

DETERMINATION OF PUBLIC HOUSING AUTHORITY'S ANNUAL PLAN CONSISTENCY WITH THE STATE OF TEXAS CONSOLIDATED PLAN

Public Housing Authority	of:	
Contact Name:		
Phone:	Fax:	Email:
Programs Administered:		
Public Housing	Section 8 Housing Choice Vol	ucher
A. Mission		
Please state the PHA's	nission for serving the needs	s of low, very low, and extremely low income Texans:
B. Goals		
	were used in developing the	State's goals and objectives:
stating policy intention.	They are both <i>qualitative and</i> are ranked for priority. Goals	nization directs its efforts. A goal addresses issues by d quantifiable, but are not quantified. In a strategic stretch and challenge an organization, but they are
an organization's long-ra	ange mission and goals. Linke I statements of intent. They e	ey mark quantifiable interim steps toward achieving ed directly to an organization's goals, objectives are emphasize the results of an organization's actions at
Affairs' State of Texas Fi	ve-Year Consolidated Plan. W	om the Texas Department of Housing and Community lith the above definitions in mind, please check each an which supports the stated goal.
	e and preserve the availability ne persons and families.	of safe, decent, and affordable housing for very low,
A. PHA Goal: Expand Proposed PHA Object	I the supply of assisted housir	ng.
•	tional Voucher units should th	ey become available
	Housing vacancies	•
	ld units or development	
Other		

Dem	ovate or modernize Public Housing units nolish or dispose of obsolete Public Housing
_	polich or dispose of obsolete Public Housing
= -	iolish of dispose of obsolete rubile Housing
Prov	ide replacement Public Housing
	ide replacement Vouchers
_	rove voucher management
_	er:
2.) TDHCA Goa	al: Maximize the effectiveness of available funds by leveraging public/private resources.
	Increase assisted housing choices. PHA Objectives:
☐ Leve	erage private/public funds to create additional housing opportunities
☐ Seel	and commit funding resources to serve persons with special needs
☐ Purs	ue housing resources other than Public Housing or Section 8 tenant- based assistance.
Othe	er:
	ge of penalties for false statements, I certify that to the best of my knowledge all information is application for certification and on all attached documents is true and correct.
Signature, Hou	sing Authority Official
	
Title	
Date	
Send to:	TDHCA Jeremy Stremler