Certification by State or Local Official of PHA Plans Consistency with the Consolidated Plan or State Consolidated Plan (All PHAs)

## 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, Dan Devine, t	he Mayor of the City of West Allis
Official's Name	Official's Title
certify that the Annual PHA Plan Community Development Authority of the PHA Name	for fiscal year 2026 of the the City of West Allis is consistent with the
Consolidated Plan or State Consolidated Plan Housing Choice or Assessment of Fair Housing Choice or Assessment of Fair Housing	an including the Analysis of Impediments (AI) to Fair using (AFH) as applicable to the
Cit	ty of West Allis
Local Jurisdiction Name pursuant to 24 CFR Part 91 and 24 CFR § 903.15.	
Provide a description of how the PHA Plan State Consolidated Plan.	's contents are consistent with the Consolidated Plan or
priorities outlined in the City of West Allis Cor Plan. The CDA supports the provision of safe income households, which is a central object contributes to expanding housing choice, pre neighborhood stability. Coordination with loc complement broader community development improve housing quality, and foster economic	thority (CDA) operates in alignment with the goals and insolidated Plan and the State of Wisconsin Consolidated, decent, and affordable housing for low- and moderatective of both plans. Through its programs, the PHA esserving existing affordable housing stock, and promoting cal planning efforts ensures that CDA activities ent strategies, including efforts to reduce homelessness, ic self-sufficiency among residents.
	and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)
Name of Authorized Official:	Title:
Dan Devine	Mayor of the City of West Allis
Signature:	Date:

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.

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.