

**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 3/31/2024

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

I, Julio Roldán Concepción, the Mayor of the Municipality of Aguadilla
Official's Name *Official's Title*

certify that the 5-Year PHA Plan for fiscal years 2020-2025 and/or Annual PHA Plan for fiscal
year 2023 of the Puerto Rico Public Housing Administration is consistent with the
PHA Name


Consolidated Plan or State Consolidated Plan including the Analysis of Impediments (AI) to Fair
Housing Choice or Assessment of Fair Housing (AFH) as applicable to the

Aguadilla
Local Jurisdiction Name

pursuant to 24 CFR Part 91 and 24 CFR §§ 903.7(o)(3) and 903.15.

Provide a description of how the PHA Plan's contents are consistent with the Consolidated Plan or
State Consolidated 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: <u>Julio Roldán Concepción</u>	Title: <u>Mayor</u>
Signature: 	Date: <u>March 15, 2023</u>

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

Public reporting burden for this information collection is estimated to average 0.16 hours per year per response, including the time for reviewing
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**Certification by State or Local Official of PHA Plans
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I, José A. Sánchez González, the Mayor of the Municipality of Manati
Official's Name *Official's Title*

certify that the 5-Year PHA Plan for fiscal years 2020-2025 and/or Annual PHA Plan for fiscal
year 2023 of the PHA / PIH Public and Indian Housing is consistent with the
PHA Name

Consolidated Plan or State Consolidated Plan including the Analysis of Impediments (AI) to Fair
Housing Choice or Assessment of Fair Housing (AFH) as applicable to the

Municipality of Manati
Local Jurisdiction Name

pursuant to 24 CFR Part 91 and 24 CFR §§ 903.7(o)(3) and 903.15.

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HON. JOSE SANCHEZ GONZALEZ

MAYOR

Name of Authorized Official:

Title:

Signature:

Date:

03/20/2023

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**Certification by State or Local Official of PHA Plans
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I, Ángel Luis Torres Ortiz, the Mayor of the Municipality of Yauco
Official's Name *Official's Title*

certify that the 5-Year PHA Plan for fiscal years 2020-2025 and/or Annual PHA Plan for fiscal
year 2023 of the Puerto Rico Public Housing Administration is consistent with the
PHA Name

Consolidated Plan or State Consolidated Plan including the Analysis of Impediments (AI) to Fair
Housing Choice or Assessment of Fair Housing (AFH) as applicable to the

Yauco
Local Jurisdiction Name

pursuant to 24 CFR Part 91 and 24 CFR §§ 903.7(o)(3) and 903.15.

Provide a description of how the PHA Plan's contents are consistent with the Consolidated Plan or
State Consolidated 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:

Ángel L. Torres Ortiz

Title:

Mayor of Yauco

Signature:

Date:

03/20/2023

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**Certification by State or Local Official of PHA Plans
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I, Ramón A. Hernández Torres, the Mayor of the Municipality of Juana Díaz
Official's Name *Official's Title*

certify that the 5-Year PHA Plan for fiscal years 2020-2025 and/or Annual PHA Plan for fiscal
year 2023 of the Puerto Rico Public Housing Administration is consistent with the
PHA Name

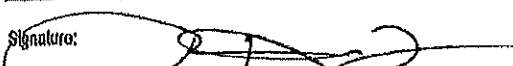
Consolidated Plan or State Consolidated Plan including the Analysis of Impediments (AI) to Fair
Housing Choice or Assessment of Fair Housing (AFH) as applicable to the

Juana Díaz
Local Jurisdiction Name

pursuant to 24 CFR Part 91 and 24 CFR §§ 903.7(o)(3) and 903.15.

Provide a description of how the PHA Plan's contents are consistent with the Consolidated Plan or
State Consolidated 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:
<u>RAMÓN A. HERNÁNDEZ TORRES</u>	<u>Mayor</u>
Signature:	Date:
	<u>March 17, 2023</u>

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**Certification by State or Local Official of PHA Plans
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I, Miguel E. Méndez Pérez; the Mayor of the Municipality of Isabela
Official's Name *Official's Title*

certify that the 5-Year PHA Plan for fiscal years 2020-2025 and/or Annual PHA Plan for fiscal
year 2023 of the Puerto Rico Public Housing Administration is consistent with the
PHA Name

Consolidated Plan or State Consolidated Plan including the Analysis of Impediments (AI) to Fair
Housing Choice or Assessment of Fair Housing (AFH) as applicable to the

Isabela
Local Jurisdiction Name

pursuant to 24 CFR Part 91 and 24 CFR §§ 903.7(o)(3) and 903.15.

Provide a description of how the PHA Plan's contents are consistent with the Consolidated Plan or
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Name of Authorized Official: <u>Miguel E. Méndez Pérez</u>	Title: <u>Mayor</u>
Signature: <u>Miguel E. Méndez Pérez</u>	Date: <u>3/14/2023</u>

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**Certification by State or Local Official of PHA Plans
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I, Virgilio Olivera Olivera, the Mayor of the Municipality of San Germán,
Official's Name *Official's Title*

certify that the 5-Year PHA Plan for fiscal years 2020-2025 and/or Annual PHA Plan for fiscal
year 2023 of the Puerto Rico Public Housing Administration is consistent with the
PHA Name

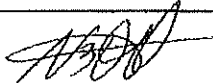
Consolidated Plan or State Consolidated Plan including the Analysis of Impediments (AI) to Fair
Housing Choice or Assessment of Fair Housing (AFH) as applicable to the

San Germán
Local Jurisdiction Name

pursuant to 24 CFR Part 91 and 24 CFR §§ 903.7(o)(3) and 903.15.

Provide a description of how the PHA Plan's contents are consistent with the Consolidated Plan or
State Consolidated 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: <u>Virgilio Olivera Olivera</u>	Title: <u>Mayor</u>
Signature: 	Date: <u>March 10, 2023</u>

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**Certification by State or Local Official of PHA Plans
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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 for fiscal years 2020-2025 and/or Annual PHA Plan for fiscal
 year 2023 of the Puerto Rico Public Housing Administration is consistent with the
PHA Name

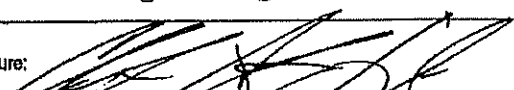
Consolidated Plan or State Consolidated Plan including the Analysis of Impediments (AI) to Fair
 Housing Choice or Assessment of Fair Housing (AFH) as applicable to the

Toa Alta
Local Jurisdiction Name

pursuant to 24 CFR Part 91 and 24 CFR §§ 903.7(o)(3) and 903.15.

Provide a description of how the PHA Plan's contents are consistent with the Consolidated Plan or
 State Consolidated 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: Clemente Agosto Lugardo	Title: Alcalde
Signature: 	Date: 15 de marzo de 2023

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Certification by State or Local Official of PHA Plans
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I, José A. Meléndez Méndez, the Mayor of the Municipality of Fajardo
 Official's Name Official's Title

I, certify that the 5-Year PHA for fiscal years 2020-2025 and/or Annual PHA Plan for fiscal
 year 2023 of the Puerto Rico Public Housing Administration is consistent with the
PHA Name

Consolidated Plan or State Consolidated Plan including the Analysis of Impediments (AI) to
 Fair Housing Choice or Assessment of Fair Housing (AFH) as applicable to the

Fajardo

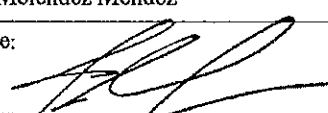
 Local Jurisdiction Name

pursuant to 24 CFR Part 91 and 24 CFR §§ 907.3 (o) (3) and 903.15.

Provide & description of how the PHA Plan's contents are Consistent with the Consolidated
 Plan or State Consolidated Plan.

The overall mission of our PHA Plans is consistent with the Department of Housing and Urban
 Development standards and the State Consolidated Plan: They all promote adequate, affordable and
 economic housing opportunities within suitable living environments that are free from discrimination.

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

Name of Authorized Official: José A. Meléndez Méndez	Title: Mayor
Signature: 	Date: 21/03/2023

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 Code, Section 1701 et seq., and regulations promulgate there under at title 12. Code of Federal Regulations. Responses to the collection of the information are
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**Certification by State or Local Official of PHA Plans
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I, Aida Gracia Rivera, the Programa CDBG- Estado
Official's Name *Official's Title*

certify that the 5-Year PHA Plan for fiscal years 2020-2024 and/or Annual PHA Plan for fiscal year 2023 of the Puerto Rico Public Housing Administration is consistent with the
PHA Name

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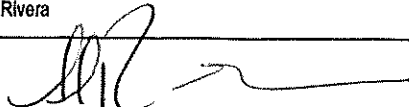
Programa CDBG - Estado
Local Jurisdiction Name

pursuant to 24 CFR Part 91 and 24 CFR §§ 903.7(o)(3) and 903.15.

Provide a description of how the PHA Plan's contents are consistent with the Consolidated Plan or State Consolidated Plan.

El plan está dirigido a personas de ingresos bajos del Programa Sección 9 y Sección 8 de la
Administración de Vivienda Pública.

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: Aida Gracia Rivera	Title: Special Aide to the Secretary
Signature: 	Date: <u>April 17, 2023</u>

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