

**Streamlined Annual  
PHA Plan  
(High Performer PHAs)**

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

OMB No. 2577-0226  
Expires: 02/29/2016

**Purpose.** 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, goals and objectives for serving the needs of low- income, very low- income, and extremely low- income families

**Applicability.** Form HUD-50075-HP is to be completed annually by **High Performing PHAs**. PHAs that meet the definition of a Standard PHA, Troubled PHA, HCV-Only PHA, Small PHA, or Qualified PHA do not need to submit this form.

**Definitions.**

- (1) **High-Performer PHA** – A PHA that owns or manages more than 550 combined public housing units and housing choice vouchers, and was designated as a high performer on both of the most recent Public Housing Assessment System (PHAS) and Section Eight Management Assessment Program (SEMAP) assessments.
- (2) **Small PHA** - A PHA that is not designated as PHAS or SEMAP troubled, or at risk of being designated as troubled, and that owns or manages less than 250 public housing units and any number of vouchers where the total combined units exceeds 550.
- (3) **Housing Choice Voucher (HCV) Only PHA** - A PHA that administers more than 550 HCVs, was not designated as troubled in its most recent SEMAP assessment, and does not own or manage public housing.
- (4) **Standard PHA** - A PHA that owns or manages 250 or more public housing units and any number of vouchers where the total combined units exceeds 550, and that was designated as a standard performer in the most recent PHAS or SEMAP assessments.
- (5) **Troubled PHA** - A PHA that achieves an overall PHAS or SEMAP score of less than 60 percent.
- (6) **Qualified PHA** - A PHA with 550 or fewer public housing dwelling units and/or housing choice vouchers combined, and is not PHAS or SEMAP troubled.

A.	PHA Information.																										
A.1	<p>PHA Name: <u>Wisconsin Housing and Economic Development Authority</u> PHA Code: <u>WI901</u>            PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performer            PHA Plan for Fiscal Year Beginning: (MM/YYYY): <u>07/2019</u>            PHA Inventory (Based on Annual Contributions Contract (ACC) units at time of FY beginning, above)            Number of Public Housing (PH) Units _____ Number of Housing Choice Vouchers (HCVs) <u>2,450</u>            Total Combined <u>2,450</u>            PHA Plan Submission Type: <input checked="" type="checkbox"/> Annual Submission <input type="checkbox"/> Revised Annual Submission</p> <p><b>Availability of Information.</b> In addition to the items listed in this form, PHAs must have the elements listed below readily available to the public. A PHA must identify the specific location(s) where the proposed PHA Plan, PHA Plan Elements, and all information relevant to the public hearing and proposed PHA Plan are available for inspection by the public. Additionally, the PHA must provide information on how the public may reasonably obtain additional information of the PHA policies contained in the standard Annual Plan, but excluded from their streamlined submissions. 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 their official website. PHAs are also encouraged to provide each resident council a copy of their PHA Plans.</p> <p><input type="checkbox"/> <b>PHA Consortia:</b> (Check box if submitting a Joint PHA Plan and complete table below)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th rowspan="2" style="width: 25%;">Participating PHAs</th> <th rowspan="2" style="width: 10%;">PHA Code</th> <th rowspan="2" style="width: 25%;">Program(s) in the Consortia</th> <th rowspan="2" style="width: 20%;">Program(s) not in the Consortia</th> <th colspan="2" style="width: 20%;">No. of Units in Each Program</th> </tr> <tr> <th style="width: 10%;">PH</th> <th style="width: 10%;">HCV</th> </tr> </thead> <tbody> <tr> <td>Lead PHA:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Participating PHAs	PHA Code	Program(s) in the Consortia	Program(s) not in the Consortia	No. of Units in Each Program		PH	HCV	Lead PHA:																	
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<b>B.</b>	<b>Annual Plan Elements</b>
<b>B.1</b>	<p><b>Revision of PHA Plan Elements.</b></p> <p>(a) Have the following PHA Plan elements been revised by the PHA since its last <b>Annual PHA Plan</b> submission?</p> <p>Y N  <input checked="" type="checkbox"/> <input type="checkbox"/> Statement of Housing Needs and Strategy for Addressing Housing Needs.  <input type="checkbox"/> <input checked="" type="checkbox"/> Deconcentration and Other Policies that Govern Eligibility, Selection, and Admissions.  <input type="checkbox"/> <input checked="" type="checkbox"/> Financial Resources.  <input type="checkbox"/> <input checked="" type="checkbox"/> Rent Determination.  <input type="checkbox"/> <input checked="" type="checkbox"/> Homeownership Programs.  <input type="checkbox"/> <input checked="" type="checkbox"/> Safety and Crime Prevention.  <input type="checkbox"/> <input checked="" type="checkbox"/> Pet Policy.  <input type="checkbox"/> <input checked="" type="checkbox"/> Substantial Deviation.  <input type="checkbox"/> <input checked="" type="checkbox"/> Significant Amendment/Modification</p> <p>(b) The PHA must submit its Deconcentration Policy for Field Office Review. WHEDA's policy regarding eligibility, selection and admission to the Housing Choice Voucher program is inclusive of all those who wish to participate. WHEDA operates at a state-wide level and counts VASH vouchers, Project-Based vouchers and Family Unification Program vouchers among our inventory.</p> <p>(c) If the PHA answered yes for any element, describe the revisions for each element below:  The Housing Needs data is updated for 2019. There are no other revisions.</p>
<b>B.2</b>	<p><b>New Activities.</b></p> <p>(a) Does the PHA intend to undertake any new activities related to the following in the PHA's current Fiscal Year?</p> <p>Y N  <input type="checkbox"/> <input checked="" type="checkbox"/> Hope VI or Choice Neighborhoods.  <input type="checkbox"/> <input checked="" type="checkbox"/> Mixed Finance Modernization or Development.  <input type="checkbox"/> <input checked="" type="checkbox"/> Demolition and/or Disposition.  <input type="checkbox"/> <input checked="" type="checkbox"/> Conversion of Public Housing to Tenant Based Assistance.  <input type="checkbox"/> <input checked="" type="checkbox"/> Conversion of Public Housing to Project-Based Assistance under RAD.  <input checked="" type="checkbox"/> <input type="checkbox"/> Project Based Vouchers.  <input type="checkbox"/> <input checked="" type="checkbox"/> Units with Approved Vacancies for Modernization.  <input type="checkbox"/> <input checked="" type="checkbox"/> Other Capital Grant Programs (i.e., Capital Fund Community Facilities Grants or Emergency Safety and Security Grants).</p> <p>(b) If any of these activities are planned for the current Fiscal Year, describe the activities. For new demolition activities, describe any public housing development or portion thereof, owned by the PHA for which the PHA has applied or will apply for demolition and/or disposition approval under section 18 of the 1937 Act under the separate demolition/disposition approval process. If using Project-Based Vouchers (PBVs), provide the projected number of project based units and general locations, and describe how project basing would be consistent with the PHA Plan.</p> <p>WHEDA continues to analyze whether Project-Based vouchers (PBVs) are a good fit for our inventory. Any PBVs will be used to assist low-income, very low-income and extremely low-income families.</p>
<b>B.3</b>	<p><b>Progress Report.</b></p> <p>Provide a description of the PHA's progress in meeting its Mission and Goals described in the PHA 5-Year Plan.</p> <p>WHEDA's mission is to stimulate the State of Wisconsin's economy and to improve the quality of life for its residents by providing affordable housing and business financing products. WHEDA continually explores ways in which to assist low income Wisconsin residents and works closely with HUD to use Housing Choice Voucher funding to serve the most families possible, including applying for VASH vouchers as they become available.</p> <p>Funding for the Housing Choice Voucher program has been an issue and will remain an issue in 2019. Regardless of the funding situation, WHEDA will strive to help as many families as possible with the budget provided. WHEDA will continue to welcome tenant protection vouchers due to Multifamily Section 8 contract opt-outs as well as working with HUD and local housing authorities to transfer HAs' portfolios to WHEDA.</p>

<p><b>B.4.</b></p>	<p><b>Most Recent Fiscal Year Audit.</b></p> <p>(a) Were there any findings in the most recent FY Audit?</p> <p>Y <input type="checkbox"/> N  X <input checked="" type="checkbox"/></p> <p>(b) If yes, please describe:</p> <p>'Chapter 6 of Handbook 2000.04, Rev-2, Consolidated Audit Guide for Audits of HUD Programs, HUD-Ginnie Mae Issuers of Mortgage-Backed Securities Audit Guidance, requires that documents relating to the pooled mortgages are required to be held on Ginnie Mae's behalf for the life of the pool by the custodial institution. It is the issuer's responsibility to arrange for such an institution to hold the documents. Custodians are required to maintain a pool master file for each pool in custody, which contains a copy of all forms HUD-11708 (Request for Release of Documents) for liquidated release codes.'</p> <p>During fiscal year 2018, WHEDA designed and implemented controls to ensure all new loan liquidations are submitted and received by the document custodian and began a comprehensive review of all prior liquidations to ensure Form 11708 were received or resubmitted to the document custodian. This review and correction or prior liquidations was not completed prior to the end of the fiscal year and some prior liquidations were not yet communicated to the document custodian.</p>
<p><b>Other Document and/or Certification Requirements.</b></p>	
<p><b>C.1</b></p>	<p><b>Certification Listing Policies and Programs that the PHA has Revised since Submission of its Last Annual Plan</b></p> <p><u>Form 50077-ST-HCV-HP</u>, <i>Certification of Compliance with PHA Plans and Related Regulations</i>, must be submitted by the PHA as an electronic attachment to the PHA Plan.</p>
<p><b>C.2</b></p>	<p><b>Civil Rights Certification.</b></p> <p><u>Form 50077-ST-HCV-HP</u>, <i>Certification of Compliance with PHA Plans and Related Regulations</i>, must be submitted by the PHA as an electronic attachment to the PHA Plan.</p>
<p><b>C.3</b></p>	<p><b>Resident Advisory Board (RAB) Comments.</b></p> <p>(a) Did the RAB(s) provide comments to the PHA Plan?</p> <p>Y <input type="checkbox"/> N  <input checked="" type="checkbox"/> X</p> <p>If yes, comments must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the RAB recommendations and the decisions made on these recommendations.</p>
<p><b>C.4</b></p>	<p><b>Certification by State or Local Officials.</b></p> <p><u>Form HUD 50077-SL</u>, <i>Certification by State or Local Officials of PHA Plans Consistency with the Consolidated Plan</i>, must be submitted by the PHA as an electronic attachment to the PHA Plan.</p>
<p><b>D Statement of Capital Improvements. Required in all years for all PHAs completing this form that administer public housing and receive funding from the Capital Fund Program (CFP).</b></p>	
<p><b>D.1</b></p>	<p><b>Capital Improvements.</b> Include a reference here to the most recent HUD-approved 5-Year Action Plan (HUD-50075.2) and the date that it was approved by HUD.</p>

# Instructions for Preparation of Form HUD-50075-HP Annual Plan for High Performing PHAs

## A. PHA Information. All PHAs must complete this section.

**A.1** Include the full PHA Name, PHA Code, PHA Type, PHA Fiscal Year Beginning (MM/YYYY), PHA Inventory, Number of Public Housing Units and or Housing Choice Vouchers (HCVs), PHA Plan Submission Type, and the Availability of Information, specific location(s) of all information relevant to the public hearing and proposed PHA Plan. ([24 CFR §903.23\(4\)\(c\)](#))

**PHA Consortia:** Check box if submitting a Joint PHA Plan and complete the table. ([24 CFR §943.128\(a\)](#))

## B. Annual Plan.

### B.1 Revision of PHA Plan Elements. PHAs must:

Identify specifically which plan elements listed below that have been revised by the PHA. To specify which elements have been revised, mark the "yes" box. If an element has not been revised, mark "no."

**Statement of Housing Needs and Strategy for Addressing Housing Needs.** Provide a statement addressing the housing needs of low-income, very low-income and extremely low-income families and a brief description of the PHA's strategy for addressing the housing needs of families who reside in the jurisdiction served by the PHA. The statement must identify the housing needs of (i) families with incomes below 30 percent of area median income (extremely low-income), (ii) elderly families and families with disabilities, and (iii) households of various races and ethnic groups residing in the jurisdiction or on the waiting list based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. For years in which the PHA's 5-Year PHA Plan is also due, this information must be included only to the extent it pertains to the housing needs of families that are on the PHA's public housing and Section 8 tenant-based assistance waiting lists. [24 CFR §903.7\(a\)\(1\)](#) and 24 CFR §903.12(b). 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. For years in which the PHA's 5-Year PHA Plan is also due, this information must be included only to the extent it pertains to the housing needs of families that are on the PHA's public housing and Section 8 tenant-based assistance waiting lists. [24 CFR §903.7\(a\)\(2\)\(ii\)](#) and 24 CFR §903.12(b).

**Deconcentration and Other Policies that Govern Eligibility, Selection and Admissions.** Describe the PHA's admissions policy for deconcentration of poverty and income mixing of lower-income families in public housing. The Deconcentration Policy must describe the PHA's policy for bringing higher income tenants into lower income developments and lower income tenants into higher income developments. The deconcentration requirements apply to general occupancy and family public housing developments. Refer to 24 CFR §903.2(b)(2) for developments not subject to deconcentration of poverty and income mixing requirements. [24 CFR §903.7\(b\)](#) Describe the PHA's procedures for maintaining waiting lists for admission to public housing and address any site-based waiting lists. [24 CFR §903.7\(b\)](#) A statement of the PHA's policies that govern resident or tenant eligibility, selection and admission including admission preferences for both public housing and HCV. ([24 CFR §903.7\(b\)](#)) Describe the unit assignment policies for public housing. [24 CFR §903.7\(b\)](#)

**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. ([24 CFR §903.7\(c\)](#))

**Rent Determination.** A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units, including applicable public housing flat rents, minimum rents, voucher family rent contributions, and payment standard policies. ([24 CFR §903.7\(d\)](#))

**Homeownership Programs.** A description of any homeownership programs (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval. For years in which the PHA's 5-Year PHA Plan is also due, this information must be included only to the extent that the PHA participates in homeownership programs under section 8(y) of the 1937 Act. ([24 CFR §903.7\(k\)](#)) and 24 CFR §903.12(b).

**Safety and Crime Prevention (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. ([24 CFR §903.7\(m\)\(5\)](#))

**Pet Policy.** Describe the PHA's policies and requirements pertaining to the ownership of pets in public housing. ([24 CFR §903.7\(n\)](#))

**Substantial Deviation.** PHA must provide its criteria for determining a "substantial deviation" to its 5-Year Plan. ([24 CFR §903.7\(o\)\(2\)\(i\)](#))

**Significant Amendment/Modification.** PHA must provide its criteria for determining a “Significant Amendment or Modification” to its 5-Year and Annual Plan. Should the PHA fail to define ‘significant amendment/modification’, HUD will consider the following to be ‘significant amendments or modifications’: a) changes to rent or admissions policies or organization of the waiting list; b) additions of non-emergency public housing CFP work items (items not included in the current CFP Annual Statement or CFP 5-Year Action Plan); or c) any change with regard to demolition or disposition, designation, homeownership programs or conversion activities. See guidance on HUD’s website at: [Notice PIH 1999-51. \(24 CFR §903.7\(r\)\(2\)\(ii\)\)](#)

If any boxes are marked “yes”, describe the revision(s) to those element(s) in the space provided.

PHAs must submit a Deconcentration Policy for Field Office review. For additional guidance on what a PHA must do to deconcentrate poverty in its development and comply with fair housing requirements, see [24 CFR 903.2 \(24 CFR §903.23\(b\)\)](#)

**B.2 New Activities.** If the PHA intends to undertake any new activities related to these elements or discretionary policies in the current Fiscal Year, mark “yes” for those elements, and describe the activities to be undertaken in the space provided. If the PHA does not plan to undertake these activities, mark “no.”

**Hope VI.** 1) A description of any housing (including project name, number (if known) and unit count) for which the PHA will apply for HOPE VI; and 2) A timetable for the submission of applications or proposals. The application and approval process for Hope VI is a separate process. See guidance on HUD’s website at: <http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm>. (Notice PIH 2010-30)

**Mixed Finance Modernization or Development.** 1) A description of any housing (including name, project number (if known) and unit count) for which the PHA will apply for Mixed Finance Modernization or Development; and 2) A timetable for the submission of applications or proposals. The application and approval process for 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>. (Notice PIH 2010-30)

**Demolition and/or Disposition.** Describe any public housing projects owned by the PHA and subject to ACCs (including name, 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. This statement must be submitted to the extent that approved and/or pending demolition and/or disposition has changed. 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](http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm). (24 CFR §903.7(h))

**Conversion of Public Housing.** Describe any public housing building(s) (including project number and unit count) owned by the PHA that the PHA is required to convert or plans to voluntarily convert to tenant-based assistance; 2) An analysis of the projects or buildings required to be converted; and 3) A statement of the amount of assistance received 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>. (24 CFR §903.7(j))

**Project-Based Vouchers.** Describe any plans to use HCVs for new project-based vouchers. (24 CFR §983.57(b)(1)) If using project-based vouchers, provide the projected number of project-based units and general locations, and describe how project-basing would be consistent with the PHA Plan.

**Other Capital Grant Programs** (i.e., Capital Fund Community Facilities Grants or Emergency Safety and Security Grants).

**B.3 Progress Report.** For all Annual Plans following submission of the first Annual Plan, a PHA must include a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year PHA Plan. (24 CFR §903.7(r)(1))

**B.4 Most Recent Fiscal Year Audit.** If the results of the most recent fiscal year audit for the PHA included any findings, mark “yes” and describe those findings in the space provided. (24 CFR §903.7(p))

### C. Other Document and/or Certification Requirements

**C.1 Certification Listing Policies and Programs that the PHA has Revised since Submission of its Last Annual Plan.** Provide a certification that the following plan elements have been revised, provided to the RAB for comment before implementation, approved by the PHA board, and made available for review and inspection by the public. This requirement is satisfied by completing and submitting form HUD-50077 SM-HP.

**C.2 Civil Rights Certification.** Form HUD-50077 SM-HP, *PHA Certifications of Compliance with the PHA Plans and Related Regulation*, must be submitted by the PHA as an electronic attachment to the PHA Plan. This includes all certifications relating to Civil Rights and related regulations. A PHA will be considered in compliance with the 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. (24 CFR §903.7(o))

**C.3 Resident Advisory Board (RAB) comments.** If the RAB provided comments to the annual plan, mark “yes,” submit the comments as an attachment to the Plan and describe the analysis of the comments and the PHA’s decision made on these recommendations. (24 CFR §903.13(c), 24 CFR §903.19)

**C.4 Certification by State or Local Officials.** Form HUD-50077-SL, *Certification by State or Local Officials of PHA Plans Consistency with the Consolidated Plan*, must be submitted by the PHA as an electronic attachment to the PHA Plan. (24 CFR §903.15)

**D. Statement of Capital Improvements.** PHAs that receive funding from the Capital Fund Program (CFP) must complete this section. (24 CFR 903.7(g))

**D.1 Capital Improvements.** In order to comply with this requirement, the PHA must reference the most recent HUD approved Capital Fund 5 Year Action Plan. PHAs can reference the form by including the following language in Section C. 8.0 of the PHA Plan Template: “See HUD Form 50075.2 approved by HUD on XX/XX/XXXX.”

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 the 5-Year and Annual PHA Plan. 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, goals and objectives for serving the needs of low- income, very low- income, and extremely low- income families.

Public reporting burden for this information collection is estimated to average 16.64 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.

### HOUSING NEEDS OF FAMILIES ON THE WAITING LIST

County:    All

Contract Number: WI901

Waiting List Type (select one):

Section 8 Tenant-Based Assistance

Public Housing

Combined Section 8 and Public Housing

Public Housing Site Based or Sub-Jurisdictional Waiting List

	# of Families	% of Total Families	Annual Turnover
<b>Waiting List Total</b>	1709		551
Extremely Low Income (<= 30% AMI)	1312	76.77%	
Very Low Income (>30% but < 50% AMI)	369	21.59%	
Low Income (>50% but < 80% AMI)	28	1.64%	
Families with Children	829	48.51%	
Families with Disabilities	436	25.51%	
Race/Ethnicity (American Indian)	24	1.40%	
Race/Ethnicity (Black)	356	20.83%	
Race/Ethnicity (White)	1272	74.43%	
Race/Ethnicity (Hispanic)	102	5.97%	
Race/Ethnicity (Non-Hispanic)	1216	71.15%	
Race/Ethnicity (Asian)	30	1.76%	

Is the Waiting List Closed?:                      Yes                           No     

Yes -        Washington

Florence, Forest, Langlade, Oconto, Oneida, Price, Walworth, Lincoln, Pierce, St. Croix, Polk, Maniwoc, Brown, Green, Clark, Green Lake, Jackson, Marquette, Shawano, Vernon, Waupaca, Waushara, Buffalo, Grant, Marathon, Pepin, Rock, Kenosha, Calumet, Kewaunee, Ozaukee, Sheboygan, Adams, Columbia, Rusk, Taylor, Washburn, Iron, Price, Jefferson, Eau Claire

No -

If Yes:    How long has it been closed (number of months)?

Various

Does the PHA plan to reopen the list in the PHA Plan Year?

Potentially, depending on funding

Does the PHA permit specific categories of families onto the waiting list, even if it is generally closed?

Yes    VASH, FUP, PBV   

No

All Contracts      **Housing Needs of Families in the Jurisdiction by Family Type**

Below is a statement of the housing needs in the jurisdiction. The Overall Needs column provides an estimated number of renters families that have housing needs. The remaining characteristics are rated 1 - 5, with 1 having no impact on the housing needs of the family type and 5 having severe impact.

<b>Family Type</b>	<b>Overall</b>	<b>Affordability</b>	<b>Supply</b>	<b>Quality</b>	<b>Accessibiliy</b>	<b>Size</b>	<b>Location</b>
Income <=30% AMI	1378	4	4	3	4	3	3
Income >30% but <=50% AMI	404	4	4	3	3	3	3
Income >50% but <80% AMI	68	4	4	3	3	3	4
Elderly	507	4	4	4	4	4	4
Families with Disabilities	937	4	4	4	4	4	4
Race/Ethnicity Black	384	3	3	3	2	3	3
Race/Ethnicity American Indian	29	3	3	3	2	3	3
Race/Ethnicity Hispanic	142	3	3	2	2	2	2
Race/Ethnicity Asian	66	3	3	3	2	3	3
Race/Ethnicity Other	258	2	2	2	1	2	1



## **Violence Against Women Act Report**

It is Wisconsin Housing and Economic Development Authority's (WHEDA) policy to act in accordance with the Violence against Women Act (VAWA) and to work with those to whom the act applies.

At the time of application and at each Annual Reexamination each family receives a VAWA certification form, an Information Sheet and an explanation of the program at the time of voucher issuance. The certification gives the applicant or participant the opportunity to inform WHEDA's agent of his/her status as a victim of actual or threatened domestic violence and give WHEDA's agent to make proper decisions based on the information. All such disclosures will be dealt with in utmost privacy with the safety of the applicant or participant the primary issue.

Since the inception of VAWA there have been several participants that have expressed an interest in learning about the Act but at this time no one has taken advantage of its protections.

WHEDA's agents continue to educate our clientele and work with participants as they ask for information to determine how to use the protection the Act offers to the benefit of the families.

## **WHEDA REPORT**

Description of activities, services or programs offered, directly or in partnership with other service providers, to child or adult victims of Domestic Violence, Dating Violence, Sexual Assault or Stalking:

WHEDA's agents have close relationships with local domestic violence shelters, family service agencies and many are members of local Continuum of Care (CoCs).

All families are given information, HUD-5380 and HUD-5382 and documentation on VAWA at the time of acceptance to the waiting list, at the briefing meeting, at annual reexamination and at termination from the program.

Referrals to advocates that specialize in assisting victims are made as needed.

Description of activities, services or programs offered, directly or in partnership with other service providers, which help child or adult victims of Domestic Violence, Dating Violence, Sexual Assault or Stalking to obtain or maintain housing:

WHEDA's agents provide education on VAWA protections and referrals to partnership agencies. Some agents also have access to transitional housing, temporary housing grants and case management that allow clients to maintain current housing or relocate. If necessary agents work with clients to transfer assistance to alternate units as expeditiously as possible. Agents discuss housing options, the application process, eviction and lease questions. Referrals to advocates that specialize in assisting victims are made as needed.

Description of activities, services or programs offered, directly or in partnership with other service providers, to prevent Domestic Violence, Dating Violence, Sexual Assault or Stalking or to enhance victim safety in assisted families:

WHEDA's agents work closely with advocates and shelters and have developed relationships and continually expanding networks that assist the clients, the agencies and the resources to work together to provide assistance and to share services. Referrals are made as appropriate.

WHEDA agents remove the perpetrator from households that are claiming VAWA protections. Some agents have participated in domestic violence training and sessions about victim safety.

Landlords are educated on VAWA and provided resource and educational materials. S:\shared\ASSET\M&M\PR\VMR\Annual Plans\2019\Plan Documents\VAWA Statement of Activity.docx

**Certifications of Compliance with  
PHA Plans and Related Regulations  
(Standard, Troubled, HCV-Only, and  
High Performer PHAs)**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 02/29/2016

**PHA Certifications of Compliance with the PHA Plan and Related Regulations including  
Required Civil Rights Certifications**

*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 <sup>x</sup> Annual PHA Plan for the PHA fiscal year beginning 7/2019, 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 has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Resident Advisory Board or Boards in developing the Plan, including any changes or revisions to the policies and programs identified in the Plan before they were implemented, and considered the recommendations of the RAB (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.
4. 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.
5. 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.
6. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identifying any impediments to fair housing choice within those programs, addressing those impediments in a reasonable fashion in view of the resources available 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 by maintaining records reflecting these analyses and actions.
7. For PHA Plans 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 2010-25);
  - 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 a 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 a 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).
8. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
9. 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.
10. 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.
11. 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.

12. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
13. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
14. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
15. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
16. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
17. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
18. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
19. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
22. The PHA certifies that it is in compliance with applicable Federal statutory and regulatory requirements, including the Declaration of Trust(s).

WHEDA

PHA Name

WI901

PHA Number/HA Code

Annual PHA Plan for Fiscal Year 2019

5-Year PHA Plan for Fiscal Years 20     - 20    

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

Name of Authorized Official  
SHERRY GERONDALE

Title CFO

*Sherry Gerondale*

Signature

*Sherry Gerondale*

Date 3/21/2019

**Civil Rights Certification**  
**(Qualified PHAs)**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB Approval No. 2577-0226  
Expires 02/29/2016

**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, I approve the submission of the 5-Year PHA Plan for the PHA of which this document is a part, and make the following certification and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the public housing program of the agency 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 by examining their programs or proposed programs, identifying any impediments to fair housing choice within those program, addressing those impediments in a reasonable fashion in view of the resources available and working with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and by maintaining records reflecting these analyses and actions.

WHEDA

PHA Name

WI901

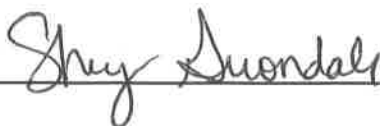
PHA Number/HA Code

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  
SHERRY GERONDALE

Title  
CFO

Signature



Date 3/21/2019

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

WISCONSIN HOUSING AND ECONOMIC DEVELOPMENT AUTHORITY

Program/Activity Receiving Federal Grant Funding

## HOUSING CHOICE VOUCHER AND MODERATE REHABILITATION

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

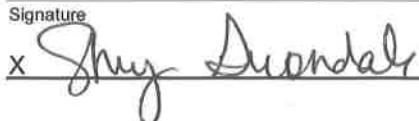
g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

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

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

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

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

Name of Authorized Official SHERRY GERONDALE	Title CFO
Signature X 	Date 3/21/2019

WI901MR0001, Kenosha County, 4000 45th St, Kenosha WI 53140, 4007 45th St, Kenosha WI 53140, 4621 36th Ave, Kenosha WI 53142, 4627 36th Ave, Kenosha WI 53142, 4705 36th Ave, Kenosha WI 53142, 4711 36th Ave, Kenosha WI 53142, 4602 36th Ave, Kenosha WI 53142, 4610 36th Ave, Kenosha WI 53142

WI901MR0002, Waukesha County, 502 Barney St, Waukesha WI 53186, 503 N East Ave, Waukesha WI 53186, 150 S Grand Ave, Waukesha WI 53186, 156 S Grand Ave, Waukesha WI 53186, 209 Hinman Ave, Waukesha WI 53186, 215 Hinman Ave, Waukesha WI 53186, 220 S Grand Ave, Waukesha WI 53186, 221 Hinman Ave, Waukesha WI 53186, 227 Hinman Ave, Waukesha WI 53186, 233 Hinman Ave, Waukesha WI 53186, 239 Hinman Ave, Waukesha WI 53186, 245 Hinman Ave, Waukesha WI 53186, 245 Hinman Ave, Waukesha WI 53186, 251 Hinman Ave, Waukesha WI 53186, 257 Hinman Ave, Waukesha WI 53186, 316 W Newhall, Waukesha WI 53186

WI901MR0003, Rock County, 608 4th Ave, Beloit WI 53511

WI901MR0004, Washington County, 507 Pleasant Ave, Hartford WI 53027

## Summary of Comments Received for 2019 Proposed Annual Plan

WHEDA has designated the Head of Household of each HCV-assisted household as a member of the Resident Advisory Board (RAB). Being a member of the RAB carries no obligation for the participant to do anything, however it gives everyone an opportunity to read, inspect and submit comments on the posted Proposed Annual Plan. RAB members are invited to take part in a public hearing on the Proposed Plan either in person or via conference call.

On January 22, 2019 WHEDA mailed a notification to all Resident Advisory Board (RAB) members informing them that the 2019 Proposed Annual Plan had been posted to [www.wheda.com](http://www.wheda.com) and inviting comments. All comments were due by close of business on Wednesday, March 20, 2019.

### *SUMMARY OF COMMENTS RECEIVED*

No comments regarding the 2019 Proposed Annual Plan, either written or verbal, were received by WHEDA.

  
Sharon Spengler, Manager, Risk and Compliance

3/21/19  
Date



WHEDA

Tony Evers, Governor

A public body corporate and politic created under Chapter 234, Wisconsin Statutes



**HOUSING CHOICE VOUCHER 2019 FIVE-YEAR and ANNUAL PLAN PUBLIC  
HEARING**

**Thursday, March 21, 2019  
9:00 a.m. – 9:30 a.m.**

**AGENDA**

- 1. Call to Order**
- 2. Discussion of WHEDA's 2019 Five-Year Annual Plan required under 24 CFR § 903**
- 3. Summary of Written Comments Received before Hearing**
- 4. Listening to Comments from Members of the Resident Advisory Board in  
Attendance in Person or by Telephone**
- 5. Adjourn**



Tony Evers, Governor

*A public body corporate and politic created under Chapter 234, Wisconsin Statutes*

## Hearing Procedures

1. Upon arrival to the hearing attendees desiring to speak will be asked to fill out a registration form (below). The form requires the name and address of the speaker. Those attending by phone will be contacted prior to the meeting and asked to either verbally complete the registration form when they call in or submit the registration form through e-mail, fax or mail prior to the hearing; the time stamp of such registrations will determine where the participant falls in the speaking order. Attendees will be called to speak in the order in which they arrive and/or their registration is received.
2. The hearing will be conducting by the Hearing Officer. The Officer will explain the general rules of the hearing after the Call to Order.
  - a. Rules governing the hearing
    - i. How order of speakers was determined
    - ii. The length of time a person may speak (up to two minutes) and how that will be tracked
    - iii. How any extensions to speaking time, if any, will be decided
    - iv. Members of the Hearing Committee may ask questions of the speakers
    - v. All comments, written or verbal, become part of the Annual Plan submission
    - vi. Written submissions were due to WHEDA by close of business on March 20, 2019
    - vii. At the close of the hearing the record is final and no new information is added

### SPEAKER REGISTRATION FORM

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Street Address** \_\_\_\_\_ **Apt #** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

-----  
**Time & Date Registration Form Received** \_\_\_\_\_

**Speaker Number** \_\_\_\_\_

**Hearing Committee Signature** \_\_\_\_\_

**WISCONSIN HOUSING AND ECONOMIC DEVELOPMENT AUTHORITY**

**PUBLIC HEARING FOR THE  
HOUSING CHOICE VOUCHER PROGRAM**

**2019 ANNUAL PLAN MINUTES**

**MARCH 21, 2019**

**9:00 a.m. – 9:30 a.m.**

**AUTHORITY STAFF PRESENT:**

Stefanie Elder, Housing Compliance Specialist  
Lisa Manske, Housing Compliance Specialist  
Sharon Spengler, Manager, Risk and Compliance

**PUBLIC MEMBERS PRESENT:**

No Public Members were present either in person or on the phone.

**CALL TO ORDER**

The phone line opened at 8:59 a.m. The Public Hearing was called to order at 9:00 a.m. by Stefanie Elder.

**PLAN REVIEW**

The Draft Annual Plan was reviewed and discussed by the WHEDA employees present.

**WRITTEN COMMENTS**

No written comments regarding the Draft Annual Plan were received from the Resident Advisory Board (RAB).

**ORAL COMMENTS**

No oral comments regarding the Draft Annual Plan were received from the RAB.

**DISCUSSION ITEMS**

There were no discussion items as no RAB members present and no comments were received prior to the Hearing.

**ADJOURNMENT**

Stefanie Elder adjourned the Hearing at 9:30 a.m. and the phone line was closed.

**Certification by State or Local  
Official of PHA Plans Consistency  
with the Consolidated Plan or  
State Consolidated Plan  
(All PHAs)**

U. S Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 2/29/2016

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

I, Susan Brown, the Acting Administrator, DOA-DEHCR  
*Official's Name* *Official's Title*

certify that the 5-Year PHA Plan and/or Annual PHA Plan of the

WISCONSIN HOUSING AND ECONOMIC DEVELOPMENT AUTHORITY  
*PHA Name*

is consistent with the Consolidated Plan or State Consolidated Plan and the Analysis of  
Impediments (AI) to Fair Housing Choice of the

STATE OF WISCONSIN

*Local Jurisdiction Name*

pursuant to 24 CFR Part 91.

Provide a description of how the PHA Plan is consistent with the Consolidated Plan or State  
Consolidated Plan and the AI.

WHEDA's mission is to improve the lives of Wisconsin residents by providing  
affordable housing. WHEDA participates in the HUD-VASH program to assist veterans  
in finding homes and reducing homelessness among those who have served our country.  
WHEDA's administration of the Housing Choice Voucher program assists up to 9,450  
low-income households in finding and maintaining quality housing and help  
keep elderly and disabled families and families with children from homelessness.

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

Susan Brown  
Signature

Susan Brown

Title

Acting Administrator  
Date

3/27/2019

## MEMBERS OF THE AUTHORITY

**Ivan Gamboa, Chairperson**  
Senior Vice President, Tri-City National Bank  
Hales Corners, WI

**Bradley Guse, Vice Chair**  
BMO Harris Bank  
Arpin, WI

**John Horning, Treasurer**  
Executive Vice President, Shorewest Realtors  
Brookfield, WI

**Vacant, Secretary**

**Hon. Scott Allen**  
Wisconsin State Representative  
Waukesha, WI

**Hon. Janet Bewley**  
Wisconsin State Senator  
Ashland, WI

**Hon. David Crowley**  
Wisconsin State Representative  
Milwaukee, WI

**Mark R. Hogan**  
CEO, Wisconsin Economic Development Corporation  
Madison, WI

**McArthur Weddle**  
Executive Director, Northcott Neighborhood House  
Milwaukee, WI

**Hon. Andre Jacque**  
Wisconsin State Senator  
DePere, WI

**Tia Torhorst**  
Assistant Deputy Director, Wisconsin Department of Administration  
Madison, WI

**Certification of Payments  
to Influence Federal Transactions**

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

OMB Approval No. 2577-0157 (Exp. 03/31/2020)

Applicant Name

Wisconsin Housing and Economic Development Authority

Program/Activity Receiving Federal Grant Funding

Housing Choice Voucher and Moderate Rehabilitation

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 sub recipients 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

SHERRY GERONDALE

Title

CFO

Signature



Date (mm/dd/yyyy)

3/21/2019

Previous edition is obsolete

form HUD 50071 (01/14)  
ref. Handbooks 7417.1, 7475.13, 7485.1, & 7485.3