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 Roldan Concepcion, the M Official's Name	layor of the Municipality of Aguadilla Official's Title
Official's Name	Official's Tille
certify that the 5-Year PHA Plan for fiscal year year 2023 of the Puerto Rico Public Housing Adm	ministration is consistent with the
Consolidated Plan or State Consolidated Plan included Housing Choice or Assessment of Fair Housing (A	iding the Analysis of Impediments (AI) to Fair FH) as applicable to the
·	
Aguadi	lla
Local Jurisdie	ction Name
pursuant to 24 CFR Part 91 and 24 CFR §§ 903.7(Provide a description of how the PHA Plan's contents State Consolidated Plan.	
I heroby certify that all the information stated heroin, as well as any information provide prosecute false claims surf-statements. Conviction may result in criminal and/or civil pen	d in the accompaniment herewith, is true and accurate. Warning: HUD will salties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)
Julio Rolphin Concepción	Mayor Date: March 15,2023
Name of Authorized Official: Tulos Wolphy Concepciós	Title: Mayor Date: March 15, 2023

Public reporting burden for this information collection is estimated to average 0.16 hours per year per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

Code, Section 1701 et sep., 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.

U. S Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 3/31/2024

Mayor of the Municipality of Manati

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

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 fo year <u>2023</u> of the <u>PHA / PIH Publ</u>	ic and In	years <u>2020-2025</u> and/or Annual PHA Plan for fiscal dian Housing is consistent with the Name
Consolidated Plan or State Consolidat Housing Choice or Assessment of Fair	ed Plan i r Housin	ncluding the Analysis of Impediments (AI) to Fair g (AFH) as applicable to the
		ality of Manati
	Local Ju	risdiction Name
pursuant to 24 CFR Part 91 and 24 CF	R §§ 90	3.7(o)(3) and 903.15.
Provide a description of how the PHA State Consolidated Plan.	Plan's c	ontents are consistent with the Consolidated Plan or
		,
I hereby certify that all the information stated herein, as well as ar prosecute false claims and statements. Conviction may result in co	ny information riminal and/or o	provided in the accompaniment horewith, is true and accurate. Warning: HUD will civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)
HON. JOSE SANCHEZ GONZALEZ		MAYOR 1 Title:
Name of Authorized Official:		1100.
Signaluce:		Date: 03/20/2023

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.

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, Angel Luis Torres Ortiz, the Ma	yor of the Municipality of Yauco
Official's Name	Official's Title
certify that the 5-Year PHA Plan for fiscal year year 2023 of the Puerto Rico Public Housing Adme	ninistration is consistent with the
Consolidated Plan or State Consolidated Plan inclu Housing Choice or Assessment of Fair Housing (A	
Yauc	
Local Jurisdic	tion Name
pursuant to 24 CFR Part 91 and 24 CFR §§ 903.76 Provide a description of how the PHA Plan's content State Consolidated Plan.	
I hereby certify that all the information stated herein, as well as any information provide prosecute falso claims and statements. Conviction may result in criminal and/or civil pen	d in the accompaniment herewith, is true and accurate. Warning: HUD will alties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)
Angel 1. Tower Ortiz	Mayor of Yanco
	Mayor of YANCO Date: 03/20/2022
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 tonsistency with the consolidated plan or state consolidated plan.

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, 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 Diaz
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 haraby carilly that all the information steled herein, as well as any information provided in the accompanionent herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in convint and/or civil penalties. (18 U.S.C. 1001, 1012; 31 U.S.C. 3729, 3802)
Name of Authorized Official; Title:
RAMÓN A. HERNANDEL TONAS MAYOR
RAMÓN A. HERNANDEL TONAS MAYOR SIgnaluro: Dalo: March 17 2023
The United States Department of Housing and Johan Development is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 at seq., and regulations promulgated therounder at Title 12, Code of Vederal Regulations. Responses to the collection of information are required to obtain a bourfit or to rotain a bourfit. The information requested does not loud itself to confidentiality. This information is collected to ensure consistency with the consolidated plan or state consolidated plan.

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

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 year 2023 of the Puerto Rico Public Housing Ad	ars <u>2020-2025</u> and/or Annual PHA Plan for fiscal is consistent with the is consistent with the
Consolidated Plan or State Consolidated Plan incl Housing Choice or Assessment of Fair Housing (A	ading the Analysis of Impediments (AI) to Fair AFH) as applicable to the
Isabe	
Local Jurisdi	iction 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 contestate Consolidated Plan.	ents are consistent with the Consolidated Plan or
I hereby certify that all the information stated herein, as well as any information provide prosecute falso claims and statements. Conviction may result in criminal and/or civil p	ded in the accompaniment herewith, is true and accurate. Warning: HUD will renalities. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)
Name of Authorized Official:	Title:
Miguel E. Méndez Pérez	Hayor
Signalure: L. L.	Date: 3/14/2023

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 bonefit or to rotain 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.

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

I, <u>Virgilio Olivera Olivera</u> , the Official's Name	Mayor of the Municipality of San Germán 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 incl Housing Choice or Assessment of Fair Housing (A	* * * * * * * * * * * * * * * * * * * *	
San Ge		
Local Jurisd	iction 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 contestate Consolidated Plan.	ents are consistent with the Consolidated Plan or	
I hereby certify that all the information stated herein, as well as any information provi- prosecute falso claims and statements. Conviction may result in criminal and/or civil p		
Name of Authorized Official: Virgilio Olivera Olivera	Date: March 10,2023	
Signature: Afst	Date: March 10,2023	

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 at seq., and regulations promulgated thereunder at Title 12, Code of Pederal Regulations. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not loud itself to confidentiality. This information is collected to ensure consistency with the consolidated plan or state consolidated plan.

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Office of Public and Indian Housing
OMB No. 2577-0226
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Certification by State or Local Official of PHA Plans Consistency with the Consolidated Plan or State Consolidated Plan

I, Clemente Agosto Lugardo ,	Clemente Agosto Lugardo , the Mayor of the Municipality of Toa Alta	
Official's Name	Offi	cial's Title
certify that the 5-Year PHA Plan for fisc year 2023 of the Puerto Rico Public Hous		nd/or Annual PHA Plan for fiscal is consistent with the
Consolidated Plan or State Consolidated Plan Housing Choice or Assessment of Fair Hou		
	Γοα Alta	
Local	l 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 State Consolidated Plan.	s contents are consistent	with the Consolidated Plan or
l hereby certify that all the information stated herein, as well as any informa prosecute false claims and statements. Conviction may result in criminal and	tion provided in the accompaniment here Nor civil pennities. (18 U.S.C. 1001, 101	with, is true and accurate. Warning: HUD will 0, 1012; 31 U.S.C. 3729, 3802)
Name of Authorized Official:	l Title:	
Clemente Agosto Lugardo	Alcalde	
Signature:	Dale: 15 de marz	o de 2023
The United States Department of Housing and Orban Development is au	thorized to solicit the information requ	tested in this form by virtue of Title 12, U.S.

The United States Department of Housing and Orban Sevelopment 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.

U. S Department of Housing and Urban Development

Office of Public and Indian Housing
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Expires 3/31/2024

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

	dated I fait of plate Collocated I fair	
I, José A. Meléndez Méndez, the M	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 (Al) to Fair Housing Choice or Assessment of Fair Housing (AFH) as applicable to the		
F	ajardo	
Local Jun	risdiction Name	
Plan or State Consolidated Plan. The overall mission of our PHA Plans is consisted Development standards and the State Consolidate economic housing opportunities within suitable. Thereby Certify that all the information stated herein, as well as the property of the stated herein, as well as the stated herein.	n's contents are Consistent with the Consolidated	
18 U.S.C. 1001, 1010, 1012; 31 U.S.C 3729,3802).	a satement. Conviction may results in criminal and/or civit penalties	
Name of Authorized Oficial:	Title:	
Name of Authorized Oficial: José A. Meléndez Méndez	Title: Mayor	

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

I, Aida Gracia Rivera, the Proofficial's Name	ograma CDBG- Estado
Official s Name	Official's Title
certify that the 5-Year PHA Plan for fiscal ye year 2023 of the Puerto Rico Public Housing Ace PHA Na	
Consolidated Plan or State Consolidated Plan inc Housing Choice or Assessment of Fair Housing (luding the Analysis of Impediments (AI) to Fair AFH) as applicable to the
Programa CDBG	- Estado
Local Juriso	diction Name
pursuant to 24 CFR Part 91 and 24 CFR §§ 903.7	7(o)(3) and 903.15.
Provide a description of how the PHA Plan's cont State Consolidated Plan.	ents are consistent with the Consolidated Plan or
El plan está dirigido a personas de ingresos bajos e	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 provi prosecute false claims and statements. Conviction may result in criminal and/or civil p	ded in the accompaniment herewith, is true and accurate. Warning: HUD will condities. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)
Name of Authorized Official:	Title:
Alda Gracia Rivera	Special Aide to the Secretary
Signature;	Date: April 17, 2023
The United States Department of Housing and Jirhan Development is authorized t	a salight the information requested in this form, but the form the state of

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.