

Funding Application

Section 8 Tenant-Based Assistance
Rental Certificate Program
Rental Voucher Program

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

OMB Approval No. 2577-0169
(exp. 9/30/2010)

Send the original and two copies of this application form and attachments to the local HUD Field Office

Public reporting burden for this collection of information is estimated to average 1 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. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Eligible applicants (HAs) must submit this information when applying for grant funding for tenant-based housing assistance programs under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). HUD will use the information to evaluate an application based on selection criteria stated in the Notice of Funding Availability (NOFA). HUD will notify the HA of its approval/disapproval of the funding application. Responses are required to obtain a benefit from the Federal Government. The information requested does not lend itself to confidentiality.

Name and Mailing Address of the Housing Agency (HA) requesting housing assistance payments

Application/Project No. (HUD use only)

Do you have an ACC with HUD	No	Yes	Date of Application	Legal Area of Operation (area in which the HA has authority under State and local law to administer the program)
for Section 8 Certificates?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	01/30/2009	Monroe and Surrounding Counties in New York State
for Section 8 Vouchers?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

A. Area(s) From Which Families To Be Assisted Will Be Drawn.

Locality (city, town, etc.)	County	Congressional District	Units
Rochester, NY	Monroe	28th	192

B. Proposed Assisted Dwelling Units.

(Complete this section based on the unit sizes of the applicants at the top of the waiting list)

	Number of Dwelling Units by Bedroom Size							Total Dwelling Units
	0-BR	1-BR	2-BR	3-BR	4-BR	5-BR	6+BR	
Certificates	0	0	0	0	0	0	0	0
Vouchers	0	0	0	0	0	0	0	57

C. Average Monthly Adjusted Income. Complete this section based on actual incomes of current participants by unit size. Enter average monthly adjusted income for each program separately and only for the unit sizes requested in Section B.

	0-BR	1-BR	2-BR	3-BR	4-BR	5-BR	6+BR
Certificates	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Vouchers	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

D. Need for Housing Assistance. Demonstrate that the project requested in this application is responsive to the condition of the housing stock in the community and the housing assistance needs of low-income families residing in or expected to reside in the community. (If additional space is needed, add separate pages.)

Information related to the RHA Designated Housing Plan approved by HUD:

Number of Vouchers requested = 57

(i) The number of vouchers requested, which may not exceed:

(a) The number of units designated for elderly families only in its approved Designated Housing Plan = 270

(b) the number of non-elderly disabled families on the PHA's waiting list for those units; = 57

(c) 100, whichever is less;

(ii) The number of previously awarded vouchers for units designated for elderly families only in its approved Designated Housing Plan; = None previously awarded as vouchers.

(iii) The minimum number of vouchers that the PHA will accept if selected under a lottery system = 57

E. Housing Quality Standards (HQS). (Check applicable box)

HUD's HQS will be used with no modifications Attached for HUD approval are HQS acceptability criteria variations

F. New HA Information. Complete this section if HA currently does not administer a tenant-based certificate or voucher program.

Financial and Administrative Capability. Describe the experience of the HA in administering housing or other programs and provide any other relevant information which evidences present or potential management capability for the proposed rental assistance program. Submit this narrative on a separate page.

Qualification as an HA. Demonstrate that the applicant qualifies as an HA and is legally qualified and authorized to administer the funds applied for in this application. Submit the relevant enabling legislation and a supporting legal opinion.

Note: If this application is approved, the HA must submit for HUD approval a utility allowance schedule and budget documents.

G. Certifications. The following certifications are incorporated as a part of this application form. The signature on the last page of this application of the HA representative authorized to sign the application signifies compliance with the terms of these certifications.

Equal Opportunity Certification

The Housing Agency (HA) certifies that:

(1) The HA will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d) and regulations issued pursuant thereto (24 CFR Part 1) which state that no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives financial assistance; and will take any measures necessary to effectuate this agreement.

(2) The HA will comply with the Fair Housing Act (42 U.S.C. 3601-19) and regulations issued pursuant thereto (24 CFR Part 100) which prohibit discrimination in housing on the basis of race, color, religion, sex, handicap, familial status, or national origin, and administer its programs and activities relating to housing in a manner to affirmatively further fair housing.

(3) The HA will comply with Executive Order 11063 on Equal Opportunity in Housing which prohibits discrimination because of race, color, creed, or national origin in housing and related facilities provided with Federal financial assistance and HUD regulations (24 CFR Part 107).

(4) The HA will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794) and regulations issued pursuant thereto (24 CFR Part 8) which state that no otherwise qualified individual with handicaps in the United States shall solely by reason of the handicap be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

(5) The HA will comply with the provisions of the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) and regulations issued pursuant thereto (24 CFR Part 146) which state that no person in the United States shall on the basis of age be excluded from participation in, be denied the benefits of, or be subjected to discrimination under a program or activity receiving Federal financial assistance.

(6) The Housing Agency will comply with the provisions of Title II of the Americans with Disabilities Act (42 U.S.C. 12131) and regulations issued pursuant thereto (28 CFR Part 35) which state that subject to the provisions of Title II, no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs or activities of a public entity, or be subjected to discrimination by any such entity.

The following provisions apply only to housing assisted with Project-Based Certificates:

(7) The HA will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1) which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity.

(8) The HA will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701u) and regulations issued pursuant thereto (24 CFR Part 135), which require that, to the greatest extent feasible, opportunities for training and employment be given to low-income persons residing within the unit of local government for metropolitan area (or non-metropolitan county) in which the project is located.

Certification Regarding Lobbying

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 any 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.

Certification Regarding Drug-Free Workplace Requirements

Instructions for Drug-Free Workplace Requirements Certification:

1. By signing and/or submitting this application or grant agreement, the grantee is providing the certification set out below.
2. The certification set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.
3. Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.
4. Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio studios).
5. If the workplace identified to the agency changes during the performance of the grant, the grantee shall inform the agency of the change(s), if it previously identified the workplaces in question (see paragraph three).
6. Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:

Controlled substance means a controlled substance in Schedules I through V of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation (21 CFR 1308.11 through 1308.15);

Conviction means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes;

Criminal drug statute means a Federal or non-Federal criminal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance;

Employee means the employee of a grantee directly engaged in the performance of work under a grant, including: (i) All *direct charge* employees; (ii) All *indirect charge* employees unless their impact or involvement is insignificant to the performance of the grant; and, (iii) Temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the grantee's payroll. This definition does not include workers not on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the grantee's payroll; or employees or subrecipients or subcontractors in covered workplaces).

A. The grantee certifies that it 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 grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an ongoing drug-free awareness program to inform employees about:

- (1) The dangers of drug abuse in the workplace;
- (2) The grantee'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 paragraph (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 paragraph (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), (b), (c), (d), (e) and (f).

B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

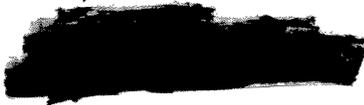
Place of Performance (Street address, city, county, State, zip code)

675 West Main Street
Rochester, NY 14611

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

Housing Agency Signature

Signature of HA Representative



Print or Type Name of Signatory

Anthony P. DiBiase, Executive Director/CEO

Phone No.

585-697-3600

Date

01/29/2009

Acknowledgment of Application Receipt

U.S. Department of Housing and Urban Development

Type or clearly print the Applicant's name and full address in the space below.

Rochester Housing Authority 675 West Main Street Rochester, NY 14611
--

(fold line)

Type or clearly print the following information:

Name of the Federal Program to which the applicant is applying:

Rental Assistance for Non-Elderly PwD

To Be Completed by HUD

- HUD received your application by the deadline and will consider it for funding. In accordance with Section 103 of the Department of Housing and Urban Development Reform Act of 1989, no information will be released by HUD regarding the relative standing of any applicant until funding announcements are made. However, you may be contacted by HUD after initial screening to permit you to correct certain application deficiencies.
- HUD did not receive your application by the deadline; therefore, your application will not receive further consideration. Your application is:
 - Enclosed
 - Being sent under separate cover

Processor's Name _____

Date of Receipt _____

**Standard PHA Plan
PHA Certifications of Compliance**

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

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

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 standard Annual, standard 5-Year/Annual or streamlined 5-Year/Annual PHA Plan for the PHA fiscal year beginning 2008, 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 made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
5. The PHA will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
6. The PHA will affirmatively further fair housing by examining their programs or proposed programs, 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.
7. For PHA Plan that includes a policy for site based waiting lists:
The PHA regularly submits required data to HUD's MTCS in an accurate, complete and timely manner (as specified in PIH Notice 99-2).
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).
8. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
9. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
10. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low or Very Low Income Persons, and with its implementing regulation at 24 CFR Part 135.
11. The PHA has submitted with the Plan a certification with regard to a drug free workplace required by 24 CFR Part 24, Subpart P.
12. The PHA has submitted with the Plan a certification with regard to compliance with restrictions on lobbying required by 24 CFR Part 87, together with disclosure forms if required by this Part, and with restrictions on payments to influence Federal Transactions, in accordance with the Byrd Amendment and implementing regulations at 49 CFR Part 24.
13. 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.
14. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR

- 5.105(a).
15. The PHA will provide HUD or the responsible entity any documentation that the Department needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58.
 16. 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.
 17. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
 18. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act and 24 CFR Part 35.
 19. 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) and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments.)
 20. 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.
 21. 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.

Rochester Housing Authority NY-041
 PHA Name PHA Number/HA Code

- Standard PHA Plan for Fiscal Year: 2008
 Standard Five-Year PHA Plan for Fiscal Years 20__ - 20__ including Annual Plan for FY 20__
 Streamlined Five-Year PHA Plan for Fiscal Years 20__ - 20__ including Annual Plan for FY 20__

I hereby certify that all the information stated herein, as well as any information provided in the accompanying herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (42 U.S.C. 1001, 1011, 31 U.S.C. 3729, 3802)

Name of Authorized Official Elston Hernandez	Title Chairman, Board of Commissioners
Signature 	Date June 29th 2007

**ROCHESTER HOUSING AUTHORITY
CHECKLIST FOR 2-YEAR EXTENSION OF DESIGNATED HOUSING**

Designated Elderly Units	AMP	49 & under	50-61	62 & over
[REDACTED]	333	0	30	53
[REDACTED]	222	0	27	70
[REDACTED]	222	0	44	56
[REDACTED]	442	0	18	45
[REDACTED]	111	3	41	84
[REDACTED]	442	3	126	197
[REDACTED]	222	0	9	19
[REDACTED]	337	0	34	67
TOTALS		6	329	591

3. Provide the number of tenant-initiated requests for transfers to and from designated development(s) by elderly and non-elderly families during the designation period.

The following represents the number of transfers that occurred since the last report:

- Family site to a Designated site: 7
- Family site to Non-Designated senior site: 10
- Designated senior unit to a Designated senior unit: 60*
- Designated senior unit to a Non-Designated senior unit: 4
- Non-Designated senior unit to a Designated senior unit: 15
- Non-Designated senior unit to a Non-Designated senior unit: 59*

*The high number of transfers noted within the designated senior sites is due primarily to apartment rehab work that was conducted in one of our senior only sites which required residents to relocate within their building. Also rehabilitation work was conducted in two of our non-designated senior sites which also required our residents to relocate.

The following represents transfer requests that have not yet been fulfilled:

- Designated senior unit to a Non-Designated senior unit: 0
- Designated senior unit to a Designated senior unit: 10
- Designated senior unit to a unspecified senior unit: 3
- Non-Designated senior unit to a Designated senior unit: 2

ROCHESTER HOUSING AUTHORITY
CHECKLIST FOR 2-YEAR EXTENSION OF DESIGNATED HOUSING

- Non-Designated senior unit to a Non-Designated senior unit: 14
- Non-Designated senior unit to a unspecified senior unit: 11

4. **Update the number of units currently available by bedroom size, including the number of accessible units (for designated and non-designated developments).**

Designated Elderly Units: 16 units available

████████████████████	0
████████████████████	2
████████████████████	0
████████████████████	0
████████████████████	3 (2 accessible)
████████████████████	6 (1 accessible)
████████████████████):	3 (2 accessible)
████████████████████	2

Non-Designated Elderly Units: 32 units available

████████████████████):	0
████████████████████):	0
████████████████████	19 (6 accessible)
████████████████████	1
████████████████████	12 (2 accessible)
████████████████████	0
████████████████████	0

University Tower is currently under renovation and Lake Tower Renovations were just completed.

With the exception of one 2-bedroom units, one at ██████████ (non-designated) and seven studio units at ██████████ all available units in both designated and non-designated sites are 1-bedroom units.

5. **Provide the number of certificates/vouchers issued to non-elderly persons with disabilities in support of Designated Housing Plans and/or Mainstream vouchers for the disabled (this should be broken down by type).**

One of every ten units offered off the normal waiting list is offered in support of the Designated Housing Plan. In addition, RHA has 190 Mainstream vouchers for persons with disabilities. Further, about 140 of our normal vouchers go to disabled households currently, including 182 from the allocation plan waiting list.

ROCHESTER HOUSING AUTHORITY
CHECKLIST FOR 2-YEAR EXTENSION OF DESIGNATED HOUSING

Since 1996 approximately 436 vouchers have been issued per the plan.

6. **Include the percentage of non-elderly persons with disabilities able to find suitable housing on the private market with the certificates/vouchers referenced in #5 above.**

There is a 95% success rate for disabled voucher holders in finding housing. It is estimated that 414 of the 436 households issued vouchers found suitable housing.

7. **Describe other resources employed to make the impact of the Designated Housing Plan on non-designated groups minimal (such as assistance in finding accessible units, funding for renovations to make units accessible, local preference on PHA'S Section 8 waiting list for non-designated group, educating Section 8 landlords regarding needs and rights of non-designated groups, etc.)**

RHA makes referrals to local agencies and project-based voucher developments who advocate for disabled families assists them with housing searches, support services access, access for funding for modifications and other issues unique to this population.

8. **Describe how the PHA has met any conditions outlined in the approval letter (if applicable).**

As expressed two years ago, RHA has implemented the plan to use Section 8 vouchers to offset the loss of units for non-elderly disabled families. RHA implemented a plan to reserve 10% of the conventional vouchers that turnover for the disabled. Also, RHA obtained allocations of Mainstream vouchers to assist non-elderly disabled populations.

There has not been a significant increase in the number of younger disabled persons as had been a HUD concern in the approval letter. RHA continues to closely monitor the elderly waiting list.

9. **Provide information on the pre-designated waiting list for both groups and the current waiting time.**

Waiting List – 2008

49 and under	140
50-61	174
62 and over	96
TOTAL	410

ROCHESTER HOUSING AUTHORITY
CHECKLIST FOR 2-YEAR EXTENSION OF DESIGNATED HOUSING

As per two years ago, the only wait is the intake and screening processes, which takes approximately 4-6 weeks to complete. Once those processes are completed, the wait to be housed is between 2-3 weeks. There is no significant difference in waiting time for senior, near-elderly and disabled applicants applying for elderly housing.

10. **If the plan provided that near-elderly families would be admitted if insufficient elderly families were available to fill the units, provide data on the number near-elderly families needed to fill units in designated development(s).**

We continue to rent elderly public housing units to near-elderly families. Near-elderly families account for 34% of the residents living in designated units and 33% of the non-designated units.

Rochester Housing Authority
CFDA 14.871 – Rental Assistance for Non-Elderly PwD
Appendix A

The following wording is in approved HCV Administrative Plan and is on file with our HUD Field Office:

Preferences and waitlist for FUP and others:

RHA administers three Housing Choice Voucher programs which are targeted toward specific segments of the community, Medicaid Waivers, Family Unification and Mainstream Vouchers for Persons with Disabilities. As Vouchers become available, either through turnover or new increments, in these programs, families on the waiting list, referred and certified by RHA's partnering agencies in the three programs, are given a preference. If there are no families on the waiting list which meet these agencies' criteria, new referrals from the agencies are accepted and, if eligible, issued Vouchers. If there are no Vouchers available at the time of a referral, RHA will establish a waiting list ordered by the date of referral.

The Special Programs/Support Services Division is generally responsible for:

- Outreach to public, including arranging facilities
- Pre-application intake, waiting list management and maintenance
- All activity requisite to initial Contract execution (i.e., eligibility interviews, briefings, rent reasonableness, etc).
- The Family Self Sufficiency Program
- Portability
- Moderate Rehabilitation Program
- Project Based Certificate/Voucher Program
- Welfare-to-Work Program
- Family Unification Program
- Shelter Plus Care Program
- Mainstream Housing Program
- Contract Administration
- Interfacing with public housing in the Designated Housing Allocation Plan
- Interfacing with the Data Processing Department relative to hardware and software additions and modifications
- Coordinating investigations into program abuse

Fair housing:

It is the policy of RHA to fully comply with all Federal, State and local nondiscrimination laws; the Americans with Disabilities Act; and the U.S. Department of Housing and Urban Development regulation governing Fair Housing and Equal Opportunity. No person shall, on the grounds of race, color, sex, religion, national or ethnic origin, familial status, or disability be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under RHA's program.

To further its commitment to full compliance with applicable Civil Rights laws RHA will provide Federal/State/local information to applicants/residents of the Public Housing program regarding discrimination and any recourse available to them if they believe they may be victims of discrimination. Such information will be made available with the application, and all applicable Fair Housing Information and Discrimination Complaint Forms will be made available at RHA offices. In addition, all written information and advertisements will contain the appropriate Equal Opportunities language and logo.

RHA will assist any family that believes they have suffered illegal discrimination by providing them copies of the appropriate housing discrimination forms. RHA will also assist them in completing the forms if requested, and will provide them with the address of the nearest HUD office of Fair Housing and Equal Opportunity.

ATTACHMENTS FORM

Instructions: On this form, you will attach the various files that make up your grant application. Please consult with the appropriate Agency Guidelines for more information about each needed file. Please remember that any files you attach must be in the document format and named as specified in the Guidelines.

Important: Please attach your files in the proper sequence. See the appropriate Agency Guidelines for details.

1) Please attach Attachment 1	RHACFDA14.871RANEFY2008FormH	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2	RHACFDA14.871RANEFY2008FormH	Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3	RHACFDA14.871RANEFY2008Certo	Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4	RHACFDA14.871RANEFY2008DHPLA	Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5	RHACFDA14.871FY2008AppendixA	Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6		Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7		Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8		Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9		Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10		Add Attachment	Delete Attachment	View Attachment
11) Please attach Attachment 11		Add Attachment	Delete Attachment	View Attachment
12) Please attach Attachment 12		Add Attachment	Delete Attachment	View Attachment
13) Please attach Attachment 13		Add Attachment	Delete Attachment	View Attachment
14) Please attach Attachment 14		Add Attachment	Delete Attachment	View Attachment
15) Please attach Attachment 15		Add Attachment	Delete Attachment	View Attachment

**Applicant/Recipient
Disclosure/Update Report**

U.S. Department of Housing
and Urban Development

OMB Approval No. 2510-0011
(exp. 08/31/2009)

Applicant/Recipient Information

* Duns Number: [REDACTED]

* Report Type: INITIAL

1. Applicant/Recipient Name, Address, and Phone (include area code):

* Applicant Name:

Rochester Housing Authority

* Street1: 675 West Main Street

Street2:

* City: Rochester

County: Monroe

* State: NY: New York

* Zip Code: 14605

* Country: USA: UNITED STATES

* Phone: 585-697-1150

2. Social Security Number or Employer ID Number: 16-0791244

* 3. HUD Program Name:

Section 8 Housing Choice Vouchers

* 4. Amount of HUD Assistance Requested/Received: \$ 528,732.00

5. State the name and location (street address, City and State) of the project or activity:

* Project Name: RHA Rental Assistance for Non-Elderly Disabled

* Street1: 675 West Main Street

Street2:

* City: Rochester

County: Monroe

* State: NY: New York

* Zip Code: 14611

* Country: USA: UNITED STATES

Part I Threshold Determinations

* 1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3).

Yes No

* 2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1-Sep. 30)? For further information, see 24 CFR Sec. 4.9

Yes No

If you answered " No " to either question 1 or 2, **Stop!** You do not need to complete the remainder of this form.

However, you must sign the certification at the end of the report.

Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds.

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/State/Local Agency Name:

* Government Agency Name:

Government Agency Address:

* Street1:

Street2:

* City:

County:

* State:

* Zip Code:

* Country:

* Type of Assistance:

* Amount Requested/Provided: \$

* Expected Uses of the Funds:

Department/State/Local Agency Name:

* Government Agency Name:

Government Agency Address:

* Street1:

Street2:

* City:

County:

* State:

* Zip Code:

* Country:

* Type of Assistance:

* Amount Requested/Provided: \$

* Expected Uses of the Funds:

(Note: Use Additional pages if necessary.)

Add Attachment

Delete Attachment

View Attachment

Part III Interested Parties. You must decide.

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. Any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

* Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	* Social Security No. or Employee ID No.	* Type of Participation in Project/Activity	* Financial Interest in Project/Activity (\$ and %)
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> %

(Note: Use Additional pages if necessary.)

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.
I certify that this information is true and complete.

* Signature:

* Date: (mm/dd/yyyy)

Facsimile Transmittal

U. S. Department of Housing and Urban Development
Office of Department Grants Management and Oversight

OMB Approval No. 2525-0118
exp. Date (5/30/2008)

1228839648-5391

* Name of Document Transmitting: No Document Transmitting

1. Applicant Information:

* Legal Name: Rochester Housing Authority
* Address:
* Street1: 675 West Main Street
Street2:
* City: Rochester
County: Monroe
* State: NY: New York
* Zip Code: 14605 * Country: USA: UNITED STATES

2. Catalog of Federal Domestic Assistance Number:

* Organizational DUNS: [redacted] CFDA No.: 14.871
Title: Section 8 Housing Choice Vouchers
Program Component:

3. Facsimile Contact Information:

Department: Resident Services
Division:

4. Name and telephone number of person to be contacted on matters involving this facsimile.

Prefix: [redacted] * First Name: Gregory
Middle Name:
* Last Name: Jefferson
Suffix:
* Phone Number: 585-697-1150
Fax Number: 585-697-1152

* 5. Email: gjefferson@rochesterhousing.org

* 6. What is your Transmittal? (Check one box per fax)

a. Certification b. Document c. Match/Leverage Letter d. Other

* 7. How many pages (including cover) are being faxed? 1

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

[Empty field]

* Other (Specify)

[Empty field]

* 3. Date Received:

01/29/2009

4. Applicant Identifier:

NY041

5a. Federal Entity Identifier:

[Empty field]

* 5b. Federal Award Identifier:

[Empty field]

State Use Only:

6. Date Received by State:

[Empty field]

7. State Application Identifier:

[Empty field]

8. APPLICANT INFORMATION:

* a. Legal Name:

Rochester Housing Authority

* b. Employer/Taxpayer Identification Number (EIN/TIN):

16-0791244

* c. Organizational DUNS:

[Redacted]

d. Address:

* Street1:

675 West Main Street

Street2:

[Empty field]

* City:

Rochester

County:

Monroe

* State:

NY: New York

Province:

[Empty field]

* Country:

USA: UNITED STATES

* Zip / Postal Code:

14605

e. Organizational Unit:

Department Name:

Resident Services

Division Name:

[Empty field]

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

[Empty field]

* First Name:

Gregory

Middle Name:

[Empty field]

* Last Name:

Jefferson

Suffix:

[Empty field]

Title:

Resident Services Manager

Organizational Affiliation:

Rochester Housing Authority

* Telephone Number:

585-697-1150

Fax Number:

585-697-1152

* Email:

gjefferson@rochesterhousing.org

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

L: Public/Indian Housing Authority

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

*** 10. Name of Federal Agency:**

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.871

CFDA Title:

Section 8 Housing Choice Vouchers

*** 12. Funding Opportunity Number:**

FR-5228-N-01

*** Title:**

Rental Assistance for Non-Elderly Persons with Disabilities in Support of Designated Housing Plans

13. Competition Identification Number:

RANE-01

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Rochester, New York and surrounding area

*** 15. Descriptive Title of Applicant's Project:**

Rental Assistance Vouchers for Non-Elderly Persons with Disabilities

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant 028

* b. Program/Project 028

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachments

17. Proposed Project:

* a. Start Date: 07/01/2009

* b. End Date: 06/30/2008

18. Estimated Funding (\$):

* a. Federal	528,732.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	528,732.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

Yes No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name: Anthony

Middle Name:

* Last Name: DiBiase

Suffix:

* Title: Executive Director

* Telephone Number: 585-697- Fax Number: 585-697-

* Email: tdibiase@rochesterhousing.org

* Signature of Authorized Representative: Sharlene LeRoy * Date Signed: 01/29/2009

Application for Federal Assistance SF-424

Version 02

*** Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB

0348-0046

1. * Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" 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	2. * Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
--	--	--

4. Name and Address of Reporting Entity:

Prime SubAwardee

* Name: Resident Services

* Street 1: 675 West Main Street * Street 2:

* City: Rochester * State: NY: New York * Zip: 14611

Congressional District, if known: 028

5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:

6. * Federal Department/Agency: N/A	7. * Federal Program Name/Description: Section 8 Housing Choice Vouchers CFDA Number, if applicable: 14.871
---	--

8. Federal Action Number, if known: _____	9. Award Amount, if known: \$ _____
---	---

10. a. Name and Address of Lobbying Registrant:

Prefix _____ * First Name: N/A Middle Name _____

* Last Name: N/A Suffix _____

* Street 1 _____ * Street 2 _____

* City _____ * State _____ * Zip _____

b. Individual Performing Services (including address if different from No. 10a)

Prefix _____ * First Name: N/A Middle Name _____

* Last Name: N/A Suffix _____

* Street 1 _____ * Street 2 _____

* City _____ * State _____ * Zip _____

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 the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and 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: Sharlene LeRoy

* Name: Prefix _____ * First Name: N/A Middle Name _____

* Last Name: N/A Suffix _____

Title: _____ Telephone No.: _____ Date: 01/29/2009

Authorized for Local Reproduction
Standard Form - LLI (Rev. 7-97)