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**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 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.

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

Carlos Mendez Martinez

Title

Mayor of Aguadilla

Signature



Date

v.2.2.

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**Certification by State or Local Official of PHA Plans
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I, ANIBAL MELENDEZ RIVERA, the MAYOR OF THE MUNICIPALITY OF FAJARDO
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


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Impediments (AI) to Fair Housing Choice of the

FAJARDO
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
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Name of Authorized Official	Title
Signature 	Date

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**Certification by State or Local Official of PHA Plans
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I, RAMON L. RIVERA CRUZ, the MAYOR OF THE MUNICIPALITY OF BAYAMON
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

BAYAMON

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.

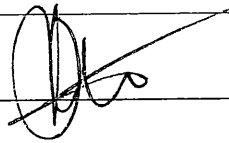
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Name of Authorized Official

Title

Mayor

Signature



Date

March 13, 2018

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**Certification by State or Local Official of PHA Plans
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I, ROBERTO RAMIREZ KURTZ, the MAYOR OF THE MUNICIPALITY OF CABO ROJO
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

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Impediments (AI) to Fair Housing Choice of the

CABO ROJO
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
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Name of Authorized Official	Title
<u>Roberto Ramirez Kurtz</u>	<u>Mayor</u>
Signature	Date
<u>[Handwritten Signature]</u>	<u>March 14, 2018</u>

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**Certification by State or Local Official of PHA Plans
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I, LORNNA SOTO VILLANUEVA, the MAYOR OF THE MUNICIPALITY OF CANOVANAS
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

CANOVANAS

Local Jurisdiction Name

pursuant to 24 CFR Part 91.

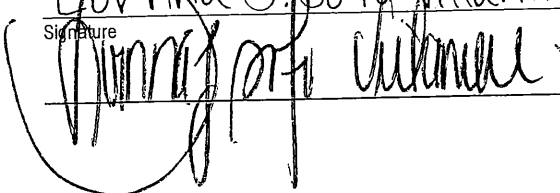
Provide a description of how the PHA Plan is consistent with the Consolidated Plan or State
Consolidated Plan and the AI.

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Name of Authorized Official

Lornna J. Soto Villanueva

Signature



Title

Mayor

Date

March 12, 2018

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**Certification by State or Local Official of PHA Plans
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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
PIA 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.

We have revised the draft submitted for the PHA Plan 2018-2019. The projects included in the plan regarding our municipality are consistent with our Action Plan 2018-2019.

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)

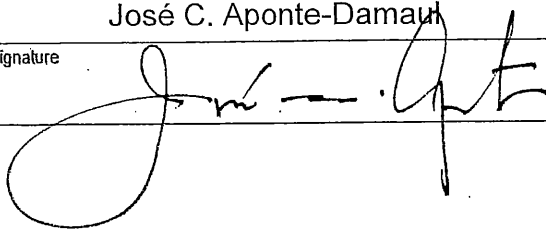
Name of Authorized Official

José C. Aponte-Damaul

Title

Mayor

Signature



Date

3/13/18

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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 <u>Eduardo E. Cintron Suarez</u>	Title <u>Mayor</u>
Signature <u>Eduardo E. Cintron Suarez</u>	Date <u>March 4, 2018</u>

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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 PHA Plans for the three public housing projects located at the Municipality
of Humacao are consistent with the objectives of the Municipal PHA to provide
Fair Housing opportunities to all our citizens, complying with Sections 91.215 (C)
91.315 (C) and 91.415 of the 24 CFR.

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 3/15/18

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Certification by State or Local Official of PHA Plans
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I, JOSE SANCHEZ GONZALEZ, the MAYOR OF THE MUNICIPALITY OF MANATI
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

MANATI
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 activities and targeted population to be attended
by the PHA Plan it is consistent with the services
needed by our communities and its aligned with
the Consolidated Plan, and the Analysis of Impediment to
Fair Housing of the Municipality.*

I hereby certify that all the information stated herein, as well as any information provided in the accompanying documents, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. 48 U.S.C. 1001, 1010, 1012 51 U.S.C. 5520, 5802

Name of Authorized Official

Signature

Jose A. Sanchez Gonzalez

Title

Date

Mayor of Manati
March 8, 2018

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I, JOSE G. RODRIGUEZ RODRIGUEZ, the MAYOR OF THE MUNICIPALITY OF MAYAGUEZ
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

MAYAGUEZ
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>Jose M. Rodriguez</u> Name of Authorized Official	Title <u>Mayor</u>
<u>[Signature]</u> Signature	Date <u>3/17/2018.</u>

SA 1202015U

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**Certification by State or Local Official of PHA Plans
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I, Hon. María E. Melendez Altieri, DMD, the Mayor of the Municipality of Ponce
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

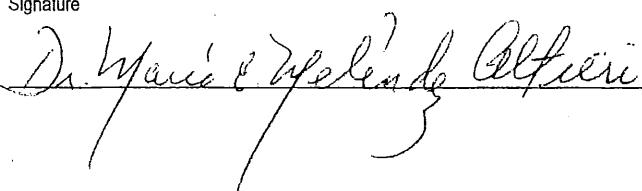
is consistent with the Consolidated Plan or State Consolidated Plan and the Analysis of
Impediments (AI) to Fair Housing Choice of the

PONCE
Local Jurisdiction Name

pursuant to 24 CFR Part 91.

We certify that the Plan presented here is consistent with the housing goals of the Autonomous
Municipality of Ponce. We are pleased to know that the city's public residential will continue
to operate according to the designated budget.

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
Hon. María Melendez Altieri, DMD	Mayor of the Municipality of Ponce
Signature	Date
	March 19, 2018

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**Certification by State or Local Official of PHA Plans
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I, ISIDRO A. NEGRON IRIZARRY, the MAYOR MUNICIPALITY OF SAN GERMAN
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

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Impediments (AI) to Fair Housing Choice of the

SAN GERMAN
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
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<u>Isidro Negron Irizarry</u> Name of Authorized Official	<u>Alcalde</u> Title
<u>Isidro Negron Irizarry</u> Signature	<u>Municipio San German</u> Date
	<u>07/marzo/18</u>

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**Certification by State or Local Official of PHA Plans
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I, JOSE L. CRUZ CRUZ, the MAYOR MUNICIPALITY OF TRUJILLO ALTO
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

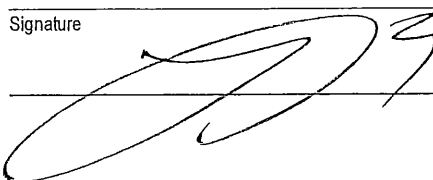
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TRUJILLO ALTO
Local Jurisdiction Name

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.

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<u>Jose Luis Cruz Cruz</u> Name of Authorized Official	<u>Mayor</u> Title
 Signature	<u>03 . 09 . 2018</u> Date

**Certification by State or Local
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**Certification by State or Local Official of PHA Plans
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I, MARCOS RUIZ 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

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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
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Name of Authorized Official	Title
<u>Marcos Ruiz Molina</u>	<u>Mayor</u>
Signature	Date
<u>Marcos Ruiz Molina</u>	<u>2-28-2018</u>

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**Certification by State or Local Official of PHA Plans
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I, ANGEL LUIS TORRES ORTIZ, 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

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YAUCO

Local Jurisdiction Name

pursuant to 24 CFR Part 91.

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Name of Authorized Official

Angel Luis Torres Ortiz

Signature

Title

Mayor - Yauco

Date

March 1, 2018

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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

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PHA Name

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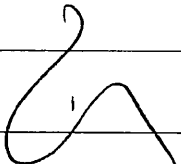
Impediments (AI) to Fair Housing Choice of the

CAYEY
Local Jurisdiction Name

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Name of Authorized Official	Title
	Mayor
Signature	Date