



LOUISIANA HOUSING AUTHORITY

ANNUAL PHA PLAN

Fiscal Year Beginning 01/01/2018

Streamlined Annual PHA Plan (HCV Only PHAs)	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 02/29/2016
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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-HCV is to be completed annually by **HCV-Only PHAs**. PHAs that meet the definition of a Standard PHA, Troubled PHA, High Performer PHA, Small PHA, or Qualified PHA do not need to submit this form. Where applicable, separate Annual PHA Plan forms are available for each of these types of PHAs.

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 if administering both programs, or PHAS if only administering public housing.
- (2) **Small PHA** - A PHA that is not designated as PHAS or SEMAP troubled, or at risk of being designated as troubled, 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 and 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	PHA Name: <u>Louisiana Housing Authority</u> PHA Code: <u>LA903</u> PHA Plan for Fiscal Year Beginning: (MM/YYYY): <u>01/2018</u> PHA Inventory (Based on Annual Contributions Contract (ACC) units at time of FY beginning, above) Number of Housing Choice Vouchers (HCVs) <u>2000</u> PHA Plan Submission Type: <input checked="" type="checkbox"/> Annual Submission <input type="checkbox"/> Revised Annual Submission				
<p>Availability of Information. 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 the main office or central office of the PHA. PHAs are strongly encouraged to post complete PHA Plans on their official website.</p>					
<input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below)					
	Participating PHAs	PHA Code	Program(s) in the Consortia	Program(s) not in the Consortia	No. of Units in Each Program
	Lead HA:				

B.	Annual Plan.
B.1	<p>Revision of PHA Plan Elements.</p> <p>(a) Have the following PHA Plan elements been revised by the PHA since its last Annual Plan submission?</p> <p>Y N</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 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 checked="" type="checkbox"/> <input type="checkbox"/> Operation and Management. <input type="checkbox"/> <input checked="" type="checkbox"/> Informal Review and Hearing Procedures. <input type="checkbox"/> <input checked="" type="checkbox"/> Homeownership Programs. N/A <input type="checkbox"/> <input checked="" type="checkbox"/> Self Sufficiency Programs and Treatment of Income Changes Resulting from Welfare Program Requirements. <input type="checkbox"/> <input checked="" type="checkbox"/> Substantial Deviation. <input type="checkbox"/> <input checked="" type="checkbox"/> Significant Amendment/Modification.</p> <p>(b) If the PHA answered yes for any element, describe the revisions for each element(s): REFER TO PHA PLAN UPDATES</p>
B.2	<p>New Activities</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</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Project Based Vouchers.</p> <p>(b) If this activity is planned for the current Fiscal Year, describe the activities. Provide the projected number of project-based units and general locations, and describe how project-basing would be consistent with the PHA Plan. REFER TO PHA PLAN UPDATES</p>
B.3	<p>Most Recent Fiscal Year Audit.</p> <p>(a) Were there any findings in the most recent FY Audit?</p> <p>Y N N/A</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>(b) If yes, please describe:</p>
B.4	<p>Civil Rights Certification</p> <p><i>Form HUD-50077, PHA Certifications of Compliance with the PHA Plans and Related Regulations, must be submitted by the PHA as an electronic attachment to the PHA Plan.</i></p>
B.5	<p>Certification by State or Local Officials.</p> <p><i>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.</i></p>
B.6	<p>Progress Report.</p> <p>Provide a description of the PHA's progress in meeting its Mission and Goals described in its 5-Year PHA Plan.</p>
B.7	<p>Resident Advisory Board (RAB) Comments.</p> <p>(a) Did the RAB(s) provide comments to the PHA Plan?</p> <p>Y N</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>(a) 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>

Instructions for Preparation of Form HUD-50075-HCV Annual PHA Plan for HCV Only PHAs

A. PHA Information. All PHAs must complete this section. (24 CFR §903.23(4)(e))

A.1 Include the full PHA Name, PHA Code, PHA Type, PHA Fiscal Year Beginning (MM/YYYY), Number of 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.

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

B. Annual Plan. All PHAs must complete this section. (24 CFR §903.11(e)(3))

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."

Housing Needs and Strategy for Addressing Housing Needs. Provide a statement addressing the housing needs of low-income, very low-income families who reside in the PHA's jurisdiction and other families who are on the Section 8 tenant-based waiting list. 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. (24 CFR §903.7(a)(1) and 24 CFR §903.7(a)(2)(i)). 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. (24 CFR §903.7(a)(2)(ii))

Deconcentration and Other Policies that Govern Eligibility, Selection, and Admissions. A statement of the PHA's policies that govern resident or tenant eligibility, selection and admission including admission preferences for HCV. (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 HCV funding and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support 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 rental contributions of families receiving tenant-based assistance, discretionary minimum tenant rents, and payment standard policies. (24 CFR §903.7(d))

Operation and Management. A statement that includes a description of PHA management organization, and a listing of the programs administered by the PHA. (24 CFR §903.7(e)(3)(4)).

Informal Review and Hearing Procedures. A description of the informal hearing and review procedures that the PHA makes available to its applicants. (24 CFR §903.7(f))

Homeownership Programs. A statement describing any homeownership programs (including project number and unit count) administered by the agency under section 8y of the 1937 Act, or for which the PHA has applied or will apply for approval. (24 CFR §903.7(k))

Self Sufficiency Programs and Treatment of Income Changes Resulting from Welfare Program Requirements. A description of any PHA programs relating to services and amenities coordinated, promoted, or provided by the PHA for assisted families, including those resulting from the PHA's partnership with other entities, for the enhancement of the economic and social self-sufficiency of assisted families, including programs provided or offered as a result of the PHA's partnerships with other entities, and activities under section 3 of the Housing and Community Development Act of 1968 and under requirements for the Family Self-Sufficiency Program and others. Include the program's size (including required and actual size of the FSS program) and means of allocating assistance to households. (24 CFR §903.7(l)(i)) Describe how the PHA will comply with the requirements of section 12(c) and (d) of the 1937 Act that relate to treatment of income changes resulting from welfare program requirements. (24 CFR §903.7(l)(iii)).

Substantial Deviation. PHA must provide its criteria for determining a "substantial deviation" to its 5-Year Plan. (24 CFR §903.7(r)(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; or b) any change with regard to homeownership programs. 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.

B.2 **New Activity.** If the PHA intends to undertake new activity using Housing Choice Vouchers (HCVs) for new Project-Based Vouchers (PBVs) in the current Fiscal Year, mark "yes" for this element, and describe the activities to be undertaken in the space provided. If the PHA does not plan to undertake this activity, mark "no." (24 CFR §983.57(b)(1) and Section 8(13)(C) of the United States Housing Act of 1937.

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

- B.3 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 §903.11(c)(3), 24 CFR §903.7(p))
- B.4 Civil Rights Certification.** Form HUD-50077, *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))
- B.5 Certification by State or Local Officials.** Form HUD-50077-SL, *Certification by State or Local Officials of PHA Plans Consistency with the Consolidated Plan*, including the manner in which the applicable plan contents are consistent with the Consolidated Plans, must be submitted by the PHA as an electronic attachment to the PHA Plan. (24 CFR §903.15)
- B.6 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 §903.11(c)(3), 24 CFR §903.7(r)(1))
- B.7 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)

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 Annual PHA Plan. The Annual PHA Plan provides 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 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 4.5 hour 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

Note: The following materials have been updated as of September 22, 2017

Additional Status Update

LHA has received HUD funding for 1,565 baseline units.

As of August 3, 2017, there are 1,437 households included in the program, of which 90% are categorized extremely low income. The average household gross annual income is \$9,663. All households are classified as disabled, 64% are female heads of household with children and 52% are Black/African American.

1,622 units are under Housing Assistance Payment contracts. These units are broken down as follows: 119 (7%) studio units, 690 (42%) one-bedroom units, 487 (30%) two-bedroom units, 238 (15%) three-bedroom units, 88 (5%) four-bedroom units. There are an additional 297 units under an Agreement to enter into a Housing Assistance Payment Contract.

New units for the program will be brought on, in part, through the award of vouchers to projects from the Louisiana Housing Corporation's Notice of Funding Availability that included 4% Low Income Housing Tax Credits, HOME and disaster CDBG funds and from the award of vouchers to projects from the Qualified Allocation Plan that provided favorable treatment for proposals containing program units. Additionally, there is an open owner solicitation for existing units and units that will come on line in the next twelve months. The owner solicitation will remain open at least until LHA reaches a baseline of 2,000 units. Vouchers will be allocated based on waiting list demand within the Gulf Opportunity Zone and on or after January 1, 2018, in the remainder of Louisiana as authorized here and by changes to the Section 8 Administrative Plan. There are approximately 1,822 households on waiting lists.

11.0 (f) Resident Advisory Board (RAB) comments

The RABs are active in all six regions in the Gulf Opportunity Zone.

RAB meetings were held during at various times during year 2017. An overview of the PSH program was presented at each meeting with a strong emphasis on the importance of submitting documents required annually to avoid termination of assistance and Housing Quality Standards policy and procedures.

11.0 (g) Challenged Elements

To be completed upon conclusion of the 45-day public comment period and public hearing.

Administrative Plan changes to provide for state-wide operation of Permanent Supportive
Housing Project-Based Voucher Program

In Section I, at the end of the paragraph starting with “This appropriation,” strike the last sentence and insert: “Commencing January 1, 2018, in recognition of multiple disasters throughout the State in recent years including Presidentially-declared disasters in 56 of the 64 parishes after the March and August 2016 floods, the PSH PBV program will operate State-wide to serve households with living situations disrupted by Louisiana Presidentially declared disasters.”

A new Section 4.2.13 is added as follows:

“4.2.13. Other Disaster Displacee

A household whose living situation has been disrupted by a Louisiana Presidentially-declared disaster after the 2005 hurricanes, either directly by the physical effects of the disaster or by the resulting socioeconomic effects (e.g., rent increases). Households who were homeless and whose living situation was disrupted by the effects of the disaster are included.

In Section 4.6.1, after “Persons displaced by Hurricanes Katrina or Rita” add: “or Other Disaster Displacees”.

In the chart in Section 4.6.1, add at the end of Preference 8: “or Other Disaster Displacees”.

In the title of Section 4.7.6, add “**Hurricane**” before “**Displacees**”.

At the end of Section 4.7.6, add: “The applicant may present alternative government agency or other documentation acceptable to LHA that the applicant has had its living situation disrupted by the 2005 hurricanes. See Section 4.2.8.”

A new Section 4.7.13 is added as follows:

“4.7.13 Other Disaster Displacees

A majority of Other Disaster Displacees have identification numbers from FEMA. This number serves as documentation that an applicant is an Other Disaster Displacee. The applicant should provide a copy of a letter from FEMA which includes this number and certifies their status. The applicant may present alternative government agency or other documentation acceptable to LHA that the applicant has had its living situation disrupted by a Louisiana Presidentially-declared disaster.

In Exhibit A, at the end of the first section entitled “**Permanent Supportive Housing (PSH) Initiative**”, add the following sentence: “Commencing January 1, 2018, in recognition of multiple disasters throughout the State in recent years including Presidentially-declared disasters in 56 of the 64 parishes after the March and August 2016 floods, the PSH PBV program will

operate State-wide to serve households with living situations disrupted by Louisiana Presidentially-declared disasters.”

Additional Administrative Plan changes

[Note: some of the changes below already may be included in the version of the Administrative Plan that is posted on the Website, either in identical or somewhat different form. In the event of any conflict between the versions, this version will prevail once adopted by LHA.]

Change the title of Section 3.4 to “Inspection of Units”.

In Section 3.4, delete the first paragraph of the material entitled “ Other Inspections” and substitute the following:

“Biennial Inspections: LHA will conduct inspections of each assisted unit biennially. Where inspections are conducted by REAC, HOME or the LIHTC program, the LHA will rely on the results of those inspections, as long as PBV units were included in the pool of units from which the inspectors randomly sampled. In addition, for those properties with multiple financing sources (PBV plus federal, state or local housing program), the LHA may rely on alternative inspection methods that adhere to the HUD requirements.”

At the beginning of the following paragraph in Section 3.4, insert “**Noncompliance:**”

After the bulleted list in Section 3.4, insert at the beginning of the paragraph: “Irrespective of the inspection schedules outlined above, the LHA will inspect a unit when a participant family or a government official reports a condition that if verified would be likely to violate HQS.”

In Section 4.5.1, insert before the period at the end of the first paragraph: “or the federal poverty level”. Insert after “for the area” in the next sentence: “or the federal poverty level”.

In Section 4.9.4, insert the following as a new paragraph immediately before “**Counting household members.**”:

“As per HUD Notice PIH 2016-05, in cases where a reasonable accommodation has been provided, the PHA will use the appropriate utility allowance for the size of the dwelling unit actually leased by the family.”

In Section 5.1, number the first paragraph “1.” and replace “Unless subject to 5.1.2 below, at” with “At”. Then add the following paragraphs:

“2. The LHA has a streamlined annual reexamination for fixed sources of income. Fixed sources of income include: social security payments including SSI and SSDI, federal, state, local and private pensions and other periodic payments received from annuities, insurance policies, retirement funds, disability or death benefits and other similar types of periodic payments. The LHA will first determine if a family member’s income source is fixed and then, if so, apply a Cost of Living Adjustment (COLA) or a current rate of interest. The COLA or the

current rate of interest applicable to each source of fixed income will be obtained either from a public source or from tenant-provided third party generated documentation. For any family member whose income is determined using streamlined reexamination, third party verification of all income amounts for all family members will be performed at least every three years.

3. The LHA reserves the right to require third party verification for a family member with fixed income in order to ensure compliance with HUD regulations and other requirements.”

In the title of SECTION VI, add “**AND DURING OCCUPANCY**” at the end.

Add a new Section 6.1.1 as follows:

“6.1.1 Verification of Assets under \$5,000

Verification of Assets Under \$5,000

After the initial verification of income, participant families whose assets are valued at \$5,000 or less may provide a declaration in a form acceptable to the LHA that their assets are less than or equal to \$5,000; this declaration must show each asset and the amount of income expected from or imputed by that asset. Households with assets valued at \$5,000 or less may provide such a declaration for two of three years; in the third year, these households will be required to provide third party verification of assets.”

At the end of Section 6.3, use the chart now contained in the Administrative Plan version on the Louisiana Housing Corporation Website commencing at page C-56 and copied at the end of these revisions. Replace the sentence after the chart with: “The Notice or any other HUD requirements shall prevail in the event of any conflict with this chart.”

In Section 7.2, replace current paragraph 4. and the material thereafter with the following:

“4. If none of the above applies, the adult member initially designated as head of household (HOH) will retain the PBV unit even if the household does not meet the PSH eligibility requirement; however, the HOH must meet the income eligibility requirement. In addition, the household may be asked to move to a unit suitable for the new family configuration (See Section 7.1).

If the household member(s) separating is/are eligible for PSH, the LHA will treat the person or group leaving the unit as a transfer or terminate participation if the household member(s) is/are no longer interested in receiving assistance from the PSH program. The LHA will reevaluate this policy should a significant number of units become occupied by households not in need of the PSH supports.”

In Section 7.4, replace the second sentence with: “An assisted family in good standing may be transferred to a new PBV unit a maximum of three times during continued assistance, if a unit is available and the HAP for the old unit has been or will be terminated for reasons not caused by the family, or for the following reasons:”

In Section 7.4, insert the following new bullet immediately before the last bullet:

- “Violence Against Women Act (VAWA)- related incident that occurred within 90 days of transfer request;”

In Section 7.4, replace the first sentence in the paragraph after the last bullet with: “Assisted families on the waiting list to be rehoused/transferred for the reasons listed in this section will be given absolute preference for the next available unit.”

Chart to be inserted at the end of Section 6.3 (replaces any earlier chart in that location; formatting may be simplified or as is currently on the Louisiana Housing Corporation Website):

Verification Requirements for Individual Items

<u>Item to Be Verified</u>	<u>3rd party verification</u>	<u>Hand-carried verification</u>
<u>General Eligibility Items</u>		
<u>Social Security Number</u>	<u>Letter from Social Security, electronic reports</u>	<u>Social Security card or a third party document stating the Social Security Number</u>
<u>Adult Status of the Head of Household</u>		<u>Valid driver's license, identification card issued by a government agency, or a birth certificate</u>
<u>Citizenship</u>	<u>N/A</u>	<u>Signed Section 214 Declaration, and voter's registration card, birth certificate, etc.</u>
<u>Eligible immigration status</u>	<u>INS SAVE confirmation #</u>	<u>INS card</u>
<u>Disability</u>	<u>EIV receipt of SSI, Verification Form from medical professional</u>	<u>Proof of SSI or Social Security disability payments</u>
<u>Full time student status (if >18)</u>	<u>Verification Form or letter from school</u>	<u>For high school and/or college students, any document evidencing FT enrollment</u>
<u>Need for a live-in aide</u>	<u>Verification form or letter from medical professional or other professional knowledgeable of condition</u>	<u>N/A</u>
<u>Child care costs</u>	<u>Verification form or letter from care provider</u>	<u>Bills and receipts</u>
<u>Disability assistance expenses</u>	<u>Verification forms or letter from suppliers, care givers, etc.</u>	<u>Bills and records of payment</u>
<u>Medical expenses</u>	<u>Verification forms or letters from providers, prescription record from pharmacy, medical professional's letter stating assistance or a companion animal is needed</u>	<u>Bills, receipts, records of payment, dates of trips, mileage log, receipts for fares and tolls</u>
<u>Medicare Discount Card</u>		<u>A card with the words "Medicare Approved" on it</u>

Verification Requirements for Individual Items

<u>Item to Be Verified</u>	<u>3rd party verification</u>	<u>Hand-carried verification</u>
<u>Medicare Discount Benefit</u>		<u>Individual receipts if the pre-discount cost is included; a comparison of receipts before and after the application of the discount; other information provided by the pharmacy supplying the prescription; or if nothing else is available, an imputed value of \$48.17 per prescription.</u>
<u>Value of and Income from Assets</u>		
<u>The verification requirements in the matrix below apply ONLY when the participating family has total assets greater than \$5,000. Participant families whose assets are valued at \$5,000 or less may provide a declaration in a form acceptable to the LHA that their assets are less than or equal to \$5,000; this declaration must show each asset and the amount of income expected or imputed by that asset. Third party verification of assets will be required at least every third year.</u>		
<u>Savings, checking accounts</u>	<u>Verification form or letter from institution</u>	<u>Passbook, last three months of bank statements</u>
<u>CDs, bonds, etc.</u>	<u>Verification form or letter from institution</u>	<u>Tax return, information brochure from institution, the CD, the bond</u>

<u>Stocks</u>	<u>Verification form or letter from broker or holding company</u>	<u>Stock or most current statement, price in newspaper or through Internet</u>
<u>Real property</u>	<u>Verification form or letter from tax office, assessment, etc.</u>	<u>Property tax statement (for current value), assessment, records or income and expenses, tax return</u>
<u>Personal property held as an investment</u>	<u>Assessment, bluebook, etc.</u>	<u>Receipt for purchase, other evidence of worth</u>
<u>Cash value of whole life insurance policies</u>	<u>Verification form or letter from insurance company</u>	<u>Current statement</u>
<u>Assets disposed of for less than fair market value</u>	<u>N/A</u>	<u>Original receipt and receipt at disposition, other evidence of worth</u>
<u>Income</u>		
<u>Earned income</u>	<u>Verification form or letter from employer</u>	<u>Two consecutive pay stubs</u>
<u>Self-employed</u>	<u>N/A</u>	<u>Tax return from prior year, books of accounts</u>

Verification Requirements for Individual Items

<u>Item to Be Verified</u>	<u>3rd party verification</u>	<u>Hand-carried verification</u>
<u>Verification Requirements for Individual Items</u>		

Item to Be Verified

Regular gifts and contributions

3rd party verification

Verification form or letter from source, letter from organization receiving gift (i.e., if grandmother pays day care provider, the day care provider could so state)

Hand-carried verification

Bank deposits, other similar evidence

Alimony/child support

Verification form, letter or printout from agency through whom payments are made, letter from source, letter from Human Services

Record of deposits, divorce decree

Social Security (all types)

Periodic payments (i.e., welfare, pensions, workers' comp, unemployment)

EIV or Verification form from SSA
Verification form or electronic reports from the source

Letter from Social Security
Award letter, letter announcing change in amount of future payments

Training program participation

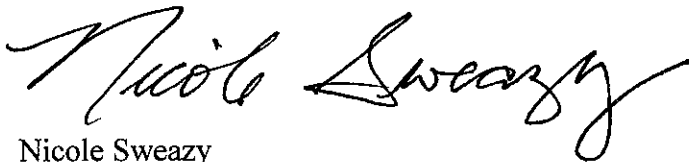
Letter from program provider indicating
- whether enrolled
- whether training is HUD-funded
- whether State or local program
- whether it is employment training
- whether payments are for out-of-pocket expenses incurred in order to participate in a program

N/A

Violence Against Women Act Certification

The Louisiana Housing Authority, as administrator of a federal funded housing program - shall protect victims of criminal domestic violence, sexual assaults, or stalking, as well as members of the victims' family- from losing their HUD assisted housing as a result of the aforementioned crime committed against them.

The agency's Administrative Plan covers denial of admission to the program and termination of continued participation relative to the Violence Against Women Act and serves as protection of such abuse.

A handwritten signature in black ink, reading "Nicole Sweazy". The signature is written in a cursive, flowing style with a large initial "N" and a long, sweeping tail.

Nicole Sweazy

Louisiana Housing Authority Executive Director

September 27, 2017



*Form HUD-50077, PHA Certifications of
Compliance with the PHA Plans and
Related Regulations*

**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 Annual PHA Plan for the PHA fiscal year beginning 2018, 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).

LOUISIANA HOUSING AUTHORITY

LA903

PHA Name

PHA Number/HA Code

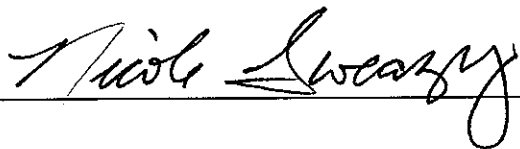
Annual PHA Plan for Fiscal Year 2018

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 Nicole Sweazy

Title Executive Director, LHA

Signature



Date

10/2/2017



Form HUD-50077-CR, *Civil Rights
Certificate*

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.

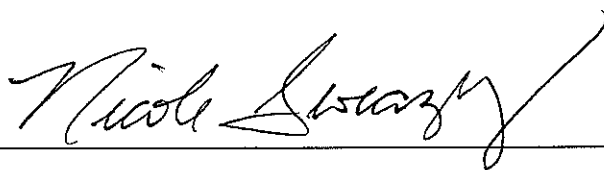
Louisiana Housing Authority

LA903

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 Nicole Sweazy	Title Executive Director, LHA
Signature 	Date 10/02/2017



*Form HUD-50077-SL, Certificate by State
or Local Officials of PHA Plans
Consistency with the Consolidated Plan*

**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, Patrick Forbes, the Executive Director
Official's Name *Official's Title*

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

Louisiana Housing 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

The State of LA - OCD

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.

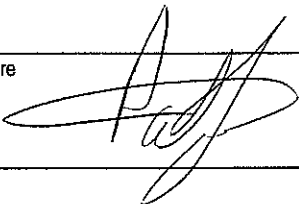
Description is attached.

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 Patrick Forbes

Title Executive Director, OCD

Signature



Date

09/27/2017

**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, Patrick Forbes, the Executive Director
Official's Name *Official's Title*

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

The Stat of LA - OCD

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.

- The LHA has and will continue to worked with owners to ensure compliance with all fair housing requirements are met.
- The LHA has and will continue to ask all participating owners to post fair housing notices.
- The LHA has ensured that when waiting lists are opened, there is ample and broad public notice. The LHA will provide federal/State/Local information to applicants and participants in the PBV program regarding discrimination and VAWA, and will continue to assist any family that believes it has suffered by providing a copy of housing discrimination form and VAWA forms and ensure business partners are helping to assist with completion of said forms.
- The LHA has and will continue to work with Louisiana Department of Health and Hospitals (LDH) to ensured that supportive services are offered to participating families.