



COMMISSION 419 Cherry St., Lansing, MI 48933 Telephone: (517) 487-6550 Fax: (517) 487-6977

Agenda  
Lansing Housing Commission  
Annual Plan Public Hearing  
April 24, 2019

Call to Order

1. Roll Call.

Informational Items:

- a. Proposed Administrative Plan Changes – Kim Shirey
- b. Proposed ACOP Plan Changes – LIPH Staff
- c. Overview Resident Advisory Board (RAB) – LIPH

Action Items:

- Resolution No. 1309 – Approval of the 2019 -- 2020 Annual Plan
- Resolution No. 1310 – Approval of the 2019 – 2023 5-year Plan

2. President's Comments

3. Public Comment - limit 3 minutes per person

Other Business:

4. Adjournment



**Current LHC Standard Operating Procedure**

A family's request for a Live-In Aide must be made in writing. Written verification will be required from a reliable, licensed professional, such as a doctor, social worker, or case worker, that the Live-In Aide is essential for the care and well-being of the elderly, near-elderly, or disabled family member. For continued approval, the family must submit a new, written request-subject to LHC verification-at each annual re-examination.

Families must report when the Live-In Aide is no longer part of the household within 30 days of the event. The family will be allowed 60 days to search for, select, and secure LHC approval of a replacement Live-In Aide. If no new live in aide is approved within 60 days new documentation from a medical professional must be supplied. Live-In Aides:

Are considered a member of the household for Live-In Aide purposes only. Live in aides are not a member of the family for determining the rental rate member and Live in aides do not qualify as a remaining member of a qualified household. He or she is not considered eligible to receive the benefits of a housing choice voucher.

Must utilize the rental unit as his or her sole residence during the time he or she is certified as the participant's Live-In Aide;

Must comply with citizenship requirements

Must complete a Live-In Aide certification form

**Proposed LHC Standard Operating Procedure**

A family's request for a Live-In Aide must be made in writing. Written verification will be required from a reliable, knowledgeable professional, such as a doctor, social worker, or case worker, that the Live-In Aide is essential for the care and well-being of the elderly, near-elderly, or disabled family member. For continued approval, the family must submit a new, written request at each annual re-examination unless a permanent approval for a Live-In Aide has been granted by LHC. In addition, the family and Live-In Aide will be required to submit a certification stating that the Live-In Aide is (1) not obligated for the support of the person(s) needing the care, and (2) would not be living in the unit except to provide the necessary supportive services. **LHC will not approve a particular person as a Live-In Aide, and may withdraw such approval if [24 CFR 982.316(b)]: The person commits fraud, bribery or any other corrupt or criminal act in connection with any federal housing program; The person commits drug-related criminal activity or violent criminal activity; or The person currently owes rent or other amounts to LHC or to another PHA -in connection with Section 8 or public housing assistance under the 1937 Act. LHC will notify the family of its decision within 10 business days of receiving a request for a Live-In Aide, including all required documentation related to the request. Families must report when the Live-In Aide is no longer part of the household within 10 business days of the event. The family will be allowed 60 days to search for, select, and have LHC approve a replacement Live-In Aide. Live-In Aides: 1. Are considered a member of the household for Live-In Aide purposes only and not a family member; and do not qualify as a remaining tenant. 2. Must utilize the rental unit as his or her sole residence during the time he or she is certified as the participant's Live-In Aide; The HA shall document the following annually or when there is a change in Live-In Aides: 1. If the Live-In Aide was approved for one year, a new Request for Reasonable Accommodation must be submitted by the family and approved at the next annual re-examination. In addition, the Live-In Aide must be identified on the LHC 1890. 2. If the Request for Reasonable Accommodation was approved on a**

permanent basis, LHC will verify at annual re-examination that a Live-In Aide is identified on the HCV Certification Form. 3. A Certification of Live-In Aide Status must be completed at the annual re-examination for all approved Live-In Aides. Live in aide family members and/or their minor children do not count as dependents. Additional bedrooms on the voucher are not granted for the Live-In Aide's family members. A person who is currently a Live-In Aide can become a family member and be added to the family composition if they meet eligibility requirements. At the annual HQS Inspection, the HA must verify that the extra bedroom for the Live-In Aide is being utilized for that purpose.

<b>Local Preferences [24 CFR 982.207; HCV p. 4-16] Pages 4-9 and 4-10</b>
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**Current LHC Standard Operating Procedure**

**4. Residency Preference**

This local preference would continue to give a preference for applicants who reside within the LHC jurisdiction of: Lansing East Lansing, Haslett, Dewitt, Williamston, Mason, Grand Ledge, Dimondale, Okemos, Bath, and Holt. This is further defined to mean: The family must live, within the limits of the LHC jurisdiction as defined above, at the time of application.

**Proposed LHC Standard Operating Procedure**

**4. Residency Preference**

This local preference would continue to give a preference for applicants who reside within the LHC jurisdiction of: Lansing East Lansing, Haslett, Dewitt, Williamston, Mason, Grand Ledge, Dimondale, Okemos, Bath, Holt, **Pottersville, and Charlotte**. This is further defined to mean: The family must live, within the limits of the LHC jurisdiction as defined above, at the time of application.

If the applicant claimed a residency preference on their original or updated application, residency preference verification documentation must be received by LHC at the time the applicant is pulled from the waiting list. Proof that the head of household, spouse, or co-head currently lives in the county if county residency was claimed: • A copy of a valid driver's license which includes a current address • A copy of a valid state ID card which includes a current address • A copy of a valid Medicaid card which includes a current address • A valid Social Security benefit letter which includes a current address • A copy of a valid voter's registration card which includes a current address • A letter from the Homeless Shelter, HARA, or Lead Agency indicating residency.

<b>Departure of a Family or Household Member page 11-7 to 11-8</b>
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Families must promptly notify the PHA if any family member no longer lives in the unit [24 CFR 982.551(h)(3)]. Because household members are considered when determining the family unit (voucher) size [24 CFR 982.402], the PHA also needs to know when any Live-In Aide, foster child, or foster adult ceases to reside in the unit.

**Current LHC Standard Operating Procedure**

If a household member ceases to reside in the unit, the family must inform the LHC within 10 business days. This requirement also applies to a family member who has been considered temporarily absent at the point that the family concludes the individual is permanently absent. The family must provide the LHC a copy of the revised lease identifying the family member who was so be removed. In addition, the new family member must provide a driver's license showing their new address, and/or current mail being received at that address.

### **Proposed LHC Standard Operating Procedure**

If a household member ceases to reside in the unit, the family must inform the LHC within 10 business days.. The family must provide the LHC a copy of the revised lease identifying the family member who was removed. In addition, the **removed** family member must provide a driver's license showing their new address, and/or current mail being received at that address. **If the requested documentation is unable to be obtained, the Head of Household can self-certify the date in which the member left the household.**

## 2019 ACOP changed from HUD

### Chapter 3-1.M.:

*A family's request for a live-in aide must be made **orally or in writing**. **LHC will verify the need for a live-in aide, if necessary**, from a reliable, knowledgeable professional of the family's choosing that the live-in aide is essential for the care and well-being of the elderly, near-elderly, or disabled family member. For continued approval, the family **may be required to submit a new written request- subject to LHC verification at each annual reexamination** In addition, the family and live-in aide will be required to submit a certification stating that the live-in aide is (1) not obligated for the support of the person(s) needing the care, and (2) would not be living in the unit except to provide the necessary supportive services. This person is necessary due to the resident not being able to fulfill life skills.*

### Chapter 7:

Verification of documents changed from **120** days to **60** days

The remaining changes listed on the attached form are just reference number updates.

## **Individuals Confined for Medical Reasons**

### LHC Policy

An individual confined to a nursing home or hospital on a permanent basis is not considered a family member.

If there is a question about the status of a family member, LHC will request verification from a responsible medical professional and will use this determination. If the responsible medical professional cannot provide a determination, the person generally will be considered temporarily absent. The family may present evidence that the family member is confined on a permanent basis and request that the person not be considered a family member.

## **Return of Permanently Absent Family Members**

### LHC Policy

The family must request LHC approval for the return of any adult family members that the LHC has determined to be permanently absent. The individual is subject to the eligibility and screening requirements discussed elsewhere in this chapter.

## **3-I.M. LIVE-IN AIDE**

Live-in aide means a person who resides with one or more elderly persons, or near-elderly persons, or persons with disabilities, and who: (1) is determined to be essential to the care and well-being of the persons, (2) is not obligated for the support of the persons, and (3) would not be living in the unit except to provide the necessary supportive services [24 CFR 5.403].

LHC must approve a live-in aide if needed as a reasonable accommodation in accordance with 24 CFR 8, to make the program accessible to and usable by a family member with disabilities.

A live-in aide is a member of the household, not the family, and the income of the aide is not considered in income calculations [24 CFR 5.609(c)(5)]. Relatives may be approved as live-in aides if they meet all of the criteria defining a live-in aide. However, a relative who serves as a live-in aide is not considered a family member and would not be considered a remaining member of a tenant family.

### LHC Policy

A family's request for a live-in aide must be made in writing. Written verification will be required from a reliable, knowledgeable professional of the family's choosing that the live-in aide is essential for the care and well-being of the

elderly, near-elderly, or disabled family member. For continued approval, the family must submit a new reasonable accommodation request for LHC to process at each annual recertification. In addition, the family and live-in aide will be required to submit a certification stating that the live-in aide is (1) not obligated for the support of the person(s) needing the care, and (2) would not be living in the unit except to provide the necessary supportive services.

LHC has the discretion not to approve a particular person as a live-in aide, and may withdraw such approval, if [24 CFR 966.4(d)(3)(i)]:

The person commits fraud, bribery or any other corrupt or criminal act in connection with any federal housing program;

The person has a history of drug-related criminal activity or violent criminal activity; or

The person currently owes rent or other amounts to the PHA or to another PHA in connection with Section 8 or public housing assistance under the 1937 Act.

Within 30 business days of receiving a request for a live-in aide, including all required documentation related to the request, LHC will notify the family of its decision in writing.

### **Live-In Aide**

A live-in aide is not considered a Family member and has no rights or benefits under the lease. A live-in aide:

If LHC approves a live-in aide:

- Income of the live-in aide will not be counted for purposes of determining eligibility or level of benefits.
- Live-in aides are not subject to Non-Citizen Rule Requirements.
- Live-in aides are not considered as a remaining member of the Family.

Live-in aides must comply with LHC's rules and regulations. Relatives are not automatically excluded from being live-in aides, but they must satisfy the live-in aide requirements described above.

Family members of a live-in aide may also reside in the unit, providing doing so does not require an additional bedroom for the Family and that the presence of the live-in aide's Family member(s) does not overcrowd the unit.



reported information).

- **Third-Party Oral:** Medium level of third-party verification. (Mandatory if written third-party verification is not available). LHC may use telephone verifications.
- **Review of Documents:** Medium to Low level of third-party verification. LHC will review documents provided by the Applicant, when relevant, to substantiate the claim of an Applicant or Resident.
- **Self-Certification by Notarized Statement:** Low level of third-party verification (Used as a last resort). A notarized statement from the Applicant will be accepted when no other form of verification is available.

If third-party verification is not received directly from the source, LHC will include documentation in the file explaining why the third-party verification was impossible to obtain and another method was used.

LHC will not delay the processing of an Applicant beyond fourteen (14) calendar days because a third-party information provider does not return the verification in a timely manner.

## Requirements for Acceptable Documents

### LHC Policy

Any documents used for verification must be the original (not photocopies), deemed by LHC as an authentic document, and generally must be dated within 120 days of the date they are provided to LHC. The documents must not be damaged, altered or in any way illegible.

Print-outs from web pages are considered original documents.

LHC staff member who views the original document must make a photocopy, Initial and date stamp the documentation as proof of viewing the original document.

Any household self-certifications must be made in a format acceptable to LHC and must be signed in the presence of a LHC representative or LHC notary public.

For Applicants, verification may not be more than 120 calendar days old at the time of a unit offer. For Residents, verifications are valid for 120 calendar days from the date of receipt.

Regardless of these timeframes, Criminal History Reports will be useable as a valid verification for no longer than 120 calendar days.



## Social Security Administration Award Letter

### **7-I.D THIRD-PARTY WRITTEN AND ORAL VERIFICATION**

HUD's current verification hierarchy defines two types of written third-party verification. The more preferable form, "written third-party verification," consists of an original document generated by a third-party source, which may be received directly from a third-party source or provided to the PHA by the household. If written third-party verification is not available, the PHA must attempt to obtain a "written third-party verification form." This is a standardized form used to collect information from a third party.

#### **Written Third-Party Verification [Notice PIH 2010-19]**

Written third-party verification documents must be original and authentic and may be supplied by the household or received from a third-party source.

Examples of acceptable resident-provided documents include, but are not limited to: pay stubs, payroll summary reports, employer notice or letters of hire and termination, SSA benefit verification letters, bank statements, child support payment stubs, welfare benefit letters and/or printouts, and unemployment monetary benefit notices.

LHC is required to obtain, at minimum, two current and consecutive pay stubs for determining annual income from wages.

LHC may reject documentation provided by the household if the document is not an original, if the document appears to be forged, or if the document is altered, mutilated, or illegible.

#### **LHC Policy**

Third-party documents provided by the household must be dated within 120 days of LHC request date.

If LHC determines that third-party documents provided by the household are not acceptable, LHC will explain the reason to the household and request additional documentation.

As verification of earned income, LHC is required to obtain at a minimum, 2 consecutive pay stubs prior to determine annual income from wages.

#### **Written Third-Party Verification Form**

When upfront verification is not available and the household is unable to provide written third-party documents, the PHA must request a written third-party verification form. HUD's position is that this traditional third-party verification method presents administrative burdens and risks which may be reduced through the use of household-

If childcare services were terminated, a third-party verification will be sent to the parent whose child was cared for.

LHC will conduct interim re-certifications every 120 calendar days and require the Resident to provide a log with the information about customers and income.

### **7.III-C PERIODIC PAYMENTS AND PAYMENTS IN LIEU OF EARNINGS**

#### **Social Security, Pensions, Supplementary Security Income(SSI), Disability Income**

##### **LHC Policy**

To verify the SS/SSI benefits of applicants, LHC will request a current (dated within the last 120 days) SSA benefit verification letter from each household member who receives social security benefits. If a household member is unable to provide the document, LHC will help the applicant request a benefit verification letter from SSA's Web site at [www.socialsecurity.gov](http://www.socialsecurity.gov) or ask the household to request one by calling SSA at 1-800-772-1213. Once the household has received the original benefit verification letter, it will be required to provide the letter to LHC.

To verify the SS/SSI benefits of residents, LHC will obtain information about social security/SSI benefits through HUD's EIV system, and confirm with the resident(s) that the current listed benefit amount is correct. If the resident disputes the EIV-reported benefit amount, or if benefit information is not available in HUD systems, LHC will request a current SSA benefit verification letter from each household member that receives social security benefits. If a household member is unable to provide the document, LHC will help the resident request a benefit verification letter from SSA's Web site at [www.socialsecurity.gov](http://www.socialsecurity.gov) or ask the household to request one by calling SSA at 1-800-772-1213. Once the household has received the benefit verification letter, it will be required to provide the letter to LHC

#### **Recurring gifts**

The Household members must furnish a notarized statement on the approved LHC form, which contains the following information:

- The person who provides the gift;
- The value of the gift;
- The regularity (dates) of the gift; and
- The purpose of the gift.

Main document changes and comments

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orally or

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Written verification will be required

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LHC will verify the need for a live-in aide, if necessary

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must

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may be required to

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written request- subject to LHC verification at each annual reexamination

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reasonable accommodation request for LHC to process at each annual recertification.

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2010-19

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2017-12

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2017-12

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2017-12

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2017-12

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2017-12

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120

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2017-2

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2017-12

Header and footer changes
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Text Box changes
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Header and footer text box changes

Footnote changes

Endnote changes



COMMISSION 419 Cherry St., Lansing, MI 48933 Telephone: (517) 487-6550 Fax: (517) 487-6977

**Resolution No. 1309**

Adopted by the Lansing Housing Commission

**April 24, 2019**

**BE IT RESOLVED BY THE LANSING HOUSING COMMISSION:**

**Approval of the 2019 Annual Plan**

**BE IT RESOLVED BY THE LANSING HOUSING COMMISSION:**

Douglas E. Fleming acting in his capacity as Executive Director, or his designee, is authorized to submit the Lansing Housing Commission's 2019 Annual Plan to the U. S. Department of Housing and Urban Development. In addition, the Commission approves the 2019 Annual Plan including Admissions and Continue Occupancy and Administrative Plan changes as presented.

Ryan Robinson, Chair

Yeas 4

Nays 0

Abstentions 0

Attest

Secretary

For Clerks Use Only

Resolution No: 1309  
Date Adopted: 04/24/2019





COMMISSION 419 Cherry St., Lansing, MI 48933 Telephone: (517) 487-6550 Fax: (517) 487-6977

### Resolution No. 1310

Adopted by the Lansing Housing Commission

April 24, 2019

#### BE IT RESOLVED BY THE LANSING HOUSING COMMISSION:

Douglas E. Fleming, in his capacity as Executive Director or his designee, is authorized to submit the Lansing Housing Commission's 2019 5-year Capital Plan to the U.S. Department of Housing and Urban Development. In addition, the Commission approves the 2019 5-year Capital Plan including the changes and the addition of the 2023 plan.

Ryan Robinson, Chair

Yeas 4

Nays 0

Abstentions 0

Attest

Secretary

For Clerks Use Only

Resolution No: 1310

Date Adopted: 4/24/2019



**Capital Plan for Lansing Housing Commission 2019-23**

Sum of Est. Cost						
Row Labels	2019	2020	2021	2022	2023	Grand Total
Sanitary Lines	\$85,619.45					\$85,619.45
Architectural Fees	\$214,879.50	\$214,879.50	\$214,879.50	\$214,879.50	\$214,879.50	\$1,074,397.50
Concrete/Asphalt	\$47,000.00	\$80,000.00	\$40,000.00	\$60,000.00	\$55,000.00	\$282,000.00
Electrical	\$75,957.75	\$70,000.00			\$110,000.00	\$255,957.75
Electrical Wiring			\$40,000.00			\$40,000.00
Exterior Doors & Locks			\$60,000.00			\$60,000.00
Furnace/Water Heater		\$125,000.00				\$125,000.00
Furnance/Water Heater			\$80,000.00	\$206,500.00	\$50,000.00	\$336,500.00
Gutters and Downspouts		\$0.00	\$40,000.00	\$60,000.00	\$80,000.00	\$180,000.00
Head Start Remodel				\$50,000.00	\$60,000.00	\$110,000.00
Kitchen & Bath Renovations	\$210,000.00	\$160,000.00	\$206,577.20	\$260,000.00	\$75,000.00	\$911,577.20
Landscape		\$39,619.45	\$40,000.00	\$0.00	\$75,000.00	\$154,619.45
Playground		\$60,000.00	\$60,000.00	\$10,000.00	\$0.00	\$130,000.00
Power Washer		\$0.00	\$40,000.00	\$60,077.20	\$3,577.20	\$103,654.40
Roof Installation	\$115,000.00	\$120,000.00	\$120,000.00	\$200,000.00	\$0.00	\$555,000.00
Sanitary Lines		\$30,000.00			\$63,000.00	\$93,000.00
Security	\$18,000.00	\$20,000.00				\$38,000.00
Tuck Pointing and Spalling	\$55,000.00	\$135,000.00	\$120,000.00	\$100,000.00	\$80,000.00	\$490,000.00
Window and Siding	\$120,000.00	\$160,000.00	\$100,000.00			\$380,000.00
Wooden Floors		\$26,957.75	\$65,000.00			\$91,957.75
Basketball Court	\$80,000.00					\$80,000.00
Computers	\$25,000.00					\$25,000.00
Vehicles	\$150,000.00					\$150,000.00
Fencing	\$30,000.00			\$20,000.00		\$50,000.00
Landscaping	\$15,000.00				\$15,000.00	\$30,000.00
Sinage			\$15,000.00		\$30,000.00	\$45,000.00
Security					\$25,000.00	\$25,000.00
Boliler HVAC					\$140,000.00	\$140,000.00
Fire Sprinklers					\$130,000.00	\$130,000.00
Dump Truck					\$10,000.00	\$10,000.00
Community Room					\$25,000.00	\$25,000.00
Grand Total	\$1,241,456.70	\$1,241,456.70	\$1,241,456.70	\$1,241,456.70	\$1,241,456.70	\$6,207,283.50

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>Lansing Housing Commission</u> PHA Code: <u>MI058</u> PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>7/01/2019</u>				
<b>2.0</b>	<b>Inventory (based on ACC units at time of FY beginning in 1.0 above)</b> Number of PH units: <u>833</u> Number of HCV units: <u>1834</u>				
<b>3.0</b>	<b>Submission Type</b> <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program PH HCV
	PHA 1:				
	PHA 2:				
	PHA 3:				
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.				
<b>5.1</b>	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low-income families in the PHA's jurisdiction for the next five years:  LHC will compassionately deliver healthy, affordable, safe, quality housing options without discrimination and with exceptional customer service While meeting high performance standards.				
<b>5.2</b>	<b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.  The PHA will strive to attain and maintain an occupancy level of 97%. LHC will also improve the quality of the units by utilizing the information in our comprehensive needs assessment to target the use of capital funds. Data reflects a need to update kitchens and bathrooms which are already included in our plan. In addition, there is a need to improve plumbing infrastructure. We will continue to partner with agencies that provide services such as literacy, healthy eating, GED completion, Head Start and credit counseling. We also partnered with energy companies to install \$600,000.00 in new furnaces and water heaters at no cost to LHC.				
<b>6.0</b>	<b>PHA Plan Update</b> (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.  <div style="display: flex; justify-content: space-between;"> <div>           1. Admissions and Continue Occupancy Plan            These documents can be viewed at the following Lansing Housing Commission locations:   <div style="display: flex; justify-content: space-between;"> <div>               Administrative Office                419 Cherry St.                Lansing, MI 48933             </div> <div>               Hildebrandt Park                3122 N. Turner                Lansing, MI 48906             </div> <div>               Mt. Vernon Park                3338 N. Waverly                Lansing, MI 48906             </div> <div>               LaRoy Froh                2400 Reo Rd.                Lansing, MI 48911             </div> <div>               S. Washington Park                3200 S. Washington                Lansing, MI 48910             </div> </div> </div> </div>				
<b>7.0</b>	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> Include statements related to these programs as applicable.  LHC has increased PBV offerings by 10%. LHC recently approved co-development agreement to complete RAD.				
<b>8.0</b>	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.				
<b>8.1</b>	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.				
<b>8.2</b>	<b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five-year period). Large capital items must be included in the Five-Year Action Plan.				

8.3	<b>Capital Fund Financing Program (CFFP).</b> <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.
9.0	<b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.
9.1	<b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b>  The PHA has ensured the distribution of information regarding waitlist openings includes, homeless, disabled and English as a 2 <sup>nd</sup> language households. We turn our units as quickly as possible to ensure we do not have vacant units when there is a great housing need. Households can electronically change their addresses which ensure we have current address when units become available. We are on the Board of Greater Lansing Homeless Resolution Network and work with the City of Lansing. There is a homeless preference in our ACOP.
10.0	<b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.  (a) <b>Progress in Meeting Mission and Goals.</b> Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. Installation of new security cameras, elevators, concrete replacement, roofing and windows are being completed. In addition, head start, the reading people, ITECH along with the City of Lansing and the Department of Community Health-Healthy Lifestyles are utilizing space and engaging residents.  (b) <b>Significant Amendment and Substantial Deviation/Modification.</b> Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"
11.0	<b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note: Faxed copies of these documents will not be accepted by the Field Office.</b>  (a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. (g) Challenged Elements (h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)

<b>PHA Certifications of Compliance with PHA Plans and Related Regulations</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011</b>
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**PHA Certifications of Compliance with the PHA Plans and Related Regulations:  
Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan**

*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the X 5-Year and/or X Annual PHA Plan for the PHA fiscal year beginning July 1, 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 certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
  - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
  - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
  - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
  - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
  - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.
12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.

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

Lansing Housing Commission

MI-058

PHA Name

PHA Number/HA Code

X \_\_\_\_\_ 5-Year PHA Plan for Fiscal Years 20<sup>19</sup> - 20<sup>23</sup>

X \_\_\_\_\_ Annual PHA Plan for Fiscal Years 20<sup>19</sup> - 20<sup>20</sup>

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

Name of Authorized Official

Title

Ryan Robinson

Board Chairperson

Signature



Date

4/24/2019



**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.

Lansing Housing Commission

MI058

\_\_\_\_\_  
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: Douglas E. Fleming

Title: Executive Director

  
Signature

Date 4-17-19

# Certification for a Drug-Free Workplace

U.S. Department of Housing  
and Urban Development

Applicant Name

Lansing Housing Commission

Program/Activity Receiving Federal Grant Funding

Public Housing Program

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.)

Scattered Sites, City of Lansing, County of Ingham, State of Michigan

Mt. Vernon Park 3338 N. Waverly Road, City of Lansing, County of Ingham, State of Michigan 48906

Hildebrandt Park 3122 N. Turner Street, City of Lansing, County of Ingham, State of Michigan 48906

S. Washington Park 3200 S. Washington Ave, City of Lansing, County of Ingham, State of Michigan 48910

LaRoy Froh 2400 Reo Road, City of Lansing, County of Ingham, State of Michigan 48911

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

Douglas E. Fleming

Title

Executive Director

Signature

Date

4-24-19

X

form HUD-50070 (3/98)

ref. Handbooks 7417.1, 7475.13, 7485.1 & .3



# 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. 01/31/2017)

Applicant Name

Lansing Housing Commission

Program/Activity Receiving Federal Grant Funding

Low Rent-Public Housing Subsidy

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

Douglas E. Fleming

Title

Executive Director

Signature

Date (mm/dd/yyyy)

04-24-2019

Previous edition is obsolete

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

# 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. 01/31/2017)

Applicant Name

Lansing Housing Comission

Program/Activity Receiving Federal Grant Funding

Public Housing Operating Subsidy-Capital Fund

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

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

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

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

Douglas E. Fleming

Title

Executive Director

Signature

Date (mm/dd/yyyy)

04-24-2019

Previous edition is obsolete

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

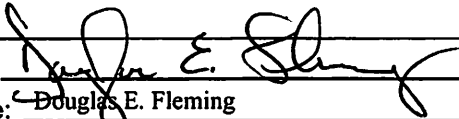
## DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <input checked="checked" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance		<b>2. Status of Federal Action:</b> <input checked="checked" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award		<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____	
<b>4. Name and Address of Reporting Entity:</b> <input checked="checked" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  <b>Congressional District, if known:</b> 4c			<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>  <b>Congressional District, if known:</b>		
<b>6. Federal Department/Agency:</b> U.S. Department of Housing & Development			<b>7. Federal Program Name/Description:</b>  CFDA Number, if applicable: _____		
<b>8. Federal Action Number, if known:</b>			<b>9. Award Amount, if known:</b> \$		
<b>10. a. Name and Address of Lobbying Registrant</b> (if individual, last name, first name, MI):  NA			<b>b. Individuals Performing Services</b> (including address if different from No. 10a) (last name, first name, MI):  NA		
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.			Signature:  Print Name: <u>Douglas E. Fleming</u> Title: <u>Executive Director</u> Telephone No.: _____ Date: <u>4-24-19</u>		
<b>Federal Use Only:</b>			Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)		

**DISCLOSURE OF LOBBYING ACTIVITIES  
CONTINUATION SHEET**

Reporting Entity: \_\_\_\_\_

Page \_\_\_\_\_

2

of \_\_\_\_\_

2

## INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

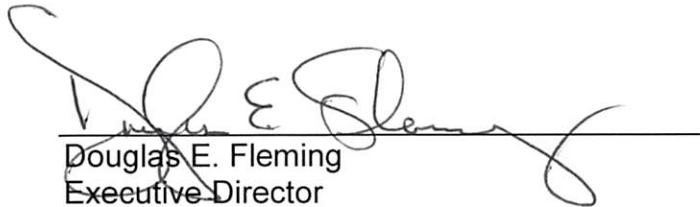
According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.



COMMISSION 419 Cherry St., Lansing, MI 48933 Telephone: (517) 487-6550 Fax: (517) 487-6977

April 24, 2019

I, Douglas E. Fleming certify there were no recommendations or challenged elements from the Resident Advisory Board to the Lansing Housing Commissions 2019 Annual Plan regarding the Capital Fund 5-year plan.



Douglas E. Fleming  
Executive Director



**Certification of Compliance with  
PHA Plans and Related Regulations  
(Small 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 Plans and Related Regulations  
including Civil Rights and PHA Plan Elements that Have Changed**

*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the \_\_\_ 5-Year and/or \_\_\_ Annual PHA Plan for the PHA fiscal year beginning July 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 Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
4. The PHA certifies that the following policies, programs, and plan components have been revised since submission of its last Annual PHA Plan (check all policies, programs, and components that have been changed):
  - \_\_\_ 903.7a Housing Needs
  - \_\_\_ 903.7b Deconcentration and Other Policies Governing Eligibility, Selection, Occupancy, and Admissions Policies
  - \_\_\_ 903.7c Financial Resources
  - \_\_\_ 903.7d Rent Determination Policies
  - \_\_\_ 903.7h Demolition and Disposition
  - \_\_\_ 903.7k Homeownership Programs
  - \_\_\_ 903.7r Additional Information
    - \_\_\_ A. Progress in meeting 5-year mission and goals
    - \_\_\_ B. Criteria for substantial deviation and significant amendments
    - \_\_\_ C. Other information requested by HUD
      - \_\_\_ 1. Resident Advisory Board consultation process
      - \_\_\_ 2. Membership of Resident Advisory Board
      - \_\_\_ 3. Resident membership on PHA governing board

The PHA provides assurance as part of this certification that:

- (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
  - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
  - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
  6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
  7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, 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.
  8. For a PHA Plan that includes a policy for site based waiting lists:
    - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 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 site-based waiting lists would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
  - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
  - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
  10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
  11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.
  12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
  13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
  14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
  15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
  16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
  17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
  18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
  19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
  20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
  21. The PHA certifies that it is in compliance with applicable Federal statutory and regulatory requirements, including the Declaration of Trust(s).


Lansing Housing Commission  
PHA Name

MI-058  
PHA Number/HA Code

\_\_\_\_ 5-Year PHA Plan for Fiscal Years 2019 - 2023

Annual PHA Plan for Fiscal Year 2019-2020

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

Name of Authorized Official	Title
Ryan Robinson	Board Chairman
Signature 	Date 4-24-2019