

**ATTACHMENT A**

**REQUIRED CERTIFICATION FORMAT FOR FY 2003 HOUSING CHOICE  
VOUCHER FSS PROGRAM COORDINATOR FUNDING FOR PHAs THAT  
RECEIVED FUNDING UNDER AN FSS NOFA IN FY 1999, FY 2000, FY 2001, or  
FY 2002**

Mr. Michael E. Diggs, Director  
Grants Management Center  
Housing Choice Voucher FSS Program Coordinator Funding  
2001 Jefferson Davis Highway, Suite 703  
Arlington, VA 22202

Dear Mr. Diggs:

In connection with the FY 2003 NOFA for Housing Choice Voucher (HCV) FSS program coordinators, I hereby certify for the \_\_\_\_\_ (*enter PHA name and PHA number. For joint applications, please indicate the names and PHA numbers of all co-applicants and identify the lead PHA that received and administered funds received under an FY 1999, FY 2000, FY 2001, or FY 2002 FSS NOFA*) that:

(1) Program status: (*Check all statements In 1(a) through 1 (e) below that apply to this application.*)

\_\_\_\_ (a) The PHA received funding under the an FSS NOFA in FY 1999, FY 2000, FY 2001, or FY 2002.

\_\_\_\_ (b) The PHA continues to operate a HCV FSS program.

\_\_\_\_ (c) The PHA filled one or more coordinator positions funded under an FSS NOFA in FY 1999, FY 2000, FY 2001, or FY 2002.

\_\_\_\_ (d) The PHA has executed FSS contracts of participation with HCV FSS program participants.

\_\_\_\_ (e) The PHA has submitted reports on participating families to HUD via the HUD 50058 Family Self-Sufficiency/Welfare-to-Work Voucher Addendum.

(2) Program Accomplishments: (*Provide information for items 2 (a) through 2(g). Enter N/A for any item that does not apply to your program.*)

(a) The number of families enrolled in the PHA's HCV FSS program as of 9/30/02:

\_\_\_\_\_.

- (b) The number of HCV FSS program participants with an FSS escrow account balance greater than zero on 9/30/02: \_\_\_\_\_.
  - (c) The number of HCV families that successfully completed their FSS contracts between 10/1/01 and 9/30/02: \_\_\_\_\_.
  - (d) The number of those FSS graduates that no longer needed rental subsidy: \_\_\_\_\_.
  - (e) The number of those graduates that were participants in the HCV homeownership program: \_\_\_\_\_.
  - (f) The number of those graduates that moved to homeownership through other homeownership programs: \_\_\_\_\_.
  - (g) The average escrow account distribution paid to families that graduated between 10/1/01 and 9/30/02: \_\_\_\_\_.
- (3) Renewal positions requested: (For renewal positions requested indicate the FY of the NOFA under which the position was last funded, the number of positions and salary level requested. The salary requested should include the amount of fringe benefits, if applicable. Salaries must be comparable to salaries for similar positions in the local jurisdiction and must not exceed the cap of \$62,500 per position.)

FY last funded    # of positions    Salary requested

- (4) Request for an initial FSS homeownership position: The PHA is applying for an initial FSS program coordinator to support FSS homeownership activities: Yes \_\_\_ No \_\_\_.
- (PHAs responding yes, must provide information requested in 4(a) through 4(d) below.)*
- (a) The PHA did not receive funding for an FSS homeownership coordinator under the FY 2002 NOFA. Yes \_\_\_\_\_ No \_\_\_\_\_
  - (b) The PHA administers or participates in a homeownership program or programs that give a selection preference for or limit eligibility for the homeownership program to FSS program participants or graduates or a homeownership program

that can demonstrate that it serves FSS program participants or graduates: Yes \_\_\_\_\_ No \_\_\_\_\_ *(If yes, identify program or programs here.)*

- (c) The PHA currently has \_\_\_\_\_ *(Enter number)* FSS families participating in or ready to participate in the homeownership program or programs identified above.
- (d) The Housing Choice Voucher program size in the PHA's HUD-approved FSS action plan is \_\_\_\_\_ FSS slots.
- (e) Total salary requested for the FSS homeownership coordinator position, including, if applicable, base salary plus fringe benefits: \_\_\_\_\_ *(Salary must be comparable to salaries for similar positions in the local jurisdiction and must not exceed the cap of \$62,500.)*
- (5) Total number of positions requested under this NOFA: \_\_\_\_\_ *(Enter the total number of Housing Choice Voucher program coordinator positions requested under the FY 2003 Housing Choice Voucher FSS NOFA. Total should include all renewal positions requested in item 3 and 4 above.)*
- (6) Additional Certifications: *(Check each item in (6) (a) through 6(c) that applies.)*
- \_\_\_\_\_ (a) The PHA is in compliance with the Fair Housing and Civil Rights requirements stated in section V.(B) of the FY 2003 SuperNOFA.
- \_\_\_\_\_ (b) The PHA is in compliance with requirements regarding lobbying stated in section V.(N) of the FY 2003 SuperNOFA.
- \_\_\_\_\_ (c) Evidence demonstrating salary comparability to similar positions in the local jurisdiction for each of the above positions is on file at the PHA.

If there are any questions, please contact \_\_\_\_\_ at \_\_\_\_\_

Sincerely,

Executive Director



## ATTACHMENT B

### Required Format for Certification from PHAs that Did Not Receive Rental Certificate/Housing Choice Voucher FSS Program Coordinator Funding under an FSS NOFA in FY 1999, FY 2000, FY 2001, or FY 2002

Mr. Michael E. Diggs, Director  
Grants Management Center  
Housing Choice Voucher FSS Program Coordinator Funding  
2001 Jefferson Davis Highway, Suite 703  
Arlington, VA 22202

Dear Mr. Diggs:

In connection with the FY 2003 NOFA for FSS program coordinators, this is a request for funds to pay the salary of a Housing Choice Voucher FSS program coordinator for one year. I hereby certify for the \_\_\_\_\_ (*Enter PHA name and PHA number. For joint applications, indicate the names and PHA numbers of all co-applicants and identify the lead PHA that will receive and administer the funding requested under this NOFA.*) that:

1. Our HUD-Approved FSS Program Size is: \_\_\_\_\_. (*Enter the total number of HUD-approved voluntary and mandatory Housing Choice Voucher FSS program slots identified in the PHAs HUD-Approved FSS Action Plan OR when PHAs are applying jointly, the combined total of Rental Certificate/Housing Choice Voucher FSS program slots in the HUD-approved Action plans of the PHAs.*)

2. Salary Requested: Total Housing Choice Voucher FSS Program Coordinator salary, INCLUDING, if applicable, amount for fringe benefits: \_\_\_\_\_.

3. Additional certifications: (*Check each item in 3(a) through 3(c) that applies.*)

\_\_\_\_\_(a) The PHA is in compliance with the Fair Housing and Civil Rights requirements stated in section V.(B) of the FY 2003 SuperNOFA.

\_\_\_\_\_(b) The PHA is in compliance with requirements regarding lobbying stated in section V(N) of the FY 2003 SuperNOFA.

\_\_\_\_(c) Evidence demonstrating salary comparability to similar position in the local jurisdiction is on file in the PHA office.

4. Statement regarding Colonias Preference: The applicant PHA operates in a Southwest Border region area that contains one or more Colonias community: Yes\_\_\_\_ No \_\_\_\_\_. (*If yes, a PHA applying for the Colonias preference must also complete 4(a) below.*)

(a) The PHA operates programs that include outreach to members of the Colonias communities. Yes \_\_\_\_ No \_\_\_\_

(b) Request that GMC confirm eligibility for Colonias preference. (Must be included only by PHAs not listed in Attachment C of the FY 2003 FSS NOFA.)

If there are any questions, please contact \_\_\_\_\_at \_\_\_\_\_.

Sincerely,

Executive Director

**ATTACHMENT C**

**PHAs THAT OPERATE IN AREAS CONTAINING COLONIAS COMMUNITIES:**

**ARIZONA PHAs:**

City of Douglas Housing Authority

City of Nogales Housing Authority

City of Yuma Housing Authority

Yuma County Housing Authority

Cochise County Housing Authority

Pinal County Housing Authority

City of Eloy Housing Authority

Section 8 Housing for Graham County, Arizona Department of Housing

**CALIFORNIA PHAs:**

Imperial Valley Housing Authority

City of Calexico Housing Authority

Housing Authority of the County of Riverside

**NEW MEXICO PHAs:**

City of Las Cruces/Dona Ana County Housing Authority

Sunland Park Housing Authority

Lordsburg Housing Authority

Silver City Housing Authority – Region V

City of Truth or Consequences Housing Authority

Housing Authority of the Village of Santa Clara

City of Alamogordo Housing Authority

Town of Baynard Housing Authority

Otero County – Region VI

Eddy County – Region VI

City of Socorro Housing Authority

**TEXAS PHAs:**

Brownsville Housing Authority

Cameron County Housing Authority

Los Fresnos Housing Authority

Port Isabel Housing Authority

San Benito Housing Authority

Harlingen Housing Authority

Willacy County Housing Authority

Mercedes Housing Authority

Weslaco Housing Authority

Dona Housing Authority

Elsa Housing Authority

Ed Couch Housing Authority

Alamo Housing Authority

San Juan Housing Authority

Pharr Housing Authority

Edinburg Housing Authority

Hidalgo County Housing Authority

McAllen Housing Authority

Mission Housing Authority

La Joya Housing Authority

Starr County Housing Authority

Zapata County Housing Authority

Laredo Housing Authority

Eagle Pass Housing Authority

Carrizo Springs Housing Authority

Uvalde Housing Authority

Del Rio Housing Authority

Bracketville Housing Authority

Asherton Housing Authority