

**Certification by State or Local
Official of PHA Plans Consistency
with the Consolidated Plan or
State Consolidated Plan
(All PHAs)**

U. S Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 2/29/2016

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

I, Carlos M. Santini Rodriguez, Esq., the Commissioner
Official's Name *Official's Title*

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

Puerto Rico Public Housing Administration
PHA Name

is consistent with the Consolidated Plan or State Consolidated Plan and the Analysis of
Impediments (AI) to Fair Housing Choice of the

Puerto Rico
Local Jurisdiction Name

pursuant to 24 CFR Part 91.

Provide a description of how the PHA Plan is consistent with the Consolidated Plan or State
Consolidated Plan and the AI.

The document is in accordance with our goals and the objectives of the State Consolidate Plan.

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

| | |
|---|----------------|
| Name of Authorized Official | Title |
| Carlos M. Santini Rodriguez, Esq. | Commissioner |
| Signature | Date |
|  | April 11, 2016 |

**Certification by State or Local
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U. S Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 2/29/2016

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

I, Carlos Mendez Martinez, the Mayor of the Municipality of Aguadilla
Official's Name *Official's Title*

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

Puerto Rico Public Housing Administration
PHA Name

is consistent with the Consolidated Plan or State Consolidated Plan and the Analysis of
Impediments (AI) to Fair Housing Choice of the

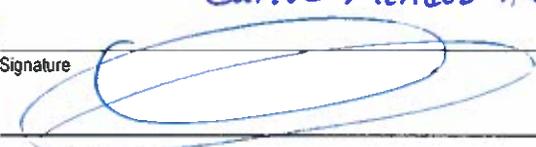
Aguadilla
Local Jurisdiction Name

pursuant to 24 CFR Part 91.

Provide a description of how the PHA Plan is consistent with the Consolidated Plan or State
Consolidated Plan and the AI.

PHA Plan is consistent with Aguadilla
Municipality plan as they are implementing
and working with issues such as housing ownership,
Section 8, crime prevention and civil rights among others.

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 <u>Carlos Mendez Martinez</u> | Title <u>Mayor of Aguadilla</u> |
| Signature  | Date <u>March 7, 2016</u> |

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**Certification by State or Local Official of PHA Plans
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I, Marcos Cruz Molina, the Mayor of the Municipality of Vega Baja
Official's Name *Official's Title*

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

Puerto Rico Public Housing Administration
PHA Name

is consistent with the Consolidated Plan or State Consolidated Plan and the Analysis of

Impediments (AI) to Fair Housing Choice of the

Vega Baja
Local Jurisdiction Name

pursuant to 24 CFR Part 91.

Provide a description of how the PHA Plan is consistent with the Consolidated Plan or State
Consolidated Plan and the AI.

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

| | |
|-----------------------------|--------------------------|
| Name of Authorized Official | Title |
| <u>Marcos Cruz Molina</u> | <u>Mayor</u> |
| Signature | Date |
| <u>Marcos Cruz Molina</u> | <u>03 - March - 2016</u> |

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**Certification by State or Local Official of PHA Plans
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I, Hector O'Neill Garcia, the Mayor of the Municipality of Guaynabo
Official's Name *Official's Title*

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

Puerto Rico Public Housing Administration
PHA Name

is consistent with the Consolidated Plan or State Consolidated Plan and the Analysis of

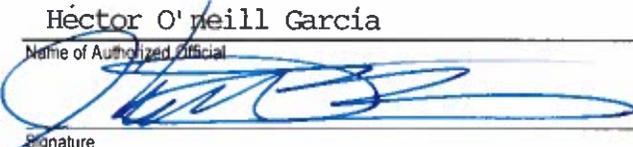
Impediments (AI) to Fair Housing Choice of the

Guaynabo
Local Jurisdiction Name

pursuant to 24 CFR Part 91.

Provide a description of how the PHA Plan is consistent with the Consolidated Plan or State Consolidated Plan and the AI.

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)

| | |
|--|-------------------------------|
| <u>Hector O'Neill Garcia</u> Name of Authorized Official | <u>Mayor</u> Title |
|  Signature | <u>March 10, 2016</u> Date |

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Office of Public and Indian Housing
OMB No. 2577-0226
Expires 2/29/2016

**Certification by State or Local Official of PHA Plans
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I, Ramon A. Hernandez Torres, the Mayor of the Municipality of Juana Diaz
Official's Name *Official's Title*

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

Puerto Rico Public Housing Administration
PHA Name

is consistent with the Consolidated Plan or State Consolidated Plan and the Analysis of
Impediments (AI) to Fair Housing Choice of the

Juana Diaz
Local Jurisdiction Name

pursuant to 24 CFR Part 91.

Provide a description of how the PHA Plan is consistent with the Consolidated Plan or State
Consolidated Plan and the AI.

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)

RAMÓN A. HERNÁNDEZ TORRES

Name of Authorized Official

Title

Signature

Date

city mayor

Mardi 11, 2016

**Certification by State or Local
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U. S Department of Housing and Urban Development

Office of Public and Indian Housing

OMB No. 2577-0226

Expires 2/29/2016

**Certification by State or Local Official of PHA Plans
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I, Rolando Ortiz Velazquez, the Mayor of the Municipality of Cayey
Official's Name *Official's Title*

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

Puerto Rico Public Housing Administration
PHA Name

is consistent with the Consolidated Plan or State Consolidated Plan and the Analysis of

Impediments (AI) to Fair Housing Choice of the

Cayey
Local Jurisdiction Name

pursuant to 24 CFR Part 91.

Provide a description of how the PHA Plan is consistent with the Consolidated Plan or State Consolidated Plan and the AI.

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)

| | |
|--|-----------|
| <u>Rolando Ortiz Velazquez</u> Name of Authorized Official | Title |
|  Signature | Date |

**Certification by State or Local
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U. S Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 2/29/2016

**Certification by State or Local Official of PHA Plans
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ADM. VIVIENDA PUBLICA
 SERV. ADMINISTRATIVOS
 CONTROL DE CORRESPOND.

I, Clemente Agosto Lugardo, the Mayor of the Municipality of Toa Alta
Official's Name *Official's Title*

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

Puerto Rico Public Housing Administration
PHA Name

is consistent with the Consolidated Plan or State Consolidated Plan and the Analysis of

Impediments (AI) to Fair Housing Choice of the

Toa Alta
Local Jurisdiction Name

pursuant to 24 CFR Part 91.

Provide a description of how the PHA Plan is consistent with the Consolidated Plan or State
 Consolidated Plan and the AI.

ADM. VIVIENDA PUBLICA
 AREA DE FINANZAS
 2016 MAR -8 PM 2:46
 161D

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 CLEMENTE AGOSTO LUGARDO | Title MAYOR |
| Signature  | Date MARCH 3, 2016 |

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 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 2/29/2016

**Certification by State or Local Official of PHA Plans
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RECIBIDO
 OFICINA DEL
 ADMINISTRADOR
 2016 MAR 15 PM 3:52

I, Abel Nazario Quinones, the Mayor of the Municipality of Yauco
Official's Name *Official's Title*

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

Puerto Rico Public Housing Administration
PHA Name

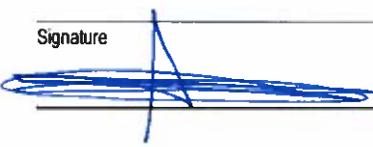
is consistent with the Consolidated Plan or State Consolidated Plan and the Analysis of
 Impediments (AI) to Fair Housing Choice of the

Yauco
Local Jurisdiction Name

pursuant to 24 CFR Part 91.

Provide a description of how the PHA Plan is consistent with the Consolidated Plan or State
 Consolidated Plan and the AI.

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 Abel Nazario Quinones | Title Mayor |
| Signature  | Date March 9, 2016 |

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U. S Department of Housing and Urban Development
Office of Public and Indian Housing
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Expires 2/29/2016

**Certification by State or Local Official of PHA Plans
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I, William E. Miranda Torres, the Mayor of the Autonomous Municipality of Caguas
Official's Name *Official's Title*

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

Puerto Rico Public Housing Administration

PHA Name

is consistent with the Consolidated Plan or State Consolidated Plan and the Analysis of

Impediments (AI) to Fair Housing Choice of the

Caguas

Local Jurisdiction Name

pursuant to 24 CFR Part 91.

Provide a description of how the PHA Plan is consistent with the Consolidated Plan or State
Consolidated Plan and the AI.

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

William E. Miranda Torres

Signature



Title

Mayor
Autonomous Municipality of Caguas

Date

18/MARZO/2016

**Certification by State or Local
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**Certification by State or Local Official of PHA Plans
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I, Marcelo Trujillo Panisse, the Mayor of the Municipality of Humacao
Official's Name *Official's Title*

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

Puerto Rico Public Housing Administration
PHA Name

is consistent with the Consolidated Plan or State Consolidated Plan and the Analysis of
 Impediments (AI) to Fair Housing Choice of the

Humacao
Local Jurisdiction Name

pursuant to 24 CFR Part 91.

Provide a description of how the PHA Plan is consistent with the Consolidated Plan or State
 Consolidated Plan and the AI.

**The State 2016 Public Housing Plan (PHA Plan) is consistent with the housing
 and community development goals, objectives and strategies identified and
 determined by the municipal administration of Humacao in the Five Year
 Consolidated Plan and in the Analysis of Impediments to Fair Housing Choice.**

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

| | |
|---|----------------|
| Name of Authorized Official | Title |
| Marcelo Trujillo Panisse | Mayor |
| Signature | Date |
|  | 3/14/16 |

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**Certification by State or Local Official of PHA Plans
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I, Eduardo Cintron Suarez, the Mayor of the Municipality of Guayama
Official's Name *Official's Title*

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

Puerto Rico Public Housing Administration
PHA Name

is consistent with the Consolidated Plan or State Consolidated Plan and the Analysis of
Impediments (AI) to Fair Housing Choice of the

Guayama
Local Jurisdiction Name

pursuant to 24 CFR Part 91.

Provide a description of how the PHA Plan is consistent with the Consolidated Plan or State
Consolidated Plan and the AI.

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

| | |
|----------------------------------|---------------------|
| Name of Authorized Official | Title |
| <u>EDUARDO E. CINTRON SUAREZ</u> | <u>ALCALDE</u> |
| Signature | Date |
| <u>[Handwritten Signature]</u> | <u>7. MARZO. 16</u> |

**Certification by State or Local
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**Certification by State or Local Official of PHA Plans
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I, Javier Carrasquillo Cruz, the Mayor of the Municipality of Cidra
Official's Name *Official's Title*

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

Puerto Rico Public Housing Administration
PHA Name

is consistent with the Consolidated Plan or State Consolidated Plan and the Analysis of

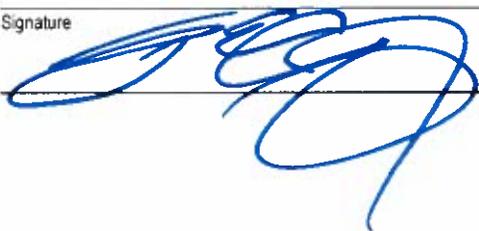
Impediments (AI) to Fair Housing Choice of the

Cidra
Local Jurisdiction Name

pursuant to 24 CFR Part 91.

Provide a description of how the PHA Plan is consistent with the Consolidated Plan or State Consolidated Plan and the AI.

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

| | |
|---|-------|
| Name of Authorized Official | Title |
|  | Date |

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OMB No. 2577-0226
Expires 2/29/2016

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

I, Carmen Yulin Cruz, the Mayor of the Municipality of San Juan
Official's Name *Official's Title*

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

Puerto Rico Public Housing Administration
PHA Name

is consistent with the Consolidated Plan or State Consolidated Plan and the Analysis of
Impediments (AI) to Fair Housing Choice of the

San Juan
Local Jurisdiction Name

pursuant to 24 CFR Part 91.

Provide a description of how the PHA Plan is consistent with the Consolidated Plan or State
Consolidated Plan and the AI.

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 <u>Andres Garcia Martini</u> | Title <u>City Administrator</u> |
| Signature <u>[Signature]</u> | Date <u>4/7/16</u> |

| | |
|---|---|
| Certification by State or Local Official of PHA Plans Consistency with the Consolidated Plan or State Consolidated Plan (All PHAs) | U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 2/29/2016 |
|---|---|

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

I, Jose C. Aponte Dalmau, the Mayor of the Municipality of Carolina
Official's Name *Official's Title*

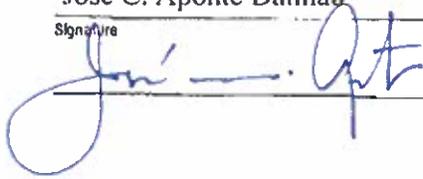
certify that the 5-Year PHA Plan and/or Annual PHA Plan of the
Puerto Rico Public Housing Administration
PHA Name

is consistent with the Consolidated Plan or State Consolidated Plan and the Analysis of Impediments (AI) to Fair Housing Choice of the
Carolina
Local Jurisdiction Name

pursuant to 24 CFR Part 91.

Provide a description of how the PHA Plan is consistent with the Consolidated Plan or State Consolidated Plan and the AI.

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

| | |
|--|-----------------|
| Name of Authorized Official | Title |
| José C. Aponte Dalmau | Mayor |
| Signature  | Date 4/14/16 |