

CITY OF MANISTEE HOUSING COMMISSION

Tuesday, October 7, 2014

Community Room - Harborview

4:00 PM

AGENDA

1. Call to Order/Roll Call
2. Public Comments on Agenda Related Items

This is an opportunity for citizens to comment on items on the Agenda. Citizens in attendance may be recognized by the Commission President. The City of Manistee Housing Commission Public Comment Policy limits each individual to a three (3) minute statement. The City of Manistee Housing Commission will receive public comments on agenda items only at this time.

3. Public Hearing: Annual and Five Year Plan of the Public Housing Authority
 - a. *At this time the Commission will receive and review the following reports:*
 - 1) *All public comments received*
 - 2) *The meeting of the Resident Advisory Board*

b. *The 2015 Annual and Five Year Plan*

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4. Amendments to Agenda
5. New Business

a. Approval and adoption of the Five Year and 2015 Annual Agency Plan

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b. Approval and adoption of the Enterprise Income Verification System Security Policies and Procedures Policy

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6. Public Comment

This is an opportunity for citizens to comment on Housing Commission affairs. Citizens in attendance may be recognized by the Commission President. Citizen comments are not limited to agenda items but should be directed to Housing Commission services, activities or areas of involvement. The City of Manistee Housing Commission Public Comment Policy limits each individual to a three (3) minute statement. The City of Manistee Housing Commission will receive public comments at this time and will respond at a later date if the Housing Commission determines a response is appropriate.

7. Adjournment



City of Manistee Housing Commission

273 6th Avenue, Manistee, Michigan 49660

PROVIDING SAFE AFFORDABLE HOUSING

Resolution 2014-17

Adoption of the Five Year and 2015 Annual Plan and Amendments

WHEREAS, the City of Manistee Housing Commission has reviewed the Public Housing Authority Plans for fiscal year 2015, and

WHEREAS, the approved PHA plan for fiscal year 2014 stated a budget of \$190,182.00;

NOW, THEREFORE, on the motion of _____, supported by _____, and voted upon as follows, **BE IT RESOLVED**, that the CMHC adopt the following resolution:

NOW, THEREFORE, IT IS HEREBY RESOLVED that the Board of Commissioners of CMHC adopts the 2015 Public Housing Authority Plans for fiscal year 2015.

BE IT FURTHER RESOLVED that the Board of Commissioners have approved the 2015 Public Housing authority Plans for fiscal year 2015 for submission to HUD.

Those voting in favor:

Those voting against:

Those absent or abstaining:

RESOLUTION DECLARED PASSED

CERTIFICATION

I, Dale Priester, President of the City of Manistee Housing Commission, do hereby CERTIFY that the foregoing is a true and correct copy of the Resolution adopted by the City of Manistee Housing Commission at a regular meeting held on the 7th day of October, 2014.

Dale Priester, President

I, Clinton McKinven-Copus, Secretary of the City of Manistee Housing Commission, do hereby CERTIFY that the foregoing is a true and correct copy of the Resolution adopted by the City of Manistee Housing Commission at a regular meeting held on the 7th day of October, 2014.

Clinton McKinven-Copus, Executive Director



**City of Manistee
Housing Commission**

273 6th Avenue, Manistee, Michigan 49660

PROVIDING SAFE AFFORDABLE HOUSING

**Annual Plan
and
Five-Year Action Plan
2015—2019**

Legal Notice
2015 Annual Plan Comment Period

City of Manistee Housing Commission 2015 Annual Plan Comment Period

On 8/14/2014 the City of Manistee Housing Commission shall make available for public review a draft copy of components of its Five-Year and Annual Agency Plan per the guidelines of the 24 CFR 903, a requirement of the Quality Housing and Work Responsibility Act of 1998.

Documents shall be available for review for a period of approximately 45 days at:

- www.manisteemi.gov
- City of Manistee Housing Commission Offices
 - Harborview Apartments
 - 273 6th Ave, Manistee, MI 49660
 - Monday—Friday 8:00 AM to 4:00 PM

Comments must be received in writing and include

- Commenter name and address
- Commenter signature
- Comments to be submitted

Comments are to be addressed

- CMHC 2015 Annual Plan Comment
Attn: Clinton McKinven-Copus, Executive Director
273 Sixth Ave.
Manistee, MI 49660
OR
clintonmc@manisteehousing.com

The City of Manistee Housing Commission has scheduled a public hearing to be held on October 7, 2014 @ 4:00PM in the Community Room of Harborview Apartments located at 273 Sixth Ave., Manistee, MI 49660. At this time, the CMHC Commissioners shall receive and consider any and all written comments prior to finalization of their agency plan for submission to HUD on or before October 6, 2014.

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 8/30/2011
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1.0	PHA Information PHA Name: <u>Manistee Housing Commission</u> PHA Code: <u>MI078</u> PHA Type: <input checked="" 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//2015</u>				
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>214</u> Number of HCV units: <u>N/A</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
	PHA 1:				PH HCV
	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.				
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: No revision since 2012 Annual Plan and 5-Year Plan Submission (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. PHA plans are made available for public access, and display locations and supporting documents are made available at the main administrative office located at 273 6th Avenue, Manistee, MI 49660.				
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> See attachment MI078a07				
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. See Attached: CFP 2011 P & E Report (HUD 50075.1) CFP 2012 P & E Report (HUD 50075.1) CFP 2013 P & E Report (HUD 50075.1) CFP 2014 P & E Report (HUD 50075.1)				
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. See Attached CFP Five-Year Action Plan (HUD 50075.2)				

8.3	<p>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.</p> <p>Not Applicable</p>
9.0	<p>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.</p> <p>Not Applicable for Small Housing Authority submitting “Annual Plan Only”</p>
9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA’s strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p> <p>Not Applicable for Small Housing Authority submitting “Annual Plan Only”</p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p> <p>The Manistee Housing Commission will, on a periodic basis, amend this Agency Plan as a result of changing needs and goals of the agency. Should a substantial deviation and/or significant amendment or modification occur, the Manistee Housing Commission shall reconvene the RAB, publish comments for the amendments, and in addition, conduct a public hearing on the proposed amendments.</p> <p>Substantial Deviation/Modification: Defined as 1) a significant change of more than 25% in any financial fund (Operating, Capital or Reserve, that materially affects the ability of the Manistee housing Commission to implement the provisions of the Annual Plan or the 5-Year Plan either allowing items to be completed ahead of schedule or causing the delay in the implementation of those planned items; or 2) actions of the Manistee Housing Commission that are in response to and in an effort to mitigate the results of emergencies or natural disasters causing wide-spread damage to its properties and facilities.</p> <p>Significant Amendment: Defined as:</p> <ul style="list-style-type: none"> - Changes to rent or admissions policies or organizations of the waiting list; - Additions of non-emergency work items (items not intended in the current 5-Year Action Plan) or change in use of replacement reserve funds under the Capital Fund; and - Any change with regard to demolition or disposition, designation, homeownership programs or conversions activities - Findings from studies such as Physical Needs Assessments (PNA). - Opportunity to expand public housing with potential partnerships with privately leveraged funds. - Moving of funding between line items totaling more than 10% of the total grant. -
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937, as amended, which introduced 5-Year and Annual PHA Plans. The 5-Year and Annual PHA plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.68 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

Privacy Act Notice. The United States Department of Housing and Urban Development is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality

Instructions form HUD-50075

Applicability. This form is to be used by all Public Housing Agencies (PHAs) with Fiscal Year beginning April 1, 2008 for the submission of their 5-Year and Annual Plan in accordance with 24 CFR Part 903. The previous version may be used only through April 30, 2008.

1.0 PHA Information

Include the full PHA name, PHA code, PHA type, and PHA Fiscal Year Beginning (MM/YYYY).

2.0 Inventory

Under each program, enter the number of Annual Contributions Contract (ACC) Public Housing (PH) and Section 8 units (HCV).

3.0 Submission Type

Indicate whether this submission is for an Annual and Five Year Plan, Annual Plan only, or 5-Year Plan only.

4.0 PHA Consortia

Check box if submitting a Joint PHA Plan and complete the table.

5.0 Five-Year Plan

Identify the PHA's Mission, Goals and/or Objectives (24 CFR 903.6). Complete only at 5-Year update.

5.1 Mission. A statement of the mission of the public housing agency for serving the needs of low-income, very low-income, and extremely low-income families in the jurisdiction of the PHA during the years covered under the plan.

5.2 Goals and Objectives. Identify quantifiable goals and objectives that will enable the PHA to serve the needs of low income, very low-income, and extremely low-income families.

6.0 PHA Plan Update. In addition to the items captured in the Plan template, PHAs must have the elements listed below readily available to the public. Additionally, a PHA must:

- (a) Identify specifically which plan elements have been revised since the PHA's prior plan submission.
- (b) Identify where the 5-Year and Annual Plan may be obtained by the public. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central office of the PHA. PHAs are strongly encouraged to post complete PHA Plans on its official website. PHAs are also encouraged to provide each resident council a copy of its 5-Year and Annual Plan.

PHA Plan Elements. (24 CFR 903.7)

1. **Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.** Describe the PHA's policies that govern resident or tenant eligibility, selection and admission including admission preferences for both public housing and HCV and unit assignment policies for public housing; and procedures for maintaining waiting lists for admission to public housing and address any site-based waiting lists.

2. **Financial Resources.** A statement of financial resources, including a listing by general categories, of the PHA's anticipated resources, such as PHA Operating, Capital and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support public housing or tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned use for the resources.
3. **Rent Determination.** A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units.
4. **Operation and Management.** A statement of the rules, standards, and policies of the PHA governing maintenance management of housing owned, assisted, or operated by the public housing agency (which shall include measures necessary for the prevention or eradication of pest infestation, including cockroaches), and management of the PHA and programs of the PHA.
5. **Grievance Procedures.** A description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.
6. **Designated Housing for Elderly and Disabled Families.** With respect to public housing projects owned, assisted, or operated by the PHA, describe any projects (or portions thereof), in the upcoming fiscal year, that the PHA has designated or will apply for designation for occupancy by elderly and disabled families. The description shall include the following information: **1)** development name and number; **2)** designation type; **3)** application status; **4)** date the designation was approved, submitted, or planned for submission, and; **5)** the number of units affected.
7. **Community Service and Self-Sufficiency.** A description of: **(1)** Any programs relating to services and amenities provided or offered to assisted families; **(2)** Any policies or programs of the PHA for the enhancement of the economic and social self-sufficiency of assisted families, including programs under Section 3 and FSS; **(3)** How the PHA will comply with the requirements of community service and treatment of income changes resulting from welfare program requirements. **(Note: applies to only public housing).**
8. **Safety and Crime Prevention.** For public housing only, describe the PHA's plan for safety and crime prevention to ensure the safety of the public housing residents. The statement must include: (i) A description of the need for measures to ensure the safety of public housing residents; (ii) A description of any crime prevention activities conducted or to be conducted by the PHA; and (iii) A description of the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities.

9. **Pets.** A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.
10. **Civil Rights Certification.** A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.
11. **Fiscal Year Audit.** The results of the most recent fiscal year audit for the PHA.
12. **Asset Management.** A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.
13. **Violence Against Women Act (VAWA).** A description of: 1) Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; 2) Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and 3) Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers

- (a) **Hope VI or Mixed Finance Modernization or Development.** 1) A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and 2) A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm>
- (b) **Demolition and/or Disposition.** With respect to public housing projects owned by the PHA and subject to ACCs under the Act: (1) A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and (2) A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at: http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm
Note: This statement must be submitted to the extent that approved and/or pending demolition and/or disposition has changed.
- (c) **Conversion of Public Housing.** With respect to public housing owned by a PHA: 1) A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or

that the public housing agency plans to voluntarily convert; 2) An analysis of the projects or buildings required to be converted; and 3) A statement of the amount of assistance received under this chapter to be used for rental assistance or other housing assistance in connection with such conversion. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/centers/sac/conversion.cfm>

- (d) **Homeownership.** A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.
- (e) **Project-based Vouchers.** If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.

8.0 Capital Improvements. This section provides information on a PHA's Capital Fund Program. With respect to public housing projects owned, assisted, or operated by the public housing agency, a plan describing the capital improvements necessary to ensure long-term physical and social viability of the projects must be completed along with the required forms. Items identified in 8.1 through 8.3, must be signed where directed and transmitted electronically along with the PHA's Annual Plan submission.

8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report. PHAs must complete the *Capital Fund Program Annual Statement/Performance and Evaluation Report* (form HUD-50075.1), for each Capital Fund Program (CFP) to be undertaken with the current year's CFP funds or with CFFP proceeds. Additionally, the form shall be used for the following purposes:

- (a) To submit the initial budget for a new grant or CFFP;
- (b) To report on the Performance and Evaluation Report progress on any open grants previously funded or CFFP; and
- (c) To record a budget revision on a previously approved open grant or CFFP, e.g., additions or deletions of work items, modification of budgeted amounts that have been undertaken since the submission of the last Annual Plan. The Capital Fund Program Annual Statement/Performance and Evaluation Report must be submitted annually.

Additionally, PHAs shall complete the Performance and Evaluation Report section (see footnote 2) of the *Capital Fund Program Annual Statement/Performance and Evaluation* (form HUD-50075.1), at the following times:

1. At the end of the program year; until the program is completed or all funds are expended;
2. When revisions to the Annual Statement are made, which do not require prior HUD approval, (e.g., expenditures for emergency work, revisions resulting from the PHAs application of fungibility); and
3. Upon completion or termination of the activities funded in a specific capital fund program year.

8.2 Capital Fund Program Five-Year Action Plan

PHAs must submit the *Capital Fund Program Five-Year Action Plan* (form HUD-50075.2) for the entire PHA portfolio for the first year of participation in the CFP and annual update thereafter to eliminate the previous year and to add a new fifth year (rolling basis) so that the form always covers the present five-year period beginning with the current year.

8.3 Capital Fund Financing Program (CFFP). Separate, written HUD approval is required if the PHA proposes to pledge any

portion of its CFP/RHF funds to repay debt incurred to finance capital improvements. The PHA must identify in its Annual and 5-year capital plans the amount of the annual payments required to service the debt. The PHA must also submit an annual statement detailing the use of the CFFP proceeds. See guidance on HUD's website at:

<http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm>

9.0 Housing Needs. Provide a statement of the housing needs of families residing in the jurisdiction served by the PHA and the means by which the PHA intends, to the maximum extent practicable, to address those needs. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

9.1 Strategy for Addressing Housing Needs. Provide a description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

10.0 Additional Information. Describe the following, as well as any additional information requested by HUD:

- (a) **Progress in Meeting Mission and Goals.** PHAs must include (i) a statement of the PHAs progress in meeting the mission and goals described in the 5-Year Plan; (ii) the basic criteria the PHA will use for determining a significant amendment from its 5-year Plan; and a significant amendment or modification to its 5-Year Plan and Annual Plan. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**
- (b) **Significant Amendment and Substantial Deviation/Modification.** PHA must provide the definition of "significant amendment" and "substantial deviation/modification". **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan.)**

- (c) PHAs must include or reference any applicable memorandum of agreement with HUD or any plan to improve performance. **(Note: Standard and Troubled PHAs complete annually).**

11.0 Required Submission for HUD Field Office Review. In order to be a complete package, PHAs must submit items (a) through (g), with signature by mail or electronically with scanned signatures. Items (h) and (i) shall be submitted electronically as an attachment to the PHA Plan.

- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations*
- (b) Form HUD-50070, *Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)*
- (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)*
- (d) Form SF-LLL, *Disclosure of Lobbying Activities (PHAs receiving CFP grants only)*
- (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)*
- (f) Resident Advisory Board (RAB) comments.
- (g) Challenged Elements. Include any element(s) of the PHA Plan that is challenged.
- (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.1.
- (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.2.

HOPE VI, MIXED FINANCE MOD OR DEVELOPMENT, DEMOLITION, CONVERSION, HOMEOWNERSHIP, PROJECT BASED VOUCHERS

a. HOPE VI OR MIXED FINANCE MOD OR DEVELOPMENT

Not applicable to MHC for the 2015 Annual Plan Submission

b. DEMOLITION AND/OR DISPOSITION

Not applicable to MHC for the 2015 Annual Plan Submission

c. CONVERSION OF PUBLIC HOUSING

Not applicable to MHC for the 2015 Annual Plan Submission

d. HOMEOWNERSHIP

Not applicable to MHC for the 2015 Annual Plan Submission

e. PROJECT-BASED VOUCHERS

Not applicable to MHC for the 2015 Annual Plan Submission

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 06/30/2017

Part I: Summary		
PHA Name: Manistee Housing Commission [MI078]	Grant Type and Number Capital Fund Program Grant No: MI133P078501-15 Replacement Housing Factor Grant No: N/A Date of CFFP: N/A	FFY of Grant: 2015 FFY of Grant Approval:

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	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	38,036.00			
3	1408 Management Improvements	20,000.00			
4	1410 Administration (may not exceed 10% of line 21)	19,018.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	103,128.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities 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.

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Part I: Summary					
PHA Name: Manistee Housing Commission [MI078]	Grant Type and Number Capital Fund Program Grant No: MI133P078501-15 Replacement Housing Factor Grant No: N/A Date of CFFP: N/A	FFY of Grant: 2015 FFY of Grant Approval:			
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"/> Performance and Evaluation Report for Period Ending:			<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)	190,182.00			
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 10/07/2014		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.

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Part II: Supporting Pages								
PHA Name: Name: Manistee Housing Commission [MI078]		Grant Type and Number Capital Fund Program Grant No: MI133P078501-15 CFFP (Yes/ No): No Replacement Housing Factor Grant No: N/A			Federal FFY of Grant: 2015			
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 ¹	Funds Obligated ²	Funds Expended ²	
HA Wide	Housing Operations	1406	20%	38,036.00		0	0	0% Completed
HA Wide	Management Improvements	1408	10%	20,000.00		0	0	0% Completed
HA Wide	Partial Salary/Benefits (CFP Staff)	1410	10%	19,018.00		0	0	0% Completed
HA Wide	Professional Services	1430	5.25%	10,000.00		0	0	0% Completed
HA Wide	Unit and Property Modernization	1460	6.30%	103,128.00		0		0% Completed
GRAND TOTAL			100%	190,182.00		0	0	0% Completed

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

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Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Manistee Housing Commission [MI078]				Federal FFY of Grant: 2015	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	12/31/2016		12/31/2019		
MI078-1	12/31/2016		12/31/2019		
MI078-2	12/31/2016		12/31/2019		

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¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 Expires 8/30/2011

Part I: Summary						
PHA Name/Number Manistee Housing Commission – MI078		Locality (City/County & State) Manistee/Manistee, Michigan, 49660			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No: 1	
A.	Development Number and Name	Work Statement for Year 1 FFY 2015	Work Statement for Year 2 FFY 2016	Work Statement for Year 3 FFY 2017	Work Statement for Year 4 FFY 2018	Work Statement for Year 5 FFY 2019
B.	Physical Improvements Subtotal	Annual Statement	91,128.00	91,128.00	104,110.00	104,110.00
C.	Management Improvements		20,000.00	20,000.00	19,018.00	19,018.00
D.	PHA-Wide Non-dwelling Structures and Equipment		12,000.00	12,000.00	0	0
E.	Administration		19,018.00	19,018.00	19,018.00	19,018.00
F.	Other		10,000.00	10,000.00	10,000.00	10,000.00
G.	Operations		38,036.00	38,036.00	38,036.00	38,036.00
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		190,182.00	190,182.00	190,182.00	190,182.00
L.	Total Non-CFP Funds					
M.	Grand Total	190,182.00	190,182.00	190,182.00	190,182.00	190,182.00

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2015	Work Statement for Year 2 FFY 2016			Work Statement for Year: 3 FFY 2017		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	HA-Wide Unit Modernization		91,128.00	HA-Wide Unit Modernization		91,128.00
	Subtotal of Estimated Cost		91,128.00 <i>(190,182.00 total CFP)</i>	Subtotal of Estimated Cost		91,128.00 <i>(190,182.00 total CFP)</i>

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2015	Work Statement for Year 4 FFY 2018			Work Statement for Year: 5 FFY 2019		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	HA-Wide Unit Modernization		19,110.00	HA-Wide Unit Modernization		19,110.00
	MI078-2 Parking Lot Repair/Modernization	2 Building	85,000.00	MI078-2 Parking Lot Repair/Modernization	2 Building	85,000.00
	Subtotal of Estimated Cost		104,110.00 <i>(190,182.00 total CFP)</i>	Subtotal of Estimated Cost		104,110.00 <i>(190,182.00 total CFP)</i>

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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: Manistee Housing Commission-MI078	Grant Type and Number Capital Fund Program Grant No: MI33P078501-11 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2011 FFY of Grant Approval:

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:2)
 Performance and Evaluation Report for Period Ending: 08/06/2014 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	40,000.00		40,000.00	40,000.00
3	1408 Management Improvements	25,000.00		24,439.65	24,439.65
4	1410 Administration (may not exceed 10% of line 21)	24,000.00		24,000.00	24,000.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,000.00		4,750.00	4,750.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	105,179.00		105,179.00	19,343.60
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities 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.

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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: Manistee Housing Commission - MI078		Grant Type and Number Capital Fund Program Grant No: MI33P078501-11 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2011 FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 08/06/2014 <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)	204,179.00		204,179.00	112,533.25	
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 08/06/2014		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.

Part II: Supporting Pages								
PHA Name: Manistee Housing Commission-MI078			Grant Type and Number Capital Fund Program Grant No: MI33P078501-11 CFFP (Yes/ No): No Replacement Housing Factor Grant No:			Federal FFY of Grant: 2011		
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 ¹	Funds Obligated ²	Funds Expended ²	
HA Wide	Housing Operations	1406	16%	40,000.00		40,000.00	40,000.00	100% Complete
HA Wide	Management Improvement	1408	10%	25,000.00		25,000.00	24,439.65	98% Completed
HA Wide	Partial Salary/Benefits (CFP Staff)	1410	10%	24,000.00		24,000.00	24,000.00	100% Complete
HA Wide	Professional Services	1430	4%	10,000.00		10,000.00	4,750.00	47% Complete
MI078-02	Comp. Mod.-Dwelling Structure Equipment Upgrade (Elevator Mod.) Harborview Complex	1460	1 Building (48 units)	80,179.00		80,179.00	0.00	0% Completed
HA Wide	Comp. Mod.--Unit Modernization	1460	HA Wide	25,000.00	19,343.60	19,343.60	19,343.60	100% Completed
MI078-02	Comp. Mod--Roofing Repair/Modernization	1460	2 Buildings	0.00	5,656.40	5,656.40	0.00	0% Completed
GRAND TOTAL			100%	204,179.00	\$25,000.00	204,179.00	112,533.25	55% Completed

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Manistee Housing Commission-MI078				Federal FFY of Grant: 2011	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	12/31/2013		12/31/2015		
MI078-1	12/31/2013		12/31/2015		
MI078-2	12/31/2013		12/31/2015		

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¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

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: Manistee Housing Commission-MI078	Grant Type and Number Capital Fund Program Grant No: MI33P078501-12 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2012 FFY of Grant Approval:

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no: 2)
 Performance and Evaluation Report for Period Ending: 08/04/2014 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	40,000.00	40,000.00	40,000.00	40,000.00
3	1408 Management Improvements	20,000.00	20,000.00	20,000.00	14,769.68
4	1410 Administration (may not exceed 10% of line 21)	20,000.00	20,000.00	20,000.00	20,000.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,000.00	10,000.00	10,000.00	6,961.25
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	101,849.00	101,849.00	101,849.00	0.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities 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.

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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: Manistee Housing Commission - MI078		Grant Type and Number Capital Fund Program Grant No: MI33P078501-12 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant:2012 FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 08/04/2014 <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)	191,849.00	191,849.00	191,849.00	81,730.93
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 08/06/2014	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.

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Part II: Supporting Pages								
PHA Name: Manistee Housing Commission-MI078			Grant Type and Number Capital Fund Program Grant No: MI33P078501-12 CFFP (Yes/ No): No Replacement Housing Factor Grant No:			Federal FFY of Grant: 2012		
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 ¹	Funds Obligated ²	Funds Expended ²	
HA Wide	Housing Operations	1406	16%	40,000.00	40,000.00	40,000.00	40,000.00	100% Complete
HA Wide	Staff Training	1408	10%	20,000.00	20,000.00	20,000.00	14,769.68	74% Complete
HA Wide	Partial Salary/Benefits (CFP Staff)	1410	10%	20,000.00	20,000.00	20,000.00	20,000.00	100% Complete
HA Wide	Professional Services	1430	4%	10,000.00	10,000.00	6,961.25	6,961.25	70% Completed
MI078-01	Comp. Mod-Dwelling Structure Equipment Upgrade (Elevator Mod.) Harborview Complex	1460	1 Building (48 units)	80,179.00	80,179.00	80,179.00	0.00	0% Completed
HA Wide	Comp. Mod.--Unit Modernization	1460	HA Wide	25,000.00	19,016.69	19,016.69	0.00	0% Complete
	Century Terrace Roof Modernization	1460	2 Buildings	0.00	2,653.31	2,653.31	0.00	0% Complete
GRAND TOTAL			100%	191,849.00	191,849.00	191,849.00	81,730.93	43% Completed

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

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Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Manistee Housing Commission-MI078				Federal FFY of Grant: 2012	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	12/31/2013		12/31/2015		
MI078-1	12/31/2013		12/31/2015		
MI078-2	12/31/2013		12/31/2015		

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¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

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: Manistee Housing Commission--MI078	Grant Type and Number Capital Fund Program Grant No: MI33P078501-13 Replacement Housing Factor Grant No: No Date of CFFP:	FFY of Grant: 2013 FFY of Grant Approval:

Type of Grant		
<input type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/Emergencies	<input checked="" type="checkbox"/> Revised Annual Statement (revision no:2)
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<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
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	39,637.40	39,637.40	0.00	0.00
3	1408 Management Improvements	20,000.00	20,000.00	5,229.27	5,229.27
4	1410 Administration (may not exceed 10% of line 21)	19,818.70	19,818.70	0.00	0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,543.90	10,543.90	10,200.00	10,200.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	108,187.00	108,187.00	0.00	0.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities 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.

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Part I: Summary					
PHA Name: Manistee Housing Commission--MI078		Grant Type and Number Capital Fund Program Grant No: MI33P078501-13 Replacement Housing Factor Grant No: No Date of CFFP:		FFY of Grant:2013 FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <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)	198,187.00	198,187.00	15,429.27	15,429.27
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 08/06/2014	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.

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Part II: Supporting Pages								
PHA Name: Manistee Housing Commission--MI078			Grant Type and Number Capital Fund Program Grant No: MI33P078501-13 CFFP (Yes/ No): No Replacement Housing Factor Grant No:			Federal FFY of Grant: 2013		
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 ¹	Funds Obligated ²	Funds Expended ²	
HA Wide	Housing Operations	1406	16%	39,637.40	39,637.40	0.00	0.00	0% Complete
HA Wide	Staff Training	1408	10%	20,000.00	20,000.00	5,229.27	5,229.27	26% Complete
HA Wide	Partial Salary/Benefits (CFP Staff)	1410	10%	19,818.70	19,818.70	0.00	0.00	0% Complete
HA Wide	Professional Services	1430	4%	10,543.90	10,543.90	10,200.00	10,200.00	97% Complete
MI078-02	Comp. Mod.--Dwelling Structure Equipment Upgrade Harborview Complex	1460	1 Building (48 units)	80,179.00	80,179.00	0.00	0.00	0% Complete
HA Wide	Comp. Mod--Unit Modernization	1460	HA Wide	28,008.00	3,896.41	0.00	0.00	0% Complete
MI078-02	Century Terrace Roof Modernization	1460	2 Building	0.00	24,111.59	0.00	0.00	0% Complete
GRAND TOTAL			100 %	198,187.00	198,187.00	15,429.27	15,429.27	7.8% Complete

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

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Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Manistee Housing Commission--MI078				Federal FFY of Grant: 2013	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	12/31/2014		12/31/2017		
MI078-1	12/31/2014		12/31/2017		
MI078-2	12/31/2014		12/31/2017		

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¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

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: Manistee Housing Commission--MI078	Grant Type and Number Capital Fund Program Grant No: MI33P078501-14 Replacement Housing Factor Grant No: No Date of CFFP:	FFY of Grant: 2014 FFY of Grant Approval:

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:2)
 Performance and Evaluation Report for Period Ending: 08/04/2014 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	34,232.00	34,232.00	0.00	0.00
3	1408 Management Improvements	20,000.00	20,000.00	0.00	0.00
4	1410 Administration (may not exceed 10% of line 21)	19,018.00	19,018.00	0.00	0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	16,750.00	16,750.00	0.00	0.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	100,182.00	100,182.00	0.00	0.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities 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.

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Part I: Summary					
PHA Name: Manistee Housing Commission--MI078		Grant Type and Number Capital Fund Program Grant No: MI33P078501-14 Replacement Housing Factor Grant No: No Date of CFFP:		FFY of Grant:2014 FFY of Grant Approval:	
Type of Grant					
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2)	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:			<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)	190,182.00	190,182.00		
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 08-04-2014		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.

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Part II: Supporting Pages								
PHA Name: Manistee Housing Commission--MI078		Grant Type and Number Capital Fund Program Grant No: MI33P078501-14 CFFP (Yes/ No): No Replacement Housing Factor Grant No:				Federal FFY of Grant: 2014		
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 ¹	Funds Obligated ²	Funds Expended ²	
HA Wide	Housing Operations	1406	18%	34,232.00	34,232.00	0.00	0.000	0% Complete
HA Wide	Management Improvements	1408	10%	20,000.00	20,000.00	0.00	0.00	0% Complete
HA Wide	Partial Salary/Benefits (CFP Staff)	1410	10%	19,018.00	19,018.00	0.00	0.00	0% Complete
HA Wide	Professional Services	1430	8.8%	16,750.00	16,750.00	0.00	0.00	0% Complete
MI078-01	Roof Replacement--Scattered Sites	1460	4 Buildings	17,000.00	0.00	0.00	0.00	0% Complete
	Boiler Replacement	1460	2 Buildings	2,500.00	0.00	0.00	0.00	0% Complete
	Water Heater Replacements	1460	2 Buildings	2,500.00	2,500.00	0.00	0.00	0% Complete
MI078-02	Harborview-HVAC/Split System	1460	1 Building	8,000	8,000.00	0.00	0.00	0% Complete
	Harborview-Air Handler Repair	1460	1 Building	15,000	30,182.00	0.00	0.00	0% Complete
	Comp. Mod.-Dwelling Structure Equipment Upgrade (Elevator Mod.) Harborview Complex	1460	1 Building	0.00	19,500.00	0.00	0.00	0% Complete
	Century Terrace-Corridor Lighting Replacement	1460	1 Building	55,182.00	0.00	0.00	0.00	0% Complete
	Security Entrance System [Century Terrace & Harborview]	1460	2 Buildings	0.00	40,000.00	0.00	0.00	0% Complete
GRAND TOTAL			100 %	190,182.00	190,182.00	0.00	0.00	0% Complete

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Manistee Housing Commission--MI078				Federal FFY of Grant: 2014	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	12/31/2015		12/31/2018		
MI078-1	12/31/2015		12/31/2018		
MI078-2	12/31/2015		12/31/2018		

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¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Certification for a Drug-Free Workplace

U.S. Department of Housing
and Urban Development

Manistee Housing Commission

Applicant Name

Capital Fund Program

Program/Activity Receiving Federal Grant Funding

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 a 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 days after such conviction;

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

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

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

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

g. Making good faith effort to continue to maintain a drug-free workplace through implementation of paragraph 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.)

MI 78-1 273 6th Ave., Manistee, Manistee County, MI, 49660, Capital Fund Program

MI 78-2 273 6th Ave., Manistee, Manistee County, MI, 49660, Capital Fund Program

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 Clinton McKinven-Copus	Title Executive Director
Signature X	Date:

**Certification of Payments
to Influence Federal Transactions**

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

Manistee Housing Commission
Applicant Name

Capital Fund Program
Program/Activity Receiving Federal Grant Funding

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	Title
Clinton McKinven-Copus	Executive Director
Signature	Date
X	

**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 01/01/2015, 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.

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.

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

Title

Signature

Date



City of Manistee Housing Commission

273 6th Avenue, Manistee, Michigan 49660

PROVIDING SAFE AFFORDABLE HOUSING

Resident Advisory Board Comments: 2015 5 Year/Annual Plan

The Resident Advisory Board (RAB) held their formal and final meeting on September 24, 2014 with the Manistee Housing Commission.

RAB Members Present:

Russ Paxson
Margarita Anaya
Ken Dinkel

RAB Members Absent:

Linda Loper [Excused]

Housing Commission Residents Present:

Lauren Leskoviansky

Other Officials Present:

Clinton McKinven-Copus,
Executive Director
City of Manistee Housing Commission

Minutes:

Meeting was called to order at 1:37 PM.

Clinton McKinven-Copus, the City of Manistee Housing Commission Executive Director reviewed the draft of the 2015 Annual plan with the members present. RAB members participated in a discussion of the draft and were asked to submit in writing any additional formal comments they might have after the meeting.

Meeting adjourned at 2:15 PM.

Minutes recorded by:

Clinton McKinven-Copus
Executive Director

NOTE: RAB members submitted no additional

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

I, Tonya Young the State of Michigan Consolidated Plan Coordinator certify that the Five Year and Annual PHA Plan of the City of Manistee Housing Commission is consistent with the Consolidated Plan of the State of Michigan prepared pursuant to 24 CFR Part 91.

Tonya L Young 10-2-14

Signed / Dated by Appropriate State or Local Official



City of Manistee Housing Commission

273 6th Avenue, Manistee, Michigan 49660

PROVIDING SAFE AFFORDABLE HOUSING

Certification of Comments Received for Annual Plan 2015

Legal Notice of Comment Period for Annual Plan 2014

- Published in the Manistee News Advocate
 - Tuesday, August 12, 2014
 - Wednesday, August 13, 2014
 - Thursday, August 14
- Published on the City of Manistee Website— www.manisteemi.gov
 - Thursday, August 13—Tuesday, October 7, 2014

Documents for Review Located at

- City of Manistee Housing Commission Administrative Offices, 273 Sixth Ave., Manistee, MI 49660
- City of Manistee Website— www.manisteemi.gov

Written Comments Received

- None

Certified by:

Clinton McKinven-Copus, Executive Director

October 7, 2014



City of Manistee Housing Commission

273 6th Avenue, Manistee, Michigan 49660

PROVIDING SAFE AFFORDABLE HOUSING

Resolution 2014-17

Adoption of the Five Year and 2015 Annual Plan and Amendments

WHEREAS, the City of Manistee Housing Commission has reviewed the Public Housing Authority Plans for fiscal year 2015, and

WHEREAS, the approved PHA plan for fiscal year 2014 stated a budget of \$190,182.00;

NOW, THEREFORE, on the motion of _____, supported by _____, and voted upon as follows, **BE IT RESOLVED**, that the CMHC adopt the following resolution:

NOW, THEREFORE, IT IS HEREBY RESOLVED that the Board of Commissioners of CMHC adopts the 2015 Public Housing Authority Plans for fiscal year 2015.

BE IT FURTHER RESOLVED that the Board of Commissioners have approved the 2015 Public Housing authority Plans for fiscal year 2015 for submission to HUD.

Those voting in favor:

Those voting against:

Those absent or abstaining:

RESOLUTION DECLARED PASSED

CERTIFICATION

I, Dale Priester, President of the City of Manistee Housing Commission, do hereby CERTIFY that the foregoing is a true and correct copy of the Resolution adopted by the City of Manistee Housing Commission at a regular meeting held on the 7th day of October, 2014.

Dale Priester, President

I, Clinton McKinven-Copus, Secretary of the City of Manistee Housing Commission, do hereby CERTIFY that the foregoing is a true and correct copy of the Resolution adopted by the City of Manistee Housing Commission at a regular meeting held on the 7th day of October, 2014.

Clinton McKinven-Copus, Executive Director



City of Manistee Housing Commission

273 6th Avenue, Manistee, Michigan 49660

PROVIDING SAFE AFFORDABLE HOUSING

Resolution 2014-18

Adoption of the Enterprise Income Verification System Security Policies and Procedures Policy

WHEREAS, the City of Manistee Housing Commission (CMHC) a Public Housing Authority (PHA), operates and manages Public Housing units of the U.S. Department of Housing and Urban Development (HUD), and;

WHEREAS, HUD regulations require that CMHC use the Enterprise Income Verification System [EIV] to determine program eligibility of individuals and families, and;

WHEREAS, HUD has established security guidelines and requirements for us of the EIV System, and;

WHEREAS, HUD requires that Public Housing Authorities establish a policy governing local use of the EIV system including security measures and procedures;

NOW, THEREFORE, on the motion of _____, supported by _____, and voted upon as follows, **BE IT RESOLVED**, that the CMHC adopt the following resolution:

IT IS HEREBY RESOLVED that the CMHC Board of Commissioners approves the adoption of the Enterprise Income Verification System Security Policies and Procedures policy.

IT IS FURTHER RESOLVED that the City of Manistee Housing Commission Board of Commissioners authorizes the Executive Director to maintain and otherwise update the Policy as authorized within the Policy.

Those voting in favor:

Those voting against:

Those absent or abstaining:

RESOLUTION DECLARED PASSED

1 CERTIFICATION

2
3 I, Dale Priester, President of the City of Manistee Housing Commission, do hereby CERTIFY that the
4 foregoing is a true and correct copy of the Resolution adopted by the City of Manistee Housing
5 Commission at a regular meeting held on the 7th of October 2014.
6
7
8

9 _____
10 Dale Priester, President
11
12
13

14 I, Clinton McKinven-Copus, Secretary of the City of Manistee Housing Commission, do hereby
15 CERTIFY that the foregoing is a true and correct copy of the Resolution adopted by the City of
16 Manistee Housing Commission at a regular meeting held on the held on the of October 2014.
17
18
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22 _____
23 Clinton McKinven-Copus, Secretary
24

City of Manistee Housing Commission

Codification: 1151—Enterprise Income Verification System [EIV] Policy and Procedure

Adopted: October 07, 2014

Revision Number	Resolution Number	Date
1	2014-17	October 07, 2014

DRAFT

1. Executive Summary

The purpose of this policy is to provide instruction and information to staff, auditors, consultants, contractors and applicants and residents for the acceptable use, disposition and storage of data obtained through the Enterprise Income Verification System (EIV).

The EIV coordinator for the Housing Commission will have the responsibility of ensuring compliance with the security policies and procedures outlined in this document. These responsibilities include:

- Maintaining and enforcing the security procedures
- Keeping records and monitoring security issues
- Communicating security information and requirements to appropriate personnel including coordinating and/or conducting security awareness training sessions
- Conducting review of all User ID's issued to determine if the users still have a valid need to access EIV data and taking necessary steps to ensure that access rights are revoked or modified as appropriate
- Reporting any evidence of unauthorized access or known security breaches to the EIV coordinator for the Housing Commission and taking immediate action to address the impact of the breach including but not limited to prompt notification to the EIV coordinator for the Housing Commission. The EIV coordinator for the Housing Commission will escalate the incident by reporting to appropriate parties including HUD.

The EIV Database is part of HUD's Secure System Database. Individual Users must use their own user name (WASS ID) and password to access the Secure System database.

Coordinators, who are not property owners, have obtained a letter of authorization from the property owner for access to EIV. This letter is maintained in the property's EIV file and will be available to reviewers during any HUD on-sight review.

This policy has been communicated to all persons with access to EIV or EIV data. This policy has been developed to ensure that EIV data is secure and to ensure compliance with HUD's security protocol regarding three safeguard categories:

1. Technical
2. Administrative
3. Physical

2. Technical Standards:

In order to comply with **Technical Standards:**

- Each coordinator/user must have a valid WASS User ID and password
- ID's and passwords **must not be shared**
- No one may access the system using another users identity
- Each user must provide an application access authorization form (CAAF or UAAF)
- Access to data is restricted based on EIV role (EIV Coordinator or EIV User)
- Access is limited based on need to know
- Users understand that access and activity are monitored and audited

3. Administrative Safeguards:

To comply with **Administrative Safeguards:**

- The Housing Commission has established standard operating procedures for use of data
- Employment and income data is used for certification and compliance purposes only
- Users may not share data with others who do not have a need to know
- Users will check to see if applicant/tenant is receiving assistance under another program at a different location
- The EIV Coordinator for the Housing Commission will monitor access
 - Obtain and retain owner approval letters
 - Approved/current signed access authorization form
 - Conduct periodic reviews to see if users still have a valid need to access the EIV data
 - Modify or revoke rights as appropriate
 - Assign/Ensure access rights and responsibilities are appropriate
- Ensure that a signed copy of form HUD-9886 is on file for all adults living in the unit
- Destroy EIV information when no longer needed
- Ensure all EIV users receive security training at time of implementation and at least annually thereafter
- Communicate security information
 - Posters
 - Security bulletins
 - Discussion groups
 - Distribution of EIV manuals
- Detect, deter, and report improper disclosures, unauthorized access, or security breaches to the EIV coordinator for the Housing Commission who will report as necessary to:
 - HUD's Public Housing Help Desk

- HUD's Security Officer
- Mail to: U.S. Dept. of Housing and Urban Development Office of Public Housing
- Notify the Office of Inspector General (IG)
- E-mail to Hotline@hudoig.gov

The Housing Commission has also implemented the following processes to ensure compliance with HUD's **Physical Safeguard** requirements:

- Designated secure areas
- Restricted use of printers, copiers, facsimile machines, etc.
- Controlled access to areas containing EIV information
- How to secure computer systems and output
 - If any EIV data is converted to an electronic format, it must be encrypted
 - All emails including EIV data must be encrypted
 - Store downloaded EIV data in a separate, restricted access directory
 - Label CDs containing EIV data "confidential" or "For Official Use Only"
 - Lock in secure place
- Users must retrieve all computer printouts as soon as they are generated so that EIV data is not left unattended
 - Keep printouts locked up
 - Printouts should not be transported from premises
 - Avoid leaving a computer unattended with EIV data displayed on screen
 - Lock computer/log off/exit the system when not going to be at desk or when finished for the day (EIV will time-out after 30 minutes of inactivity)
 - Use a password-protected screensaver
- Secure disposal of EIV information
 - Destroy as soon as it has served its purpose or as prescribed by HUD's policies and procedures
 - Burn/shred
 - Keep log of destroyed data
 - Date destroyed
 - How destroyed
 - By whom

4. Security Awareness Training:

Security awareness training is a crucial aspect of ensuring the security of the EIV System and data. Users and potential users will be made aware of the importance of respecting the privacy of data, following established procedures to maintain privacy and security, and notifying management in the event of a security or privacy violation. Before granting access to the EIV information, each person must be trained in EIV Security policies and procedures.

Additionally, all employees having access to EIV data will be briefed at least annually on the security policy and procedures that require their awareness and compliance. Information about user access and training will be maintained in the property EIV file. See sample EIV File Checklist.

EIV Users and Coordinators must complete the appropriate EIV Security Awareness Training Questionnaire before requesting access. Do not send the completed questionnaire to HUD. This must be retained and made available to HUD reviewer as requested.

After initial setup, coordinators must certify annually. This is done electronically, through EIV. Copies of the paper CAAF and the most recent, electronic CAAF must be available for review by HUD as requested.

After initial setup, users must certify semi-annually. This is done electronically, through EIV. Copies of the paper UAAF and the most recent, electronic UAAF must be available for review by HUD as requested.

5. Physical Security Requirements:

Restricted Areas: The Housing Commission, along with site staff authorized to view EIV data will maintain EIV files in clearly identified designated management office in a locked file cabinet, when not in active use. The management office is separate from non-restricted areas and will be locked when not in immediate use.

Since the EIV data in resident files is maintained in the locked file room, management will establish and maintain a key control log to track the inventory of keys available, the number of keys issued and to whom the keys are issued. All employees and contractors who have been issued keys to the file room will complete a form acknowledging the receipt of the key. See EIV Privacy Policy.

Users will retrieve computer printouts as soon as they are generated so that EIV data is not left unattended in printers or fax machines where unauthorized users may access

them. EIV data will be handled in such a manner that it does not become misplaced or available to unauthorized personnel.

6. Limiting Access to EIV Data:

LIMITING ACCESS TO EIV DATA

User accounts for the EIV system will be provided on a need-to-know basis, with appropriate approval and authorization.

EIV System Coordinators

Before accessing EIV, the Secure System Coordinators will obtain a letter/memo from the property owner, the Housing Commission, indicating that the owner gives permission for the Secure System Coordinator to act as the EIV coordinator. Once permission is obtained, the Coordinator will

- Review the EIV training material provided by HUD
- Participate in EIV Security Training from HUD or another source
- Read and sign the EIV Security Policy
- Read the EIV Use Policy

Upon completion of these tasks, the EIV Coordinator will submit to HUD, the appropriate Coordinator Access Authorization Forms. Upon receipt of HUD approval, the EIV Coordinator will complete the EIV Coordinator setup process.

EIV Users

Before requesting EIV User access, appropriate staff will:

- Review the EIV training material provided by HUD
- Participate in EIV Security Training from HUD or another source
- Read and sign the EIV Security Policy
- Read the EIV Use Policy

Upon completion of these tasks, the EIV User will submit, to the EIV Coordinator, the appropriate User Access Authorization Form. Upon receipt, the EIV Coordinator will review the completed Security Awareness Training Questionnaire for accuracy and recommend further training if necessary. If the EIV Coordinator feels that the EIV User candidate does not understand the security requirements, the EIV Coordinator will not continue with the EIV setup for that user. Under no circumstances will the EIV

Coordinator process the User Access Authorization Form unless the signed EIV Security Policy is attached.

Once the tasks are satisfactorily completed, the EIV Coordinator will complete the appropriate steps to provide EIV access to the user. In accordance with HUD requirements, the user's need for access will be reviewed on a semi-annual basis.

At least once a year, staff with EIV access will be required to:

- Participate in training that includes a review of the EIV security requirements and
- Complete the EIV Security Awareness Training Questionnaire

The EIV Coordinator for the Housing Commission will restrict access to EIV data only to persons whose duties or responsibilities require access. EIV Coordinators will be required to request re-certification on an annual basis. EIV Coordinators are authorized to provide access only to those individuals directly involved in the resident certification process and/or compliance monitoring.

EIV Coordinators will carefully review initial and quarterly requests for access and certify only those users who will need access within the next 6 months.

In some cases, EIV information may be provided to auditors charged with ensuring the Housing Commission's compliance with HUD requirements. In these cases, the auditor will be required to review and sign the property's Privacy Policy for Auditors and will be required to sign the HUD Rules of Behavior document. These documents will be maintained in the property's EIV file. In addition, the auditor's access will be noted on the EIV File checklist for review during any HUD review.

The EIV Coordinator for the Housing Commission will maintain a record of users who have approved access to EIV data. Further, the EIV Coordinator for the Housing Commission will revoke (terminate) the access rights of those users who no longer require such access.

HUD 9886

The HUD EIV Fact Sheet will be provided to all adult household members required to sign form 9886. By signing this form, the applicant/resident authorizes HUD and/or the Housing Commission to obtain and verify income and unemployment compensation information from various sources including, but not limited to, the IRS, the Department of Health and Human Services and the Social Security Administration and state agencies.

The EIV Coordinator for the Housing Commission will assure that a copy of form 9886 will be presented at the final eligibility determination, at move-in and/or initial certification and at each annual certification. If a household member turns 18 in the middle of a certification cycle, that household member will be required to sign form 9886 within 30 days of turning 18. (See HUD fact sheet for exceptions due to extenuating circumstances). All form 9886's will be placed in a resident file and will be updated on at least an annual basis for each adult household member.

7. Computer System Security Requirements:

All computer systems and computers will have password-restricted access. Passwords must be no fewer than 8 characters and must include:

- At least one lower case letter
- At least one upper case letter
- At least one number or character such as a dash or exclamation point

The Housing Commission will also use Antivirus software to limit data destruction or unintended transmission via virus, worms, Trojan horses or other malicious means. Remote access by other computers other than those specifically authorized is prohibited.

Authorized users of EIV data are directed to avoid leaving EIV data displayed on their computer screens where unauthorized users may view it. A computer will not be left unattended while the user is "logged in" to Secure Systems. If an authorized user is viewing EIV data and an unauthorized user approaches the work area, the authorized user will lessen the chance of inadvertent disclosure of EIV data by logging out of Secure Systems or minimizing or closing out the screen on which the EIV data is being displayed.

USER NAMES, PASSWORDS AND PASSWORD CHANGES

Many systems require frequent changes to passwords. Secure Systems/EIV passwords will be changed in accordance with HUD Secure Systems requirements. Users will not share passwords with any other employee or with anyone outside the organization. EIV access granted to an employee or authorized user will be revoked when access is no longer required or prior to termination of that employee or user to ensure data safety.

Termination of EIV access and un-assigning property access through "Property Assignment Maintenance" is required.

The EIV file will be documented to indicate when the EIV Coordinator terminated user access. Documentation of termination will be maintained in the property EIV file.

8. Disclosure of EIV Information:

The EIV Social Security (SS), Supplemental Security Income (SSI), new hires (W-4), wage, and unemployment compensation information contained in the EIV system may only be used for limited official purposes.

- By HUD for monitoring and oversight of the resident recertification process
- By the Office of Inspector General (OIG) for investigative purposes
- By owners/agents (O/As) for verifying the employment and income at the time of certification for residents participating in one of HUD's rental assistance programs listed:

EIV data may be disclosed to:

- Private owners (Housing Commission)
- Management Agents
- HUD Staff
- HUD Office of Inspector General (OIG) for investigative purposes
- Independent public auditors (IPAs) auditing an owner's compliance with HUD's verifying income and the accuracy of rent/subsidy determinations
- Individual to whom the record pertains

EIV income data may only be used for verification of employment and income at certification. Under no circumstances may users or coordinators provide access to the system by sharing the user name/password combination. Housing Commission must not disclose data in any way that would violate the privacy of the individuals.

EIV data must not be disclosed (or re-disclosed) to any third parties such as the local Welfare office, DFCS, etc. Willful disclosure or inspection of EIV data can result in civil and criminal penalties.

- Unauthorized disclosure – felony conviction and fine up to \$5,000 or imprisonment up to five (5) years, as well as civil damages
- Unauthorized inspection – misdemeanor penalty of up to \$1,000 and/or one (1) year imprisonment, as well as civil damages

Official use **does not include** using the EIV data for certifying residents under the Low Income Housing Tax Credit (LIHTC) or Rural Housing Services (RHS) Section 515 programs. Neither the Internal Revenue Service (IRS) nor RHS are a party to the computer matching agreements HUD has with the Department of Health and Human Services (HHS) and with the Social Security Administration (SSA).

The fact that there is financing through other federal agencies involved in a particular property under one of the authorized HUD programs **does not** permit that federal agency to **use or view** information from the EIV system for certifying residents for their programs or for monitoring purposes. Additional third party income verification will be obtained from the source of use for Tax Credit or Rural Housing Service programs. For Social Security and Medicare information, the resident file will include a current SSA Benefit/Award letter or some other acceptable verification documentation. For employment income and unemployment income, the resident file will contain verification documents as provided in the HUD Public Housing Occupancy Guidebook.

9. Use and Handling of EIV Data:

EIV data serves two purposes:

1. Verification of specific income information provided by the resident
2. Monitoring resident and staff compliance

Use of the data is described in the EIV User Policies. This policy is designed to describe the security protocol used to protect EIV data.

EIV data will be used only to administer HUD programs. The data in EIV is not to be used to assist with eligibility determination or compliance monitoring for any other programs including those administered by the IRS (Tax Credit) or Rural Development (515).

EIV PRINTOUTS

In addition to use by the Housing Commission, EIV reports may also be used by HUD staff for monitoring compliance with the recertification process; independent public auditors (IPAs) auditing the Housing Commission's compliance with HUD's verifying income and the accuracy of rent/subsidy determinations; and the Office of Inspector General (IG) for auditing purposes.

EIV Income Reports are retained in the resident file for the term of tenancy and for three (3) after tenancy ends. If the property also participates in other housing assistance programs (LIHTC or 515) the Housing Commission will take special precautions to ensure the security of the EIV printouts. EIV printouts will be maintained in the resident file but will be kept in a separate section of the file and will be removed if the file is to be audited or reviewed by any authorized party for purposes other than those defined by HUD. An alternative would be to keep the EIV printout in a separate secure location within the management office. EIV printouts will be provide to approved parties, when required, to facilitate compliance with HUD requirements and the Housing Commission's EIV Use Policy.

PROVIDING EIV PRINTOUTS TO AUDITORS

Independent auditors (IPAs) are approved to view EIV information, when hired by an owner to perform the financial audit of the project, for use in determining the owner's compliance with verifying income and determining the accuracy of the rent and subsidy calculations.

Restrictions on disclosure requirements for IPAs:

- a. Can only access EIV income information within hard copy files and only within the offices of the Housing Commission;
- b. Cannot transmit or transport EIV income information in any form;
- c. Cannot enter EIV income information on any portable media;
- d. Must sign non-disclosure oaths (Rule of Behavior) that the EIV income information will be used only for the purpose of the audit; and
- e. Cannot duplicate EIV income information or re-disclose EIV income information to any user not authorized by Section 435(j)(7) of the Social Security Act to have access to the EIV income data.

PROVIDING EIV PRINTOUTS TO RESIDENTS

If a resident requests a copy of their own EIV printout, a copy will be produced. The staff person providing the copy will note that the printout is a copy provided to the resident upon request. This note will include the following:

- **This is not an original, this is a copy provide to: Resident Name**
- **On (Month) (Day), (Year)**
- **By Printed Name of staffperson**
- **Resident initials _____**

The appropriate staff will make a note in the file any time a copy of the EIV data is obtained by authorized persons. This includes copies provided to the applicant/resident, staff responsible for compliance monitoring, other internal staff, HUD, or OIC staff. Under no circumstances will the EIV information be provided to anyone other than those noted in this Security Policy.

10. Electronic Information from EIV:

In some cases, there may be a need to send or store EIV information electronically. If EIV data is converted to an electronic format, the information will be stored in a special, restricted password protected directory and encrypted using an NIST compliant vendor. All emails that contain EIV data will be encrypted as well. No data will be converted or transported by portable media. EIV data converted to an electronic format will be destroyed in accordance with HUD's record keeping requirements and HUD's data share agreement with HHS and SSA.

11. Disposal of EIV Information:

EIV data will be destroyed in a timely manner based on the information provided in HUD's published EIV training materials, HUD notices or as prescribed by the Housing Commission's policy and procedures. The Housing Commission's policy and procedures will not allow data retention that is no longer than the time allowed in the published HUD materials. Information about the use of EIV information and how printouts were destroyed will be maintained in the EIV file.

12. Reporting Improper Disclosures:

Recognition, reporting, and disciplinary action in response to security violations are crucial to successfully maintaining the security and privacy of the EIV system. These security violations may include the disclosure of private data as well as attempts to access unauthorized data and sharing of passwords.

Upon the discovery of a possible improper disclosure of EIV information or other security violation by an employee or any other person, the individual making the observation or receiving the information will contact the EIV Coordinator, who will document all improper disclosures in writing providing details including who was involved, what was disclosed, how the disclosure occurred, and where and when it occurred. The EIV Coordinator will immediately review the report of improper disclosure and, if appropriate, the EIV Coordinator will remove EIV access.

Improper disclosure of any information could be grounds for immediate termination. All employees must carefully review the EIV Access Authorization Form or the Rules of Behavior to understand the penalties for improper disclosure of EIV data.

13. Acknowledgment:

By signing this form, I acknowledge that I have read and understand the EIV Security Requirements. I agree to abide by this policy and to report any improper disclosure of information.

Print Name _____

Signature _____ Date ____/____/____

Copy: Personnel file
EIV file

DRAFT