**State of Wisconsin**

##### Department of Administration

**Division of Housing**

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**Wisconsin Consolidated Plan**

**CERTIFICATION FORM**

This form or a HUD authorized equivalent, should be completed by the public housing agency to obtain certification of consistency with the State of Wisconsin Consolidated Plan. The State Department of Administration, Division of Housing, will process Certification requests as promptly as possible; however please submit a request as early in the process as you can.

**SEND TO:**

**Consolidated Plan Certification**

**Department of Administration, Division of Housing**

###### Attn: Consolidated Plan Manager

**P.O. Box 7970**

**Madison, WI 53707-7970**

**PHONE: (608) 264-8801**

**FAX: (608) 266-5381**

**TDD: (608) 264-8777**

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| PART I |

|  |  |  |
| --- | --- | --- |
| **1)** | **Today’s Date:** |  |
|  |  |  |
|  |  |  |
| **2)** | **Due Date for Plan Submission to HUD:** |  |
|  |  |  |
|  |  |  |
| **3)** | **Public Housing Agency Type:** |  |
|  | **(High Performer, Standard Performer, Troubled Performer, Section 8 Only, Small PHA)** |  |
|  |  |  |
|  |  |  |
| **4)** | **Agency Name and Address:** |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **6)** | **Contact Person and Phone Number:** |  |

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| PART II |

#### Certification of Consistency with State of Wisconsin Consolidated Plan

# PHA Plan Type *(Select One)*

|  |  |
| --- | --- |
| 🞎 | Standard Annual PHA Plan |
| 🞎 | Standard 5-Year/Annual PHA Plan |
| 🞎 | Streamlined 5-Year/Annual PHA Plan |
| 🞎 | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# PHA Statement

To the best of our knowledge, the proposed public housing agency plan is consistent with the jurisdiction's current, approved Consolidated Plan. ***(Type or clearly print the following information)***

|  |  |
| --- | --- |
| Public Housing Agency Name: |  |
| Public Housing Agency Official’s Name: |  |
| Public Housing Agency Official’s Signature |  |
|  |  |

|  |
| --- |
| ***For Division of Housing Use Only:*** |

|  |  |
| --- | --- |
| Name of Public HousingAgency Jurisdiction: | State of Wisconsin |
|  |  |
| Certifying Name and Title of Jurisdiction’s Consolidated Plan Official:  | Lisa Marks, Administrator **Division of Housing****Department of Administration** |
| DOH Approval Date: |  |
| DOH Approval Signature: |  |

***06/2014***