy Conservation Measures						
Signature of Executive Director 		Date	Signature of Public Housing Director		Date		
		9-27-2011					

<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		Locality (City/County & State)			<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.	Development Number and Name OR01700000109D	Work Statement for Year 1 FFY __2012__	Work Statement for Year 2 FFY __2013__	Work Statement for Year 3 FFY __2014__	Work Statement for Year 4 FFY __2015__	Work Statement for Year 5 FFY __2016__
B.	Physical Improvements Subtotal	Annual Statement	48,000	48,000	48,000	48,000
C.	Management Improvements		5,000	5,000	5,000	5,000
D.	PHA-Wide Non-dwelling Structures and Equipment		0	0	0	0
E.	Administration		6,000	6,000	6,000	6,000
F.	Other		5,000	5,000	5,000	5,000
G.	Operations		26,000	26,000	26,000	26,000
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total		90,000	90,000	90,000	90,000











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>		<b>PHA Name:</b> Klamath Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: OR16P01750111 Replacement Housing Factor Grant No: Date of CFFP: 2011		<b>FFY of Grant: 2011</b> <b>FFY of Grant Approval: 2011</b>	
------------------------	--	---	--	--	--	---	--

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2011	Reserve for Disasters/Emergencies <input type="checkbox"/>	Original	Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report		Obligated	Total Actual Cost <sup>1</sup>	
				Total Estimated Cost	Revised <sup>2</sup>		Expended	
1	Total non-CFP Funds							
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>		30,917					
3	1408 Management Improvements		5,000					
4	1410 Administration (may not exceed 10% of line 21)		5,500					
5	1411 Audit		5,000					
6	1415 Liquidated Damages							
7	1430 Fees and Costs		2,500					
8	1440 Site Acquisition							
9	1450 Site Improvement							
10	1460 Dwelling Structures		10,000					
11	1465.1 Dwelling Equipment—Nonexpendable							
12	1470 Non-dwelling Structures		35,000					
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>		<b>FFY of Grant: 2011</b>	
<b>PHA Name:</b> Klamath Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: OR16P01750111 Replacement Housing Factor Grant No: Date of CFFP: 2011	<b>FFY of Grant Approval: 2011</b>	

Type of Grant  
 Original Annual Statement  
 Reserve for Disasters/Emergencies  
 Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending:  
 Final Performance and Evaluation Report

Line	Summary by Development Account	Original	Total Estimated Cost	Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup>	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)	93,917					
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: 9-27-2011  
 Signature of Public Housing Director: \_\_\_\_\_ 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**

PHA Name: Klamath Housing Authority	Grant Type and Number Capital Fund Program Grant No: OR16P01750110 Replacement Housing Factor Grant No: Date of CFFP: 2010	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: 6/30/2011	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	Total Estimated Cost		Obligated	Total Actual Cost <sup>1</sup> Expended
				Original	Revised <sup>2</sup>		
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>		0				
3	1408 Management Improvements		5,000		2,790.64		2,790.64
4	1410 Administration (may not exceed 10% of line 21)		5,000	4,000	0		0
5	1411 Audit		5,000	5,000	0		0
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—Nonexpendable						
12	1470 Non-dwelling Structures		75,000	95,645	75,000		75,000
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	
PHA Name: Klamath Housing Authority	Grant Type and Number Capital Fund Program Grant No: OR16P01750110 Replacement Housing Factor Grant No: Date of CEFP: 2010	FFY of Grant Approval: 2010	

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	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)	109,645	109,645	77,790.64	77,790.64
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date	Signature of Public Housing Director		Date
		11-22-11			

<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.

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 II: Supporting Pages		Grant Type and Number		Federal FFY of Grant: 2010					
PHA Name: Klamath Housing Authority		Capital Fund Program Grant No: OR16P01750110		Replacement Housing Factor Grant No:					
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work			
PHA-wide	Operations	1406		Original 19,645	Revised <sup>1</sup> 0	Funds Obligated <sup>2</sup> 2,790.64	Funds Expended <sup>2</sup> 2,790.64	on-going	
	Management Improvements	1408		5,000	5,000				
	Training - Capital Funds, Maintenance	1410		5,000	4,000	0	0		
	Administration	1411		5,000	5,000	0	0	Sep/Oct	
	Audit	1450		0	0	0	0		
	Site Improvements	1450		0	0	0	0		
	Site Improvements Sub-total	1470		1	75,000	95,645	75,000	75,000	Oct completion
	Non-Dwelling Structures	1470			75,000	95,645	75,000	75,000	
	Laundry/Community Room	1470			75,000	95,645	75,000	75,000	
	Non-Dwelling Structures Sub-total	1470			75,000	95,645	75,000	75,000	
	Total Funding Amount			109,645	109,645	77,790.45	77,790.45		

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.



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>		<b>Grant Type and Number</b> Capital Fund Program Grant No: OR16P01750109 Replacement Housing Factor Grant No: Date of CFFP:	
<b>PHA Name:</b> Klamath Housing Authority		<b>FFY of Grant 2009</b> FFY of Grant Approval: 2009	

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2011	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no: 1 ) <input type="checkbox"/>	Final Performance and Evaluation Report <input type="checkbox"/>	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
					Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				0			
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>		20,768		11,000	20,768	20,768	
3	1408 Management Improvements		8,114		6,097	8,114	8,114	
4	1410 Administration (may not exceed 10% of line 21)		2,267		3,000	2,267	2,267	
5	1411 Audit		4,000		5,000	4,000	4,000	
6	1415 Liquidated Damages							
7	1430 Fees and Costs		2,909		2,910	2,909	2,909	
8	1440 Site Acquisition							
9	1450 Site Improvement		6,364		16,132	6,364	6,364	
10	1460 Dwelling Structures		18,000		18,000	18,000	16,698	
11	1465.1 Dwelling Equipment—Nonexpendable		6,348		12,000	6,348	6,348	
12	1470 Non-dwelling Structures		42,362		36,993	42,362	42,362	
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>		<b>FFY of Grant: 2009</b>
<b>PHA Name:</b> Klanath Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: OR16P01750109 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant Approval: 2009</b>

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	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)	111,132	111,132	111,132	109,830
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				

Type of Grant  
 Original Annual Statement  
 Reserve for Disasters/Emergencies  
 Revised Annual Statement (revision no: )  
 Final Performance and Evaluation Report

Performance and Evaluation Report for Period Ending: 6/30/2011

Signature of Executive Director  


Date  
 11-22-11

Signature of Public Housing Director  
 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 II: Supporting Pages</b>		<b>Grant Type and Number</b>		<b>Federal FFY of Grant: 2009</b>	
PHA Name:		Capital Fund Program Grant No: OR16P01750109			
Klamath Housing Authority		CHFP (Yes/No):			
		Replacement Housing Factor Grant No:			

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA-Wide	<b>Operations</b>	<b>1406</b>		<b>11,000</b>	<b>20,768</b>	<b>20,768</b>	<b>20,768</b>	
	Staff Training	1408		6,097	8,114	8,114	8,114	
	<b>Management Improvements Sub-Total</b>	<b>1408</b>		<b>6,097</b>	<b>8,114</b>	<b>8,114</b>	<b>8,114</b>	
	<b>Administration</b>	<b>1410</b>		<b>3,000</b>	<b>2,267</b>	<b>2,267</b>	<b>2,267</b>	
	<b>Audit</b>	<b>1411</b>		<b>5,000</b>	<b>4,000</b>	<b>4,000</b>	<b>4,000</b>	
	<b>Fees &amp; Costs</b>	<b>1430</b>		<b>2,910</b>	<b>2,909</b>	<b>2,909</b>	<b>2,909</b>	
<b>OR01700000109D</b>	<b>Site Improvements</b>	<b>1450</b>	All Sites					
	Landscaping			16,132	6,364	6,364	6,364	complete
	<b>Site Improvements Sub-Total</b>	<b>1450</b>		<b>16,132</b>	<b>6,364</b>	<b>6,364</b>	<b>6,364</b>	
	Dwelling Structures	1460						
	Floors		6	18,000	18,000	18,000	16,698	In process
	<b>Dwelling Structures Sub-Total</b>	<b>1460</b>		<b>18,000</b>	<b>18,000</b>	<b>18,000</b>	<b>16,698</b>	
	Dwelling Equipment	1465						
	Refrigerators		20	12,000	6,348	6,348	6,348	
	<b>Dwelling Equipment Sub-Total</b>	<b>1465</b>			<b>6,348</b>	<b>6,348</b>	<b>6,348</b>	
	Non-Dwelling Structures							
	Equipment Shed		1	36,993	42,362	42,362	42,362	complete
	<b>Non-Dwelling Structures</b>	<b>1470</b>		<b>36,993</b>	<b>42,362</b>	<b>42,362</b>	<b>42,362</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.





## VAWA Statement

Klamath Housing Authority fully supports the VAWA legislation. It is our commitment to support victims of domestic violence in any way possible. We work hand in hand with the Klamath Crisis Center and the Department of Human Services to ensure that all victims are treated fairly, and we strive to make sure that they are housed in decent and safe housing.

**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 \_\_\_\_\_, 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.

Klamath Housing Authority      OR017  
 PHA Name      PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 2012 - 2016  
 Annual PHA Plan for Fiscal Years 2012 - 2012

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
<u>Vickie Kaber</u>	<u>Board Chair</u>
Signature	Date
<u>Vickie Kaber</u>	<u>9-27-11</u>



# Oregon

John A. Kitzhaber, MD, Governor

## Housing and Community Services

North Mall Office Building

725 Summer St NE, Suite B

Salem, OR 97301-1266

PHONE: (503) 986-2000

FAX: (503) 986-2020

TTY: (503) 986-2100

[www.ohcs.oregon.gov](http://www.ohcs.oregon.gov)



September 28, 2011

Ms. Diana Otero  
Klamath Housing Authority  
1445 Avalon Street  
Klamath Falls, OR 97603

RE: HUD application Certificate of Consistency

Dear Ms. Otero:

Enclosed please find the Certificate of Consistency for the Klamath Housing Authority 5-Year Plan and Annual Plan.

Please let me know if I can be of any further assistance.

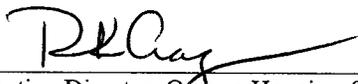
Thank you,

Loren Shultz



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

I, Rick Crager, Acting Director, Oregon Housing and Community Services, certify that the 2012-2016 Five Year plan and 2012 Annual PHA Plan of the Klamath Housing Authority is consistent with the Consolidated Plan of Oregon 2011-2015 prepared pursuant to 24 CFR Part 91.

  
\_\_\_\_\_  
Acting Director, Oregon Housing & Community Services

9/29/11  
Date

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Klamath Housing Authority

Program/Activity Receiving Federal Grant Funding

Public Housing, Housing Choice Voucher, Capital Fund

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

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

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

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

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

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

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

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

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the 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.)

1445 Avalon St  
Klamath Falls  
Klamath  
Oregon  
97603

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  
Jiana A Otero

Title  
Executive Director

Signature



Date

9-27-2011

X

## DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB  
0348-0046

<b>1. Type of Federal Action:</b> <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award 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 checked="" 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> Department of Housing and Urban Development	<b>7. Federal Program Name/Description:</b> Public Housing, Housing Choice Voucher, Capital Fund 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</b> (if individual, last name, first name, MI):	<b>b. Individuals Performing Services</b> (including address if different from No. 10a) (last name, first name, MI):	
<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: <u>Diana A Otero</u> Title: <u>Executive Director</u> Telephone No.: <u>541-884-0649 x 109</u> Date: <u>9-27-2011</u>	
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

# Certification of Payments to Influence Federal Transactions

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

Applicant Name

Klamath Housing Authority

Program/Activity Receiving Federal Grant Funding

Public Housing, Housing Choice Voucher, Capital Funds

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

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

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

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

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

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

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

Name of Authorized Official

Diana A Otero

Title

Executive Director

Signature

Date (mm/dd/yyyy)

9-27-2011

**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:*

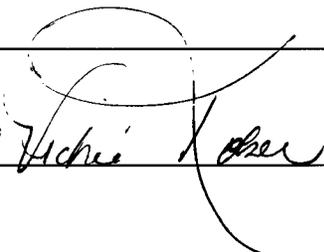
The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further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

Klamath Housing Authority

OR017

\_\_\_\_\_  
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	Vickie Kaber	Title	Board Chair
Signature		Date	09/27/2011