**Public reporting burden for** this collection of information is estimated to average 136.2 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, completing the operating budget and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden, to the Reports Management Officer, REE, Department of Housing and Urban Development, 451 7th Street SW, Room 8210, Washington, DC 20410–5000. When providing comments, please refer to OMB Approval No. 2577-0026. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is required by Section 6(c)(4) of the U.S. Housing Act of 1937. The information is the operating budget for the low-income public housing program and provides a summary of the proposed and budgeted receipts and expenditures, approval of budgeted receipts and expenditures, and justification of certain specified amounts. HUD reviews the information to determine if the operating budget adopted by the public housing agency (PHA) and the amounts are reasonable, and that the PHA complies with HUD prescribed procedures. PHA boards must approve the operating budget and HUD requires boards to certify their approval through this form. Responses are required to obtain benefits. This information does not lend itself to confidentiality.

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| --- | --- | --- | --- | --- | --- |
| PHA Name: |  | | PHA Code: |  | |
|  | | | | | |
| PHA Fiscal Year Beginning | |  | Board Resolution Number: | |  |
|  | | | | | |

Acting on behalf of the Board of Commissioners of the above-named PHA as its Chairperson or Executive Director (as authorized), I make the following certifications and agreement to the Department of Housing and Urban Development (HUD) regarding the Board’s approval of (check one or more as applicable):

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | DATE |
|  | Operating Budget approved by Board resolution on: |  |  |
|  | | | |
|  | Operating Budget submitted to HUD, if applicable, on: |  |  |
|  | | | |
|  | Operating Budget revision approved by Board resolution on: |  |  |
|  | | | |
|  | Operating Budget revision submitted to HUD, if applicable, on: |  |  |

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| --- | --- |
| PHA Comments |  |
|  |

I certify on behalf of the above-named PHA that:

1. All statutory and regulatory requirements have been met;
2. The PHA has sufficient operating reserves to meet the working capital needs of its developments;
3. Proposed budget expenditure are necessary in the efficient and economical operation of the housing for the purpose of serving low-income residents;
4. The budget indicates a source of funds adequate to cover all proposed expenditures;
5. The PHA will comply with the wage rate requirement under 24 CFR 968.110(c) and (f); and
6. The PHA will comply with the requirements for access to records and audits under 24 CFR 968.110(i).

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802).

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| --- | --- | --- |
| Board Chairperson or Executive Director’s Name, as authorized: | Signature: | Date: |