

8.3	<p>Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p>
9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. NA</p>
9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA’s strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan. NA</p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification” NA</p>
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

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

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

Instructions form HUD-50075

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

1.0 PHA Information

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

2.0 Inventory

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

3.0 Submission Type

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

4.0 PHA Consortia

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

5.0 Five-Year Plan

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

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

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

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

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

PHA Plan Elements. (24 CFR 903.7)

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

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

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

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

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

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

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

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

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

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

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

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

8.2 Capital Fund Program Five-Year Action Plan

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

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

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

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

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

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

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

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

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

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

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

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 Expires 4/30/2011

Part I: Summary						
PHA Name/Number SICHA ID016		Canyon & Elmore Counties - Idaho			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY _2011_____	Work Statement for Year 2 FFY __2012_____	Work Statement for Year 3 FFY _2013_____	Work Statement for Year 4 FFY __2014_____	Work Statement for Year 5 FFY 2015_____
B.	Physical Improvements Subtotal	Annual Statement				
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration					
F.	Other					
G.	Operations		80,000	80,000	80,000	80,000
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		80,000	80,000	80,000	80,000
L.	Total Non-CFP Funds					
M.	Grand Total		80,000	80,000	80,000	80,000

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

Part I: Summary		FFY of Grant: 2009 FFY of Grant Approval: 2009	
PHA Name: Southwestern Idaho Cooperative Housing Authority		Grant Type and Number Capital Fund Program Grant No: ID16F01650109 Replacement Housing Factor Grant No: Date of CFFP:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12-31-10		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost Revised ²	Total Actual Cost ¹ Expended
	Original	Obligated	
1	Total non-CFP Funds		
2	1406 Operations (may not exceed 20% of line 21) ³	75,000	81,226
3	1408 Management Improvements		
4	1410 Administration (may not exceed 10% of line 21)		
5	1411 Audit		
6	1415 Liquidated Damages		
7	1430 Fees and Costs		
8	1440 Site Acquisition		
9	1450 Site Improvement		
10	1460 Dwelling Structures		
11	1465.1 Dwelling Equipment—Nonexpendable		
12	1470 Non-dwelling Structures		
13	1475 Non-dwelling Equipment		
14	1485 Demolition		
15	1492 Moving to Work Demonstration		
16	1495.1 Relocation Costs		
17	1499 Development Activities ⁴		

¹ To be completed for the Performance and Evaluation Report
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

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

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

Part I: Summary		FFY of Grant: 2009	
PHA Name:	Grant Type and Number	FFY of Grant Approval: 2009	
Southwestern Idaho Cooperative Housing Authority	Capital Fund Program Grant No: ID16P01650109 Replacement Housing Factor Grant No: Date of CFFP:		
Type of Grant	Type of Grant		
<input type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/Emergencies	<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12-31-09	<input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
		Original	Revised ²
		Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	75,000	81,226
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director		Signature of Public Housing Director	
Date 2-3-11		Date	

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² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
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⁴ RHF funds shall be included here.

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

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

Part I: Summary		Grant Type and Number Capital Fund Program Grant No: ID16S01650109 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2009 ARRA CFF FFY of Grant Approval: 2009	
PHA Name: Southwestern Idaho Cooperative Housing Authority		Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12-31-10		Revised Annual Statement (revision no:) <input type="checkbox"/> Revised Estimated Cost <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Original	Total Estimated Cost Revised ²	Obligated	Total Actual Cost ¹ Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	8,000	8,000	8,000	
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition		1,055	1,055	
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable	88,497	87,442	87,442	87,442
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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

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

Part I: Summary		FFY of Grant: 2009 ARRA CFP FFY of Grant Approval: 2009	
PHA Name: Southwestern Idaho Cooperative Housing Authority	Grant Type and Number Capital Fund Program Grant No: ID16S01650109 Replacement Housing Factor Grant No: Date of CFFP:		
Type of Grant	<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12-31-11	<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
Line		Original	Revised ² Obligated Expended
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	96,497	96,497
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director		Signature of Public Housing Director	
Date 2-3-11		Date	

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

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


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

Part I: Summary		FFY of Grant: 2010 FFY of Grant Approval: 2010		
PHA Name: Southwestern Idaho Cooperative Housing Authority		Grant Type and Number Capital Fund Program Grant No: ID16P01650110 Replacement Housing Factor Grant No: Date of CFFP:		
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12-31-10 <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost Revised ¹	Obligated	Total Actual Cost ¹ Expended
1	Total non-CFP Funds			
2	1406 Operations (may not exceed 20% of line 21) ³	80,000	79,502	79,502
3	1408 Management Improvements			
4	1410 Administration (may not exceed 10% of line 21)			
5	1411 Audit			
6	1415 Liquidated Damages			
7	1430 Fees and Costs			
8	1440 Site Acquisition			
9	1450 Site Improvement			
10	1460 Dwelling Structures			
11	1465.1 Dwelling Equipment—Nonexpendable			
12	1470 Non-dwelling Structures			
13	1475 Non-dwelling Equipment			
14	1485 Demolition			
15	1492 Moving to Work Demonstration			
16	1495.1 Relocation Costs			
17	1499 Development Activities ⁴			

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² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

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 Capital Fund Financing Program

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

Part I: Summary		FFY of Grant: 2010 FFY of Grant Approval: 2010	
PBA Name: Southwestern Idaho Cooperative Housing Authority	Grant Type and Number Capital Fund Program Grant No: ID16P01650110 Replacement Housing Factor Grant No: Date of CFFP:		
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12-31-10		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
Type of Grant	Summary by Development Account	Total Estimated Cost	Total Actual Cost¹
Line		Original	Revised ²
18a	1501 Collateralization or Debt Service paid by the PHA		Obligated
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		Expended
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	80,000	79,502
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director: 		Signature of Public Housing Director: _____	
Date 2-3-11		Date	

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

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

Part I: Summary		FFY of Grant: 2011 FFY of Grant Approval: 2011	
PHA Name: Southwestern Idaho Cooperative Housing Authority		Grant Type and Number Capital Fund Program Grant No: D16P016S0111 Replacement Housing Factor Grant No: Date of CFFP:	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost Revised ¹	Total Actual Cost ¹ Expended
1	Total non-CFP Funds		
2	1406 Operations (may not exceed 20% of line 21) ³	80,000	
3	1408 Management Improvements		
4	1410 Administration (may not exceed 10% of line 21)		
5	1411 Audit		
6	1415 Liquidated Damages		
7	1430 Fees and Costs		
8	1440 Site Acquisition		
9	1450 Site Improvement		
10	1460 Dwelling Structures		
11	1465.1 Dwelling Equipment—Nonexpendable		
12	1470 Non-dwelling Structures		
13	1475 Non-dwelling Equipment		
14	1485 Demolition		
15	1492 Moving to Work Demonstration		
16	1495.1 Relocation Costs		
17	1499 Development Activities ⁴		

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

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Part I: Summary		FFY of Grant: 2011	
PHA Name:	Grant Type and Number	FFY of Grant Approval: 2011	
Southwestern Idaho Cooperative Housing Authority	Capital Fund Program Replacement Housing Factor Grant No: Date of CFFP:		
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 3-31-11 <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)		<input type="checkbox"/> Final Performance and Evaluation Report <input type="checkbox"/> Total Actual Cost ¹	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
		Original	Revised ² Obligated Expended
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	80,000	
21	Amount of line 20 Related to LEP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director		Signature of Public Housing Director	
Date 2-3-11		Date	

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

ACOP Revisions - SICHA

Approved by PHA Board - 1-28-11 Implemented on 7-1-11

Remove Pages Insert Pages Changes Made to ACOP

Remove Pages	Insert Pages	Changes Made to ACOP
Entire TOC	TOC-1 thru 16	TOC updated to accommodate changes
2 - 1/2	2 - 1/2	pg. 2-1 last paragraph - Final Guidance for Prohibition against National Origin Discrimination Affecting Limited English Proficient Persons
2 - 13/14	2 -13/14	pg 13 - Removed PHI 2002 (HA) & PIH 2002-01 (HA) & Inserted PIH 2006-13 on accessibility
2 - 15/16	2 - 15/16	pg. 2-15 - changed reference at end 1st paragraph regarding National Origin Discrimination
3 - 17/18	3 - 17/18	pg. 3-17 - changed reference on heading 3-II.C to reflect new SSN disclosure & documentation requirements
3 - 21 thru 27	3 - 21 thru 27	pg. 21, 22, 26, 27 - background checks for criminal, rental, and financil history for admission to Public Housing programs are changed from three years to five years
4 - 3/4	4 - 3/4	pg. 4-3 - changed reference to HUD-92006 at end of 2nd paragraph
4 - 20 thru 23	4 - 20 thru 23	pg. 4-21 - insert new 2nd paragraph - No assistance until all family SSN documentations are met. Can retain place on waiting list for period of time determined by PHA pgs. 22 & 23 only change - page numbers
6 - 7/8	6 - 7/8	pg. 6-7 - Last 7 paragraphs are new - PHA's maddatory use of HUD's Enterprise Income Verification system pg. 6-8 - 1st and last two paragraphs further outline PHA use of EIV system
6 - 25/26	6 - 25/26	pg. 6-26 - added new paragraph at end of page establishing rules for treatment of overpayment deductions from Social Security Benefits
7 - 1 thru 7 - 40	7-1 thru 7 - 38	pg. 7-1 - 2nd paragraph reference changed from PIH 2004-01 to 2010-19 pg. 7-2 - changed reference at top of page from (VG, p. 11-14) to (Notice PIH 2010-19) also changed several verif types in priority of usage to 1st PHA Policy 2nd PHA Policy - deleted 2nd paragraph and added line to end of 3rd paragraph to include name, date, and signature of person viewing document pg. 7-3 - deleted need to place photo copy in file & changed reference at end of page from VG,p.15 to Notice PIH 2010-19 pg. 7-4 - deleted PHA Policy & added sentence at end of 2nd paragraph previously on pg. 7-5 - Upfront Income Verif - new paragraph & several new points under EIV Income Reports -PHA Policy concerning proper use of information from the EIV system pg. 7-5 New instructions and policy on the use of EIV Discrepancy Reports EIV Identity Verification is expanded and PHA Policy clarified pg. 7-6 - new pg. 7-7 - the entire section 7-1.D.has been changed with new procedures and policy on verifications pg. 7-8 - New instructions & policy written and oral verification pg. 7-9 - Guidance on when 3rd party verification is not required with rules and policy pg. 7-10 - Heading 'Review of Docs.' deleted and Self-Certification rules and policy established pg. 7-12, 13 - procedures and policies for documentation of SSN of all family members is revised pg. 7-15 - 7-II.E. Verificaton of Student Status moved to this page from page 16 pg. 7-16 - page numbers change pg. 7-18 - reference to Exhibit 7-2 changed to 7-1 in 2nd paragraph New heading added - 7-II.H. pg. 7-20 - sentence added to allow residents to dispute SS/SSI benefits reported by EIV pg. 7-21 - verification method for alimony & child support if receiving regular payments is set forth Those receiving irregular payments - sentence deleted at end of 2nd paragraph pg. 7-23 - 1st two paragraphs are new - acceptance of third-part docs provided by family pg. 7-24 - 2nd paragraph sentence changed - verification of earned income amount on child not required Last sentence on page deleted discussing requirement to submit monthly 'Survival Statements' pg. 7-26 - Amount of Expense - PHA Policy for verification changed

		pg. 7-28 - 1st PHA Policy about Attendant Care expense verification changed
		2nd PHA Policy - verification for auxiliary apparatus - 1st two paragraphs changed
		pg. 7-29 - 1st PHA Policy - last sentence in 1st paragraph added and 2nd paragraph changed
		1st paragraph in 2nd PHA Policy deleted
		pg. 7-30 - Unreimbursed Expense - PHA Policy - 1st paragraph deleted
		pg. 7-31 - a few word changes to simplify or clarify verification processes
		pg. 7-33 - changed to Exhibit 7-1 from 7-2
		pg. 7-35-38 - changed to Exhibit 7-2 from 7-3
8 - 1/2	8 - 1/2	pg. 8-2 - the last 3 items given at orientation were either added or changed in 2nd PHA Policy to include "Is Fraud Worth It" and "What You Should Know about EIV"
9 - 3/4	9 - 3/4	pg. 9-4 - Added language to provide participants in the annual reexamination process the option to complete form HUD-92006 at end of 1st paragraph
9 - 13/14	9 - 13/14	pg. 9-14 - Minor editorial changes in PHA Policy relating to reasonable accomodaton for persons with disabilities
11 - 1 thru 22	11 - 1 thru 24	pg. 11-2 - Exempted Individual reference changed to (24 CFR 960.601(b), Notice PIH 2009-48
		Last two bullet points on page reworded to conform with new mandatory community service rules
		pg. 11-3 - Entire page reworded to conform to current community service requirements - policy added
		pg. 11-4 - Economic Self-Sufficiency Program moved from pg. 11-3 and new wording added to conform
		pg. 11-5 - Work Activities moved to this page - no changes in wording
		pg. 11-6 - Notification Requirements moved to this page and some minor wording changes to conform
		pg. 11-7 - 11-1.C. moved to this page - no changes in wording
		pg. 11-8 - Determination of Compliance moved to this page - no changes in wording
		pg. 11-9 - 11-1.D. moved to this page - new 1st paragraph added under "Documentation and Verificaiton Compliance" - nonexempt family member sign cert for activities performed at time of reexamination
		pg. 11-11 - continued from previous page - moved forward with no changes
		pg. 11-12 - Enforcement Documentation (Notice PIH 2009-48) added with conforming language
		pg. 11-13 - Part II moved to this page - second part "PHA Program Design moved to pg. 11-14
		pg. 11-14 - PHA Program Design moved from previous page - no changes in wording
		pg. 11-15 - Exhibit 11-1 language for Community Service changed to conform to new rule
		pg. 11-16 - Self-Sufficiency Activities language changed to conform.
		Exempt adult - language changed in last 3 bullet points to conform
		pg. 11-17 - Work Activities - new language to conform to new rule
		pg. 11-18 - no change except for 3. bullet point 3 - words added at end of paragraph "or lease will be terminated"
		pg. 11-19 - no changes except 4. 2nd bullet point - PHA will secure certification of compliance from nonexempt family members
		pg. 11-21 - Exhibit 11-2 - no changes
		pg. 11-23 - Exhibit 11-3 - language changed in last 3 points before signature lines to conform
13 5/6	13 5/6	pg. 13-5,6 - 13-II.D - Revised text and added new policy on deferral of termination for failure to disclose and document SSNs
		pg. 13-5 - added new material on the death of a sole family member at bottom of page
15 3/4	15 3/4	pg. 15-5 - Added text preceding policy in 15-I-A and revised PHA Policy to update reference to OIG guidance on fraud and to add "What you Should Know about EIV"
		pg. 15-3,4 - made minor editorial changes at paragraphs 3 & 4 in PHA Policy on pg. 3 and 2nd paragraph in PHA Policy on pg. 4
16 11 thru 14	16 11 thru 14	pg. 16-11 - Revised Part III to incorporate new guidance in Notice PIH 2010-19 on repayment of debts by families and to add policy options where appropriate
16 19/20	16 19/20	pg. 19 - 16-V.B. - 1st paragraph added - record retention is 3 years for HUD-5008 & support docs

CHANGES TO ADMIN PLAN 1/28/11

Remove Pages	Insert Pages	Changes Made in Policy
2-1/2	2-1/2	Updated reference to LEP guidance (p. 2-1, Part III).
2-13 thru 2-16	2-13 thru 2-16	Removed reference to Notice PIH 2002-01 and replaced with Notice PIH 2006-13 on accessibility (p. 2-13). Updated paragraph one to reflect Final LEP guidance (p. 2-15).
3-15 thru 20	3-15 thru 20	Moved Social Security Number disclosure requirements to chapter 7. Updated 3-II.C. to include Notice PIH 2010-3.
3-23/24	3-23/24	Removed reference to gang related criminal activity (p. 3-23).
3-29 thru 3-32	3-29 thru 3-32	Replaced reference to Pub.L. 109-162 with 24 CFR Part 5, Subpart L. Added bullet to include definition of bifurcate (p. 30). Added reference to 24 CFR 5.2007(a)(1)(v)] after PHA Confidentiality Requirements (p. 3-32)
4-3/4	4-3/4	Added reference to Notice PIH 2009-36; requirement to include Form HUD-92006; Supplement to Application (p. 4-3)
4-17/18	4-17/18	Added reference to Notice PIH 2010-3 and PHA decision point on retention of place on waiting list pending provision of SSN documentation (p. 4-17, 4-III.E).
5-5/6	5-5/6	Updated references to OIG guidance on fraud (p. 5-5).
6-7/8	6-7/8	Revised 6.I.C to include HUD's requirement to use EIV as third party source to verify income (p. 6-7).
6-25/26	6-25/26	Added material on treatment of overpayment deductions from social security benefits (p. 6-25)
7-1 thru 7-43	7-1 thru 7-38	Made extensive revisions throughout Chapter 7 to reflect new HUD regulations and guidance on mandatory use of EIV system, disclosure and documentation of SSN's, and verification. Deleted Exhibit 7-1 (old verification hierarchy).
8-19/20	8-19/20	Added reference to Notice PIH 2010-18 (p. 8-19)
10-3/4	10-3/4	Added reference to Notice PIH 2008-43 (Insufficient Funding) and reference to 24 CFR 982.353(b) VAWA (p. 10-3)
10-9 thru 10-21	10-9 thru 10-21	Revised text and policy to reflect that sending EIV data to receiving PHAs is mandatory and that rules on disclosure and documentation of SSNs have changed (p.10-12). Updated reference to Notice PIH 2004-12 to 2008-43 (P 10-9 thru 10-21).

		Removed policy on denying subsequent moves within receiving PHAs jurisdiction for insufficient funding - HUD rules changed (p. 10-14).
11-1 thru 11-4	11-1 thru 11-4	Added use of new form HUD-92006 (p. 11-2).
11-9/10	11-9/10	Revised policy to conform with new SSN disclosure and documentation requirements (p. 11-9).

Remove Pages	Insert Pages	Changes Made in Policy
12-3 thru 12-6	12-3 thru 12-6	Revised text and added new policy on deferral of termination for failure to disclose and document SSNs (p. 12-3); added new material on death of a sole family member (p. 12-4). Added reference and explanation to/of gang related criminal activity (p. 12-6)
12-13/14	12-13/14	Removed reference to Pub.L. 109-162, Pub.L. 109-271 and added reference to 24 CFR 5.2005 (p. 12-13/14)
14-3/4	14-3/4	Revised text and policy to include mandatory use of HUD's EIV system and newly required Form HUD-52675 "Debts Owed to PHAs" (p. 13-3/4).
15-17 thru 15-20	15-17 thru 15-20	Updated policy to reflect offering the homeownership program in Elmore and Gem Counties; already approved by Board (p. 15-17 thru 20). Changed policy to state that to be eligible for Homeownership, participant must be an FSS participant. (p. 15-17)
16-27 thru 16-30	16-27 thru 16-30	Revised Par IV to reflect new guidance on repayment agreements in Notice PIH 2010-19, affecting all policies in Part IV (p. 27-30).
16-45/46	16-45/46	Removed reference to Pub.L. 109-162, Pub.L. 109-162 and added reference to 24 CFR 5.2007(3)(ii) (p. 16-45/46).

CHANGES TO FAMILY SELF-SUFFICIENCY ACTION PLAN- 2011

- Pages 1 & 2 - 4.A. Demographics updated
- Page 3 - 6.C. College of Western Idaho added
- Page 3 - 6.D. Daycare provider PCC member removed
- Page 5 - 9.C. Policy added for prior FSS graduates to sign
up for FSS again if it is to only meet HCVHO
eligibility requirement.
- Page 8 - 12.E. Change in days allowed to request informal hearing

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Southwestern Idaho Cooperative Housing Authority

Program/Activity Receiving Federal Grant Funding

Sect. 8 HCV Program, FSS Program, HCV Homeownership Option Program, Low Income Public Housing, Capital Funds

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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)

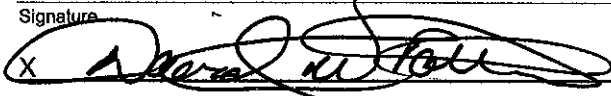
Name of Authorized Official

David W. Patten

Title

Executive Director

Signature

X 

Date

1-18-11

Certification of Payments to Influence Federal Transactions

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

Applicant Name

Southwestern Idaho Cooperative Housing Authority

Program/Activity Receiving Federal Grant Funding

Sect. 8 HCV Program, FSS Program, HCV Homeownership Option Program, Low Income Public Housing, Capital Funds

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

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

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

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

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

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

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

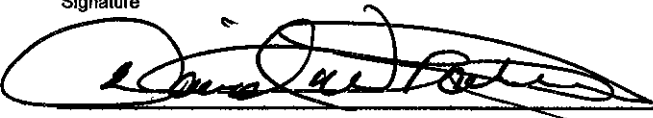
Name of Authorized Official

David W. Patten

Title

Executive Director

Signature



Date (mm/dd/yyyy)

1-18-11

**PHA Certifications of Compliance with the PHA Plans and Related Regulations:
Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan**

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the ___ 5-Year and/or Annual PHA Plan for the PHA fiscal year beginning July 2011, 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.

Southwestern Idaho Cooperative Housing Authority

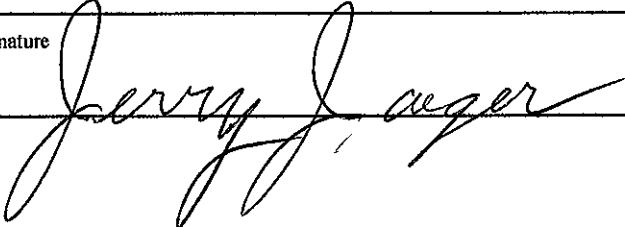
ID016

PHA Name

PHA Number/HA Code

_____ 5-Year PHA Plan for Fiscal Years 20____ - 20____
 X _____ Annual PHA Plan for Fiscal Years 20¹¹ - 20¹²_____

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

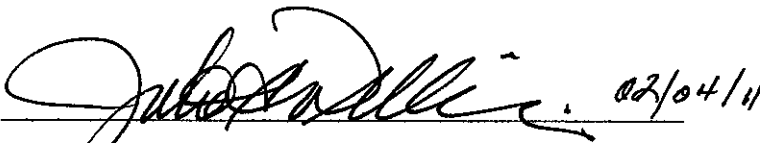
Name of Authorized Official Jerry Jaeger	Title President
Signature 	Date 1-28-11

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

**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011**

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

I, Julie H. Williams the Vice President of Community Services certify that the Five Year and Annual PHA Plan of the Southwestern Id. Coop. Housing Auth. is consistent with the Consolidated Plan of Idaho Housing & Finance Assoc. prepared pursuant to 24 CFR Part 91.

 02/04/11

Signed / Dated by Appropriate State or Local Official

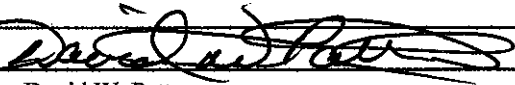
DISCLOSURE OF LOBBYING ACTIVITIES

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.)

1. Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known: 4c 1&2	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:	
6. Federal Department/Agency: U. S. Dept. of Housing & Urban Development	7. Federal Program Name/Description: S8 HCV, FSS, HCVHO, LIPH, Capital Funds CFDA Number, if applicable: _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$	
10. a. Name and Address of Lobbying Registrant <i>(if individual, last name, first name, MI):</i>	b. Individuals Performing Services <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i>	
11. 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>David W. Patten</u> Title: <u>Executive Director</u> Telephone No.: <u>(208) 585-9325 Ext. #11</u> Date: <u>1-18-11</u>	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

Resident Advisory Board Comments – 2011 PHA Plan

Cheryl Thompson: She would like an extended roof over the mail boxes.

Celso Gonzalez: He would like new floors.

Jacquelyn Power: She would like new playground equipment and more washers and dryers.

Kim McCarthy: She would like to have new kitchen cabinets and new playground equipment.

Rogelia Rodriguez: She would like new playground equipment and more washers and dryers.

Asia Peterson: She would like more washers and dryers.

Harold Reasons: He would like more washers and dryers.

Evangelina Garcia: She would like new floor coverings and more washers and dryers.

Mary Cruz Villa: She would like new playground equipment, additional exterior lights, overhead lights in the bedrooms and new cabinets.

Smantha Sustaita: She would like to have an adult rec center.

Jocelyn Betty: She would like to have another fluorescent light in the living room, windows that are more airtight and new weather stripping on exterior doors.

Marylou Rodriguez: She would like to have carpet flooring instead of linoleum.

Sandra Garza: She would like to have two switches in the bathroom for the fan and light, double sink in the kitchen, overhead lights in the bedrooms and new cutting boards.

Maria Ortiz: She would like new playground equipment and lamps instead of overhead lights on the interior of the house.

Nelda Flock: She would like overhead lights in the bedrooms and enclosures for the garbage totes.

Janneth Rivera-Juarez: She would like new playground equipment and more dryers.

Rene Gepford: She would like to have heating/cooling vents moved from the ceiling to the wall to promote better circulation.

Juan Guerrero: He would like to have a volleyball court, tennis court, big swimming pool, and a rec center.

Irma Robles: She would like new appliances.

Jose Manzanares: He would like to have an exterior light installed in the back yard.

Irene Gomez: She would like new appliances and improved landscaping.

Jenny Osborn: She would like improved landscaping, new fencing and a dishwasher.

Melisa Talamantez: She would like to have an underground automatic irrigation system.

Patti Chavez: She would like new windows and a bigger concrete patio at the back door.

2011 Analysis of Resident Advisory Board Recommendations and Action Plan

We have decided to move forward with the following recommendations:

- We will attempt to replace cabinets in one or two apartments.
- We will continue to remove or replace/repair the playground equipment.
- We will not try to replace flooring but will work on repairing some of the defective seams.
- We will look into the possibility of adding one dryer in the laundry room. There is no room to add another washer.
- We will continue to replace appliances as needed.
- We will check into the feasibility of constructing enclosures for the garbage totes.
- We will improve the landscaping as needed at one or two units.
- We will continue to repair the fencing.
- We will install an underground automatic sprinkler system at one of the units.
- We will attempt to install snow diverter ridges to improve the area around the mail boxes.
- We will check the weather stripping around exterior doors and repair or replace as needed.
- We will attempt to replace cutting boards as needed.

We have decided not to move forward at this time with the remaining recommendations:

- We will not be installing overhead lights in the bedrooms or adding another in the living room at this time due to the excessive cost to upgrade the electrical systems.
- If a tenant wishes to use lamps instead of overhead lights, that is their preference.
- We will not install additional exterior lights. Each unit already has exterior lights both in the front and in the back.
- We have no plans on installing dishwashers.
- The windows are not due to be replaced for several years.
- We do not have any plans to increase the size of the back concrete patios.
- We have no plans to provide an adult rec center.
- We will not install two switches in the bathroom. We want to make sure they use the exhaust fan.
- We are not planning on changing the single kitchen sink with a double sink in the two bedroom units. It would require a complete change of cabinets and counters.
- At this time we do not have any plans to relocate the vents for the heating/AC units.
- We do not have any plans to install a volleyball or tennis court, swimming pool, or a rec center.

Statement of Need for Additional Security Measures

Low Income Public Housing – Syringa Court, Glens Ferry, Idaho

2008

We have received an increasing number of complaints from the residents at Syringa Court Apartments concerning drug-related criminal activity. We have also been in communication with the local law enforcement agency (Elmore County Sheriff's Office) and they have confirmed that there is a very pronounced increase in drug-related criminal activity at the project.

We have requested on-site visits from the Elmore County Canine Drug unit and they have responded. Even with those visits, the drug problem does not seem to be improving.

We are therefore implementing the option to have one or more police officers reside at the project. We have two Elmore County Sheriff deputies that reside and work in Glens Ferry and we will offer to them the option of renting a two-bedroom apartment. We intend to offer one or both of them either 356 East Syringa Circle or 354 East Syringa Circle. The area around these two apartments seems to be the location of the majority of the problems. Only one apartment will be rented to the police officers. The rent will be substantially below market value with the intent of encouraging the officers to live at Syringa Court.

Update – 2011

We currently rent 242 East Syringa Circle to police officers that reside and work in Glens Ferry, Idaho. Since the time that we have had police officers living onsite, our problems with drug related criminal activity have ceased while the surrounding community continues to have issues. The presence of police officers and other steps that we have taken (such as increased scrutiny of applicants) have made Syringa Court virtually drug free. We are now at 100% occupancy after many years of severe vacancy problems.

We will continue to offer housing to the local police department based on the positive results that we have enjoyed.