

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

I, \_\_\_\_\_ the \_\_\_\_\_ certify  
that the Five Year and Annual PHA Plan of the \_\_\_\_\_ is  
consistent with the Consolidated Plan of \_\_\_\_\_ prepared  
pursuant to 24 CFR Part 91.

\_\_\_\_\_  
Signed / Dated by Appropriate State or Local Official