

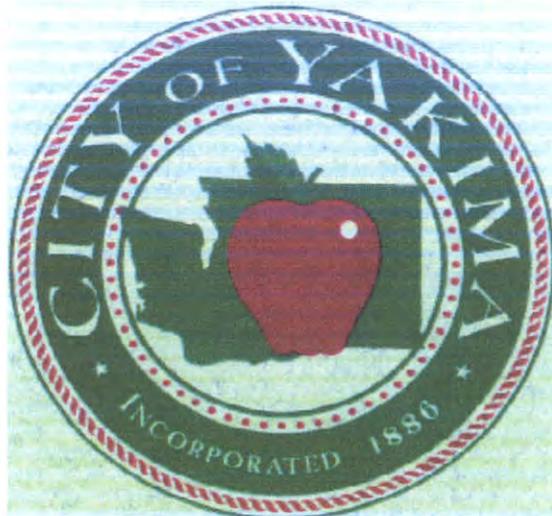
The City of Yakima

Office of Neighborhood Development Services

**DRAFT**

Consolidated Annual Performance Evaluation  
Report

For Year of 2014



For further information, contact:

The Office of Neighborhood Development Services  
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Yakima, WA 98901  
509-575-6101

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# SECTION ONE

# 2014 Consolidated Annual Performance Evaluation Report

## INTRODUCTION

Each year the City of Yakima receives funding from the Federal Government for two entitlement programs: Community Development Block Grant (CDBG) and HOME Investment Partnerships (HOME). These programs carry with them some very specific requirements in the areas of planning and reporting. This document is the required annual report for both programs. Known as the Consolidated Annual Performance Evaluation Report (CAPER), it provides data on the programs and activities for which funds provided by CDBG and HOME were spent.

The CAPER is written to provide the specific information required by Housing and Urban Development (HUD) regulations, and is submitted to HUD for review and approval. This submission follows a mandated 15-day public comment period. At the same time, it also provides the opportunity to report to the local community (Citizens and Elected Officials) on the activities and successes of the past year.

The primary purpose of Community Development Block Grant (CDBG) and the HOME Investment Partnership Program (HOME) is to help meet the needs of low/moderate income residents while developing a strong community with the provision of decent housing, a suitable living environment and expanding economic opportunities within the City limits of Yakima.

## FUNDING RESOURCES

For the year 2014, the City of Yakima received \$841,886 in CDBG funds, and \$406,607 in HOME funds, for a total of \$1,248,493.

Program income is revolved back into the existing budgeted programs as defined and voted on by the Yakima City Council.

Much of the data required by HUD as to how the funds were spent is provided via the computerized system known as Integrated Disbursement and Information System (IDIS). Copies of the summary reports created by this system are attached to the CAPER.

## HUD Required Narrative Statements

### • ASSESSMENT OF FIVE-YEAR GOALS AND OBJECTIVES

CDBG planning starts with a document known as the Consolidated Plan. This document outlines broad goals and strategies to meet the identified needs of the community served by the CDBG program. The City Council of Yakima has designated programs to serve city wide, with no specific defined target area in mind, thus making programs available to all low/moderate income individuals within the City of Yakima.

The City Council has also, in response to citizen input, identified goals and objectives to guide the planned expenditure of these funds. These goals are focused on the following areas:

1. Clean-up neighborhoods
2. Access to services and infrastructure
3. Access to safe, decent, affordable housing
4. More even distribution of economic groups throughout the City of Yakima
5. Economic Development: more jobs, better job skills.
6. Economic Development: new and increased small businesses and development opportunities.
7. Services available to more people.
8. CDBG funds provide only part of the overall budget.
9. Increased citizen participation.
10. Historic Preservation.

Taken from the 2014 Annual Action Plan budget, activities address the above referenced goals as follows:

- The allocation of funds for Community Services is always a top priority for the City Council.
- The Graffiti Program provides benefits to community services.
- The goal for our Economic Development expenditures is to expand our local economy and provide jobs for low/moderate income persons.
- Housing counseling helps keep decent affordable housing within reach of our area residents. Basic services like water and sewer are still not available to all area residents and the Office of Neighborhood Development Services strives to continue working aggressively to expand these services.
- The CDBG Single Family Rehabilitation, the Elderly/Disabled Rehabilitation, and the Relocation programs all assist in making housing affordable.

- The Lead-Based Paint Abatement helps keep our housing stock safe and affordable, while addressing important environmental concerns.
- During all our housing rehabilitation, we work diligently in incorporating Historic Preservation concerns within our community.

Numerous goals were set for all programs during the City's budget process. Most of these goals were met or surpassed, as statistical information provided within this document demonstrates.

(Please see table 3A for Summary of Specific Annual Objectives)

The City of Yakima continues to work with local agencies to overcome the obstacles in serving the special needs populations in Yakima.

The City of Yakima takes great care in not hindering the activities as identified in the Consolidated and Annual Action plan.

- **AFFIRMATIVELY FURTHERING FAIR HOUSING**

The Analysis of Impediments to Fair Housing Choice of the City of Yakima identifies a number of potential barriers. Under the Direction of the City Council this office provides a Housing Counseling service to help overcome these barriers. Thousands of contacts are made each year to assist renters, landlords and homeowners. The City of Yakima continues to provide documents and information as well referrals to legal assistance groups, to credit counseling agencies, and other offices in a direct attempt to overcome fair housing impediments. Every effort is made to assist clients to resolve their difficulty in a satisfactory manner as is demonstrated in this document as to the diverse group of families and individuals benefiting from our activities as supported through federal resources.

The following actions were taken in 2014 to affirmatively further fair housing:

- 3,036 walk-in clients, with another 4,832 clients were served with the Housing Counseling Hotline for a total of 7,868 clients served through this program in 2014 with Housing Counseling.
- ONDS met with local housing lenders and realtors to present City sponsored housing programs.
- ONDS continues to meet and work with Community Housing Development Organizations (CHDO), such as Habitat for Humanity and OIC of Washington to continually address local needs for affirmatively further fair housing within the City of Yakima.

- **AFFORDABLE HOUSING**

The City of Yakima concentrates our CDBG affordable housing efforts the following programs: Single Family Rehabilitation, and the Lead Based Paint Abatement program. These programs served a combined total of 85 homes, helping qualified low to moderate income homeowners with greatly needed home repairs to continue to live safely in their own homes with basic heat, power, water and sanitary conditions.

The City of Yakima received Neighborhood Stabilization Program funds through the Washington State Department of Commerce. These funds were used to purchase distressed properties and foreclosed properties. This enabled the City of Yakima to subdivide parcels into a total of 12 vacant lots to eventually receive as many new single family homes, currently 14 homes have been fully constructed, and sold to qualified low and moderate income first time homebuyers. This program was in partnership with OIC of Washington and Yakima Valley Habitat for Humanity, both certified Community Housing Development Organizations (CHDO).

The City of Yakima continues to work closely with the Yakima Housing Authority to strategize about affordable housing opportunities for the future.

- **CONTINUUM OF CARE FOR THE HOMELESS**

While this program does not receive regular budgeted funding from the City of Yakima, we continue to recognize the importance of assisting with programs that serve the homeless.

During 2014, ONDS worked with the local Continuum of Care, known as the Homeless Network of Yakima County. The city of Yakima assisted the network in providing services to homeless people, including making available cold weather shelters during the winters of 2014. Three emergency cold weather shelters were approved for use at 808 W. Mead, 225 N. 2<sup>nd</sup> Street and 511 N. 44<sup>th</sup> Ave from December 15<sup>th</sup> of 2014 through March 15<sup>th</sup> of 2015.

As addressed within the Consolidated Plan, the City of Yakima chooses to combat homelessness by not repeating services supplied by the Yakima County Continuum of Care, but by continuing to assist low income, at risk elderly and disabled homeowners with emergency repairs to enable them to stay in their home and thereby not becoming homeless due to no heat, no water, no electricity, inadequate sewer and other life safety needs.

- **OTHER ACTIONS**

Under the direction of the Yakima City Council, ONDS continues a successful partnership program with the City Codes Division. This is working to combat problems that would otherwise lead to further deterioration of neighborhoods, and reduce the quality of life of area residents.

The City also works with People for People and the Northwest Community Action Center both of which provide volunteers to paint-out graffiti and do alley and vacant lot clean-up, as well as snow removal for the elderly and disabled. These joint venture programs help provide a “Positive Work Experience” to the individuals, as well as providing much needed community services to the neighborhoods.

The City continues to work with Juvenile Justice, the Yakima County Drug Court, the Yakima County DUI Court and the Yakima County Gang Court to provide a location for court-ordered community service to convicted offenders to serve their court-appointed community service hours. ONDS uses these individuals to paint-out graffiti and do alley and vacant lot clean-up, as well as snow removal and wheel chair ramp assembly to disabled homeowners.

Neighborhood Development Services continues to partner with Public Works to provide alley cleanup and lot specific cleanup through the Senior/Disabled Rehabilitation program in helping qualified program applicants, as well as weed abatement during the summer months using volunteer labor. Public Works then pays any costs associated with dump fees for any properties other than qualified applicants through the CDBG Senior/Disabled Rehabilitation program.

The City of Yakima continues to combat Lead-Based Paint issues throughout the city by doing lead-based paint inspections, risk assessments and clearance examinations for applicants of the Owner-Occupied Rehabilitation programs.

- **COMMUNITY BASED DEVELOPMENT ORGANIZATION (CBDO)**

OIC of Washington as a certified Community Based Development Organization continues to manage Community Service Programs at the City of Yakima South East Community Center (SECC).

- **NEIGHBORHOOD REVITALIZATION STRATEGY AREA (NRSA)**

The NRSA includes the South East Community Center and the programs and people served by OIC of Washington as a certified CBDO. (*See attached SECC Quarterly Reports*). ONDS also serves the NRSA through the Single Family Repair Program as well as the Public Service program that assists qualified low to moderate income Senior/Disabled with emergency heating assistance (*See table 3A*).

Economic Development is also an activity that benefits through the NRSA designation, but due to CDBG budget reductions there were no Economic Development funds budgeted for 2014 other than the Section 108 loan fund, which has not developed an application at this time even though potential projects are currently being reviewed.

- **LEVERAGING RESOURCES**

The Yakima City Council continues to aggressively address graffiti and neighborhood clean-up efforts within the City of Yakima, and continue to direct CDBG Community Service resources in supplying equipment and staff supervision to local volunteers, thereby producing approximately 20,605 volunteer hours. Had the City paid for these hours the cost to the taxpayers would have far exceeded \$200,000.

The City of Yakima partnerships with local Community Housing Development Organizations (CHDO), such as the local Habitat for Humanity and OIC of Washington, in the Neighborhood Stabilization Program (NSP) on the N. 3<sup>rd</sup> Street Affordable Housing Project. ONDS leveraged an estimated \$650,000 of state NSP funds, approximately \$200,000 CDBG for infrastructure, approximately \$750,000 of HOME Investment funds and approximately another \$450,000 of private non-profit investments by both OIC and Habitat for Humanity.

Finally, our Community Service sub-grantees are asked to leverage our contribution with other funding. Often this outside funding exceeds the total amount of our portion. These programs combined resulted in essential services being provided to hundreds of persons each year.

- **MINORITY/WOMEN BUSINESS ENTERPRISE**

The City of Yakima continues to actively encourage women and minority contractors to participate in the Cities construction activities.

Please see the attached MBE/WBE contract and subcontractor activity report.

# **SECTION TWO**

## ***CDBG NARRATIVE***

- Consolidated Plan Priorities, Needs, Goals, and Objectives

- **FUNDING PRIORITIES**

As illustrated by statistical information provided in this CAPER, the City of Yakima has utilized our CDBG funds effectively.

The goals identified in the 2010-2014 Consolidated Plan are the basis for all funding decisions. As previously discussed, all CDBG funds and expenditures can be directly linked to one of the Plan goals. And for 2014 all Block Grant expenditures were for the benefit of low/moderate income persons, either individually documented as low/moderate or as a qualified area benefit serving a low/moderate clientele comprised of over 51% of the area populace.

- **PLAN CHANGES**

There were no substantial amendments or changes to the 2011-2014 Consolidated Plan in 2014.

- **EFFORTS IN CARRYING OUT PLANNED ACTIONS**

Please refer to the information included in the introduction as well as the Narrative Statements. The City of Yakima certifies that it is following a current HUD-approved Consolidated Plan. It has pursued all resources that were proposed in the Plan; it has fairly and impartially provided requested certification of consistency as specified in the Plan, and has not hindered Consolidated Plan implementation.

- **RESOURCES, CERTIFICATIONS, AND IMPLEMENTATION**

As previously described, ONDS and the City of Yakima actively and successfully pursued funding and other assistance from a variety of sources in addition to CDBG and HOME. This effort has dramatically increased the impact of the two programs. As required, ONDS provides the required certifications of compliance with all relevant Federal Regulations, and requires the same certification from all contractors and sub-grantees. ONDS works carefully to implement all the programs identified for action in the Consolidated Plan, and, in no case, does anything to impede these efforts.

- **NATIONAL OBJECTIVES**

All 2014 activities and expenditures were used to help accomplish one of the three national objectives of the CDBG legislation. These are:

- Low/Moderate Income Benefit
- Prevention of Slum or Blight
- Urgent Health and Welfare

- **DISPLACEMENT AND RELOCATION COMPLIANCE**

During 2014 ONDS had no activity that required relocation assistance to a displaced homeowner.

- **ECONOMIC DEVELOPMENT**

There were no known instances during 2014 where jobs were made available to low/moderate income persons and not taken by them.

Through Micro-Enterprise assistance approximately 62 jobs were retained and a total of 7 jobs were created.

- **LOW-MODERATE INCOME BENEFIT**

All activities were for the benefit of low/moderate income persons. Evidence for this is contained in the individual file for each activity.

- **HOUSING REHABILITATION**

During 2014, CDBG funds were spent on housing rehabilitation for single-family homes owned by the residents.

- **NEIGHBORHOOD STABILIZATION PROGRAM**

The City of Yakima also received Neighborhood Stabilization Program funds through the Washington State department of Commerce in the amount of \$650,000. This allowed the City of Yakima to purchase one foreclosed property with a substandard dangerous building. This structure was demolished and the single lot was sub-divided into two parcels and constructed two (2) new single family homes that were sold to qualified low to moderate income first time homebuyers. The City also used a portion of these funds to purchase a foreclosed single family home which was rehabilitated and sold to a low income first time homebuyer in partnership with Habitat for Humanity. Furthermore, the City purchased an additional three blighted undeveloped lots for redevelopment, two of

# **SECTION THREE**

those lots have been subdivided into two and three parcels, respectively and a total of fourteen new single family homes were constructed, and sold to qualified low to moderate income first time homebuyers.

## **HOME NARRATIVE**

- **HOME FUNDS DISTRIBUTION CATEGORIES**

All HOME funds were distributed according to the categories of need identified in the Consolidated Plan. With the exception of Community Housing Development Organization (CHDO) funds, all funds were spent on Homeownership activities.

- **MATCH REQUIREMENTS, HUD FORM #40107 and # 40107-A**

Please see the attached HUD FORM #40107and #40107-A for reporting the HOME match requirements.

The information required on contracts and subcontracts with minority and women-owned businesses was provided on a separate report.

The City of Yakima continues to encourage women and minority-owned businesses.

- **HOME ASSISTED RENTAL HOUSING INSPECTIONS**

All affordable rental housing units previously assisted with HOME funds were monitored according to the prescribed schedule. All were found to be in proper condition and all were in compliance with affordability commitments.

- **AFFIRMATIVE MARKETING**

All HOME projects are marketed according to approved affirmative marketing actions as required by HUD.

- **SECTION 3 REPORTING**

As required by the Section 3 of the Housing and Urban Development Act of 1968, as amended, 12 U.S.C. 1701u, mandates that the Department ensures that employment and other economic opportunities generated by its housing and community development assistance programs are directed toward low and very low income persons, particularly those who are recipients of government assistance housing. Therefore the City of Yakima dutifully submits the required Section 3 Summary Report to HUD annually.

# **SECTION FOUR**

- **SELF EVALUATION**

The stated mission of the CDBG program and ONDS is to assist in developing a more viable community by helping to provide decent, affordable housing, a suitable living environment, and economic opportunities, primarily through serving low and moderate income persons.

In seeking to accomplish this goal, ONDS continues to operate one of the most diverse and successful CDBG programs in the entire region. Great care is taken to provide significant funding and assistance in several areas. ONDS is also unique in that we provide many of these services directly rather than through sub-grantees or contractors, which allows more individuals to be assisted while holding the cost down significantly by eliminating the need for a third party.

Our services can be divided into three categories: economic development, community services, and housing. Within each, we provide a variety of specific programs and services.

We believe that within the constraints of our budget we do an excellent job in each area. The affordable housing needs in Yakima are so great that the challenges sometimes seem insurmountable. Yet we find that improving a house in a neighborhood often starts a trend that extends to many other homes. The City of Yakima continues to recognize there are still people in this community who do not have access to public water and sewer for their homes. So the expansion of these services continues to be an important issue for many reasons, including the health of the community.

Yakima's Senior/Disabled Home Rehabilitation Programs enabled 85 homes to remain safe decent housing, successfully serving well over 100 occupants and keeping them within their homes, and out of the already over-burdened public housing system, or nursing homes, thus saving hundreds of thousands of tax dollars in financial support through social services.

For all we do, there is much more that needs to be addressed. We must continue to work more efficiently, and do a better job prioritizing our efforts and investments. Projects that provide the greatest benefit for the most people at the lowest cost continue to need funding.

Basic human needs must be met with a continually shrinking budget. Basic human needs such as power to supply heat in the winter, water for drinking, sanitary sewer systems to protect our valuable underground water sources and replacing failing septic systems, thereby protecting areas from surface water contamination.

Basic human needs, such as safe, clean, affordable housing continue to be a top priority for the City of Yakima.

- **CITIZEN COMMENTS**

The City of Yakima continues to encourage citizen participation and make program information available throughout the year to the public as defined in the adopted "Citizen Participation Policy".

(Any received written public comment on this document will be added to the end of this document and submitted to HUD accordingly.)

# **SECTION FIVE**

**\*Outcome/Objective Codes**

	Availability/Accessibility	Affordability	Sustainability
<i>Decent Housing</i>	DH-1	DH-2	DH-3
<i>Suitable Living Environment</i>	SL-1	SL-2	SL-3
<i>Economic Opportunity</i>	EO-1	EO-2	EO-3

**Table 3A -- Summary of Specific Annual Objectives**

#	<i>Specific Annual Objectives</i>	Sources of Funds	Performance Indicators	Expected Number	Actual Number	Outcome/Objective*
	<b><u>Owner Housing</u></b>					
DH-1	Increase Access of LMI persons to Decent/Affordable housing through new construction using CHDO's in the N. 3 <sup>rd</sup> Street Affordable housing development.	HOME and NSP for lot acquisition.	Number of Units	4	4	Decent housing/ Suitable living
	<b><u>Community Development</u></b>					
SL-1	Increase Suitable Living Environment through the abatement of Dangerous Buildings	CDBG	Number of buildings removed	0	0	Suitable living
SL-3	Increase Suitable Living environment with Sustainability through the support of Code Compliance in LMI Neighborhoods	CDBG	Locations brought into compliance with local codes	110	2,112	Suitable living/ sustainability
DH-1	Decent Housing and Suitable living Environment through Landlord/Tenant and Housing Counseling programs	CDBG	Number of clients served	2,550	7,868	Decent housing/Affordable
	<b><u>Public Facilities</u></b>					
SL-3	Sustainability of Suitable Living Environment through the Rehabilitation of existing Public Facility at SECC	CDBG	Continued use of existing building	1	0	Suitable living/ Sustainability
DH-3 SL-3	<i>Decent Housing and Suitable living Environment Sustained through Rehabilitation of existing public Facility at Y-Pal</i>	CDBG	Continued use of existing building	1	0	Suitable living/ sustainability

	<b><u>Public Services</u></b>					
SL-3	Low/moderate income Senior/Disabled Heating assistance	CDBG	Number of persons served	5	2	Suitable living/ sustainability
SL-1	<i>Increase the range of services available to assist LMI persons by assisting OIC/ South East Community Center. (SECC)</i>	CDBG	Number of persons using services at SECC	1,000	7,122	Suitable living/ Sustainability
DH-3 SL-3	Decent Housing and Suitable Living Environment Sustained by Painting Out Graffiti in LMI Neighborhoods	CDBG	Number of locations painted	2,500	20,605	<b>Suitable living/ Sustainability</b>
	<b><u>Single Family Rehabilitation</u></b>					
DH-1.1	Single Family Rehabilitation of owner occupied Low to Moderate income homes.	CDBG	Number of Units	65	106	Availability/Accessibility
DH-1.7	Relocation	CDBG	Number of persons assisted with relocation costs	1	0	Decent housing/Affordable
	<b><u>Economic Development</u></b>					
EO-1.1	Micro-Enterprise assistance	CDBG	Number of jobs available to L/M persons	5	7	Jobs available to LMI persons

# **SECTION SIX**

City of Yakima  
Office of Neighborhood Development Services  
2014 CDBG ESTIMATED EXPENDITURES WITH S/B  
(With Carry Forward Dollars)

HUD Programs (CDBG)	Program Expenses	Program Delivery Expenses	2014 Admin	2014 Total Estimated Expenses
<b>I CDBG Single Family Rehabilitation 570.202 (b)</b>				
Senior / Disabled Rehabilitation	499,948	210,494		710,442
First Time Homebuyers Assistance	200,000			200,000
<b>Total</b>	<b>699,948</b>	<b>210,494</b>		<b>910,442</b>
<b>II Community / Public Services 570.201 (e)</b>				
Graffiti Abatement (approved by HUD 2007)	50,500	29,164		79,664
Fair Housing Counseling 507.201 (k)	4,200	47,622		51,822
Senior -Disabled Energy Assistance	7,230			7,230
OIC of WA -CBDO (not part of Pub Svs Cap)	75,000			75,000
<b>Total</b>	<b>136,930</b>	<b>76,786</b>		<b>213,716</b>
<b>III Public Facilities 570.201 (c)</b>				
Southeast Community Cntr / Miller Park Activity Cntr (or other public facilities in the neighborhood)	5,000			5,000
<b>Public Infrastructure</b>				-
<b>Total</b>	<b>5,000</b>			<b>5,000</b>
***				
<b>IV Code Compliance 570.202 ( c ) (Program Delivery)</b>	-	178,000		178,000
	-	178,000		178,000
<b>V Economic Development 570.203 (b)</b>				
Unknown Project	85,470			85,470
<b>Total</b>	<b>85,470</b>	-		<b>85,470</b>
<b>VI Administrative CDBG Costs 570.206 (s/b) (Prog)</b>			136,685	136,685
			60,000	60,000
			<b>196,685</b>	<b>196,685</b>
<b>Grand Estimated Totals for Year 2014</b>	<b>927,348</b>	<b>465,280</b>	<b>196,685</b>	<b>1,589,313</b>
	0	927,348	465,280	196,685

Entitlement is estimated as Congress has not yet approved the national HUD Budget.  
Program Income is estimated since the figure is unknown until the money is received.  
Appropriate adjustment will be made, if needed, when HUD awards are received.  
Carry forward will be encumbered when amount is known, in Spring, 2013

1,589,313

Estimated 2014 CDBG Revenue      948,286  
20% Admin                                      189,657

\*\*\* Code Compliance consists of 2 FTE and 64% of Permit Tech- is currently under a program line but is still paid as a program delivery expense.

**AFTER THE AAP WAS DONE THERE WAS AN INCREASE TO CODE COMPLIANCE TO PAY FOR SALARIES AND BENEFITS FOR THE CODE COMPLIANCE OFFICERS. WE REDUCED SENIOR/DISABLED PROGRAM AND PROGRAM DELIVERY TO COVER THESE COSTS.**

City of Yakima

Office of Neighborhood Development Services

**2014 CDBG ESTIMATED REVENUES:**

**ESTIMATED  
2014**

Account No. & Description	ESTIMATED 2014	Actual Entitlement from HUD 3/21/14.
124.330.0000.33114.2CY CD Block Grant-Current Year	841,886	(At end of Year Add Actual CF)
124.330.0000.33114.2PY CD Block Grant-Prior Year	605,889	Estimated PI Based on 3 homes sold with CDBG PI \$ 75,000
124.699.0000.36140.PII CDBG-Program Interest Income	6,400	US Bank @ 12 Mo. Est = \$ 60,138
124.699.0000.38500.PRG CD Block Grant-Program Income	135,138	
124.699.0000.36110.INT Interest from Investments	0	

**2011 ESTIMATED CDBG Revenues:**

EN	\$ 841,886	\$ 983,424	CY EN/PI
PI	\$ 141,538		
	\$ 983,424		
<b>CDBG ADMIN</b>	<b>20% \$ 196,685</b>		
		<b>\$ 983,424</b>	

City of Yakima  
Office of Neighborhood Development Services

**2014 HOME**

**2014 HOME ESTIMATED REVENUES WITH CARRYFORWARD**

124.337.0000.33114.2HM HUD HOME Program	406,607
124.337.0000.33114.2HP HOME Program-Prior Year	747,270
2013 Carry forward	
124.337.0000.36140.HMI HOME Program Interest Income	16,493
124.337.0000.38500.HMP HOME Program Income	492,646
<b>HOME Revenue Totals:</b>	<b>1,663,016</b>

**2014 HOME ESTIMATED EXPENDITURES**

All activity is eligible under 92.205 (a) (1) <b>HOME PROJECT CATEGORIES:</b>	Program Expenses	Program Delivery Expenses	2014 Admin		2014 Total Estimated Expenses
<b>First-Time Homeowner Assistance</b> (up to \$50,000 each)	200,000				200,000
<b>Single-Family Home Rehabilitation</b>					0
<b>Community Housing Development Organization</b> (CHDO: HUD requirement, minimum of 15% of Entitlement)	60,991	8,972			69,963
<b>New Construction</b>	1,284,394	15,784			1,300,178 0
<b>Administrative HOME Costs</b>			92,875		92,875
<b>Grand Estimated Total Expenses for Year 2014</b>	<b>1,545,385</b>	<b>24,756</b>	<b>92,875</b>		<b>1,663,016</b>
	<b>0</b>	<b>1,545,385</b>	<b>24,756</b>	<b>92,875</b>	<b>1,663,016</b>

*Entitlement is estimated as Congress has not yet approved the national HUD Budget.  
Program Income is estimated as the figure is unknown until the money is received.  
Appropriate adjustment will be made, if needed, when HUD awards are received.  
Carry forward will be encumbered when amount is known, in Spring, 2014*

Estimated 2014 HOME EN and PI Revenue	915,746
10% Admin	91,575

# **SECTION SEVEN**

U.S. Department of Housing and Urban Development

Contract and Subcontract Activity

Public reporting burden for this collection of information is estimated to average 5 hours per response, including the time for reviewing instructions, gathering existing data sources, gathering existing data, reviewing the information collected, reviewing the instructions, and you are not required to provide information unless it displays a currently valid OMB Control Number. Information is voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB Control Number.

Executive Orders dated July 14, 1983, direct the Minority Business Development Plans shall be developed by each Federal Agency and the these against the total program activity and the designated minority business enterprise (MBE) goals. The Department requires the information to provide information is not collected HUD would not be able to establish meaningful MBE goals nor evaluate MBE performance against these goals.

Privacy Act Notice - The United States Department of Housing and Urban Development, Federal Housing Administration, is authorized to solicit the information released outside the United States Department of Housing and Urban Development without your consent, except as required or permitted by Law.

1. Grantee/Project Owner/Developer/Sponsor/Builder/Agency  
 City of Yakima, Neighborhood Development Services

Check if: PH  HI  CPD  Housing

2. Location (City, State, Zip, Code)  
 Yakima, WA 98901

5. Program Code (Not applicable for CPD programs)  
 See explanation of Codes at bottom of Page. Use a separate sheet for each program code.

6. Date Submitted to Field Office  
 4/7/2014

3a. Name of Contact Person	3b. Phone Number (Including Area Code) (509) 575-6101	4. Reporting Period		Subcontractor Identification (ID) Number 7h	Sec 3 7g	Sec 3 7i	Contractor/Subcontractor Name and Address			City	State	Zip
		Oct 1, 2013 - March 31, 2014	Sec 3 7h				Sec 3 7i	Name	Street			
Arlene M. Mathews, ONDS Manager							Linden Electric	9401 Mieras Rd	Yakima	WA	98901	
B-13-MC530008	\$3,797.82	No		91-125724			Linden Electric	9401 Mieras Rd	Yakima	WA	98901	
B-13-MC530008	\$7,513.13	No		91-125724			Linden Electric	9401 Mieras Rd	Yakima	WA	98901	
B-13-MC530008	\$4,497.76	No		91-125724			Linden Electric	9401 Mieras Rd	Yakima	WA	98901	
B-13-MC530008	\$3,292.53	No		91-125724			Linden Electric	9401 Mieras Rd	Yakima	WA	98901	
B-14-MC530008	\$2,799.97	No		91-125724			Action Rooter	1510 S 9th Ave	Yakima	WA	98902	
B-13-MC530008	\$1,623.00	No		91-1806992			Action Rooter	1510 S 9th Ave	Yakima	WA	98902	
B-13-MC530008	\$2,164.00	No		91-1806992			Action Rooter	1510 S 9th Ave	Yakima	WA	98902	
B-14-MC530008	\$1,731.20	No		91-1806992			Action Rooter	1510 S 9th Ave	Yakima	WA	98902	
B-14-MC530008	\$3,142.13	No		91-1806992			Action Rooter	1510 S 9th Ave	Yakima	WA	98902	
B-14-MC530008	\$1,947.60	No		91-1806992			A+ Construction	514 N 2nd St	Yakima	WA	98901	
B-13-MC530008	\$9,142.90	No		27-0695148			A+ Construction	514 N 2nd St	Yakima	WA	98901	
B-13-MC530008	\$8,374.68	No		27-0695148			A+ Construction	514 N 2nd St	Yakima	WA	98901	
B-13-MC530008	\$7,622.69	No		27-0695148			A+ Construction	514 N 2nd St	Yakima	WA	98901	
B-13-MC530008	\$6,869.00	No		27-0695148			A+ Construction	514 N 2nd St	Yakima	WA	98901	
B-13-MC530008	\$9,275.60	No		27-0695148			A+ Construction	514 N 2nd St	Yakima	WA	98901	
B-13-MC530008	\$7,238.58	No		27-0695148			A+ Construction	514 N 2nd St	Yakima	WA	98901	

**\$81,032.59**

7c: Type of Trade Codes:  
 1 = New Construction  
 2 = Substantial Rehab  
 3 = Repair  
 4 = Service  
 5 = Project Mgmt  
 6 = Professional  
 7 = Tenant Services  
 8 = Education/Training  
 9 = Arch/Engg. Appraisal  
 0 = Other

7d: Racial/Ethnic Codes:  
 1 = White Americans  
 2 = Black Americans  
 3 = Native Americans  
 4 = Hispanic Americans  
 5 = Asian/Pacific Americans  
 6 = Hasidic Jews

5: Program Codes (Complete for Housing and Public and Indian Housing programs only):  
 1 = All Insured, including Section8  
 2 = Flexible Subsidy  
 3 = Section 8 Noninsured, Non-HFDA  
 4 = Insured (Management)  
 5 = Section 202  
 6 = HUD-Held (Management)  
 7 = Public/India Housing  
 8 = Section 811

Handwritten notes and numbers:

- 1 70/2 188,922.62
- 4 166,951.00
- 1078, 285.99
- 107 57,000-13
- 3451, 944, 28

U.S. Department of Housing and Urban Development

Public reporting burden for this collection of information is estimated to average 5 hours per response, including the time for reviewing instructions, gathering existing data sources, gathering existing data sources, reviewing the collection of information, sending comments to the person collecting the information, reviewing the collection of information, sending comments to the person collecting the information, and you are not required to respond to this information, unless it displays a currently valid OMB Control Number. Information is voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB Control Number.

Executive Orders dated July 14, 1983, direct the Minority Business Development Plans shall be developed by each Federal Agency and the these against the total program activity and the designated minority business enterprise (MBE) goals. The Department requires the information to provide information is not collected HUD would not be able to establish meaningful MBE goals nor evaluate MBE performance against these goals.

**Privacy Act Notice** - The United States Department of Housing and Urban Development, Federal Housing Administration, is authorized to solicit the information released outside the United States Department of Housing and Urban Development without your consent, except as required or permitted by Law.

1. Grantee/Project Owner/Developer/Sponsor/Builder/Agency  
City of Yakima, Neighborhood Development Services

2. Location (City, State, Zip, Code)  
Yakima, WA 98901

Check if: PH  IH  CPD  Housing

7a. Name of Contract Person	7b. Amount of Contract or Subcontract	7c. Type of Trade Code (See below)	7d. Contractor or Subcontractor Business Racial/Ethnic (See below)	7e. Woman Owned Business (Yes or No)	7f. Prime Contractor Identification (ID) Number	7g. Subcontractor Identification (ID) Number	7h. Reporting Period	7i. Program Code (Not applicable for CPD programs) See explanation of Codes at bottom of Page Use a separate sheet for each program code.	7j. Date Submitted to Field Office
Archie M. Mathews, ONDS Manager					(509) 575-6101		Oct 1, 2013 - March 31, 2014		4/7/2014
B-13-MC530008	\$8,536.98	2	4	No	27-0695148			A+ Construction	514 N 2nd St Yakima WA 98901
B-13-MC530008	\$2,983.08	2	1	No	27-3019551			Dave's Heating	PO Box 445 Selah WA 98942
B-13-MC530008	\$5,659.00	2	1	No	27-3019551			Dave's Heating	PO Box 445 Selah WA 98942
B-13-MC530008	\$4,752.14	2	1	No	27-3019551			Dave's Heating	PO Box 445 Selah WA 98942
B-14-MC530008	\$6,922.64	2	1	No	27-3019551			Dave's Heating	PO Box 445 Selah WA 98942
B-14-MC530008	\$3,533.27	2	1	No	27-3019551			Dave's Heating	PO Box 445 Selah WA 98942
B-13-MC530008	\$4,664.50	2	1	No	91-2116595			Yakima Glass	1103 Fruitvale Blvd Yakima WA 98902
B-13-MC530008	\$2,109.90	2	1	No	91-2116595			Yakima Glass	1103 Fruitvale Blvd Yakima WA 98902
B-13-MC530008	\$3,529.48	2	1	No	91-2116595			Yakima Glass	1103 Fruitvale Blvd Yakima WA 98902
B-13-MC530008	\$2,983.07	2	1	No	91-2116595			Yakima Glass	1103 Fruitvale Blvd Yakima WA 98902
B-13-MC530008	\$1,974.65	2	1	No	91-2116595			Yakima Glass	1103 Fruitvale Blvd Yakima WA 98902
B-13-MC530008	\$2,037.41	2	1	No	91-2116595			Yakima Glass	1103 Fruitvale Blvd Yakima WA 98901
B-13-MC530008	\$2,662.80	2	1	No	91-2116595			Yakima Glass	1103 Fruitvale Blvd Yakima WA 98901
B-13-MC530008	\$1,964.91	2	1	No	91-2116595			Yakima Glass	1103 Fruitvale Blvd Yakima WA 98901
B-13-MC530008	\$3,242.75	2	1	No	91-2116595			Yakima Glass	1103 Fruitvale Blvd Yakima WA 98901
B-13-MC530008	\$2,109.90	2	1	No	91-2116595			Yakima Glass	1103 Fruitvale Blvd Yakima WA 98901

**5: Program Codes (Complete for Housing and Public and Indian Housing programs only):**  
 1 = All Insured, including Section 8  
 2 = Flexible Subsidy  
 3 = Section 8 Noninsured, Non-HFDA  
 4 = Insured (Management)  
 5 = Section 202  
 6 = HUD-Held (Management)  
 7 = Public/India Housing  
 8 = Section 811

**7d: Racial/Ethnic Codes:**  
 1 = White Americans  
 2 = Black Americans  
 3 = Native Americans  
 4 = Hispanic Americans  
 5 = Asian/Pacific Americans  
 6 = Hasidic Jews

**7e: Type of Trade Codes:**  
 1 = New Construction  
 2 = Substantial Rehab  
 3 = Repair  
 4 = Service  
 5 = Project Mgmt

**Housing/Public Housing:**  
 6 = Professional  
 7 = Tenant Services  
 8 = Education/Training  
 9 = Arch, Engng, Appraisal  
 0 = Other

CPD: 1 = New Construction, 2 = Education/Training, 3 = Other

Previous editions are obsolete.





Public reporting burden for this collection of information is estimated to average 5 hours per response, including the time for reviewing instructions, gathering existing data sources, gathering existing data, reviewing the collection of information, sending comments to the person collecting the information, reviewing the information, and completing and reviewing the collection of information. Send comments to Washington, DC 20503-2946.

Executive Orders dated July 14, 1983, direct the Minority Business Development Plans shall be developed by each Federal Agency and the these against the total program activity and the designated minority business enterprise (MBE) goals. The Department requires the information to provide information is not collected HUD would not be able to establish meaningful MBE goals nor evaluate MBE performance against these goals.

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1. Grantee/Project Owner/Developer/Sponsor/Boulder/Agency  
 City of Yakima, Neighborhood Development Services

2. Location (City, State Zip Code)  
 Yakima, WA 98901

3. Name of Contact Person  
 Archie M. Mathews, ONDS Manager

4. Reporting Period  
 Oct 1, 2013 - March 31, 2014

5. Program Code (Not applicable for CPD programs)  
 See explanation of Codes at bottom of Page Use a separate sheet for each program code

6. Date Submitted to Field Office  
 4/7/2014

Check if:  
 PH  
 IH  
 CPD  
 Housing

7a. Grant/Project Number or HUD Case Number or other identification of property, subdivision, dwelling unit, etc	7b. Amount of Contract or Subcontract	7c. Type of Trade Code (See below)	7d. Contractor or Subcontractor Business Racial/Ethnic (See below)	7e. Woman Owned Business (Yes or No)	7f. Prime Contractor Identification (ID) Number	7g. Sec 3 Number	7h. Subcontractor Identification (ID) Number	7i. Sec 3 Number	Name	Street	City	State	Zip
B-13-MC330008	\$4,569.28	2	4	No	603306807				Quality Painting	13309 Swalley Ln	Yakima	WA	98903
B-13-MC330008	\$4,492.46	2	1	No	603306807				Polar Heating	PO Box 1061	Selah	WA	98942
B-13-MC330008	\$5,718.37	2	1	No	603306807				Polar Heating	PO Box 1061	Selah	WA	98942
B-13-MC330008	\$4,730.50	2	1	No	603306807				Polar Heating	PO Box 1061	Selah	WA	98942
B-13-MC330008	\$4,772.70	2	1	No	603306807				Polar Heating	PO Box 1061	Selah	WA	98942
B-13-MC330008	\$5,161.14	2	1	No	603306807				Polar Heating	PO Box 1061	Selah	WA	98942
B-13-MC330008	\$4,922.02	2	1	No	603306807				Polar Heating	PO Box 1061	Selah	WA	98942
B-14-MC330008	\$3,279.54	2	1	No	603306807				Polar Heating	PO Box 1061	Selah	WA	98942
B-13-MC330008	\$4,775.95	2	4	No	68-0661467				S&R Contractors	PO Box 9696	Yakima	WA	98909
B-13-MC330008	\$9,187.26	2	4	No	68-0661467				S&R Contractors	PO Box 9696	Yakima	WA	98909
B-13-MC330008	\$2,483.19	2	4	No	68-0661467				S&R Contractors	PO Box 9696	Yakima	WA	98909

**\$54,092.41**

**7c: Type of Trade Codes:**  
 Housing/Public Housing:  
 1 = New Construction  
 2 = Substantial Rehab  
 3 = Repair  
 4 = Service  
 5 = Project Manag.  
 6 = Professional  
 7 = Tenant Services  
 8 = Education/Training  
 9 = Arch. Engrg. Appraisal  
 0 = Other

**7d: Racial/Ethnic Codes:**  
 1 = White Americans  
 2 = Black Americans  
 3 = Native Americans  
 4 = Hispanic Americans  
 5 = Asian/Pacific Americans  
 6 = Hasidic Jews

**7e: Program Codes (Complete for Housing and Public and Indian Housing programs only):**  
 1 = All Insured, including Section 8  
 2 = Flexible Subsidy  
 3 = Section 8 Noninsured, Non-HFDA  
 4 = Insured (Management)  
 5 = Section 202  
 6 = HUD-Held (Management)  
 7 = Public/Indian Housing  
 8 = Section 811

**CPD:**  
 1 = New Construction  
 2 = Education/Training  
 3 = Other

Previous editions are obsolete.

# **SECTION EIGHT**

# Annual Performance Report HOME Program

U.S. Department of Housing  
and Urban Development  
Office of Community Planning  
and Development

OMB Approval No. 2506-0171  
(exp. 8/31/2009)

Public reporting burden for this collection of information is estimated to average 2.5 hours 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. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

The HOME statute imposes a significant number of data collection and reporting requirements. This includes information on assisted properties, on the owners or tenants of the properties, and on other programmatic areas. The information will be used: 1) to assist HOME participants in managing their programs; 2) to track performance of participants in meeting fund commitment and expenditure deadlines; 3) to permit HUD to determine whether each participant meets the HOME statutory income targeting and affordability requirements; and 4) to permit HUD to determine compliance with other statutory and regulatory program requirements. This data collection is authorized under Title II of the Cranston-Gonzalez National Affordable Housing Act or related authorities. Access to Federal grant funds is contingent on the reporting of certain project-specific data elements. Records of information collected will be maintained by the recipients of the assistance. Information on activities and expenditures of grant funds is public information and is generally available for disclosure. Recipients are responsible for ensuring confidentiality when public disclosure is not required.

This form is intended to collect numeric data to be aggregated nationally as a complement to data collected through the Cash and Management Information (C/MI) System. Participants should enter the reporting period in the first block. The reporting period is October 1 to September 30. Instructions are included for each section if further explanation is needed.

Submit this form on or before December 31. Send one copy to the appropriate HUD Field Office and one copy to: <b>HOME Program, Rm 7176, 451 7th Street, S.W., Washington D.C. 20410</b>	This report is for period (mm/dd/yyyy) Starting 10/01/2013	Ending 09/30/2014	Date Submitted (mm/dd/yyyy) 10/08/14
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## Part I Participant Identification

1. Participant Number M-13-MC530203	2. Participant Name City of Yakima		
3. Name of Person completing this report Archie M. Matthews, ONDS Manager	4. Phone Number (Include Area Code) 509-575-6101		
5. Address 112 S. 8th Street	6. City Yakima	7. State WA	8. Zip Code 98901

## Part II Program Income

Enter the following program income amounts for the reporting period: in block 1, enter the balance on hand at the beginning; in block 2, enter the amount generated; in block 3, enter the amount expended; and in block 4, enter the amount for Tenant-Based rental Assistance.

1. Balance on hand at Beginning of Reporting Period \$283,208.00	2. Amount received during Reporting Period \$387,783.00	3. Total amount expended during Reporting Period \$161,569	4. Amount expended for Tenant-Based Rental Assistance N/A	5. Balance on hand at end of Reporting Period (1 + 2 - 3) = 5 \$509,422.00
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## Part III Minority Business Enterprises (MBE) and Women Business Enterprises (WBE)

In the table below, indicate the number and dollar value of contracts for HOME projects completed during the reporting period.

	a. Total	Minority Business Enterprises (MBE)			f. White Non-Hispanic
		b. Alaskan Native or American Indian	c. Asian or Pacific Islander	d. Black Non-Hispanic	
A. Contracts					
1. Number	70				52
2. Dollar Amount	\$355,944.28				\$188,992.62
B. Sub-Contracts					
1. Number					
2. Dollar Amount					
	a. Total	b. Women Business Enterprises (WBE)	c. Male		
C. Contracts					
1. Number					
2. Dollar Amount					
D. Sub-Contracts					
1. Number					
2. Dollar Amounts					

**Part IV Minority Owners of Rental Property**

In the table below, indicate the number of HOME assisted rental property owners and the total dollar amount of HOME funds in these rental properties assisted during the reporting period.

	a. Total	Minority Property Owners				f. White Non-Hispanic
		b. Alaskan Native or American Indian	c. Asian or Pacific Islander	d. Black Non-Hispanic	e. Hispanic	
1. Number						
2. Dollar Amount						

**Part V Relocation and Real Property Acquisition**

Indicate the number of persons displaced, the cost of relocation payments, the number of parcels acquired, and the cost of acquisition. The data provided should reflect only displacements and acquisitions occurring during the reporting period.

	a. Number	b. Cost	Minority Business Enterprises (MBE)			f. White Non-Hispanic
Households Displaced	a. Total	b. Alaskan Native or American Indian	c. Asian or Pacific Islander	d. Black Non-Hispanic	e. Hispanic	
1. Parcels Acquired						
2. Businesses Displaced						
3. Nonprofit Organizations Displaced						
4. Households Temporarily Relocated, not Displaced						
5. Households Displaced - Number						
6. Households Displaced - Cost						





Public reporting burden for this collection of information is estimated to average 45 minutes 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. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

The HOME statute imposes a significant number of data collection and reporting requirements. This includes information on assisted properties, on the owners or tenants of the properties, and on other programmatic areas. The information will be used: 1) to assist HOME participants in managing their programs; 2) to track performance of participants in meeting fund commitment and expenditure deadlines; 3) to permit HUD to determine whether each participant meets the HOME statutory income targeting and affordability requirements; and 4) to permit HUD to determine compliance with other statutory and regulatory program requirements. This data collection is authorized under Title II of the Cranston-Gonzalez National Affordable Housing Act or related authorities. Access to Federal grant funds is contingent on the reporting of certain project-specific data elements. Records of information collected will be maintained by the recipients of the assistance. Information on activities and expenditures of grant funds is public information and is generally available for disclosure. Recipients are responsible for ensuring confidentiality when public disclosure is not required.

## Instructions for the HOME Match Report

### Applicability:

The HOME Match Report is part of the HOME APR and must be filled out by every participating jurisdiction that incurred a match liability. Match liability occurs when FY 1993 funds (or subsequent year funds) are drawn down from the U.S. Treasury for HOME projects. A Participating Jurisdiction (PJ) may start counting match contributions as of the beginning of Federal Fiscal Year 1993 (October 1, 1992). A jurisdiction not required to submit this report, either because it did not incur any match or because it had a full match reduction, may submit a HOME Match Report if it wishes. The match would count as excess match that is carried over to subsequent years. The match reported on this form must have been contributed during the reporting period (between October 1 and September 30).

### Timing:

This form is to be submitted as part of the HOME APR on or before December 31. The original is sent to the HUD Field Office. One copy is sent to the

Office of Affordable Housing Programs, CGHF  
Room 7176, HUD, 451 7th Street, S.W.  
Washington, D.C. 20410.

The participating jurisdiction also keeps a copy.

### Instructions for Part II:

1. **Excess match from prior Federal fiscal year:** Excess match carried over from prior Federal fiscal year.
2. **Match contributed during current Federal fiscal year:** The total amount of match contributions for all projects listed under Part III in column 9 for the Federal fiscal year.

3. **Total match available for current Federal fiscal year:** The sum of excess match carried over from the prior Federal fiscal year (Part II, line 1) and the total match contribution for the current Federal fiscal year (Part II, line 2). This sum is the total match available for the Federal fiscal year.

4. **Match liability for current Federal fiscal year:** The amount of match liability is available from HUD and is provided periodically to PJs. The match must be provided in the current year. The amount of match that must be provided is based on the amount of HOME funds drawn from the U.S. Treasury for HOME projects. The amount of match required equals 25% of the amount drawn down for HOME projects during the Federal fiscal year. Excess match may be carried over and used to meet match liability for subsequent years (see Part II line 5). Funds drawn down for administrative costs, CHDO operating expenses, and CHDO capacity building do not have to be matched. Funds drawn down for CHDO seed money and/or technical assistance loans do not have to be matched if the project does not go forward. A jurisdiction is allowed to get a partial reduction (50%) of match if it meets one of two statutory distress criteria, indicating "fiscal distress," or else a full reduction (100%) of match if it meets both criteria, indicating "severe fiscal distress." The two criteria are poverty rate (must be equal to or greater than 125% of the average national family poverty rate to qualify for a reduction) and per capita income (must be less than 75% of the national average per capita income to qualify for a reduction). In addition, a jurisdiction can get a full reduction if it is declared a disaster area under the Robert T. Stafford Disaster Relief and Emergency Act.

5. **Excess match carried over to next Federal fiscal year:** The total match available for the current Federal fiscal year (Part II, line 3) minus the match liability for the current Federal fiscal year (Part II, line 4). Excess match may be carried over and applied to future HOME project match liability.

### Instructions for Part III:

1. **Project No. or Other ID:** "Project number" is assigned by the C/MI System when the PJ makes a project setup call. These projects involve at least some Treasury funds. If the HOME project does not involve Treasury funds, it must be identified with "other ID" as follows: the fiscal year (last two digits only), followed by a number (starting from "01" for the first non-Treasury-funded project of the fiscal year), and then at least one of the following abbreviations: "SF" for project using shortfall funds, "PI" for projects using program income, and "NON" for non-HOME-assisted affordable housing. Example: 93.01.SF, 93.02.PI, 93.03.NON, etc.

Shortfall funds are non-HOME funds used to make up the difference between the participation threshold and the amount of HOME funds allocated to the PJ; the participation threshold requirement applies only in the PJ's first year of eligibility. [§92.102]

Program income (also called "repayment income") is any return on the investment of HOME funds. This income must be deposited in the jurisdiction's HOME account to be used for HOME projects. [§92.503(b)]

Non-HOME-assisted affordable housing is investment in housing not assisted by HOME funds that would qualify as "affordable housing" under the HOME Program definitions. "NON" funds must be contributed to a specific project; it is not sufficient to make a contribution to an entity engaged in developing affordable housing. [§92.219(b)]

2. **Date of Contribution:** Enter the date of contribution. Multiple entries may be made on a single line as long as the contributions were made during the current fiscal year. In such cases, if the contributions were made at different dates during the year, enter the date of the last contribution.

3. **Cash:** Cash contributions from non-Federal resources. This means the funds are contributed permanently to the HOME Program regardless of the form of investment the jurisdiction provides to a project. Therefore all repayment, interest, or other return on investment of the contribution must be deposited in the PJ's HOME account to be used for HOME projects. The PJ, non-Federal public entities (State/local governments), private entities, and individuals can make contributions. The grant equivalent of a below-market interest rate loan to the project is eligible when the loan is not repayable to the PJ's HOME account. [§92.220(a)(1)] In addition, a cash contribution can count as match if it is used for eligible costs defined under §92.206 (except administrative costs and CHDO operating expenses) or under §92.209, or for the following non-eligible costs: the value of non-Federal funds to remove and relocate ECHO units to accommodate eligible tenants, a project reserve account for re-placements, a project reserve account for unanticipated increases in operating costs, operating subsidies, or costs relating to the portion of a mixed-income or mixed-use project not related to the affordable housing units. [§92.219(c)]

4. **Foregone Taxes, Fees, Charges:** Taxes, fees, and charges that are normally and customarily charged but have been waived, foregone, or deferred in a manner that achieves affordability of the HOME-assisted housing. This includes State tax credits for low-income housing development. The amount of real estate taxes may be based on the

post-improvement property value. For those taxes, fees, or charges given for future years, the value is the present discounted cash value. [§92.220(a)(2)]

5. **Appraised Land/Real Property:** The appraised value, before the HOME assistance is provided and minus any debt burden, lien, or other encumbrance, of land or other real property, not acquired with Federal resources. The appraisal must be made by an independent, certified appraiser. [§92.220(a)(3)]

6. **Required Infrastructure:** The cost of investment, not made with Federal resources, in on-site and off-site infrastructure directly required for HOME-assisted affordable housing. The infrastructure must have been completed no earlier than 12 months before HOME funds were committed. [§92.220(a)(4)]

7. **Site preparation, Construction materials, Donated labor:** The reasonable value of any site-preparation and construction materials, not acquired with Federal resources, and any donated or voluntary labor (see §92.354(b)) in connection with the site-preparation for, or construction or rehabilitation of, affordable housing. The value of site-preparation and construction materials is determined in accordance with the PJ's cost estimate procedures. The value of donated or voluntary labor is determined by a single rate ("labor rate") to be published annually in the Notice Of Funding Availability (NOFA) for the HOME Program. [§92.220(6)]

8. **Bond Financing:** Multifamily and single-family project bond financing must be validly issued by a State or local government (or an agency, instrumental-ity, or political subdivision thereof). 50% of a loan from bond proceeds made to a multifamily affordable housing project owner can count as match. 25% of a loan from bond proceeds made to a single-family affordable housing project owner can count as match. Loans from all bond proceeds, including excess bond match from prior years, may not exceed 25% of a PJ's total annual match contribution. [§92.220(a)(5)] The amount in excess of the 25% cap for bonds may carry over, and the excess will count as part of the statutory limit of up to 25% per year. Requirements regarding

bond financing as an eligible source of match will be available upon publication of the implementing regulation early in FY 1994.

9. **Total Match:** Total of items 3 through 8. This is the total match contribution for each project identified in item 1.

**Ineligible forms of match include:**

1. Contributions made with or derived from Federal resources e.g. CDBG funds [§92.220(b)(1)]
2. Interest rate subsidy attributable to the Federal tax-exemption on financing or the value attributable to Federal tax credits [§92.220(b)(2)]
3. Contributions from builders, contractors or investors, including owner equity, involved with HOME-assisted projects. [§92.220(b)(3)]
4. Sweat equity [§92.220(b)(4)]
5. Contributions from applicants/recipients of HOME assistance [§92.220(b)(5)]
6. Fees/charges that are associated with the HOME Program only, rather than normally and customarily charged on all transactions or projects [§92.220(a)(2)]
7. Administrative costs

FINAL Jan-Dec 2014  
HOME Match Report Data

LOAN #	IDIS #	NAME	ADDRESS	LOAN DATE	PURCHASE PRICE	PROJECT DESCRIP	LENDER LOAN	ONDS FUNDS	ONDS \$ EXPENDED	MATCH REQUIRED
20854		FLORES/RODRIGUEZ	1809 N 3rd St	8/27/2014	\$130,000	FTH	\$ 104,000	\$28,435	\$28,435	\$3,554
20855		GIRON	222 E "T" St	9/5/2014	\$130,000	FTH	\$ 104,000	\$29,231	\$29,231	\$3,654
20856		ABRAMS	220 E "T" St	12/2/2014	\$130,000	FTH	\$ 104,000	\$31,500	\$31,500	\$3,937
20857		CARRANZA	216 E "T" St	12/19/2014	\$130,000	FTH	\$94,000	\$38,507	\$38,507	\$4,813
								<b>\$127,673</b>	<b>\$89,166</b>	<b>\$11,146</b>
					<b>\$520,000</b>				<b>\$89,166</b>	<b>\$11,146</b>
						OTHER ACCRUED MATCH				
						Volunteer Hours	284			\$2,840
						# of Volunteers	58			
							2014 Match Accrued			\$2,840
							Carry Forward			\$15,700,492
							TOTAL			\$15,703,332
							Match Liability 2014			\$11,146
							New Carry Forward			\$15,692,186









# **SECTION NINE**

Neighborhood Revitalization Strategy Area  
(NRSA)

Community Based Development  
Organization (CBDO) OIC of Washington  
Quarterly Reports for South East  
Community Center

CITY OF YAKIMA  
OFFICE OF NEIGHBORHOOD DEVELOPMENT SERVICES  
SUBRECIPIENT/COMMUNITY SERVICE PROJECT

QUARTERLY PROGRESS REPORT  
(PUBLIC SERVICES OR HOUSING)

RECEIVED  
AUG 27 2014  
OFFICE OF NEIGHBORHOOD  
DEVELOPMENT SERVICES

**Report Period:** January 2014 – March 2014

**Subrecipient:** OIC of Washington (OIC)

**Project:** Southeast Yakima Community Center (SEYCC)

**Person Completing the Report:** Adrienne Garner

**Job Title:** OIC-SEYCC Director

**Contact Telephone Number:** 509-575-6114

**1. Describe current status of project (for example: planning, procurement, predevelopment, construction, activity underway, service marketing, ect.)**

The first quarter of this year SEYCC partnered with Sunrise Outreach to host the MLK Jr. Soup Kitchen for homeless individuals. We served as a warming center as well as a Soup Kitchen from January 20<sup>th</sup> March 28<sup>th</sup>. All products and services were provided by community partners.

**Volunteer Program** – During this report period there were 1,839.77 volunteer hours donated by community volunteers. These hours included hours from the After School Program & Recreation Program, Tutoring, Soup Kitchen. We continue to be a Job Training site partnering with agencies such as People for People and Goodwill Industries to train individuals for the workforce. We also continue to work with Juvenile Court and Yakima County Courts to allow individuals to complete their community service hours.

**After School Program** – The After School Program continues to engage children in grades K-12 in afternoon programming. We continue to serve 25-40 children each afternoon or when school is out due to breaks or conferences. Each student that enters the program each day is required to participate in Literacy, Math Intervention or Tutoring for 20-30 minutes each day. During this report period there were 1937.05 participation hours for afterschool services. Recreation hours for the quarter are 1680.25.

**Food Pantry** – The east side Walmart continues to donate weekly to the center allowing us to continue to operate our food pantry. This quarter we provided services to approximately 1062 individuals.

**Senior Services** – We continue to have a strong senior group that participates in services at the center. These services include Senior Nutrition (managed by People for People), the Volunteer Program), Foot Care, Medical Services, Fitness and Senior Bingo. There were approximately 2,500 participation hours for seniors in the first quarter of 2014.

# What Are Your Kids After School?

**We offer:**

**Snacks, Ping Pong, Board  
Games, Basketball and much  
more!**



Parents, sign your children up for the  
**Southeast Yakima  
Community Center**  
After School  
Program!

It's **FREE** and  
open to students  
ages **5-17!**

**The Southeast Yakima Community Center Gym  
is located at:**

**1211 S. 7th Street  
Yakima, WA 98901**

**Program Hours are:**

**Monday-Thursday  
2pm-6pm**

For more information, please contact Rosie Lee  
at (509) 575-6114.

**Friday  
2pm-5pm**



Opportunities Industrialization Center (OIC) of Washington is an equal opportunity employer and provider of employment and training services. Auxiliary aids are available upon request to individuals with disabilities.

Washington Relay Service 1-800-833-6384 or 7-1-1.

# ¿Que están haciendo SUS hijos después de la escuela?

**Ofrecemos:**

**Bocadillos, Ping Pong, Juegos de mesa, baloncesto y mucho más!**



**En el gimnasio del Centro Comunitario del Southeast**

**1211 S. 7th Street  
Yakima, WA 98901**

Para mas informacion, favor de contactar a Rosie  
Lee al (509) 575-6114

Padres, o ascriban a sus hijos en el  
**Centro Comunitario  
Southeast Yakima**

Para el Programa

Después de  
Clases!

Es **GRATIS** y

**abierto a estudiantes  
de entre 5 a 17 años!**

**Las horas del  
programa son:**

**Lunes-Jueves  
2pm-6pm**

**Viernes  
2pm-5pm**



OIC de Washington es un empleador de oportunidades iguales y proveedor de empleos y servicios de entrenamientos. Recursos para discapacitados estan disponibles, a pedido.

El numero de servicio de relejo es 1-800-833-6384 o 7-1-1.



# Martin Luther King Jr.

## “Lest we forget...”

Unite with members of the community to celebrate the life and legacy of Dr. Martin Luther King Jr.

### Basketball Tournament

January 17th at 5:00pm

Excel Gymnasium

January 18th & 19th at 10:00am

1001 N. 9th Ave. Yakima, WA 98902

### Church Celebration Service

January 19th at 3:00pm

Yakima Foursquare Church

700 N. 40th Ave. Yakima, WA 98902

### Upper Valley Peace March

Yakima City Hall

January 20th at 10:30am

128 N. Second Street Yakima, WA 98901  
to the Yakima Convention Center on  
10 N. 8th St. Yakima, WA 98901

### Lower Valley Peace March

Old Market Place Parking Lot

January 20th  
at 10:00am

512 W. 1st Ave. Toppenish, WA 98948  
to Toppenish Middle School  
104 Goldendale Ave. Toppenish, WA 98948

### Memorial Program Honoring Dr. King

January 20th  
at 11:45am

Yakima Convention Center

10 N. 8th St. Yakima, WA 98901

### Soup Kitchen

January 20th  
at 1:00pm

Southeast Yakima Community Center

1211 S. 7th St. Yakima, WA 98901



For more information on the Martin Luther King Jr. Events, please contact Steve Mitchell at (509) 248-6751.

Martin Luther  
King Jr.

# Soup Kitchen

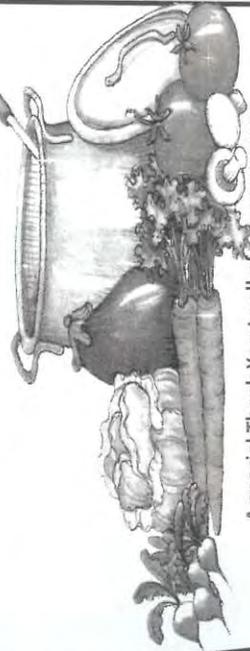
Opening Martin Luther King Jr. Day  
January 20<sup>th</sup>, 2014

Need a hot meal?  
Don't go hungry!

The soup kitchen will be open

Monday through Friday

10am until 12pm

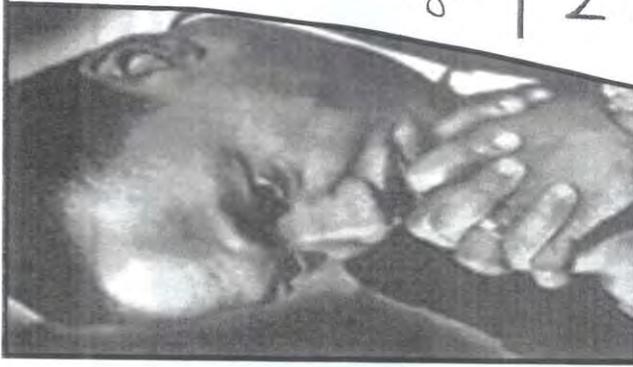


A special Thank You to all of our sponsors:

Walmart, Olive Garden, Sodexo, Yakima Regional Hospital, Northwest Harvest, Sunrise Outreach Center, Neighborhood Health, The Homeless Network of Yakima County, Southeast Yakima Churches, Fairview Seventh-Day Adventist Church, Opportunities Industrialization Center (OIC) of Washington

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Washington Relay Service 1-800-833-6384 or 7-1-1



Martin Luther  
King Jr.

# Soup Kitchen

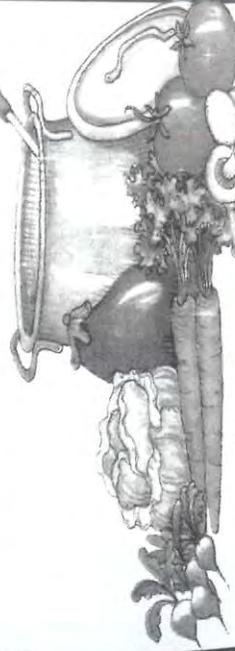
Opening Martin Luther King Jr. Day  
January 20<sup>th</sup>, 2014

Need a hot meal?  
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The soup kitchen will be open

Monday through Friday

10am until 12pm



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Washington Relay Service 1-800-833-6384 or 7-1-1



Martin Luther  
King Jr.

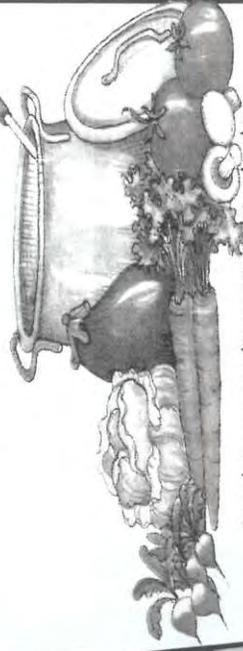
# Soup Kitchen

Abre el 20 de Enero del 2014  
El Día de Martin Luther King Jr.

¿Necesita una comida?  
¡NO se quede con hambre!

La sopa se servirá gratuitamente y estará abierta

De Lunes a Viernes  
de 10am hasta las  
12 de medio día.



Agradecemos a todos nuestros patrocinador:

Walmart, Olive Garden, Sodexo, Yakima Regional Hospital, Northwest Harvest, Sunrise Outreach Center, Neighborhood Health, The Homeless Network of Yakima County, Southeast Yakima Churches, Fairview Seventh-Day Adventist Church, Opportunities Industrialization Center (OIC) of Washington

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Washington Relay Service 1-800-833-6384 or 7-1-1.



Martin Luther  
King Jr.

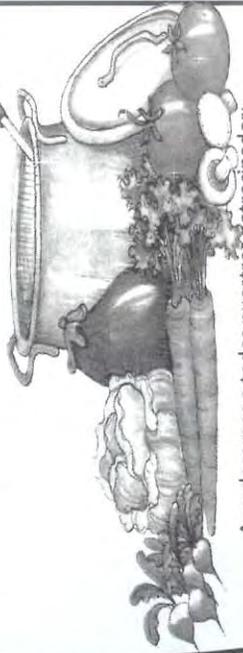
# Soup Kitchen

Abre el 20 de Enero del 2014  
El Día de Martin Luther King Jr.

¿Necesita una comida?  
¡NO se quede con hambre!

La sopa se servirá gratuitamente y estará abierta

De Lunes a Viernes  
de 10am hasta las  
12 de medio día.



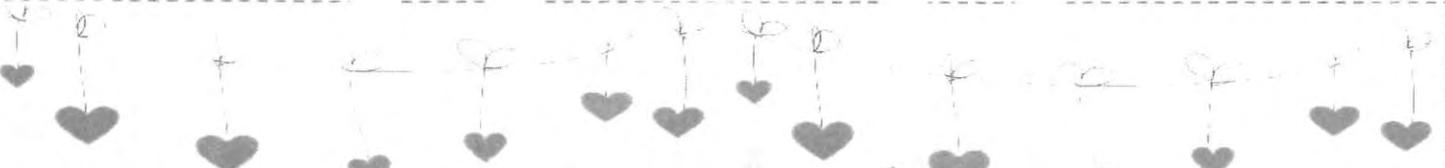
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Washington Relay Service 1-800-833-6384 or 7-1-1.





# Family Night Valentine Party

**Who:**

**Youth Participants (K-12), their families, volunteers, mentors and staff.**

**What:**

**A sweet Valentine's Day celebration with food and fun!**

**When:**

**Wednesday, February 12th  
from 5:30pm-7:30pm**

**Where:**

**Southeast Yakima Community Center Gym  
1211 South 7th Street Yakima, WA 98901**



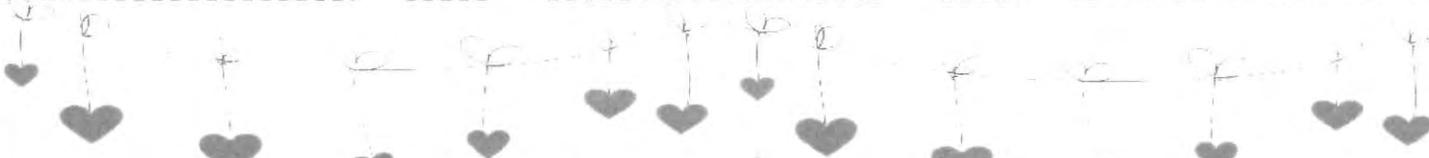
***Please bring one potluck dish to share or host a game booth.***

**For more information, please contact Rosie Lee at  
(509) 575-6114**



Opportunities Industrialization Center (OIC) of Washington is an equal opportunity employer and provider of employment and training services. Auxiliary aids and services are available upon request to individuals with disabilities.

Washington Relay Service 1-800-833-6384 or 7-1-1.



# Fiesta de San Valentín Para toda la familia

**Quien:**

Los jóvenes participantes (de kinder a doceavo), sus familias, voluntarios, mentores, personal, etc.

**Que:**

Una celebración con comida y diversión para celebrar el día de San Valentín

**Cuando:**

Miercoles, 12 de Febrero de las  
5:30pm a 7:30pm

**Porque:**

En el gimnasio del Centro Comunitario del Southeast  
1211 South 7th Street Yakima, WA 98901



***Por favor traiga un plato de comida para compartir o ser un anfitrión de un puesto de juegos.***

**Para más información, favor de contactar a Rosie Lee al  
(509) 575-6114**



OIC de Washington es un empleador de oportunidades iguales y proveedor de empleos y servicios de entrenamientos. Recursos para discapacitados están disponibles, a pedido. El número de servicio de relevo es 1-800-833-6384 o 7-1-1.

# Spring Break



# Day Camp

We offer:

Snacks, Ping  
Pong, Board  
Games,  
Basketball and  
much more!

This program is **FREE** and  
open to students ages 5-17!

**March 31 – April 4**  
**8:30am – 5:15pm**

**The Spring Break Day Camp will be at  
the Southeast Yakima Community  
Center located at :**

**1211 S. 7th Street Yakima, WA 98902**  
**(509) 575-6114**



Opportunities Industrialization Center (OIC)  
of Washington is an equal opportunity  
employer and provider of employment and  
training services. Auxiliary aids and  
services are available upon request to  
individuals with disabilities.

Washington Relay Service 1-800-833-6384  
or 7-1-1.

This program is funded by Community Partners and a grant  
from the Washington State Department of Commerce. For  
more information, please contact Rosie Lee at (509) 575-6114.

# Campamento de las

# vacaciones de primavera



Ofrecemos:  
Bocadillos,  
Ping Pong,  
Juegos de  
mesa,  
baloncesto y  
mucho más!

Es **GRATIS** y abierto a  
estudiantes de entre 5 a 17 años!

**del 31 de marzo a  
el 4 de abril  
8:30am - 5:15pm**

**En el gimnasio del Centro  
Comunitario del Southeast**

**1211 S. 7th Street Yakima, WA 98902**

**(509) 575-6114**



OIC de Washington es un empleador de  
oportunidades iguales y proveedor de  
empleos y servicios de entrenamientos.

Recursos para discapacitados estan  
disponibles, a pedido.

El numero de servicio de relejo es 1-800-  
833-6384 o 7-1-1.

Este programa está financiado por la Comunidad Partners y una  
subvención del Departamento de Comercio del Estado de  
Washington. Para obtener más información, póngase en  
contacto con Rosie Lee al (509) 575-6114.

Quick Links: | [Website](#) | [Intranet](#)

WEB CALENDAR:

SOUTHEAST YAKIMA COMMUNITY CENTER

January 2014

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2 Senior Nutrition-Cafeteria	3 Footcare-Clinic Senior Nutrition-Cafeteria	4
5	6 Senior Fitness- MLK Room Senior Nutrition-Cafeteria Afterschool Program-Gym	7 Senior Nutrition-Cafeteria Afterschool Program-Gym	8 Senior Nutrition-Cafeteria Senior Bingo-Dining Room Afterschool Program-Gym	9 Senior Nutrition-Cafeteria Afterschool Program-Gym	10 Footcare-Clinic Senior Nutrition-Cafeteria Afterschool Program-Gym	11 Gina Perez Birthday Party-MLK
12	13 AARP Tax Aid - MLK Jr. Room Senior Fitness- MLK Room Senior Nutrition-Cafeteria Afterschool Program-Gym	14 AARP Tax Aid - MLK Jr. Room Senior Nutrition-Cafeteria Afterschool Program-Gym	15 AARP Tax Aid - MLK Jr. Room Senior Nutrition-Cafeteria Senior Bingo-Dining Room Afterschool Program-Gym	16 AARP Tax Aid - MLK Jr. Room Senior Nutrition-Cafeteria Afterschool Program-Gym	17 AARP Tax Aid - MLK Jr. Room Footcare-Clinic Senior Nutrition-Cafeteria Afterschool Program-Gym	18
19	20	21 Senior Nutrition-Cafeteria Afterschool Program-Gym	22 Senior Nutrition-Cafeteria Senior Bingo-Dining Room Afterschool Program-Gym	23 Senior Nutrition-Cafeteria Afterschool Program-Gym	24 Footcare-Clinic Senior Nutrition-Cafeteria Afterschool Program-Gym	25 Feeding Hope - Gym KEEP THE BEAT-MLK Room Funeral Reception-Gym
26	27 AARP Tax Aid-Room 106 Senior Fitness- MLK Room Senior Nutrition-Cafeteria Afterschool Program-Gym	28 Senior Nutrition-Cafeteria SEYCC Advisory Board Meeting-Room D Afterschool Program-Gym	29 Senior Nutrition-Cafeteria Lynnette-City of Yakima in Gym-Luncheon Senior Bingo-Dining Room Afterschool Program-Gym	30 Senior Nutrition-Cafeteria Afterschool Program-Gym	31 Footcare-Clinic Senior Nutrition-Cafeteria Afterschool Program-Gym	

[Web Calendar Instructions](#)

Quick Links: | [Website](#) | [Intranet](#)

WEB CALENDAR:

SOUTHEAST YAKIMA COMMUNITY CENTER

February 2014 ALL CALENDARS

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
2	3 Senior Fitness- MLK Room Movements in Grace-MLK Senior Nutrition-Cafeteria Afterschool Program-Gym	4 AARP Tax Aid-Room 106 Senior Nutrition-Cafeteria Afterschool Program-Gym	5 AARP Tax Aid-Room 106 Senior Nutrition-Cafeteria Senior Bingo-Dining Room Afterschool Program-Gym	6 AARP Tax Aid-Room 106 Senior Nutrition-Cafeteria Northwest Fair Housing Alliance-MLK Room Afterschool Program-Gym Misty Harris - Cafeteria	7 Footcare-Clinic Senior Nutrition-Cafeteria Afterschool Program-Gym	8
9	10 Senior Fitness- MLK Room Movements in Grace-MLK Room Senior Nutrition-Cafeteria Afterschool Program-Gym	11 AARP Tax Aid-Room 106 Senior Nutrition-Cafeteria Afterschool Program-Gym	12 AARP Tax Aid-Room 106 Senior Nutrition-Cafeteria 100 Jobs for 100 Kids meeting-Room D Senior Bingo-Dining Room Afterschool Program-Gym Family Fun Night-Gym	13 Yakima County Asset Building Coalition-MLK AARP Tax Aid-Room 106 Senior Nutrition-Cafeteria Afterschool Program-Gym	14 Footcare-Clinic Senior Nutrition-Cafeteria Afterschool Program-Gym	15
16 Sierra 5th Birthday Party-MLK Room	17 Movements in Grace-MLK Room	18 AARP Tax Aid-Room 106 Senior Nutrition-Cafeteria Afterschool Program-Gym	19 AARP Tax Aide-Room 106 Senior Nutrition-Cafeteria Senior Bingo-Dining Room Afterschool Program-Gym	20 AARP Tax Aid-Room 106 Senior Nutrition-Cafeteria Afterschool Program-Gym	21 Footcare-Clinic Senior Nutrition-Cafeteria Afterschool Program-Gym	22 KEEP THE BEAT-Room 106 Pelayo Baby Shower-MLK Room
23	24 Senior Fitness- MLK Room Movements in Grace-MLK Room Senior Nutrition-Cafeteria Afterschool Program-Gym	25 AARP Tax Aid-Room 106 Senior Nutrition-Cafeteria SEYCC Advisory Board Meeting-Room D Afterschool Program-Gym	26 AARP Tax Aid-Room 106 People for People-MLK Room Senior Nutrition-Cafeteria 100 Jobs for 100 Kids meeting-Room D Senior Bingo-Dining Room Afterschool Program-Gym	27 AARP Tax Aid-Room 106 Senior Nutrition-Cafeteria Afterschool Program-Gym	28 Footcare-Clinic Senior Nutrition-Cafeteria Afterschool Program-Gym	

[Web Calendar Instructions](#)

Quick Links: | [Website](#) | [Intranet](#)

WEB CALENDAR:

SOUTHEAST YAKIMA COMMUNITY CENTER

March 2014

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1 Spearman Birthday Party-MLK Room
2	3 Senior Fitness- MLK Room Senior Nutrition-Cafeteria Afterschool Program-Gym	4 AARP Tax Aid-Room 106 Senior Nutrition-Cafeteria Northwest Fair Housing Alliance-MLK Room Afterschool Program-Gym	5 AARP Tax Aid-Room 106 Senior Nutrition-Cafeteria Senior Bingo-Dining Room Afterschool Program-Gym	6 AARP Tax Aid-Room 106 Senior Nutrition-Cafeteria Afterschool Program-Gym	7 Footcare-Clinic Senior Nutrition-Cafeteria Afterschool Program-Gym	8 Diaz Baby Shower MLK Room
9	10 Senior Fitness- MLK Room Senior Nutrition-Cafeteria Afterschool Program-GYM	11 AARP Tax Aide-Room 106 Senior Nutrition-Cafeteria Afterschool Program-GYM	12 AARP Tax Aide-Room 106 Senior Nutrition-Cafeteria 100 Jobs for 100 Kids meeting-Room D Senior Bingo-Dining Room Afterschool Program-GYM	13 Yakima County Asset Building Coalition-MLK AARP Tax Aide-Room 106 Senior Nutrition-Cafeteria Afterschool Program-GYM	14 Footcare-Clinic Senior Nutrition-Cafeteria Afterschool Program-GYM	15 Nunez Wedding-Gym
16	17 Senior Fitness- MLK Room Senior Nutrition-Cafeteria Afterschool Program-GYM	18 AARP Tax Aide-Room 106 Senior Nutrition-Cafeteria Afterschool Program-GYM	19 AARP Tax Aide-Room 106 Senior Nutrition-Cafeteria Senior Bingo-Dining Room Afterschool Program-GYM	20 AARP Tax Aide-Room 106 Senior Nutrition-Cafeteria Afterschool Program-GYM KEEP THE BEAT-MLK Room	21 Footcare-Clinic Senior Nutrition-Cafeteria Afterschool Program-GYM KEEP THE BEAT-MLK Room	22 VGA Professional Services-MLK Room Stephen Lynch-MLK Room
23	24 Senior Fitness- MLK Room Senior Nutrition-Cafeteria Afterschool Program-GYM	25 AARP Tax Aide-Room 106 Senior Nutrition-Cafeteria SEYCC Advisory Board Meeting-Room D Afterschool Program-GYM	26 AARP Tax Aide-Room 106 Senior Nutrition-Cafeteria 100 Jobs for 100 Kids meeting-Room D Senior Bingo-Dining Room Afterschool Program-GYM	27 AARP Tax Aide-Room 106 Senior Nutrition-Cafeteria Afterschool Program-GYM	28 Footcare-Clinic Senior Nutrition-Cafeteria Afterschool Program-GYM	29
30	31 Spring Break Day Camp-GYM Senior Fitness- MLK Room Senior Nutrition-Cafeteria					

Web Calendar Instructions

CITY OF YAKIMA  
OFFICE OF NEIGHBORHOOD DEVELOPMENT SERVICES  
SUBRECIPIENT/COMMUNITY SERVICE PROJECT

QUARTERLY PROGRESS REPORT  
(PUBLIC SERVICES OR HOUSING)

RECEIVED  
AUG 27 2014  
OFFICE OF NEIGHBORHOOD  
DEVELOPMENT SERVICES

**Report Period:** April 2014 – June 2014

**Subrecipient:** OIC of Washington (OIC)

**Project:** Southeast Yakima Community Center (SEYCC)

**Person Completing the Report:** Adrienne Garner

**Job Title:** OIC-SEYCC Director

**Contact Telephone Number:** 509-575-6114

**1. Describe current status of project (for example: planning, procurement, predevelopment, construction, activity underway, service marketing, ect.)**

The second quarter of this year Southeast Yakima Community Center partnered with Citizen's for Safe Yakima Valley to host the 8<sup>th</sup> Annual Youth Job and Career Fair on April 21, 2014. We hosted over 300 area youth throughout the day engaging them in the areas of employment, work readiness, applications and interviews.

We also made application for local funding to: Yakima Downtown Rotary, Legends Casino, Sunrise Rotary, and First Fruits. Grants were written to support children's programming at the center.

**Volunteer Program** – During this report period there were 1070.49 volunteer hours donated by community partners and individuals. These hours included hours from the After School Program, Recreation Program, Tutoring Program and the 100 Jobs 100 Kids Youth Job and Career Fair.

**After School Program** – The After School Program continues to engage children in grades K-12 in afternoon programming. We continue to serve 25-40 children each afternoon or when school is out due to breaks or conferences. Each student that enters the program each day is required to participate in Literacy, Math Intervention or Tutoring for 20-30 minutes each day. During this report period there were 1937.05 participation hours for afterschool services. Recreation hours for the quarter are 1009.25.

**Summer Program** – Each year during the spring we recruit from current and previous participants to attend our summer program. During the first month of programming we hosted 111 children and youth. Our participation hours for June 2014 were 8,933. Our hours of operation are from 8:30am – 5:15pm Monday through Friday. We partnered with the Yakima School District to provide Breakfast and Lunch, and community partners such as Yakima Food Bank, Walmart and First Fruit to assist with providing snacks. The programming includes recreation and enrichment activities such as reading, art & crafts and nutrition education. Our hope is to provide new opportunities and create new interest for the children we serve.

**Food Pantry** – The east side Walmart continues to donate weekly to the center allowing us to continue to operate our food pantry. This quarter we provided services to approximately 1650 individuals.

In August 2014 the Yakima Food Bank will close for approximately three months due to construction to their current facility. This building has sat on the Southeast Yakima Community Center grounds for well over 30 years. In late spring the Food Bank was able to procure enough funding and resources to be able to move forward with the construction of a new building. During the time of reconstruction the Food Bank will operate out of Southeast Yakima Community Center's Gymnasium. It was important to all involved to retain the services provided to the community in the community.

**Senior Services** – We continue to have a strong senior group that participates in services at the center. These services include Senior Nutrition (managed by People for People), the Volunteer Program, Foot Care, Medical Services, Fitness and Senior Bingo. There were approximately 2,300 participation hours for seniors in the second quarter of 2014.

**Tax Aid** – This is the fifth season Southeast Yakima Community Center has hosted the AARP Tax Aide Program. This may have been the most difficult year as they did not start preparing returns until February 2014, and were still required to end on April 15th. They prepared 101 returns totaling over \$400,000 in earned income credit.

**2. Describe significant actions taken during this report period:**

Yakima Downtown Rotary has granted an award to make a Literacy Room inside of the center. Construction started in May 2014 and finish in late June 2014. The estimated costs with volunteer hours, in-kind and financial donations were approximately \$10,000. We also received funding from Yakima Sunrise Rotary for \$2,100 and Legends Casino for \$1,000 for children's programming. We received additional funding from First Fruits in the amount of \$2,500 to upgrade our computer lab to assist students with homework or other educational activities.

**3. Describe and provide reasons for changes in the original project goals/milestones:**

As we begin to develop new partnerships our goals may change. We are always seeking to provide additional services from the center so that we are able to meet the needs of the community.

**4. During this quarterly period, were contract funds spent or obligated?**

YES

**Respectfully submitted,**

**Adrienne Garner, Director**

# YOUTH CAREER FAIR

## Possible Jobs are Waiting for You!

April 21, 2014 12:00-5:00 PM  
**HURRY, LIMITED  
JOBS AVAILABLE**

THE SOUTHEAST COMMUNITY CENTER  
**100 JOBS FOR 100 KIDS**  
\*\*APPLY FOR SUMMER JOBS!

Learn about local careers, register for door prizes, find out how to put your best foot forward to obtain summer jobs...

- ☞ Fill Out Job Applications
- ☞ Meet Local Businesses
- ☞ Practice Interviews
- ☞ On-site Training for Food Handlers Card

PLEASE DRESS APPROPRIATELY FOR AN INTERVIEW YOU WILL BE SCREENED FOR JOBS.  
**CURRENT HIGH SCHOOL STUDENTS ONLY! MUST HAVE STUDENT ID**  
ANY QUESTIONS? CALL S.E. COMMUNITY CENTER: 509 575-6114

Please fill out the form below and mail to:  
Southeast Community Center  
1211 South 7<sup>th</sup> Street  
Yakima, WA 98901

OR  
E-mail or Fax form to:  
ATTN: Adrienne Garner  
ad.ga@yvoic.org OR 509 575-4649

“Para información en español, favor de llamar al (509) 575-6114.”

**YES! OUR SCHOOL IS INTERESTED IN PARTICIPATING IN THIS YEAR'S  
100 JOBS FOR 100 KIDS YOUTH CAREER FAIR: Monday, April 21<sup>st</sup> 12:00-5:00 pm**

School Name: \_\_\_\_\_ Contact#: \_\_\_\_\_

School Counselor or Contact Person: \_\_\_\_\_

**PLEASE INCLUDE ALL OF THE FOLLOWING INFORMATION:**

Student Name: \_\_\_\_\_ Student's Grade Level: \_\_\_\_\_ Age: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone # (or Alternate #): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

eMail Address (if applicable): \_\_\_\_\_

Do you want to obtain a food handlers card?  YES  NO



# What Are Your Kids After School?

We offer:

**Snacks, Ping Pong, Board Games, Basketball and much more!**



**The Southeast Yakima Community Center Gym  
is located at:**

**1211 S. 7th Street  
Yakima, WA 98901**

For more information, please contact Rosie Lee  
at (509) 575-6114.

Parents, sign your children up for the  
**Southeast Yakima  
Community Center**

After School  
Program!

It's **FREE** and  
**open to students  
ages 5-17!**

**Program Hours are:**

**Monday-Thursday  
2pm-6pm**

**Friday  
2pm-5pm**



Opportunities Industrialization Center (OIC) of Washington is an equal opportunity employer and provider of employment and training services.  
Auxiliary aids are available upon request to individuals with disabilities.

Washington Relay Service 1-800-833-6384 or 7-1-1.

# ¿Que son están haciendo? SUS después de la escuela?

**Ofrecemos:**

**Bocadillos, Ping Pong, Juegos  
de mesa, baloncesto y mucho  
más!**



**En el gimnasio del Centro Comunitario  
del Southeast**

**1211 S. 7th Street  
Yakima, WA 98901**

Para mas informacion, favor de contactar a Rosie  
Lee al (509) 575-6114

Padres, o ascriban a sus hijos en el  
**Centro Comunitario  
Southeast Yakima**  
Para el Programa

Después de  
Clases!

Es **GRATIS** y  
abierto a estudiantes  
de entre 5 a 17 años!

**Las horas del  
programa son:**

**Lunes-Jueves  
2pm-6pm**

**Viernes  
2pm-5pm**



OIC de Washington es un empleador de oportunidades iguales y proveedor de empleos y servicios de entrenamientos. Recursos para discapacitados estan disponibles, a pedido.

El numero de servicio de relejo es 1-800-833-6384 o 7-1-1.

# SUMMER PROGRAM



SOUTHEAST YAKIMA COMMUNITY CENTER



**JUNE 6 - AUG 22**

*BREAKFAST, LUNCH & SNACKS PROVIDED!*

**Pre-Registration  
Required.**

**Registration Dates:  
May 16- May 31**

This program is  
**FREE!**

**MONDAY-FRIDAY**

Children ages 5-10

**8:30AM - 5:00PM**

Children ages 11 - 17

**12:00PM - 5:00PM**

**1211 S. 7TH ST.**

**YAKIMA, WA. 98902**

**(509) 575-6114**



Find us on  
**facebook**

**SOUTHEAST YAKIMA COMMUNITY CENTER**

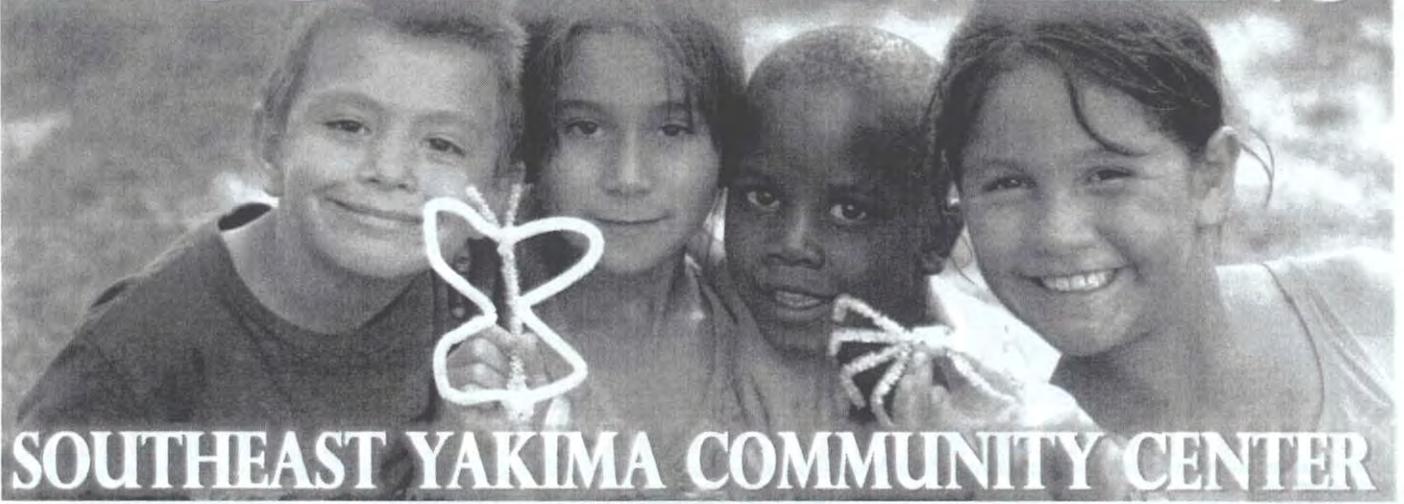
This project was supported by Appropriation 75-2-1536 awarded by the Department of Health and Human Services (HHS). Points of view in this document are those of the author and do not necessarily represent the official position or policies of the Department of Health and Human Services. Grant funds are administered by the Community Services Block Grant office, Washington State Department of Commerce.



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Washington Relay Service 1-800-833-6384 or 7-1-1.

# PROGRAMA DE VERANO



SOUTHEAST YAKIMA COMMUNITY CENTER



DE JUNIO 6 A AGOSTO 22

*DESAYUNO, ALMUERZO Y APERITIVOS  
SERAN PROPORCIONADOS!*

Es necesario registrarse  
con anticipación.  
Fechas de inscripción:  
Mayo 16 a Mayo 31

Este programa es  
**GRATIS!**

LUNES A VIERNES

Niños de 5 a 10 años  
8:30AM A 5:00PM

Niños de 11 a 17 años  
12:00PM A 5:00PM

1211 S. 7TH ST.

YAKIMA, WA. 98902

(509) 575-6114



SOUTHEAST YAKIMA COMMUNITY CENTER

Este proyecto fue apoyado por Apropriación 75-2-1536 otorgado por el Departamento de Salud y Servicios Humanos (HHS). Los puntos de vista en este documento son las del autor y no representan necesariamente la posición o las políticas del Departamento de Salud y Servicios Humanos de los oficiales. Los fondos de subvención son administrados por la oficina de Subsidios Globales de Servicios Comunitarios del Departamento de Comercio del Estado de Washington.



OIC de Washington es un empleador de oportunidades iguales y proveedor de empleos y servidos de entrenamientos. Recursos para discapacitados estan disponibles, a pedido.

El numero de servicio de relejo es 1-800-833-6384 o 7-1-1.

CITY OF YAKIMA  
OFFICE OF NEIGHBORHOOD DEVELOPMENT SERVICES  
SUBRECIPIENT/COMMUNITY SERVICE PROJECT

QUARTERLY PROGRESS REPORT  
(PUBLIC SERVICES OR HOUSING)

Report Period: July 2014 – September 2014

Subrecipient: OIC of Washington (OIC)

Project: Southeast Yakima Community Center (SEYCC)

Person Completing the Report: Adrienne Garner

Job Title: OIC-SEYCC Director

Contact Telephone Number: 509-575-6114

**1. Describe current status of project (for example: planning, procurement, predevelopment, construction, activity underway, service marketing, ect.)**

We had a very exciting third quarter serving over 400 individual clients with services in the building. The range of programming included Senior Services, Youth Programming and Health Services. We also held community activities which drew in several hundred additional people over the summer. We have begun planning for our 16<sup>th</sup> Annual Make A Difference Banquet, celebrating 45 years of service to the Yakima community. This is our annual fundraiser to support children's programs at the center. We have also started planning for the 25<sup>th</sup> Annual Christmas Dinner which last year drew over 2800 individuals last year.

**Volunteer Program** – During this report period there were 2238.51 volunteer hours donated by community volunteers. These hours included hours from the 100 Jobs 100 Kids Program, Summer Park & Gym Programs, Tutoring, Work Experience, After School Program, Annual Christmas Dinner and general purpose volunteers. We continue to be a Job Training site partnering with agencies such as People for People and Goodwill Industries to train individuals for the workforce. During this period we had 336.65 Work Experience hours. We also continue to work with Juvenile Court and Yakima County Courts to allow individuals to complete their community service hours. The total hours completed for Community Service was 25.84. This has significantly decreased over the last few quarters due to individual's background. We ask each person needing to complete hours to provide court documentation and complete a background authorization. If they do not meet the criteria allowing them to be around vulnerable populations then they are referred to another agency.

**Summer/After School Program** – During summer of 2014 we hosted over 120 children K-12 in our Summer Park and Gym Programs. Our participation hours this summer for both programs were 27,899. We were able to partner with the Yakima School District to provide breakfast, 2,394 meals served; lunch 3,502 meals served and with the support of parents and community partners we were able to provide 3,075 snacks. Our programming included recreation, nutrition and education. The First Tee of Yakima Partnered with us again to provide 10-weeks of golf lessons on site. WSU – Extension provided a 5-week nutrition education course to the children, and with the generous donation from Yakima Downtown Rotary we have a new reading room. Also during this time we hosted the 100 Jobs 100 Kids Summer Employment Program. We placed 108 kids this summer who work on the average 20 hours per week for four weeks. There were some youth who were extended by their employer, making our total of participation hours over 9,000 in a summer work experience. There were 56 employers who signed on to partner and host youth, one being the City Of Yakima. There were sponsorship dollars available for five youth to work with the Office of Neighborhood Development (ONDS) to support projects with the City staff to beautify the community.

The After School Program continues to engage children in grades K-12 in afternoon programming. We continue to serve 25-40 children each afternoon or when school is out due to breaks or conferences. Each student that enters the program each day is required to participate in Literacy, Math Intervention or Tutoring for 20-30 minutes each day. We spent time in late August through September recruiting kids through school Open Houses and Community Activities. Our program started on September 15<sup>th</sup>, and during this report period there were 463.75 participation hours for afterschool programming.

**Food Pantry** – We continue to receive support from the East Side Walmart. They donate weekly to the center allowing us to continue to operate our food pantry. Items include dry foods, fresh produce, bakery items, and meat product. This quarter we provided services to approximately 1147 individuals.

**Senior Services** – We continue to have a strong senior group that participates in services at the center. These services include Senior Nutrition (managed by People for People), the Volunteer Program, Foot Care, Medical Services and Senior Bingo. There were approximately 3,500 participation hours for seniors in the third quarter of 2013.

**2. Describe significant actions taken during this report period:**

During this quarter we have begun to apply for community grants to include a proposal to Yakima Community Foundation for \$20,000 for operational support.

**3. Describe and provide reasons for changes in the original project goals/milestones:**

As we begin to develop new partnerships our goals may change. We are always seeking to provide additional services from the center so that we are able to meet the needs of the community.

**4. During this quarterly period, were contract funds spent or obligated?**

YES

**Upcoming Activities:**

**October 2014:**

15<sup>th</sup> Annual Make A Difference Banquet October 24th 5:30pm

Harvest Carnival October 29th 5:30pm

**November 2013:**

None

**December 2013:**

25<sup>th</sup> Annual Christmas Dinner December 19<sup>th</sup> 4:30pm

Respectfully submitted,

**Adrienne Garner, Director**

# YOUTH CAREER FAIR

## APPLY FOR SUMMER JOBS!

April 21, 2014 12:00-5:00 PM

**HURRY, LIMITED  
JOBS AVAILABLE**



**100  
JOBS  
FOR  
100  
KIDS**

**Learn about local careers, register for door prizes, find out how to put your best foot forward to obtain SUMMER JOBS...**

-  How to Find Jobs
-  Completing Applications
-  Practice Interviews
-  Apply for Real Jobs!
-  On-site Training for Food Handlers Card

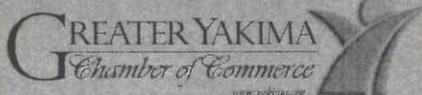
PLEASE DRESS APPROPRIATELY FOR AN INTERVIEW  
YOU WILL BE SCREENED FOR ACTUAL JOBS.

**DOOR PRIZES  
BBQ & FUN!**



**Southeast Community Center  
Adrienne Garner  
509 575-6114 or [ad.ga@yvoic.org](mailto:ad.ga@yvoic.org)  
1211 South 7<sup>th</sup> Street Yakima**

Para información en español, favor de llamar al 509 575-6114



# What Are Your Kids After School?

Parents, sign your children up for the

**Southeast Yakima  
Community Center**  
After School  
Program!

**BEGINNING  
SEPTEMBER 15TH!**

**We offer:**

**Snacks, Ping Pong, Board  
Games, Basketball and much  
more!**



It's **FREE** and  
**open to students  
ages 5-17!**

**The Southeast Yakima Community  
Center Gym is located at:**

**1211 S. 7th Street  
Yakima, WA 98901**

**Program Hours:**

**Monday-Thursday  
2pm-6pm**

**Friday  
2pm-5pm**

This program is funded by Community Partners and a grant from the Washington State Department of Commerce. For more information, please contact us at (509) 575-6114.



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Washington Relay Service 1-800-833-6384 or 7-1-1.

# ¿Que están haciendo sus hijos después de la escuela?

Padres, o ascriban a sus hijos en el  
**Centro Comunitario  
Southeast Yakima**

Para el  
Programa  
Después de  
Clases!

**EMPEZANDO  
SEPTIEMBRE 15**

**Ofrecemos:**

**Bocadillos, Ping Pong, Juegos de mesa, baloncesto y mucho más!**



**En el gimnasio del Centro  
Comunitario del Southeast**

**1211 S. 7th Street  
Yakima, WA 98901**

Este programa está financiado por la Comunidad Partners y una subvención del Departamento de Comercio del Estado de Washington. Para obtener más información, póngase en contacto con Rosie Lee al (509) 575-6114.

Es **GRATIS** y

**abierto a estudiantes  
de entre 5 a 17 años!**

**Las horas del  
programa son:**

**Lunes-Jueves  
2pm-6pm**

**Viernes  
2pm-5pm**



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El numero de servicio de relejo es 1-800-833-6384 o 7-1-1.

The CHFFF Program is  
provided FREE of charge

## “Choose Health” Behavior Goals

- Replace sweetened drinks with low-fat milk and water
- Play actively 60 minutes a day
- Eat more vegetables and fruits
- Eat fewer high-fat and high-sugar foods and more nutrient-rich and high-fiber foods
- Eat only as often and as much as needed to satisfy hunger
- Limit screen time to two hours or less a day
- Promote healthy behaviors

For more information on nutrition,  
check out these websites!

[www.cnpp.usda.gov/default.htm](http://www.cnpp.usda.gov/default.htm)

[www.choosemyplate.gov](http://www.choosemyplate.gov)

[www.dietaryguidelines.gov](http://www.dietaryguidelines.gov)

[www.fruitsandveggiesmorematters.org/](http://www.fruitsandveggiesmorematters.org/)

For more information,  
please contact:

### Alison J. White

Regional Specialist, 4-H Youth Development

[alison.white@wsu.edu](mailto:alison.white@wsu.edu)

(509) 574-1600

### Holly Lacell

Program Coordinator, Food Smart Families

[holly.lacell@wsu.edu](mailto:holly.lacell@wsu.edu)

(509) 574-1600

### Jasmine Silva

Program Coordinator, Food Smart Families

[jasmine.silva@wsu.edu](mailto:jasmine.silva@wsu.edu)

(509) 574-1600

# Food Smart Families

Presented by  
Youth Advocates for  
Health (YA4-H!)



18.U.S.C. 707

WASHINGTON STATE UNIVERSITY  
YAKIMA COUNTY EXTENSION



Washington State University  
Yakima County Extension

<http://yakima.wsu.edu>

2403 S. 18th Street Suite 100

Union Gap, WA 98903

(509) 574-1600 / Fax: (509) 574-1601



## 4-H Food Smart Families Presented by YA4-H!

The 4-H *Food Smart Families* program was created by the National 4-H Council and ConAgra Foods Foundation to address hunger and obesity in the U.S. by equipping more families with nutrition education, cooking skills and grocery budgeting skills.

The program is for youth and their families. In conjunction with

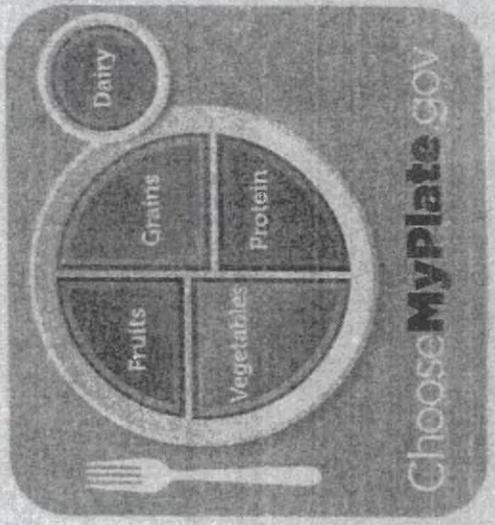
program coordinators, *Youth Advocates for Health!* Teen Teachers will deliver the *Choose Health: Food, Fun, and Fitness* curriculum to Yakima county youth, ages 8-12.



## Choose Health: Food, Fun, and Fitness

*Choose Health: Food, Fun, and Fitness* (CHFFF) is designed for youth, ages 8-12. The curriculum supports key messages of the 2010 Dietary Guidelines for Americans as summarized by USDA in the new *MyPlate* initiative to help Americans build healthier diets:

**In All Lessons, Youth Will:**  
Play Active Games  
Taste and/or Prepare Food  
Set Goals for Healthy Eating and Activity



## CHFFF includes 6 healthy living lessons

**Lesson One:** Drink Low-Fat Milk and Water-Instead of Sweetened Drinks

**Lesson Two:** Eat a Rainbow! Eat More Vegetables and Fruits

**Lesson Three:** Read It Before You Eat It! The Nutrition Facts Label

**Lesson Four:** Make Half Your Grains Whole! Eat More Whole Grains

**Lesson Five:** Healthier Foods—Fast: Eat Fewer High-Fat, High-Sugar Foods

**Lesson Six:** Power Up Your Day: Eat Breakfast!

Opportunities Industrialization Center (OIC) of Washington Presents

# OIC Community Days

July 31st - August 5th

Meal Ticket  
\$5.00

## BBQ

Thursday, July 31st 5pm-7pm

Meal tickets include a Hot Dog or Hamburger, Drink, Chips and a Cookie! Enjoy a Parents vs. Kids kickball game, music and more! Proceeds will go to the SEYCC End of the Summer Program Field Trip.

**Southeast Yakima Community Center**

1211 S. 7th Street Yakima, WA 98901 (509) 575-6114



## Team Rosie Sports Tournament

August 1st-3rd 10am-8pm

**Sports include: Basketball, Soccer & Volleyball**

Athletes of all ages, come compete for the champion title in the Rosie Sports Tournament.

**10 players per team. Each player must pay \$13.00 by July 31st.**

**OIC of Washington (Gymnasium & Field)**

1001 N. 9th Ave.

Yakima, WA 98902

(509) 248-6751



## NATIONAL NIGHT OUT 2014

TUESDAY, AUGUST 5TH

5PM-7PM



National Night Out is an opportunity for members of the community to become familiar with Law Enforcement and crime prevention techniques. This event is **FREE** and open to the public.

**OIC OF WASHINGTON (FIELD)**

1001 N. 9th Ave. Yakima, WA 98902

(509) 248-6751

This project was supported by Appropriation 75-2-1536 awarded by the Department of Health and Human Services (HHS). Points of view in this document are those of the author and do not necessarily represent the official position or policies of the Department of Health and Human Services. Grant funds are administered by the Community Services Block Grant office, Washington State Department of Commerce.



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Washington Relay Service 1-800-833-6384 or 7-1-1.

Quick Links: | [Website](#) | [Intranet](#)

WEB CALENDAR:

SOUTHEAST YAKIMA COMMUNITY CENTER

[September 2014](#)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2 Senior Nutrition-Cafeteria	3 Senior Nutrition-Cafeteria Senior Bingo-Dining Room	4 Senior Nutrition-Cafeteria	5 Misty Harris - MLK Room Footcare-Clinic Senior Nutrition-Cafeteria	6
7	8 Senior Fitness-MLK Room Senior Nutrition-Cafeteria	9 Senior Nutrition-Cafeteria	10 Senior Nutrition-Cafeteria Senior Bingo-Dining Room	11 Yakima County Asset Building Coalition-MLK Senior Nutrition-Cafeteria	12 Footcare-Clinic Senior Nutrition-Cafeteria	13
14	15 Senior Fitness-MLK Room Senior Nutrition-Cafeteria Afterschool Program-GYM	16 Senior Nutrition-Cafeteria Afterschool Program-GYM KEEP THE BEAT-MLK Room	17 Senior Nutrition-Cafeteria Senior Bingo-Dining Room Afterschool Program-GYM KEEP THE BEAT-MLK Room	18 Senior Nutrition-Cafeteria Afterschool Program-GYM	19 Footcare-Clinic Senior Nutrition-Cafeteria Afterschool Program-GYM	20 Lois Nelson Memorial - MLK Jr Room
21	22 Senior Fitness-MLK Room Senior Nutrition-Cafeteria Afterschool Program-GYM	23 Senior Nutrition-Cafeteria Afterschool Program-GYM	24 People For People - Room D Senior Nutrition-Cafeteria Senior Bingo-Dining Room Afterschool Program-GYM	25 Senior Nutrition-Cafeteria Afterschool Program-GYM	26 Footcare-Clinic Senior Nutrition-Cafeteria Afterschool Program-GYM	27
28	29 Senior Fitness-MLK Room Senior Nutrition-Cafeteria Afterschool Program-GYM	30 Senior Nutrition-Cafeteria SEYCC Advisory Board Meeting-Room D Afterschool Program-GYM				

[Web Calendar Instructions](#)

Quick Links: [Website](#) | [Intranet](#)

WEB CALENDAR:

SOUTHEAST YAKIMA COMMUNITY CENTER

August 2014 ALL CALENDARS ▾

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1 Summer Park Program-Park Footcare-Clinic Summer Gym Program-GYM Senior Nutrition-Cafeteria Baxter Healthcare-MLK Room	2
3	4 Summer Park Program-Park Summer Gym Program-GYM Senior Fitness-MLK Room Senior Nutrition-Cafeteria	5 Summer Park Program-Park Summer Gym Program-GYM Senior Nutrition-Cafeteria	6 Summer Park Program-Park Summer Gym Program-GYM Senior Nutrition-Cafeteria Senior Bingo-Dining Room	7 Summer Park Program-Park Summer Gym Program-GYM Senior Nutrition-Cafeteria Ester Huey-GYM	8 Summer Park Program-Park Footcare-Clinic Summer Gym Program-GYM Senior Nutrition-Cafeteria	9
10	11 Summer Park Program-Park Summer Gym Program-GYM Senior Fitness-MLK Room Senior Nutrition-Cafeteria	12 Summer Park Program-Park Summer Gym Program-GYM Senior Nutrition-Cafeteria	13 Summer Park Program-Park Summer Gym Program-GYM Senior Nutrition-Cafeteria Senior Bingo-Dining Room	14 Summer Park Program-Park Yakima County Asset Building Coalition-MLK Summer Gym Program-GYM Senior Nutrition-Cafeteria	15 Summer Park Program-Park Footcare-Clinic Summer Gym Program-GYM Senior Nutrition-Cafeteria	16
17	18 Summer Park Program-Park Summer Gym Program-GYM Senior Fitness-MLK Room Senior Nutrition-Cafeteria	19 Summer Park Program-Park Summer Gym Program-GYM Senior Nutrition-Cafeteria	20 Summer Park Program-Park Summer Gym Program-GYM Senior Nutrition-Cafeteria Senior Bingo-Dining Room	21 Summer Park Program-Park Summer Gym Program-GYM Senior Nutrition-Cafeteria	22 Summer Park Program-Park Footcare-Clinic Summer Gym Program-GYM Senior Nutrition-Cafeteria	23 KEEP THE BEAT-MLK Room
24	25 Senior Fitness-MLK Room Senior Nutrition-Cafeteria	26 Senior Nutrition-Cafeteria SEYCC Advisory Board Meeting-Room D	27 Senior Nutrition-Cafeteria Senior Bingo-Dining Room	28 Senior Nutrition-Cafeteria	29 Footcare-Clinic Senior Nutrition-Cafeteria	30
31						

[Web Calendar Instructions](#)

Quick Links: [Website](#) | [Intranet](#)

WEB CALENDAR:

SOUTHEAST YAKIMA COMMUNITY CENTER

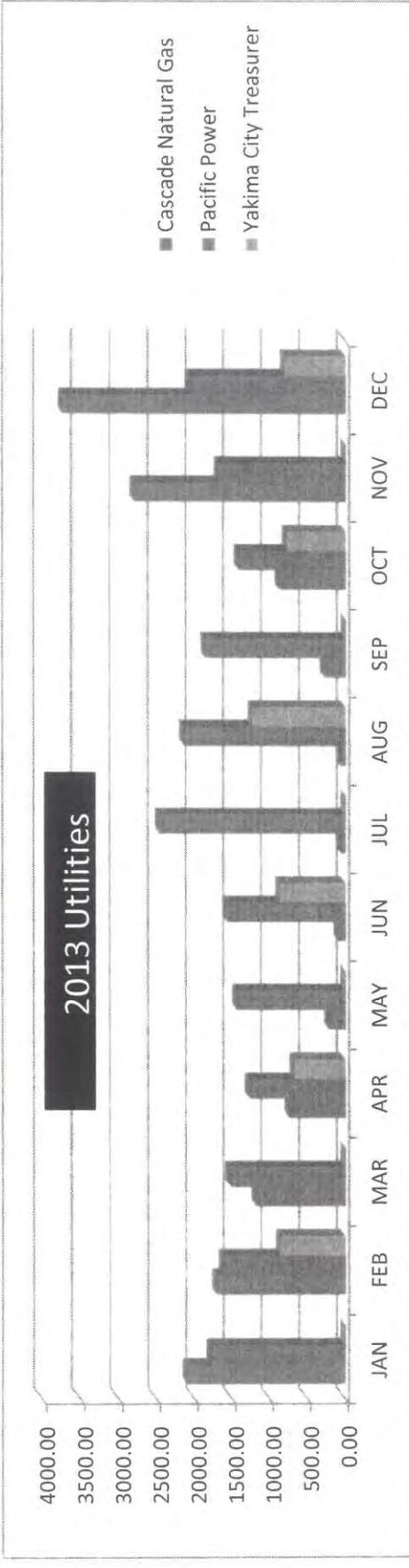
July 2014 ALL CALENDARS

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1 Summer Park Program-Park Summer Gym Program-GYM Senior Nutrition-Cafeteria	2 Summer Park Program-Park Summer Gym Program-GYM Senior Nutrition-Cafeteria Senior Bingo-Dining Room	3 Summer Park Program-Park Summer Gym Program-GYM Senior Nutrition-Cafeteria	4 Williams Family Reunion-GYM	5
6	7 Summer Park Program-Park Summer Gym Program-GYM Senior Fitness-MLK Room Senior Nutrition-Cafeteria	8 Summer Park Program-Park Summer Gym Program-GYM Senior Nutrition-Cafeteria	9 Summer Park Program-Park Summer Gym Program-GYM Senior Nutrition-Cafeteria Senior Bingo-Dining Room	10 Summer Park Program-Park Yakima County Asset Building Coalition-MLK Summer Gym Program-GYM Senior Nutrition-Cafeteria	11 Summer Park Program-Park Footcare-Clinic Summer Gym Program-GYM Senior Nutrition-Cafeteria	12
13	14 Summer Park Program-Park Summer Gym Program-GYM Senior Fitness-MLK Room Senior Nutrition-Cafeteria	15 Summer Park Program-Park Summer Gym Program-GYM Senior Nutrition-Cafeteria	16 Summer Park Program-Park Summer Gym Program-GYM Senior Nutrition-Cafeteria Senior Bingo-Dining Room	17 Summer Park Program-Park Summer Gym Program-GYM Senior Nutrition-Cafeteria	18 Summer Park Program-Park Footcare-Clinic Summer Gym Program-GYM Senior Nutrition-Cafeteria	19 KEEP THE BEAT-MLK Room
20	21 Summer Park Program-Park Summer Gym Program-GYM Senior Fitness-MLK Room Senior Nutrition-Cafeteria	22 Summer Park Program-Park Summer Gym Program-GYM Senior Nutrition-Cafeteria	23 Summer Park Program-Park Summer Gym Program-GYM Senior Nutrition-Cafeteria Senior Bingo-Dining Room	24 Summer Park Program-Park Summer Gym Program-GYM Senior Nutrition-Cafeteria	25 Summer Park Program-Park Footcare-Clinic Summer Gym Program-GYM Senior Nutrition-Cafeteria	26
27	28 Summer Park Program-Park Summer Gym Program-GYM Senior Fitness-MLK Room Senior Nutrition-Cafeteria	29 Summer Park Program-Park Summer Gym Program-GYM Senior Nutrition-Cafeteria SEYCC Advisory Board Meeting-Room D	30 Summer Park Program-Park Summer Gym Program-GYM Senior Nutrition-Cafeteria Senior Bingo-Dining Room	31 Summer Park Program-Park Summer Gym Program-GYM Senior Nutrition-Cafeteria		

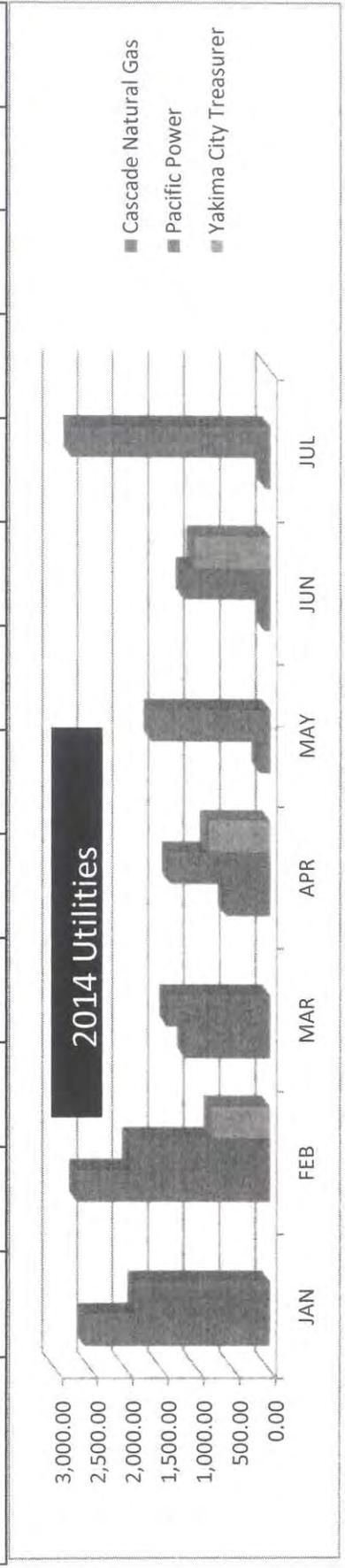
[Web Calendar Instructions](#)

SOUTHEAST COMMUNITY CENTER - UTILITY EXPENSES

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Total
Cascade Natural Gas	2096.30	1704.99	1181.42	734.88	215.98	96.96	54.94	60.39	279.78	873.36	2794.99	3731.96	13,825.95
Pacific Power	1777.08	1613.00	1521.34	1270.48	1436.89	1559.73	2453.34	2136.14	1851.54	1411.62	1672.83	2061.97	20,765.96
Yakima City Treasurer	-	864.33	-	673.15	-	865.30	-	1231.08	-	773.81	-	802.6	5,210.27
<b>Total</b>	<b>3873.38</b>	<b>4182.32</b>	<b>2702.76</b>	<b>2678.51</b>	<b>1652.87</b>	<b>2521.99</b>	<b>2508.28</b>	<b>3427.61</b>	<b>2131.32</b>	<b>3058.79</b>	<b>4467.82</b>	<b>6596.53</b>	<b>39,802.18</b>



	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Total
Cascade Natural Gas	2,598.67	2,710.59	1,180.88	613.75	140.52	77.93	64.65						7,386.99
Pacific Power	1877.96	1957.05	1433.84	1394.95	1657.1	1204.87	2798.02						12,323.79
Yakima City Treasurer		808.63		863.05		1047.02							2,718.70
<b>Total</b>	<b>4,476.63</b>	<b>5,476.27</b>	<b>2,614.72</b>	<b>2,871.75</b>	<b>1,797.62</b>	<b>2,329.82</b>	<b>2,862.67</b>						<b>22,429.48</b>



RECEIVED  
 SEP 19 2014  
 OFFICE OF NEIGHBORHOOD  
 DEVELOPMENT SERVICES

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)®

7009 0080 0000 4959 2395

OFFICIAL USE

Postage	\$ 50.49
Certified Fee	\$ 2.00
Return Receipt Fee (Endorsement Required)	\$ 2.70
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
<b>Total Postage &amp; Fees</b>	<b>\$ 55.19</b>



Sent To: *Steve Mitchell, CEO*  
 Street, Apt. No., or PO Box No.: *815 Fruitvale Blvd*  
 City, State, ZIP+4: *Yakima, WA 98902*

PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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1. Article Addressed to:  
*Steve Mitchell, CEO*  
*OIC of WA*  
*815 Fruitvale Blvd*  
*Yakima, WA 98902*

**COMPLETE THIS SECTION ON DELIVERY**

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Archie M. Matthews, Manager  
Office of Neighborhood Development Services  
112 South Eighth Street Yakima, Washington 98901  
(509) 575-6101 • Fax (509) 575-6176

September 8, 2014

Steve Mitchell, CEO  
Opportunities Industrialization Center of Washington  
815 Fruitvale Boulevard  
Yakima, WA. 90902

Re: Invoice submissions for South East Community Center (SECC)

Dear Steve,

Please submit quarterly reports for SECC activities along with quarterly invoice billings for the South East Community Center and the Public Service Activities that are funded with the Community Block Grant Funds.

In the past we have received invoice billing separate from the quarterly reports and have had to go to increasing lengths to gain the reports in order to approve for payment the invoices. As you can imagine this presents an ever growing administration burden in trying to keep track of the two individual processes as well as a lengthy period between invoice submission and payment.

If you have any further questions, please feel free to contact me at 575-6101.

Thank you for your attention to this matter,

A handwritten signature in cursive script that reads "Archie M. Matthews".

Archie M. Matthews  
ONDS Manager

cc. file

*Southeast Yakima Community Center*



*16<sup>th</sup> Annual  
Make A Difference Banquet*

Friday, October 24, 2014  
Southeast Yakima Community Center  
1211 South Seventh Street  
Yakima, Washington

5:30pm – Social

6:00pm – Dinner & Program

*"Empowering People, Changing the World"*

## IN APPRECIATION

The Southeast Yakima Community Center/OIC Of Washington wishes to convey its deepest appreciation to the countless volunteers, elected and appointed officials, businesses, non-profits, and other partners and program committee members and hundreds of others who work with us to develop and provide healthy, safe and secure activities for all our participants. Together, we are improving the lives and making a difference for all citizens in the city of Yakima, We thank you for your time, commitment, and financial assistance.

.....Adrienne D. Garner, SEYCC Director

.....R. Steven Mitchell, CEO OIC of Washington

## OIC of Washington Board

Nancy Smith Buck, Chair  
Alphonso Bradley, Vice Chair  
Steve Hill, Secretary  
Corky Holloway, Treasurer  
Maureen Adkison  
Juan C. Gonzalez  
Olivia Gutierrez  
Tom Davis  
Terry Cox  
Michael Murdock  
Thomas Silva



## Committee Members

Steve Hill

Adrienne Garner

Rosie Lee

Anne Diaz

Dan Brown

Deidre Dennis

Donna Janovitch

James Parks

Haydee Barbosa

Courtney Harris

Mecha Club

Chef Michael Garner

## SEYCC Advisory Board

Ken Wilkinson

Archie Matthews

Scott Chafer

Jensie Sanders

Rev. Robert Trimble

Johnnie Harvey

Dave Purcell

Melissa Furneaux

## Southeast Yakima Community Center Making A Difference.....

In 1972 three African American Women saw the need to establish a food bank on the Southeast Community Center's Campus. These women.....Mrs. Frances Arnold, Mrs. Alice Robinson and Ms. Mary Hershey went to Henry Beauchamp, then Executive Director of the Center and requested his assistance in establishing a Food Bank in the vacant house that sat on the property. This effort resulted in a food bank within walking distance of the people in the Southeast Community and has continued over the years utilizing committed community volunteers to keep it running. Two years ago, Patti Dion came to the Center on other business and noted families with small children standing in line in the harsh winter on a snowy day waiting to enter the Food Bank for food. She became very concerned at the plight of these families and took the concern to some of her Downtown Rotary Peers who once alerted to the problem put their heads together to help alleviate this community problem. Led by Rotary President David Dion, the Rotary Club made the improvement of the Southeast Food Bank a Rotary Project and today, a completely new "Rotary Food Bank" is being built on the old site.....with a sheltered area for families who stand in line

In 1994 along with then Mayor Pat Burndt, Community Activist Al Bradley, then Yakima Police Chief Don Blesio, then Yakima Parks Director Dave Flarety, City of Yakima Officials and County Commissioner and Yakima School District Administrator Gene Rostvold The Yakima Gang Prevention Intervention Coalition was organized to combat the early evolving gang activity that was cropping up in our more impoverished neighborhoods. The group asked Ester Huey, Director of the Southeast Community Center to house and lead this endeavor. Under her leadership, the character-building Eastside Sports Program was established which gave community children who because of financial, transportation and other barriers to becoming a part of the more organized sports activities, an opportunity to experience them FREE OF CHARGE, RIGHT IN THEIR OWN NEIGHBORHOOD. Over four hundred children and their parents participated year round in the Eastside Sports Program and it became very popular and well known as a prevention-intervention strategy; and became a model for other cities and towns across the State, struggling with how to stop juvenile violence in their communities. The program was later spun off to the Yakima YMCA, and continues to provide a much needed service to children who otherwise, because of multiple barriers, would not experience character building athletic activities.

In 1990 the first Annual Christmas activity was begun, serving a holiday dinner to over 300 family members and providing a gift and family picture with Santa for every child present. Over the years with assistance of hundreds of volunteers including elected and appointed officials, private businesses, nonprofits and individuals, the activity has grown to over two thousand family members enjoying the joys of the holiday season and ensuring that 1200 impoverished children have one special gift to open on Christmas morning.

In 1993 Southeast Community Staff organized the first National Night Out Activities up and down the Yakima Valley. Staff worked with eight Cities and towns up and down the Valley and on the first Tuesday of August of that year, huge night-out celebrations took place throughout the county and 36 individual Block parties were organized in the city of Yakima alone. Today this activity has grown and become a catalyst for sending the message that drugs, crime and gangs will not be tolerated in the Yakima Valley.

In collaboration with Dave Flarety and Denise Nichols of Yakima Parks and Rec, the first afterschool activities began in our most impoverished grade schools, effectively make schools mini community centers when school closed for the day. Sites were established at MLK, Jr., Garfield, Hoover, Ridgeview, and Adams Elementary schools, and a larger activity was begun at the Southeast Community Center. During summers, under this same collaboration, the Summer Recreation Programs were established in MLK, Jr., southeast Center, Miller, Kiwanis and Milroy Parks to provide children a safe and secure place during their out of school time. This whole program designed to take kids off the streets when they were most vulnerable to becoming involved in juvenile criminal activity soon caught on up and down the valley and Southeast Staff using the City of Yakima Programs as a model, began to collaborate to establish these same activities in other of our cities and towns. Working with such volunteers as Retired State Legislator Shirley Doty, the Wapato Community Center was established; the Mabton Community Coalition was organized, as well as Safe Haven in the city of Toppenish and the early programs in Sunnyside.

These are just a few of the activities originated by the Southeast Community Center, activities that further its mission of improving the lives of impoverished people and moving them toward ultimate self-sufficiency. Through you, our volunteers and partners, The Southeast Community Center is MAKING A DIFFERENCE....."TOGETHER WE CAN!" Thank you.

## **OIC of Washington Mission Statement**

*Our mission is to help in the elimination of unemployment, poverty and illiteracy so that people of all colors and creeds can live their lives with greater human dignity. It includes the provision of health, educational and human services, economic development, and services to secure and provide safe, decent and affordable housing to eligible participants and residents in the State of Washington.*

## **Southeast Yakima Community Center Mission Statement**

*The Southeast Yakima Community Center's (SECC) mission is to provide a variety of services aimed at fostering self-sufficiency and dignity for children, youth and families, and affirming diversity in culture and way of life for residents of southeast Yakima. Programs are designed to reduce the impact of poverty and other negative conditions on families, individuals and the community by providing services, promoting institutional and community change through advocacy, and building bridges with other communities in Yakima with like missions.*

## **Values Statement**

*That all people deserve respect, dignity, opportunity, education, the opportunity for meaningful employment, and the ability to become self-sufficient.*

## Greetings

Adrienne Garner, Director  
Southeast Yakima Community Center

## Invocation

Pastor Robert L. Trimble  
Advisory Board Member  
Southeast Yakima Community Center

~Dinner~

## Our Story

Adrienne Garner

## Our Future

Tyler Beauchamp

## Slide Show Presentation

## Introduction of Speaker

Adrienne Garner

## Speaker

Rev. Juliet Hemphill  
NAACP President

## Presentation of 2014 Make A Difference Awards:

Corky Holloway  
Ken Nichols  
Yakima Regional and Cardiac Center

## Closing Remarks

Steve Mitchell, CEO  
OIC of Washington



**MAKE A  
DIFFERENCE DAY**

NATIONAL DAY OF DOING GOOD

**Corky Holloway**.....has been Yakima County Auditor since May 2001 and was elected to three full terms. She served as President of the

Washington State Association of County Auditors from 2004 to 2005. She currently is Immediate Past President of the Washington Association of County Officials. Corky serves on Washington State's Select Committee for Pension Policy. She also served as Chair of the Washington State Women's History Consortium which, along with the Secretary of State's office, hosted the centennial celebration of Women's Suffrage in Washington State in 2010. Corky is a member of the League of Women Voters and a board member for OIC. She is a graduate of Leadership Yakima. She served on Yakima Valley Community College's Board of Trustees (Chair 1989-1991).

Corky previously worked for the Yakima YWCA as the community relations and development director. She worked for United States Senator Patty Murray representing Central Washington on the Senator's staff. She also worked on Maria Cantwell's first campaign for United States Senator.

Corky has a B.A. in English and Education from Eastern Washington University and has a Master's Degree from Heritage College.

**Ken Nichols**..... worked for 37 years for the Washington State Department of Social and Health Services primarily and passionately involved in improving the lives of Foster children who through no fault of their own became unable to remain in their birth homes. In 2007, working with the then Southeast Community Center Director Ester Huey and Staff member Adrienne Garner, Ken helped to establish a Family-To-Family Foster Care Program in the Center. This program's goal was to work to ensure that when children were removed from the birth home, the Center had a Foster home developed in their own neighborhood, thereby keeping them in their familiar environment, including their schools and with their established community contacts. This proved to be a very successful program and served to prevent many of the negative behaviors Foster Children engaged in as a result of being removed from their familiar environment. **THANKS TO KEN NICHOLS, THESE CHILDRENS LIVES WERE VASTLY IMPROVED.**

**Yakima Regional and Caro. Center.....**From the minute Yakima Regional Hospital became a part of our City of Yakima, they have supported the activities at the Southeast Community Center in its goal of providing activities that are designed to improve the lives of families in the most impoverished neighborhoods in the City. Providing financial as well as volunteer assistance, they have become an integral partner in the Annual Santa's Workshop and Christmas Dinner that attracts over 2000 family members each year. Regional staff sit on the Planning and Organizing Committee and are instrumental in collecting Coats and gifts for over 1200 kids who participate with their families in the Holiday Activity. With Regional's Assistance, no child leaves the Center that evening without a gift and a warm coat and a warm smile, and parents leave knowing that their children have experienced some of the joys of the holidays that they could not provide.



**GUEST SPEAKER  
PASTOR JULIET KENT HEMPHILL**



Pastor Juliet Kent Hemphill has been an ordained elder in the African Methodist Episcopal Church (AME) since 1999. She pastored for five years at Bethel AME in Caruthersville, Missouri, and five years at St. John AME in Kennett, Missouri before arriving in Yakima, Washington to pastor Bethel AME where she currently serves. Her ministry primarily focuses on the spiritual, mental, physical and emotional state of families. She has fostered workshops and conferences designed to empower families in all aspects of their lives. Since arriving in Yakima she has established to significant programs that has served to improve lives in our community.....The Summer Academic Regression Prevention School, and a Health Wellness Program, both housed in her church. She has developed a relationship and communication workshops for churches and community as a part of her ministry.

She holds a Master's Degree in business management, and a degree in early childhood education. Prior to accepting the call into full time ministry she spent years in the classroom teaching at the kindergarten and elementary grade levels. She has a passion for the education of our children and is committed to the development of the moral character of all children. Daily she models the characteristics of a Christian Minister dedicated to the improvement of the lives of all citizens.

Pastor Hemphill presently serves as coordinator of the Pacific Northwest Women in Ministry; as the President of the NAACP of Yakima, and Vice President of the United Ministerial Alliance of Yakima, and is a member of the Yakima MLK, JR Annual birthday Celebration Committee. She served the Southeast Community Center as an AmeriCorps Volunteer for two years, and is available as a volunteer whenever there is a need and she is called upon.

Pastor Hemphill has a passion for people and desires to **MAKE A DIFFERENCE IN THE LIVES OF THOSE SHE ENCOUNTERS**. She proclaims that all things work for the good of those who love God....those who are called according to His purpose.

Quick Links: | [Website](#) | [Intranet](#)

WEB CALENDAR:

SOUTHEAST YAKIMA COMMUNITY CENTER

April 2014 ALL CALENDARS

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1 Spring Break Day Camp-GYM AARP Tax Aide-Room 106 Senior Nutrition-Cafeteria	2 Spring Break Day Camp-GYM Alzheimer's Association Western & Central Washington-MLK Room AARP Tax Aide-Room 106 Senior Nutrition-Cafeteria Senior Bingo-Dining Room	3 Spring Break Day Camp-GYM AARP Tax Aide-Room 106 Senior Nutrition-Cafeteria	4 Spring Break Day Camp-GYM Footcare-Clinic Senior Nutrition-Cafeteria	5 Rodriguez Baby Shower - MLK Room
6	7 MLK Committee Meeting Room D Senior Fitness-MLK Room Senior Nutrition-Cafeteria Afterschool Program-GYM	8 AARP Tax Aide-Room 106 Senior Nutrition-Cafeteria Afterschool Program-GYM	9 AARP Tax Aide-Room 106 Senior Nutrition-Cafeteria 100 Jobs for 100 Kids meeting-Room D Senior Bingo-Dining Room Afterschool Program-GYM	10 Yakima County Asset Building Coalition-MLK AARP Tax Aide-Room 106 Senior Nutrition-Cafeteria Afterschool Program-GYM	11 Footcare-Clinic Senior Nutrition-Cafeteria Afterschool Program-GYM	12
13	14 Senior Fitness-MLK Room Senior Nutrition-Cafeteria Afterschool Program-GYM	15 Senior Nutrition-Cafeteria Afterschool Program-GYM	16 Senior Nutrition-Cafeteria Senior Bingo-Dining Room Afterschool Program-GYM	17 Senior Nutrition-Cafeteria Afterschool Program-GYM	18 Footcare-Clinic Senior Nutrition-Cafeteria Afterschool Program-GYM	19 KEEP THE BEAT-MLK Room
20	21 Senior Fitness-MLK Room Senior Nutrition-Cafeteria 100 Jobs for 100 Kids-All Rooms Afterschool Program-GYM	22 Senior Nutrition-Cafeteria Afterschool Program-GYM	23 Senior Nutrition-Cafeteria Senior Bingo-Dining Room Afterschool Program-GYM	24 Senior Nutrition-Cafeteria Afterschool Program-GYM	25 Footcare-Clinic Clipper Seafoods-MLK Room Senior Nutrition-Cafeteria Afterschool Program-GYM	26
27	28 Senior Fitness-MLK Room Senior Nutrition-Cafeteria Afterschool Program-GYM	29 Senior Nutrition-Cafeteria SEYCC Advisory Board Meeting-Room D Afterschool Program-GYM	30 Senior Nutrition-Cafeteria Annual Volunteer and Donor Luncheon-GYM Senior Bingo-Dining Room Afterschool Program-GYM			

[Web Calendar Instructions](#)

Quick Links: | [Website](#) | [Intranet](#)

WEB CALENDAR:

SOUTHEAST YAKIMA COMMUNITY CENTER

May 2014 ALL CALENDARS v

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1 Senior Nutrition-Cafeteria Senior Nutrition-Cafeteria Afterschool Program-GYM	2 Footcare-Clinic Senior Nutrition-Cafeteria Rose Sanders-Room D Afterschool Program-GYM	3
4 Sam Cardenas-Gym	5 Senior Fitness-MLK Room Senior Nutrition-Cafeteria Afterschool Program-GYM	6 Senior Nutrition-Cafeteria Afterschool Program-GYM	7 Senior Nutrition-Cafeteria Senior Bingo-Dining Room Afterschool Program-GYM	8 Yakima County Asset Building Coalition-MLK Senior Nutrition-Cafeteria Afterschool Program-GYM	9 Footcare-Clinic Senior Nutrition-Cafeteria Afterschool Program-GYM	10
11	12 Senior Fitness-MLK Room Senior Nutrition-Cafeteria Afterschool Program-GYM	13 Senior Nutrition-Cafeteria Afterschool Program-GYM	14 Senior Nutrition-Cafeteria Senior Bingo-Dining Room Afterschool Program-GYM	15 Senior Nutrition-Cafeteria Afterschool Program-GYM	16 Footcare-Clinic Senior Nutrition-Cafeteria Afterschool Program-GYM People for People Meals on Wheels-GYM	17
18	19 Senior Fitness-MLK Room Senior Nutrition-Cafeteria Afterschool Program-GYM	20 Senior Nutrition-Cafeteria Afterschool Program-GYM	21 Interviews-Room D Senior Nutrition-Cafeteria Senior Bingo-Dining Room Afterschool Program-GYM KEEP THE BEAT-MLK Room	22 Senior Nutrition-Cafeteria Afterschool Program-GYM KEEP THE BEAT-MLK Room	23 Footcare-Clinic Senior Nutrition-Cafeteria Afterschool Program-GYM	24
25	26	27 Senior Nutrition-Cafeteria Afterschool Program-GYM	28 Senior Nutrition-Cafeteria Senior Bingo-Dining Room Afterschool Program-GYM	29 Senior Nutrition-Cafeteria Afterschool Program-GYM	30 Footcare-Clinic Senior Nutrition-Cafeteria Afterschool Program-GYM	31

[Web Calendar Instructions](#)

Quick Links: | [Website](#) | [Intranet](#)

WEB CALENDAR:

SOUTHEAST YAKIMA COMMUNITY CENTER

June 2014 ALL CALENDARS v

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1 Black Elegance - Gym	2 Senior Fitness-MLK Room Senior Nutrition-Cafeteria Afterschool Program-GYM	3 Senior Nutrition-Cafeteria Afterschool Program-GYM	4 Senior Nutrition-Cafeteria Senior Bingo-Dining Room Afterschool Program-GYM	5 Senior Nutrition-Cafeteria Afterschool Program-GYM	6 Footcare-Clinic Senior Nutrition-Cafeteria Afterschool Program-GYM	7
8	9 Summer Park Program-Park Summer Gym Program-GYM Senior Fitness-MLK Room Senior Nutrition-Cafeteria	10 Summer Park Program-Park Summer Gym Program-GYM Senior Nutrition-Cafeteria	11 Washington Association of Community and Migrant Health Centers - MLK ROOM Summer Park Program-Park Summer Gym Program-GYM Senior Nutrition-Cafeteria Senior Bingo-Dining Room	12 Summer Park Program-Park Yakima County Asset Building Coalition-MLK Summer Gym Program-GYM Senior Nutrition-Cafeteria Homeless Network Meeting-MLK Room	13 Summer Park Program-Park Footcare-Clinic Summer Gym Program-GYM People for People Meals on Wheels-GYM Senior Nutrition-Cafeteria	14
15 AA Meeting-GYM	16 Summer Park Program-Park Senior Nutrition-Cafeteria Summer Gym Program-GYM Senior Fitness-MLK Room	17 Summer Park Program-Park City Waste Water Department-Gym Summer Gym Program-GYM Senior Nutrition-Cafeteria	18 Summer Park Program-Park Summer Gym Program-GYM Senior Nutrition-Cafeteria Senior Bingo-Dining Room	19 Summer Park Program-Park Summer Gym Program-GYM Senior Nutrition-Cafeteria	20 Summer Park Program-Park Footcare-Clinic Summer Gym Program-GYM Senior Nutrition-Cafeteria	21 KEEP THE BEAT-MLK Room
22	23 Summer Park Program-Park Summer Gym Program-GYM Senior Fitness-MLK Room Senior Nutrition-Cafeteria	24 Summer Park Program-Park Summer Gym Program-GYM Senior Nutrition-Cafeteria SEYCC Advisory Board Meeting-Room D	25 Summer Park Program-Park Summer Gym Program-GYM Senior Nutrition-Cafeteria Senior Bingo-Dining Room	26 Summer Park Program-Park Summer Gym Program-GYM Senior Nutrition-Cafeteria	27 Summer Park Program-Park Footcare-Clinic Summer Gym Program-GYM Senior Nutrition-Cafeteria	28
29	30 Summer Park Program-Park Summer Gym Program-GYM Senior Fitness-MLK Room Senior Nutrition-Cafeteria					

[Web Calendar Instructions](#)

## **Southeast Yakima Community Center Advisory Board**

Regular Quarterly Meeting  
Noon  
Tuesday, January 28, 2014

Southeast Community Center  
1211 S 7<sup>th</sup> Street  
Room D  
Yakima, WA

RECEIVED  
JAN 28 2014  
OFFICE OF NEIGHBORHOOD  
DEVELOPMENT SERVICES

### **MISSION STATEMENT**

The Southeast Yakima Community Center (SECC) Advisory Committee's mission is to advise the City Council and City staff concerning the programs, services and capital improvements and to support the OIC/SECC staff in completing the Center's mission of moving the residents of Southeast Yakima toward self sufficiency.

### **AGENDA**

- I. Call to Order
- II. Yakima Food Bank Discussion
- III. SECC Programs and Activities Report
- IV. SECC Facility Maintenance and Repair Items
- V. SECC Future Programs Discussion
- VI. For the Good of the Order

Next Meeting – Tuesday, April 22, 2014, Time - TBD

**Southeast Community Center Advisory Board  
Minutes from the October 22, 2013 Meeting  
Southeast Community Center  
1211 South 7th Street  
Yakima, WA 98901**

Southeast Community Center Advisory Board Members Present: Mrs. Johnnie B. Harvey, Dave Purcell, Rev. Robert Trimble, Adrienne Garner, Director of the SECC. Absent: Melissa Furneaux, Aaron Case, Gloria Hernandez and Jamie Covarrubias. Yakima City Staff Present: Ken Wilkinson, Parks and Recreation Manager; Jenise Sanders, Parks and Recreation Administrative Secretary.

Call to Order

At 5:30 p.m. Ken Wilkinson welcomed everyone and called the Southeast Community Center Advisory Committee meeting to order.

***SECC Programs and Activities Report***

Adrienne Garner provided copies of the Quarterly Progress Report for July 2013 – September 2013 and briefed the Advisory Board about the following programs, activities and events:

- A summary of services provided for over 400 individual clients in the building, highlighting Senior Services, Youth Programming, and Health Services. Community activities which drew in several hundred additional people over the summer were held. The annual Make a Difference Banquet is being held on Friday, October 25th. Planning has begun for the 23<sup>rd</sup> annual Christmas Dinner, which last year was attended by over 2,300 people.
- Adrienne Garner reported that they were able to send 30 kids to the Seahawks Camp at Eisenhower this summer. She advised they had sent a letter to the Seahawks organization and were able to send 30 kids at no cost. The boys spent their time with the players and the girls were with the Seagals cheerleaders. Framed photo collages of the event are being sent to the Seahawks organization in appreciation of their generosity.
- The summer program 100 Jobs for 100 Kids was a huge success. They were able to place 107 kids with 56 employers. This was the 2<sup>nd</sup> consecutive year that the City of Yakima was included in the list of employers. Two additional youths were placed at the YPD. Adrienne advised that she and Ann handled the entire program this summer. She reported that Downtown Rotary has made this program a line item in their annual budget. She would like to get additional sponsors for this program.
- Neighbor Health is now at the center full time. Mental Health clinic is on Monday. All patients for the Foot Care Clinic are seen for free. There are 2 providers and 1 nurse during the clinics. The nurses are volunteers. People for People received cuts from ALTC. The SECC is continuing to help them keep their program going even though the cost of the utilities is more than they are paying for rent. Adrienne reported that Mrs. Falls has offered to bring in 10 volunteers to help provide additional senior projects. Beginning the first Friday in November, there will be a different project every Friday from 1:00 pm – 2:30 pm.
- SECC's Food Pantry food bank continues to serve about the same amount of people and Wal-Mart is still the sole weekly contributor.

- Ken Wilkinson reported that Dr. Corpron from the Downtown Rotary has contacted the city about building a shelter for the Food Bank to protect the people during inclement weather conditions. Ken advised that the proposal has been sent to the City Legal Dept. and the City Manager for approval. It will be paid for by the Downtown Rotary and will be a free standing structure, like a pavilion shelter.
- Adrienne Garner reported there is a donor for a new TV. She advised that they are just waiting on a locksmith to complete the security improvements on the building before they will take possession.

### ***SECC Future Programs Discussion***

Adrienne Garner explained that making programs more efficient and providing space for additional services at the SECC will continue in an effort to meet the needs of the community. Activity program grant applications will be applied for as they become available. David Purcell advised he will supply the center with around 250 water bottles that will have SECC on one side and Crime Stoppers on the other.

### ***For the Good of the Order***

- Ken Wilkinson advised that Melissa Furneaux had contacted him regarding the meeting time, due to her schedule at work Ken told her he would inquire about holding a lunchtime meeting in the future. All members present were in agreement to holding the next meeting at 12:00 noon.
- The annual Christmas dinner will take Friday, December 20, 2013. Adrienne advised volunteers are always needed for this special event.

The meeting adjourned at 6:45 pm.

**Southeast Yakima Community Center  
Advisory Board**

Regular Quarterly Meeting  
Noon  
Tuesday, April 22, 2014

Southeast Community Center  
1211 S 7<sup>th</sup> Street  
Room D  
Yakima, WA

REC'D

APR 22 2014

OFFICE OF  
DEVELOPMENT

**MISSION STATEMENT**

The Southeast Yakima Community Center (SECC) Advisory Committee's mission is to advise the City Council and City staff concerning the programs, services and capital improvements and to support the OIC/SECC staff in completing the Center's mission of moving the residents of Southeast Yakima toward self sufficiency.

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- I. Call to Order
- II. Yakima Food Bank Discussion
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- IV. SECC Facility Maintenance and Repair Items
- V. SECC Future Programs Discussion
- VI. For the Good of the Order

Next Meeting – Tuesday, July 22, 2014, Time - TBD

**Southeast Community Center Advisory Board  
Minutes from the January 28, 2014 Meeting  
Southeast Community Center  
1211 South 7th Street  
Yakima, WA 98901**

Southeast Community Center Advisory Board Members Present: Mrs. Johnnie B. Harvey, Melissa Furneaux, Rev. Robert Trimble, Adrienne Garner, Director of the SECC. Absent: Dave Purcell, Aaron Case, Gloria Hernandez and Jamie Covarrubias. Yakima City Staff Present: Scott Schafer, Director of Public Works; Steve Osguthorpe, Director of Community and Economic Development; Ken Wilkinson, Parks and Recreation Manager; Jenise Sanders, Parks and Recreation Administrative Secretary.

Call to Order

At 12:00 p.m. Ken Wilkinson welcomed everyone and called the Southeast Community Center Advisory Committee meeting to order.

***Food Bank Update***

Ken Wilkinson reported on the progress of the Yakima Food Bank replacing their current building at the end of the south parking lot. Ken reminded the committee that Dr. Doug Corpron, one of the members of the Board of Directors for the Food Bank, had contacted the City about building a shade shelter off the side of the building and after some discussion had determined that with the help of Rotary it would be better to tear down the old and construct a new building. The City owns the property and currently OIC leases it for the SECC. Ken advised separate agreements have been drafted, one to amend the OIC agreement and a new one between the City and the Food Bank. Adrian suggested that the Youthbuild Team may be able to help with some of the construction. Ken stated that the committee is still working on details about the project. Ken informed the committee that Yakima Rotary Trust is interested in the project and it has been discussed that the Yakima Food Bank could be renamed the Yakima Rotary Food Bank. Adrienne advised that they refer people to the food bank and share services.

***SECC Programs and Activities Report***

Adrienne Garner provided copies of the Quarterly Progress Report for October 2013 – December 2013 and briefed the Advisory Board about the following programs, activities and events:

- A summary of the Make a Difference activity this year. She reported on the community clean up and that over three tons of weeds and debris were removed from the Southeast neighborhood. Adrienne stated that the Make a Difference banquet was a success and the Annual Christmas Dinner continues to get bigger every year. Adrienne presented a video of the programs that took place this year which featured many of the volunteer groups.
- Adrienne reported there are 11 weeks of summer this year. She reported the volunteer hours this past year added up to \$197,000 at \$23 per hour. Adrienne stated that she is continuing to write grants to help pay for the programs they offer. She advised that the Sunrise Outreach Soup Kitchen will be in the Gym Monday – Friday from 8:30 am – Noon through March 15<sup>th</sup>.

- Adrienne stated that Wal-Mart is still donating weekly which allows the center to continue operating out of the food pantry. The United Way donated the turkeys used to make 50 food baskets.
- Adrienne advised that there has been some vandalism; the grates on the windows need to be replaced.
- There have been some changes at OIC. The Director of OIC is now Steve Mitchell. Adrienne advised that the short term rentals are at \$7,000 for the year. Adrienne said the gym is being used by seniors to walk. The music studio is not being used right now; a volunteer to engineer is needed.

### ***SECC Facility Maintenance and Repair Items***

- Adrienne provided documents showing the cost and quotes for repairs for the restroom and doors. Adrienne stated that the magnetic locks have been installed and work great. She requested that the control panel be moved or have some kind of safety device to avoid accidental locking or unlocking. She also stated that the handicap signs have been placed in the parking lots.

### ***SECC Future Programs Discussion***

Adrienne stated they try not to duplicate programs already being offered within the community. She said they would like to possibly offer a GED prep class for adults, working parents. Adrienne advised that they will be doing 100 Jobs 100 Kids summer program again this year. She said a Reading Room/Computer Lab is on their wish list. Adrienne informed the committee that it is very difficult to connect with the parents because of the main barriers; illiteracy, mono-lingual, and not present. Many of the parents are illiterate, only speak Spanish or are not present at all.

### ***For the Good of the Order***

- Adrienne advised that she and Mr. Parks would be working on a 5 year plan to include their need and what avenues can be taken to get them there.

The meeting adjourned at 1:15 pm.

Neighborhood Revitalization Strategy Area  
(NRSA)

Rural Community Development Resources  
Micro-Enterprise Assistance

**CITY OF YAKIMA**  
**Office of Neighborhood Development Services**  
**Sub-recipient**

**PROGRESS REPORT**  
**(PUBLIC SERVICES)**

REPORT PERIOD: March 1, 2014 to May 31, 2014

SUBRECIPIENT: Rural Community Development Resources

PROJECT: Microenterprise Technical Assistance

PERSON COMPLETING REPORT: Luz Bazan Gutierrez

JOB TITLE: President/ CEO

CONTACT TELEPHONE NUMBER: 509-453-5133

1. During these months period, were contract funds spent or obligated?  yes or  no

2. Number of inquiries/intake of Yakima Businesses (names and addresses):

There were 23 inquiries/contacts from March to May 2014. (See attached inquiry list)

3. Amount of technical assistance (TA) provided to Yakima businesses (please describe assistance provided and name and address of businesses helped):

- **Xochimilco Mexican Restaurant, Principal Daniel Flores**, 2304 W. Nob Hill Blvd, TA was provided in gathering all business documentation to sort, organize and review all files in order to determine the assistance needed. Met with owners and discussed their plans to establish a corporation as they continue to expand and grow their business. Prepared letter of additional information needed to start the process of the incorporating the business. Additional coaching was held in regards to a purchase and sale option on the current location of the business. Once all files are organized, business financials will be reviewed to start the application for a business loan.
  - 11 TA hours spent
  - Based on tax returns' adjusted gross income – Low Income
  - Retain 5 jobs for low income individuals
- **Nestor Hernandez, dba Nestor Homes**, 101 E. "E" St, TA was provided in obtaining and reviewing his personal financials and his business financials. After gathering the required documentation, it was reviewed with him and explained that his credit report has was of concern due to negative history, his tax returns did not reflect his business was profitable and his business projections did not explain that he would be able to repay the loan he requested. A denial letter was sent explaining the concerns and recommendations for applying for a loan in the future.
  - 9.5 TA hours spent
  - Based on tax returns' adjusted gross income – Low Income
  - Retain 1.5 jobs for low income individuals
- **Juan Jimenez, dba JJ's Motors**, 716 E. Nob Hill Blvd, TA was provided due to his personal family situation. Assistance was provided to discuss the various options available during his tough time. A loan restructure was considered and all business financials will be reviewed to assess the best option for the loan restructure.
  - 9 TA hours spent
  - Based on tax returns' adjusted gross income – Low Income
  - Retain 2 jobs for low income individuals

- **Gildardo Medina**, 106 Whitman St, TA was provided in obtaining and reviewing his personal financials. After going through tough family issues, he decided to start a business as a source of income. The required documentation was obtained to review prior to applying for a business loan. His credit was reviewed and recommendations were made on small issues, his personal financial statement was reviewed to detect if he could afford to obtain and repay a loan at this time, his tax returns were also reviewed to detect source of income for the past 3 years. His business idea was discussed and he decided that he has previous experience in construction and this would be a great way to start. His business plan was drafted along with his loan request determine eligibility.
  - 26 TA hours spent
  - Based on tax returns' adjusted gross income – Low Income
  - Create 1 immediate job and 2 jobs once established for low income individuals
- **Esmeralda Morfin, dba Esme's Peluqueria**, 522 N. 22<sup>nd</sup> Avenue, TA was provided to review business financials and review insurance options for the business. Once her business financials were reviewed, further TA was provided to assist in organizing all of the business files in order to be able to prepare adequate reports as needed by various agencies.
  - 9 TA hours spent
  - Based on tax returns' adjusted gross income – Low Income
  - Retain 1.5 jobs for low income individuals
- **HEC Lawn & Garden, Principal Nicolas Perez**, 1517 S. 2nd Avenue; TA was provided to gather all needed documentation for pay off. Collateral was released and additional services were offered to him.
  - 2.5 TA hours spent
  - Based on tax returns' adjusted gross income – Low Income
  - Retain 3 jobs for low income individuals
- **Angelino Ramirez, dba AR Septic Services**, 1317 Jerome Ave, Incubator client provided TA in maintaining monthly reports with back up receipts to show how he can maintain his own bookkeeping to save on costs. TA was also provided in submitting his quarterly reports to the Dept of Revenue.
  - 5.5 TA hours spent
  - Based on tax returns' adjusted gross income – Low Income
  - Retain 1.5 jobs for low income individuals
- **Victor Salas, dba Salas Transport**, 1424 S. Fair Ave, # 17, Provided TA to by reviewing current financial information on his business such as tax returns for 2013, confirmed proof of insurance and YTD business financials. Due to financial difficulties, all of his financial information was reviewed to restructure his loan to bring his account current and consider reducing his monthly payment.
  - 6 TA hours spent
  - Based on tax returns' adjusted gross income – Low Income
  - Retain 1 job for low income individual
- **Yakima Valley Hearing & Speech Center**, 303 S. 12<sup>th</sup> Avenue, Provided TA to review required documentation needed to apply for a loan & what the loan funds would be used for. Revised business financials and concerns with negative profit in recent years. Business plan was prepared with YVHSC for the purchase of updated equipment and software in order to comply with regulations in record keeping and staff training. Loan package was presented to the loan credit committee for recommendations, & presented to the board for final approval.
  - 24 TA hours spent
  - Serves low income individuals and families

- Serves economically distressed communities
  - Retain 26 jobs of which some are for low income individuals
- **3 Delinquent Borrower:** Many hours have been spent on collection on delinquent loans, and legal costs incurred. TA was provided to these borrowers to potentially restructure their loans to bring current, or make payment arrangements to pay down their loan balance. Average 20 hrs per month per client totaling 61 hours
    - Martin Gil dba M-Gil Trucking
      - Based on tax returns' adjusted gross income – Low Income
      - 28 TA hours spent
    - Lori Kline, dba Yakima CrossFit
      - 18.5 TA hours spent
      - Based on tax returns' adjusted gross income – Low Income
      - Retain 2 jobs for low income individual
    - Manuel Mata, dba Taquería Sahuayo;
      - 14.5 TA hours spent
      - Based on tax returns' adjusted gross income – Low Income
      - Retain 1 job for low income individual
4. Number of loan applications in process – 4
- **Xochimilco Mexican Restaurant, Principal Daniel Flores, 2304 W. Nob Hill Blvd, established business, \$300,000**
  - **Nestor Hernandez, dba Nestor Homes, 101 E. “E” St, established business, \$5,000 - Denied due to inadequate financial information**
  - **Gildardo Medina, dba GM Construction, 106 Whitman St, new business, \$5,000**
  - **Yakima Hearing & Speech Center, non-profit corporation, Executive Director Nancy Leahy, 303 S. 12<sup>th</sup> Avenue, established business, \$120,000 – Declined per YHSC board decision**
5. Number of loans approved - 1
- **Gildardo Medina, 106 Whitman St, new business, \$5,000 – Pending**
6. Educational Business Workshops- 3 workshops held, 17 total attendees
- 3/03/14 – One 1 ½ hour Financial Fitness & Asset Building Workshop
    - 10 participants from Yakima
    - 6 self certified to be low income
    - 4 qualify under job creation/retention for low income individuals
  - 4/14/14 – One 1 ½ hour Financial Fitness & Asset Building Workshop
    - 4 participants from Yakima
    - 4 self certified to be low income
  - 4/24/14 – One 2 ½ hour Business Tax Workshop
    - 3 participants from Yakima
    - 2 self certified to be low income
    - 1 qualify under job creation/retention for low income individuals

Rural Community Development Resources  
2014 Inquiries (March - May)

#	Date	Address	City	ST	Zip	New Biz	Est Biz	TA	Loan	Train	Eng Span	Male	Female	Hisp	White	Black	Other	Household Size	Female Head	Low Income	Job Create/Retain	Age
1	5/29/14	307 N 9th Street	Yakima	WA	98901	X		X		X	X	X		X				1		X		
2	4/15/14	920 1/2 Queen Ave	Yakima	WA	98902	X			X		X	X		X						X		
3	4/21/14	813 S 6th Street	Yakima	WA	98901	X			X		X	X		X				6		X		
4	3/27/14	1419 S 18th St	Yakima	WA	98901	X			X		X		X		X			3		X		29
5	5/19/14	1709 S 9th Ave	Yakima	WA	98902	X		X			X	X		X				3		X		
6	3/28/14	P.O. Box 11465	Yakima	WA	98909	X			X		X	X		X				3		X		32
7	3/21/14	107 E Nob Hill Blvd	Yakima	WA	98901	X	X		X		X	X		X				4		X		33
8	4/3/14	1800 River Rd #167	Yakima	WA	98902	X		X			X		X		X			3		X		25
9	3/26/14	105 E "E" St	Yakima	WA	98901		X		X		X	X		X				3		X		41
10	3/10/14	2712 Castlevale Rd	Yakima	WA	98902	X			X		X		X					5		X		43
11	5/23/14	1008 S 11th Ave	Yakima	WA	98902	X			X	X	X	X		X	X			2			X	57
12	5/13/14	1618 S 8th Ave	Yakima	WA	98902	X			X		X	X		X				2			X	
13	3/26/14	106 Whitman St	Yakima	WA	98903	X			X		X	X		X				1		X		40
14	3/21/14	806 N 16th Ave	Yakima	WA	98902	X			X		X		X		X			4		X		33
15	4/16/14	420 Cook Hill Rd	Yakima	WA	98908	X			X		X	X		X				1		X		52
16	4/2/14	440 Dusty Lane	Yakima	WA	98903		X		X		X	X		X	X			3			X	48
17	5/5/14	402 S 10th Ave	Yakima	WA	98902	X		X		X	X	X		X	X			1		X		
18	5/2/14	1216 E Beech St	Yakima	WA	98901	X			X		X	X		X				5		X		47
19	3/4/14	2117 Bonnie Doon Ave	Yakima	WA	98902	X			X		X	X		X				4		X		47
20	5/13/14	1017 S 48th Ave #C	Yakima	WA	98908		X		X		X		X		X			6		X		
21	4/1/14	910 S 2nd Ave	Yakima	WA	98902	X			X		X		X		X			3		X		31
22	3/26/14	412 S 6th St	Yakima	WA	98901	X			X		X		X		X			3		X		48
23	3/20/14	P.O. Box 394	Yakima	WA	98907	X			X		X	X		X				1			X	
						19	4	4	19	3	9	14	16	7	17	6				18		5
New Biz	Est Biz	TA	Loan	Train	Eng Span	Male	Female	Hisp	White	Black	Other	Household Size	Female Head	Low Income	Job Create/Retain	Age						

Rural Community Development Resources  
**2014 Educational Workshops (March-May)**  
 City of Yakima Attendees

#	Date	Workshop	En	Sp	Location	Time	M	F	H	W	B	O	LMI	JC/R	Address	City	ST	Zip
1	03/03/14	Fin Fit & Asset Bldg	X		Yakima	6:00 - 7:30 pm		X	X				X		803 S 45th Ave	Yakima	WA	98908
2	03/03/14	Fin Fit & Asset Bldg	X		Yakima	6:00 - 7:30 pm		X	X				X		3511 Summitview Ave	Yakima	WA	98902
3	03/03/14	Fin Fit & Asset Bldg	X		Yakima	6:00 - 7:30 pm		X	X					X	1111 W Pierce St. #B	Yakima	WA	98902
4	03/03/14	Fin Fit & Asset Bldg	X		Yakima	6:00 - 7:30 pm	X		X					X	1111 W Pierce St. #B	Yakima	WA	98902
5	03/03/14	Fin Fit & Asset Bldg	X		Yakima	6:00 - 7:30 pm	X		X				X		1526 Cherry Ave	Yakima	WA	98902
6	03/03/14	Fin Fit & Asset Bldg	X		Yakima	6:00 - 7:30 pm		X	X				X		1526 Cherry Ave	Yakima	WA	98902
7	03/03/14	Fin Fit & Asset Bldg	X		Yakima	6:00 - 7:30 pm	X		X				X		17 S 5th Ave	Yakima	WA	98902
8	03/03/14	Fin Fit & Asset Bldg	X		Yakima	6:00 - 7:30 pm		X	X					X	2511 Fairbanks Ave	Yakima	WA	98902
9	03/03/14	Fin Fit & Asset Bldg	X		Yakima	6:00 - 7:30 pm	X		X					X	1120 Willow St	Yakima	WA	98902
10	03/03/14	Fin Fit & Asset Bldg	X		Yakima	6:00 - 7:30 pm	X		X				X		P. O. Box 573	Yakima	WA	98902
1	04/14/14	Fin Fit & Asset Bldg	X		Yakima	6:00 - 7:30 pm		X	X				X		813 S 6th Street	Yakima	WA	98901
2	04/14/14	Fin Fit & Asset Bldg	X		Yakima	6:00 - 7:30 pm		X	X				X		2712 Castlevale Rd	Yakima	WA	98902
3	04/14/14	Fin Fit & Asset Bldg	X		Yakima	6:00 - 7:30 pm	X		X				X		2712 Castlevale Rd	Yakima	WA	98902
4	04/14/14	Fin Fit & Asset Bldg	X		Yakima	6:00 - 7:30 pm		X	X				X		813 6th Street	Yakima	WA	98901
1	04/24/14	Bus Tax Train	X		Yakima	6:00 - 8:30 pm	X		X				X		813 S 6th St	Yakima	WA	98901
2	04/24/14	Bus Tax Train	X		Yakima	6:00 - 8:30 pm		X	X				X		813 S 6th St	Yakima	WA	98901
3	04/24/14	Bus Tax Train	X		Yakima	6:00 - 8:30 pm	X		X				X		1120 Willow St	Yakima	WA	98902
							<b>7</b>	<b>10</b>	<b>17</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>12</b>	<b>5</b>				
							<b>M</b>	<b>F</b>	<b>H</b>	<b>W</b>	<b>B</b>	<b>O</b>	<b>LMI</b>	<b>JC/R</b>				

<b>Key:</b>	
H-Hispanic	W-White B-Black O-Other
M- Male	F-Female
LMI-Low Income	JC/R-Job Creation/Retain
En- English	Sp- Spanish

Rural Community Development Resources

2014 Technical Assistance (March-May)

(Confidential)

#	Name	Prog	Income Limits			Month TA Provided	Services Provided	Household Characteristics													
			Very Low Income 50%	Low Income 80%	Job Create/Retain			Census Tract	Number in Household	Age	White	Afri Ame	Native Ame or Nat Alas	Asian or Pacific Islander	Hisp	Female Head of Household	Person with Disblty	TA Hours spent			
																		MG	LG	IC	Total
1	Flores, Daniel	YAK		X		Mar-May	TA-LIP	Yakima	8	23						X		2.50	2.50	6.00	11.00
2	Gil, Martin	YAK		X		Mar-May	TA-Collateral	Yakima	5							X		3.50	0.50	24.00	28.00
3	Hernandez, Nestor	YAK		X		Apr-May	TA-LIP	Yakima	3							X		5.00	1.50	3.00	9.50
4	Jimenez, Juan	EDA		X		May	TA-Coaching	Yakima	6							X		4.00	2.00	3.00	9.00
5	Kline, Lori	YAK		X		Mar-May	TA-Collateral	Yakima	4	35	X						11.50	2.00	5.00	18.50	
6	Leahy, Nancy	EDA			X	Mar-May	TA-LIP	Yakima			X						17.00	2.00	3.50	22.50	
7	Mata, Manuel	BOA	X			Mar-May	TA-Collect	Yakima	7							X	10.50	1.00	3.00	14.50	
8	Medina, Gildardo	YAK		X		Mar-May	TA-LIP	Yakima	1							X	12.50	8.50	5.00	26.00	
9	Morfin, Esmeralda	SBA	X			Apr-May	TA-Coaching	Yakima	4							X	2.50	1.50	5.00	9.00	
10	Perez-Vasquez, Nicol	YAK		X		April	TA-Payoff	Yakima	7							X	1.00	0.00	1.50	2.50	
11	Ramirez, Angelino	YAK		X		April	TA-Qtr Rpt	Yakima	3							X	3.50	0.50	1.50	5.50	
12	Salas, Victor	ILF		X		Mar-May	TA-Restruct	Yakima	1							X	2.50	0.00	3.50	6.00	
			2	9	1						2				10		76.00	22.00	64.00	162.00	

**CITY OF YAKIMA**  
**Office of Neighborhood Development Services**  
**Sub-recipient**

**PROGRESS REPORT**  
**(PUBLIC SERVICES)**

REPORT PERIOD: Jun 1, 2014 to September 30, 2014

SUBRECIPIENT: Rural Community Development Resources

PROJECT: Microenterprise Technical Assistance

PERSON COMPLETING REPORT: Luz Bazan Gutierrez

JOB TITLE: President/ CEO

CONTACT TELEPHONE NUMBER: 509-453-5133

1. During these months period, were contract funds spent or obligated?  yes or  no

2. Number of inquiries/intake of Yakima Businesses (names and addresses):

There were 27 inquiries/contacts from June to September 2014. (See attached inquiry list)

3. Amount of technical assistance (TA) provided to Yakima microenterprises (please describe assistance provided and name and address):

- **Xochimilco Mexican Restaurant, Principal Daniel Flores**, 2304 W. Nob Hill Blvd, TA was provided in obtaining additional information needed to purchase current location of restaurant, 3-year option.
  - 2.5 TA hours provided
  - Tax returns'/adjusted gross shows low income
  - Retain 5 jobs for low income individuals
- **Gildardo Medina**, 106 Whitman St, TA was provided to gather final documentation needed prior to closing loan.
  - 6 TA hours provided
  - Tax returns'/adjusted gross shows low income
  - Create 1 immediate job and 2 jobs once established for low income individuals
- **Andrez Mendiola dba Mendiola Enterprises**, 1526 Cherry Avenue, Provided TA in gathering the needed documentation for current microloan in order to provide an accurate pay off amount and possible new loan for microenterprise.
  - 2 hours provided
  - Tax returns'/adjusted gross shows low income
  - Retain 1 job for low income individual
- **Manuel Perez**, 2117 Bonnie Doon Avenue, Provided TA in gathering all required documentation in order to apply, gathered information, his credit report was reviewed, personal financial statement prepared to determine his debt to income ratio. After initial meeting and follow up, he felt he was not ready to proceed and stopped.
  - 3.5 TA hours provided
  - Tax returns'/adjusted gross shows low income
  - Create 1 job for low income individuals

- **Angelino Ramirez, dba AR Septic Services**, 1317 Jerome Ave, Incubator client provided TA in maintaining monthly reports with back up receipts to show how he can maintain his own bookkeeping to save on costs. TA was also provided in submitting his quarterly reports to the Dept of Revenue.
    - 3.5 TA hours provided
    - Tax returns'/adjusted gross shows low income
    - Retain 1.5 jobs for low income individuals
  - **Arturo Silva dba BLN Transport**, 14291 Gilbert Road, Provided TA in gathering the needed documentation for current microloan in order to provide an accurate pay off amount, and possible new loan for microenterprise.
    - 3.5 hours provided
    - Tax returns'/adjusted gross shows low income
    - Retain 1 job for low income individual
  - **Agustin Suarez**, 412 S. 6<sup>th</sup> Street, Provided TA in gathering all needed documentation. Reviewed credit report, discussed importance of paying off delinquent accounts, prepared and reviewed his personal financial statement, discussed that he may need a co-signer in order to proceed.
    - 4.5 TA hours provided
    - Tax returns'/adjusted gross shows low income
    - Create 1 job for low income individual
  - **1 Delinquent Borrower:** Manuel Mata, dba Taquería Sahuayo, much time is spent on collection efforts for delinquent loans. TA was provided for the potential restructure of the loan to bring current. TA was also spent on legal advice for proper collection of loan debt.
    - 6.5 TA hours provided
    - Tax returns'/adjusted gross shows low income
    - Retain 1 job for low income individual
4. Number of loan applications in process – 2
- **Xochimilco Mexican Restaurant, Principal Daniel Flores**, 2304 W. Nob Hill Blvd, building purchase for \$300,000
  - **Agustin Suarez**, 412 S. 6<sup>th</sup> Street, new startup business, \$5,000- **Advise to work on credit issues and return in about 1 year**
5. Number of loans Closed - 1
- **Gildardo Medina**, 106 Whitman St, new business, \$5,000
6. Educational Business Workshops- 3 workshops held, 10 total attendees
- 6/30/14 – One 1 ½ hour How To Start a Business Workshop
    - 5 participants from Yakima
    - 4 self certified - low income
    - 1 qualify under job creation/retention for low income individuals
  - 9/23/14 – One 1 ½ hour How To Start a Business Workshop- English Session
    - 1 participants from Yakima
    - 1 self certified - low income
  - 9/23/14 – One 1 ½ hour How To Start a Business Workshop- Spanish Session
    - 4 participants from Yakima
    - 4 self certified - low income

**Rural Community Development Resources  
2014 Inquiries (June- September)**

#	Date	Address	City	ST	Zip	New Biz	Est Biz	TA	Loan	Train	Eng	Span	Male	Female	Hisp	White	Black	Other	Household Size	Female Head	Low Income	Job Create/Retain	Age
1	6/2/14	3511 Summitview Av	Yakima	WA	98902	X		X		X		X	X		X				3		X		
2	6/6/14	909 N 9th Ave	Yakima	WA	98902		X	X				X	X		X						X		
3	6/10/14	13711 Rutherford Rd	Yakima	WA	98903	X		X		X				X		X				X	X		
4	6/13/14	1708 S 7th Ave	Yakima	WA	98902		X		X		X		X		X				2		X		23
5	6/19/14	1909 E Viola Ave	Yakima	WA	98901	X					X			X	X				5		X		
6	6/23/14	1201 S 46th Ave	Yakima	WA	98908	X		X		X		X		X		X			5			X	39
7	7/9/14	1111 N 34th Ave	Yakima	WA	98902	X			X			X	X		X				5		X		
8	7/16/14	3105 Hathaway St.	Yakima	WA	98902	X				X				X		X			1			X	32
9	7/18/14	915 N 15th Ave #21	Yakima	WA	98902	X			X			X		X	X				4		X		32
10	7/22/14	1210 S. 72nd Ave #1	Yakima	WA	98908		X			X				X		X			2	X		X	40
11	7/23/14	4008 W. Chestnut Av	Yakima	WA	98908	X				X			X		X				2			X	
12	8/4/14	21 W. Mead #110	Yakima	WA	98902	X		X			X		X		X				5		X		
13	8/7/14	904 S 40th Ave	Yakima	WA	98908		X			X			X		X				5		X		
14	8/7/14	904 S 40th Ave	Yakima	WA	98908		X			X			X		X				5		X		
15	8/18/14	3604 Fairbanks Ave	Yakima	WA	98902	X		X			X		X		X	X			3		X		66
16	8/18/14	412 S 6th St.	Yakima	WA	98901	X			X		X		X		X				4		X		28
17	8/22/14	2410 Willow St	Yakima	WA	98902	X		X				X		X					3		X		37
18	8/22/14	2604 W King Court	Yakima	WA	98902		X		X		X		X		X				2			X	30
19	8/29/14	1405 S 8th Ave	Yakima	WA	98902	X			X		X		X		X				5			X	35
20	9/4/14	224 N 34th Ave	Yakima	WA	98902		X			X		X		X		X			4		X		29
21	9/4/14	5309 Englewood Hill	Yakima	WA	98908	X				X		X		X		X			2	X		X	49
22	9/18/14	115 S 57th Street	Yakima	WA	98901		X		X		X		X		X				2		X		
23	9/18/14	9 S 6th Street	Yakima	WA	98901	X		X		X		X		X	X				1		X		54
24	9/19/14	1201 Terrace St	Yakima	WA	98902	X					X		X		X				5		X		
25	9/22/14	506 N 8th Street	Yakima	WA	98901	X		X			X		X		X				4		X		75
26	9/27/14	920 1/2 Queen Ave	Yakima	WA	98902		X		X			X		X	X				3		X		51
27	9/30/14	420 Cook Hill Rd	Yakima	WA	98908	X		X		X		X		X	X				1			X	
<b>18</b>	<b>9</b>										<b>16</b>	<b>11</b>	<b>15</b>	<b>12</b>	<b>20</b>	<b>7</b>	<b>0</b>	<b>0</b>			<b>19</b>	<b>8</b>	
<b>New Biz</b>	<b>Est Biz</b>							<b>TA</b>	<b>Loan</b>	<b>Train</b>	<b>Eng</b>	<b>Span</b>	<b>Male</b>	<b>Female</b>	<b>Hisp</b>	<b>White</b>	<b>Black</b>	<b>Other</b>	<b>Household Size</b>	<b>Female Head</b>	<b>Low Income</b>	<b>Job Create/Retain</b>	<b>Age</b>

Rural Community Development Resources  
**2014 Educational Workshops (June-September)**  
**City of Yakima Attendees**

#	Date	Workshop	En	Sp	Location	Time	M	F	H	W	B	O	LMI	JC/R	Address	City	ST	Zip
1	6/30/2014	How to Start a Bus	X		Yakima	6:30-8:00 pm	X		X					X	P.O. Box 584	Selah	WA	98942
2	6/30/2014	How to Start a Bus		X	Yakima	6:30-8:00 pm	X		X				X		163501 Johnson Rd	Prosser	WA	99350
3	6/30/2014	How to Start a Bus		X	Yakima	6:30-8:00 pm		X	X				X		2712 Castlevale Rd	Yakima	WA	98902
4	6/30/2014	How to Start a Bus		X	Yakima	6:30-8:00 pm	X		X				X		2712 Castlevale Rd	Yakima	WA	98902
5	6/30/2014	How to Start a Bus		X	Yakima	6:30-8:00 pm	X		X				X		901 S 8th Street	Yakima	WA	98901
1	9/23/2014	How to Start a Bus	X		Yakima	5:00-6:30 pm	X			X			X		3604 Fairbanks Ave	Yakima	WA	98902
1	9/23/2014	How to Start a Bus		X	Yakima	6:30-8:00 pm	X		X				X		1618 S. 8th Ave	Yakima	WA	98902
2	9/23/2014	How to Start a Bus		X	Yakima	6:30-8:00 pm	X		X				X		1618 S. 8th Ave	Yakima	WA	98902
3	9/23/2014	How to Start a Bus		X	Yakima	6:30-8:00 pm		X	X				X		9 S 6th Street	Yakima	WA	98901
4	9/23/2014	How to Start a Bus		X	Yakima	6:30-8:00 pm	X		X				X		9 S 6th Street	Yakima	WA	98901

2	8	8	2	9	1	0	0	9	1
En	Sp	M	F	H	W	B	O	LMI	JC/R

Key:	
H	Hispanic
W	White
B	Black
O	Other
M	Male
F	Female
LMI	Low Income
JC/R	Job Creation/Retain
En	English
Sp	Spanish

Rural Community Development Resources

2014 Technical Assistance (June-September)

#	Name	Prog	Income Limits			Month TA Provided	Services Provided	Household Characteristics													
			Very Low Income 50%	Low Income 80%	Job Create/Retain			Census Tract	Number in Household	Age	White	Afri Ame	Native Ame or Nat Alas	Asian or Pacific Islander	Hisp	Female Head of Household	Person with Disblty	MG	LG	IC	Total
1	Colgan, Richard	EDA		X		Aug-Sept	TA-LIP	Yakima	3	66	X							2.50	0.00	3.00	5.50
2	Crabtree, William	YAK		X		Aug-Sept	TA-LIP	Yakima	3	32	X							1.00	0.50	1.50	3.00
3	Flores, Daniel	YAK		X		Jun-Sept	TA-LIP	Yakima	8	23				X				1.00	0.00	1.50	2.50
4	Mata, Manuel	BOA	X			Jun-Sept	TA-Collect	Yakima	7					X				5.00	1.00	0.50	6.50
5	Medina, Gildardo	YAK		X		Aug-Sept	TA-Ln 9/30/14	Yakima	1					X				5.00	0.50	0.50	6.00
6	Mendiola, Andrez	YAK	X			Aug-Sept	TA-Payoff	Yakima	4					X				0.50	0.00	1.50	2.00
7	Perez-Velasquez, Ma	YAK	X			July	TA-LIP	Yakima	4	47				X				3.00	0.00	0.50	3.50
8	Ramirez, Angelino	YAK		X		July	TA-Qtr Rpt	Yakima	3					X				3.00	0.00	0.50	3.50
9	Sandoval, Roberto	EDA		X		Aug-Sept	TA-LIP	Yakima	2	30				X				0.50	0.00	1.50	2.00
10	Silva, Arturo	YAK		X		Aug-Sept	TA-Payoff	Yakima	5					X				0.50	0.50	2.50	3.50
11	Suarez, Agustin D	YAK	X			Aug-Sept	TA-LIP	Yakima	1	28				X				1.50	0.00	3.00	4.50
			4	7	0						2							23.50	2.50	16.50	42.50

\* CDBG Eligibility already in file

**CITY OF YAKIMA**  
**Office of Neighborhood Development Services**  
**Sub-recipient**

**PROGRESS REPORT**  
**(PUBLIC SERVICES)**

REPORT PERIOD: October 1, 2014 to December 30, 2014

SUBRECIPIENT: Rural Community Development Resources

PROJECT: Microenterprise Technical Assistance

PERSON COMPLETING REPORT: Luz Bazan Gutierrez

JOB TITLE: President/ CEO

CONTACT TELEPHONE NUMBER: 509-453-5133

1. During these months period, were contract funds spent or obligated?  yes or  no

2. Number of inquiries/intake of Yakima Businesses (names and addresses):

There were 10 inquiries/contacts from October to December 2014. (See attached inquiry list)

3. Amount of technical assistance (TA) provided to Yakima microenterprises (please describe assistance provided and name and address):

- **Xochimilco Mexican Restaurant, Principal Daniel Flores, 2304 W. Nob Hill Blvd:**  
TA provided-organizing files for vendors, employees, separate income & expenses from two restaurant locations, finalized end of year income & expense spreadsheets. Assisted them in preparing business plan was developed with income & expense projections for loan package presentation to LCC review and/or approval. TA: 47.5 hrs. Retain 7 jobs for low income individuals.
- **Reynaldo Garza, 907 Cornell Ave:** TA provided- Assisted in gathering the required documentation to start the loan process, credit report reviewed & noted areas that needed immediate action such as collections in order to proceed, personal financial statement prepared to determine their eligibility. TA: 7 hrs, tax returns<sup>2</sup>/adjusted gross showed low income create 1 immediate job.
- **Lilian Mardiaga, 725 S. Fair Avenue:** TA provided- assisted in gathering the required documentation to start the loan process, credit report was reviewed & personal financial statement prepared to determine eligibility for loan. Letter was prepared for her stating additional documentation needed in order to proceed. TA: 3.5 TA hrs, tax return<sup>2</sup>'s/adjusted gross show low income, create 1 immediate job
- **Gildardo Medina, 604 W. Nob Hill Blvd:** TA provided- assisted in gathering the final documentation needed prior to loan closing. TA: 1.5 hrs, tax returns<sup>2</sup>/adjusted gross shows low income, create 1 immediate job

- **Victoria Porter, dba Happy Tails Pet Grooming**, 1210 S 72<sup>nd</sup> Avenue # 118: TA provided in gathering all required documentation for a loan process, credit report was reviewed & personal financial statement was prepared to determine eligibility, more information was requested. Business plan and YTD financial information was reviewed. File was placed on hold until she locates a new facility to move and expand her business. TA: 10.5 hrs, tax returns<sup>7</sup>/adjusted gross shows low income retain 1.5 jobs.
  - **Angelino Ramirez, dba AR Septic Services**, 1317 Jerome Ave: TA ongoing as incubator client in maintaining monthly reports with back up receipts, bookkeeping to save on costs, quarterly reports Dept of Revenue. TA: 4.5 hrs provided, tax returns<sup>7</sup>/adjusted gross shows low income, retain 1.5 jobs for low income individuals
  - **Elva Ruiz, dba B & E Auto Detailing**, 905 W. Nob Hill Blvd: TA provided in gathering all required documentation for loan process, credit report was reviewed and personal financial statement prepared to determine eligibility for a loan. Business plan was developed and presented to the LCC which recommended approval. TA: 32.5 hrs, tax returns<sup>7</sup>/adjusted gross show low income retain 3 jobs for low income individuals.
4. Number of loan applications in process – 2
- **Taquerias Xochimilco LLC, Principal Daniel Flores**, 2304 W. Nob Hill Blvd, expand catering services, add bar to current location, new location. **LCC recommended approval of loan for \$250,000 & board approved.**
  - **Elva Ruiz, dba B&E Auto Detailing**, 905 W Nob Hill Blvd: Purchase of commercial real estate for business & additional building. **LCC recommended approval of loan for \$250,000 & board approved.** Closing pending.
5. Number of loans Closed - 1
- **Taquerias Xochimilco LLC, Principal Daniel Flores**, 2304 W. Nob Hill Blvd, established business, \$40,573 released to date.
6. Educational Business Workshops- 1 workshops held, 5 total attendees
- 10/23/14 – One 2 ½ hour Business Tax Reporting Workshop- Spanish Session
    - 5 participants from Yakima
    - 5 self certified - low income

**Rural Community Development Resources  
2014 Inquiries (October - December)**

#	Date	Address	City	ST	Zip	New Biz	Est Biz	TA	Loan	Train	Eng	Span	Male	Female	Hisp	White	Black	Other	Household Size	Female Head	Age
1	10/13/14	725 S Fair Ave	Yakima	WA	98901	1			1				1	1	1				3		
2	10/13/14	905 W Nob Hill Blvd	Yakima	WA	98902		1		1		1		1		1						
3	10/14/14	2709 Jerome Ave	Yakima	WA	98902	1						1	1		1				4		23
4	11/4/14	1615 S 22nd Ave	Yakima	WA	98902	1			1		1		1		1				6		
5	11/6/14	3104 Hathaway St	Yakima	WA	98902	1		1	1	1		1	1		1				6		36
6	11/6/14	1613 Willow St	Yakima	WA	98902	1		1	1	1		1	1		1				3		66
7	11/12/14	808 E Nob Hill Blvd	Yakima	WA	98901		1	1				1		1	1				3		
8	11/17/14	503 S Fair Ave	Yakima	WA	98901		1		1			1		1	1						
9	11/28/14	1310 W Pransch Ave	Yakima	WA	98902	1					1		1		1						
10	12/10/14	18 N 2nd St	Yakima	WA	98901		1					1		1	1						
						6	4	3	6	2	3	7	6	4	10	0	0	0		0	
						New Biz	Est Biz	TA	Loan	Train	Eng	Span	Male	Female	Hisp	White	Black	Other	Household Size	Female Head	Age

Rural Community Development Resources  
**2014 Educational Workshops (October-December)**  
 City of Yakima Attendees

#	Date	Workshop	En	Sp	Location	Time	M	F	H	W	B	O	Address	City	ST	Zip
1	10/23/2014	Bus Tax Training		1	Yakima	6:00-8:30 pm	1		1				2403 W Nob Hill Blvd	Yakima	WA	98902
2	10/23/2014	Bus Tax Training		1	Yakima	6:00-8:30 pm		1	1				2409 Clinton Way	Yakima	WA	98902
3	10/23/2014	Bus Tax Training		1	Yakima	6:00-8:30 pm		1	1				4006 McLean Drive	Yakima	WA	98908
4	10/23/2014	Bus Tax Training		1	Yakima	6:00-8:30 pm		1	1				4006 McLean Drive	Yakima	WA	98908
5	10/23/2014	Bus Tax Training		1	Yakima	6:00-8:30 pm		1	1				4006 McLean Drive	Yakima	WA	98908
							1	4	5	0	0	0				
							M	F	H	W	B	O				

<b>Key:</b>
H-Hispanic W-White B-Black O-Other
M- Male F-Female
LMI-Low Income JC-Job Creation

**Rural Community Development Resources  
2014 Technical Assistance (October-December)**

(Confidential)

#	Name	Prog	Month TA Provided	Services Provided	Census Tract	Household Characteristics										TA Hours spent					
						Number in Household	White	Afri Ame	Native Ame or Nat Alias	Asian or Pacific Islander	Hisp	Female Head of Household	Person with Disability	MG	LG	IC	Total				
1	Flores, Daniel*	YAK	Oct/Nov/Dec	TA-Ln 12/30/14	Yakima	3												20.00	14.50	13.00	47.50
2	Garza Jr, Reynaldo	YAK	Nov/Dec	TA-LIP	Yakima	3												2.00	0.50	4.50	7.00
3	Maradlaga, Lillian	YAK	Oct/Nov	TA-LIP	Yakima	1												1.50	0.00	2.00	3.50
4	Medina, Gildardo*	SBA3	Oct	TA-Ln 9/30/14	Yakima	1												1.00	0.50	0.00	1.50
5	Porter, Victoria	YAK	Oct/Nov/Dec	TA-LIP	Yakima	1	X											3.00	1.00	6.50	10.50
6	Ramirez, Angelino*	YAK	Oct/Nov	TA-Qtr Rpt	Yakima	3								X				4.00	0.00	0.50	4.50
7	Ruiz, Elva	EDA	Oct/Nov/Dec	TA-LIP	Yakima									X				22.50	5.50	4.50	32.50
							1							6				54.00	22.00	31.00	107.00

\*CDBG Eligibility already in file

**ROSE OF MARY**

Office of Neighborhood Development Services

**Project Compliance Report: Rental Housing**

RECEIVED

PROJECT: Rose of Mary  
ADDRESS: 5401 TIETON DRIVE

Date: March 10 2014

MAR 13 2014

No. of UNITS: 40

No. of HOME UNITS: 9

REPORTING PERIOD: JANUARY 2013 TO DECEMBER 2013

Unit No.	Tenant Name	# Persons	# of Bedrooms	Date of Last Income Cert.	Rent Allowance	Utility Allowance	Max Rent	Monthly Unit Rent	Tenant's Annual Gross Income	Compliance Y/N?	Unit Status (PT Only)
110	Reeder	1	1	10/13	169.00	54.00	544.00	428.00	12,432.00	Y	
206	AKKAG	1	1	3/13	146.00	54.00	544.00	428.00	11,628.00	Y	
209	Cummins	1	1	9/13	232.00	54.00	544.00	428.00	16,650.00	Y	
210	Wells	1	1	11/13	155.00	54.00	544.00	428.00	8,767.00	Y	
211	Conner	1	1	10/13	136.00	54.00	544.00	428.00	9,216.00	Y	
307	St. George	1	1	10/13	369.00	54.00	544.00	428.00	21,768.00	Y	
309	Baesen	1	1	9/13	242.00	54.00	544.00	428.00	15,900.00	Y	
310	Hagerty	1	1	3/13	296.00	54.00	544.00	428.00	20,659.00	Y	
314	Jameson	1	1	11/13	173.00	54.00	544.00	428.00	12,912.00	Y	

Reviewer: Mary E. Thompson

Date: March 10, 2014

*Angie S. Sal...*  
3/10/2014

**Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures**

**U.S. Department of Housing and Urban Development**  
**Office of Housing**  
**Federal Housing Commissioner**

NOT for submission to the Federal Government  
 Landlord's Official Record of Certification  
 OMB Approval Number 2502-0204

**Section A - Acknowledgments**

Read this before you complete and sign this form HUD-50059

**Public Reporting Burden.** The reporting burden for this collection of information is estimated to average 55 minutes 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. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (25020204), Washington, DC 20503. The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished by HUD or a Public Housing Authority (PHA) may conduct a computer match to verify the information you provide. This information may be released in accordance with HUD's Computer Matching Agreement (CMA) between the Social Security Administration and the Department of Health and Human Services. You must provide all of the information requested, including the Social Security Numbers (SSNs), unless exempted by 24 CFR 5.216, you, and all other household members, have and use. Giving the SSNs of all household members, unless exempted by 24 CFR 5.216, is mandatory. Not providing the SSNs will affect your eligibility approval. Failure to provide any information may result in a delay or rejection of your eligibility approval.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543).

**Tenant(s)' Certification.** I/We certify that the information in Sections C, D, and E of this form are true and complete to the best of my/our knowledge and belief. I/We understand that I/we can be fined up to \$10,000, or imprisoned up to five years, or lose the subsidy HUD pays and have my/our rent increased, if I/we furnish false or incomplete information.

**Owner's Certification.** I certify that this Tenant's eligibility, rent and assistance payments have been computed in accordance with HUD's regulations and administrative procedures and that all required verifications were obtained.

**Warning to Owners and Tenants.** By signing this form, you are indicating that you have read the above Privacy Act Statement and are agreeing with the applicable Certification.

**False Claim Statement.** Warning: U.S. Code, Title 31, Section 3729, False Claims, provides a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages for any person who knowingly presents, or causes to be presented, a false or fraudulent claim; or who knowingly makes, or causes to be used, a false record or statement; or conspires to defraud the Government by getting a false or fraudulent claim allowed or paid.

**Certification Summary from Page 2**

Name of Project ROSE OF MARY TERRACE	Unit Number 110 (110)	Effective Date 10/01/2013	Certification Type Annual Recertification
Head of Household Sandra Reeder	Total Tenant Payment 226	Assistance Payment 256	Tenant Rent 166

**Tenant Signatures**

Head of Household <i>Sandra Reeder</i>	Date 2/15/13	Other Adult	Date
Spouse / Co-Head	Date	Other Adult	Date
Other Adult	Date	Other Adult	Date
Other Adult	Date	Other Adult	Date
Other Adult	Date	Other Adult	Date
Other Adult	Date	Other Adult	Date
Other Adult	Date	Other Adult	Date
Other Adult	Date	Other Adult	Date

**Owner/Agent Signatures**

Owner/Agent <i>[Signature]</i>	Date 2/15/13
-----------------------------------	-----------------

Check this box if Tenant is unable to sign for a legitimate reason

Anticipated Voucher Date

10/01/2013

Previous versions of this form are obsolete.

This form also replaces HUD-50059-D -E -F & -G

**Owner's Certification of Compliance  
with HUD's Tenant Eligibility  
and Rent Procedures**

**U.S. Department of Housing  
And Urban Development**  
Office of Housing  
Federal Housing Commissioner

For Personal Records ONLY - not for  
Submission to the Federal Government

Record for Landlords

**Section B. - Summary Information**

Project Name ROSE OF MARY TERRACE	13. Effective Date 10/01/2013	23. Unit Number 110 (110)
Subsidy Name Section 202 PRAC	14. Anticipated Voucher Date 11/01/2013	24. No. of Bedrooms 1
Secondary Subsidy Type	15. Next Recertification Date 10/01/2014	25. Building ID
Property ID	16. Project Move-In Date 10/13/2011	26. Unit Transfer Code
Project Number 171EE023	17. Unit Move-in Date 10/13/2011	27. Previous Unit No.
Contract Number WA19S051004	18. Certification Type Annual Recertification	28. Security Deposit 237
Telecom Address TRACM08055	19. Action Processed	29. Basic Rent 0
Plan of Action Code	20. Correction Type	30. Market Rent
HUD-Owned Project? NO	21. Cert. Correction date	31. Contract Rent 428
.FIPS County Code	22. Prev. Subsidy Type	32. Utility Allowance 54
.Previous Housing Code Standard		33. Gross Rent 482
.Displacement Status Not Displaced		

**Section C. Household Information**

40.	35. Last Name	36. First Name	37. MI	38. Rel.	39. Sex	40. Race	41. Eth.	42. Birth Date	43. Special Status	44. Student Status	45. ID Code (SSN)	46. Elig. Code	47. Alien Reg. Number	48. Age at Cert.	49. Work Codes
1	Reeder	Sandra	J	H-Head	F	W	2	11/18/1944	E		559661708	EC		68	
2															
3															
4															
5															
6															
7															
8															

1. Family is Mobility Impaired?	N	53. Number of Family Members	1	57. Expected Family Addition - Adoption	0
2. Family is Hearing Impaired?	N	54. Number of Non-Family Members	0	58. Expected Family Addition - Pregnancy	0
3. Family is Visually Impaired?	N	55. Number of Dependents	0	59. Expected Family Addition - Foster Children	0
		56. Number of Eligible Members	1		

1. Previous Head Last Name		63. Previous Effective Date	
1. Previous Head First Name		64. Previous Head ID	
2. Previous Head Middle Initial		65. Previous Head Birth Date	

**Section D. Income Information**

**Section E. Asset Information**

67. Income Type Code	68. Amount	69. SSN Benefits Claim No.	75. Mbr. No.	76. Description	77. Status	78. Cash Value	79. Actual Yearly Income	80. Date Divested
1 Social Security	12,432		01	Checking - Hapo Comm	C	337	0	
			01	Savings - Hapo Commu	C	5	0	
			01	Life Insurance - Ban	C	415	0	

0. Total Employment Income	0	81. Cash Value of Assets	757
1. Total Pension Income	12,432	82. Actual Income from Assets	0
2. Total Public Assistance Income	0	83. HUD Passbook Rate	0.02
3. Total Other Income	0	84. Imputed Income from Assets	0
4. Total Non-Asset Income	12,432	85. Asset Income	0

**Section F. Allowances & Rent Calculations**

3. Total Annual Income	12,432	97. Deduction for Dependents	0	108. Total Tenant Payment	223
7. Low Income Limit	31,050	98. Child Care Expense(work)	0	109. Tenant Rent	169
3. Very Low Income Limit	19,400	99. Child Care Expense(school)	0	110. Utility Reimbursement	0
3. Extremely Low Income Limit		100. 3% of Income	373	111. Assistance Payment	259
0. Current Income Status		101. Disability Expense	0	112. Welfare Rent	0
1. Eligibility Universe Code		102. Disability Deduction	0	113. Hardship Exemption	
2. Sec. 8 Assist. 1984 Indicator		103. Medical Expense	3,505	114. Waiver Type Code	
3. Income Exception Code		104. Medical Deduction	3,132		
4. Police/Security Tenant?		105. Elderly Family Deduction	400		
5. Survivor of Qualifier?		106. Total Deductions	3,532		
6. Household Assistance Status	N	107. Adjusted Annual Income	8,900		

Previous versions of this form are obsolete.  
This form also replaces HUD-50059-D, -E, -F, & -G.

**Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures**

**U.S. Department of Housing and Urban Development**  
**Office of Housing**  
**Federal Housing Commissioner**

**NOT for submission to the Federal Government**  
**Landlord's Official Record of Certification**  
**OMB Approval Number 2502-0204**

**Section A - Acknowledgments**

Read this before you complete and sign this form HUD-50059

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**Certification Summary from Page 2**

Name of Project ROSE OF MARY TERRACE	Unit Number 208 (208)	Effective Date 03/01/2013	Certification Type Annual Recertification
Head of Household Marquita Akdag	Total Tenant Payment 200	Assistance Payment 282	Tenant Rent 146

**Tenant Signatures**

Head of Household <i>Marquita Akdag</i>	Date 5/5/13	Other Adult	Date
Spouse/Co-Head	Date	Other Adult	Date
Other Adult	Date	Other Adult	Date
Other Adult	Date	Other Adult	Date
Other Adult	Date	Other Adult	Date
Other Adult	Date	Other Adult	Date
Other Adult	Date	Other Adult	Date
Other Adult	Date	Other Adult	Date

**Owner/Agent Signatures**

Owner/Agent <i>[Signature]</i>	Date 5/5/13
-----------------------------------	----------------

Check this box if Tenant is unable to sign for a legitimate reason.

Anticipated Voucher Date

Previous versions of this form are obsolete.

07/01/2013

This form also replaces HUD-50059-D -E -F & -G

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Record for Landlords

**Section B. - Summary Information**

Project Name ROSE OF MARY TERRACE	13. Effective Date 03/01/2013	23. Unit Number 206 (206)
Subsidy Name Section 202 PRAC	14. Anticipated Voucher Date 07/01/2013	24. No. of Bedrooms 1
Secondary Subsidy Type	15. Next Recertification Date 03/01/2014	25. Building ID
Property ID	16. Project Move-In Date 03/24/2010	26. Unit Transfer Code
Project Number 171EE023	17. Unit Move-in Date 03/24/2010	27. Previous Unit No.
Contract Number WA19S051004	18. Certification Type Annual Recertification	28. Security Deposit 231
Telecom Address TRACM08055	19. Action Processed	29. Basic Rent 0
Plan of Action Code	20. Correction Type	30. Market Rent
HUD-Owned Project? NO	21. Cert. Correction date	31. Contract Rent 428
3. FIPS County Code	22. Prev. Subsidy Type	32. Utility Allowance 54
1. Previous Housing Code Standard		33. Gross Rent 482
2. Displacement Status Not Displaced		

**Section C. Household Information**

4. 10. Last Name	35. First Name	36. MI	37. Rel.	38. Sex	39. Race	40. Eth.	41. Birth Date	42. Special Status	43. Student Status	44. ID Code (SSN)	45. Elig. Code	46. Alien Reg. Number	47. Age at Cert.	48. Work Codes
11. Akdag	Marquita	J	H-Head	F	W	2	05/28/1943	E		538408242	EC		69	
12.														
13.														
14.														
15.														
16.														
17.														
18.														

0. Family is Mobility Impaired?	N	53. Number of Family Members	1	57. Expected Family Addition - Adoption	0
1. Family is Hearing Impaired?	N	54. Number of Non-Family Members	0	58. Expected Family Addition - Pregnancy	0
2. Family is Visually Impaired?	N	55. Number of Dependents	0	59. Expected Family Addition - Foster Children	0
		56. Number of Eligible Members	1		

0. Previous Head Last Name		63. Previous Effective Date	
1. Previous Head First Name		64. Previous Head ID	
2. Previous Head Middle Initial		65. Previous Head Birth Date	

**Section D. Income Information**

**Section E. Asset Information**

36. 10. Income Type Code	67. Amount	68. SSN Benefits Claim No.	75. Mbr. No.	76. Description	77. Status	78. Cash Value	79. Actual Yearly Income	80. Date Divested
1. Social Security	11,628		01	Savings - Central WA	C	11	0	
			01	Checking - Eldorado	C	4	0	
			01	Checking - Chase Ban	C	175	0	
			01	Life Insurance - Sta	C	714	29	

0. Total Employment Income	0	81. Cash Value of Assets	904
1. Total Pension Income	11,628	82. Actual Income from Assets	29
2. Total Public Assistance Income	0	83. HUD Passbook Rate	0.02
3. Total Other Income	0	84. Imputed Income from Assets	0
4. Total Non-Asset Income	11,628	85. Asset Income	29

**Section F. Allowances & Rent Calculations**

6. Total Annual Income	11,657	97. Deduction for Dependents	0	108. Total Tenant Payment	200
7. Low Income Limit	31,050	98. Child Care Expense(work)	0	109. Tenant Rent	146
8. Very Low Income Limit	19,400	99. Child Care Expense(school)	0	110. Utility Reimbursement	0
9. Extremely Low Income Limit		100. 3% of Income	350	111. Assistance Payment	282
0. Current Income Status		101. Disability Expense	0	112. Welfare Rent	0
1. Eligibility Universe Code		102. Disability Deduction	0	113. Hardship Exemption	
2. Sec. 8 Assist. 1984 Indicator		103. Medical Expense	3,609	114. Waiver Type Code	
3. Income Exception Code		104. Medical Deduction	3,259		
4. Police/Security Tenant?		105. Elderly Family Deduction	400		
5. Survivor of Qualifier?		106. Total Deductions	3,659		
6. Household Assistance Status	N	107. Adjusted Annual Income	7,998		

Previous versions of this form are obsolete.  
This form also replaces HUD-50059-D,-E,-F, & -G.

**Section A - Acknowledgments**

**Public Reporting Burden.** Read this before you complete and sign this form HUD-50059. The reporting burden for this collection of information is estimated to average 55 minutes 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. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (25020204), Washington, DC 20503. The information is being collected by HUD to determine an applicant's eligibility the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD or a Public Housing Authority (PHA) may conduct a computer match to verify the information you provide. This information may be released in accordance with HUD's Computer Matching Agreement (CMA) between the Social Security Administration and the Department of Health and Human Services. You must provide all of the information requested, including the Social Security Numbers (SSNs), unless exempted by 24 CFR 5.216; you, and all other household members, have and use. Giving the SSNs of all household members, unless exempted by 24 CFR 5.216, is mandatory; not providing the SSNs will affect your eligibility approval. Failure to provide any information may result in a delay or rejection of your eligibility approval.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1967 (42 U.S.C. 3543).

**Tenant(s) Certification.** - I/we certify that the information in Sections C, D, and E of this form are true and complete to the best of my/our knowledge and belief. I/we understand that I/we can be fined up to \$10,000, or imprisoned up to five years, or lose the subsidy HUD pays and have my/our rent increased, if I/we furnish false or incomplete information.

**Owner's Certification.** - I certify that this Tenant's eligibility, rent and assistance payments have been computed in accordance with HUD's regulations and administrative procedures and that all required verifications were obtained.

**Warning to Owners and Tenants.** By signing this form you are indicating that you have read the above Privacy Act Statement and are agreeing with the applicable Certification.

**False Claim Statement.** Warning: U.S. Code, Title 31, Section 3729, False Claims, provides a civil penalty of not less than \$5,000 and not more than \$10,000 plus 3 times the amount of damages for any person who knowingly presents, or causes to be presented, a false or fraudulent claim; or who knowingly makes, or causes to be used, a false record or statement; or conspires to defraud the Government by getting a false or fraudulent claim allowed or paid.

**Certification Summary from Page 2**

Name of Project ROSE OF MARY TERRACE	Unit Number 209 (209)	Effective Date 09/01/2013	Certification Type Annual Recertification
Head of Household Minnie Cummins	Total Tenant Payment 286	Assistance Payment 196	Tenant Rent 232

**Tenant Signatures**

Head of Household <i>Minnie Cummins</i>	Date 9/1/13	Other Adult	Date
Spouse / Co-Head	Date	Other Adult	Date
Other Adult	Date	Other Adult	Date
Other Adult	Date	Other Adult	Date
Other Adult	Date	Other Adult	Date
Other Adult	Date	Other Adult	Date
Other Adult	Date	Other Adult	Date
Other Adult	Date	Other Adult	Date

**Owner/Agent Signature**

Owner/Agent: *[Signature]* Date: *[Date]*

Check this box if Tenant is unable to sign for a legitimate reason

**Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures**

**U.S. Department of Housing and Urban Development**  
Office of Housing  
Federal Housing Commissioner

For Personal Records ONLY - not for Submission to the Federal Government  
Record for Landlords

**Section B - Summary Information**

Project Name ROSE OF MARY TERRACE	13. Effective Date 09/01/2013	23. Unit Number 209 (209)
Subsidy Name Section 202 PRAC	14. Anticipated Voucher Date 10/01/2013	24. No. of Bedrooms 1
Secondary Subsidy Type	15. Next Recertification Date 09/01/2014	25. Building ID
Property ID	16. Project Move-In Date 09/04/2009	26. Unit Transfer Code
Project Number 171EE023	17. Unit Move-in Date 09/04/2009	27. Previous Unit No.
Contract Number WA19S051004	18. Certification Type Annual Recertification	28. Security Deposit 285
Telecom Address TRACMD8055	19. Action Processed	29. Basic Rent 0
Plan of Action Code	20. Correction Type	30. Market Rent
HUD-Owned Project? NO	21. Cert. Correction date	31. Contract Rent 428
FIPS County Code	22. Prev. Subsidy Type	32. Utility Allowance 54
Previous Housing Code Standard		33. Gross Rent 482
Displacement Status Not Displaced		

**Section C - Household Information**

35. Last Name	36. First Name	37. MI	38. Rel.	39. Sex	40. Race	41. Eth.	42. Birth Date	43. Special Status	44. Student Status	45. ID Code (SSN)	46. Elig. Code	47. Alien Reg. Number	48. Age at Cert.	49. Work Codes
Cummins	Minnie	L	H-Head	F	W	2	03/31/1935	E		536325196	EC		78	

1. Family is Mobility Impaired? N	53. Number of Family Members 1	57. Expected Family Addition - Adoption 0
2. Family is Hearing Impaired? N	54. Number of Non-Family Members 0	58. Expected Family Addition - Pregnancy 0
3. Family is Visually Impaired? N	55. Number of Dependents 0	59. Expected Family Addition - Foster Children 0
	56. Number of Eligible Members 1	

1. Previous Head Last Name	63. Previous Effective Date
1. Previous Head First Name	64. Previous Head ID
2. Previous Head Middle Initial	65. Previous Head Birth Date

**Section D - Income Information**

**Section E - Asset Information**

67. Income Type Code	68. Amount	69. SSN Benefits Claim No.	75. Mbr. No.	76. Description	77. Status	78. Cash Value	79. Actual Yearly Income	80. Date Divested
Pensions	1,950		01	Savings - Solarity C	C	417	0	
Social Security	14,700		01	Checking - Solarity	C	2,069	0	
			01	Other - Colonial Fun	C	0	0	

0. Total Employment Income 0	81. Cash Value of Assets 2,486
1. Total Pension Income 16,650	82. Actual Income from Assets 0
2. Total Public Assistance Income 0	83. HUD Passbook Rate 0.02
3. Total Other Income 0	84. Imputed Income from Assets 0
4. Total Non-Asset Income 16,650	85. Asset Income 0

**Section F - Allowances & Rent Calculations**

3. Total Annual Income 16,650	97. Deduction for Dependents 0	108. Total Tenant Payment 286
7. Low Income Limit 31,050	98. Child Care Expense(work) 0	109. Tenant Rent 232
3. Very Low Income Limit 19,400	99. Child Care Expense(school) 0	110. Utility Reimbursement 0
3. Extremely Low Income Limit	100. 3% of Income 500	111. Assistance Payment 196
0. Current Income Status	101. Disability Expense 0	112. Welfare Rent 0
1. Eligibility Universe Code	102. Disability Deduction 0	113. Hardship Exemption
2. Sec. 8 Assist. 1984 Indicator	103. Medical Expense 5,313	114. Waiver Type Code
3. Income Exception Code	104. Medical Deduction 4,813	
4. Police/Security Tenant?	105. Elderly Family Deduction 400	
5. Survivor of Qualifier?	106. Total Deductions 5,213	
3. Household Assistance Status N	107. Adjusted Annual Income 11,437	

Previous versions of this form are obsolete.  
This form also replaces HUD-50059-D, -E, -F, & -G.

**Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures**

**U.S. Department of Housing And Urban Development**  
Office of Housing  
Federal Housing Commissioner

NOT for submission to the Federal Government  
Landlord's Official Record of Certification  
OMB Approval Number 2502-0204

**Section A - Acknowledgments**

Read this before you complete and sign this form HUD-50059

**Public Reporting Burden.** The reporting burden for this collection of information is estimated to average 55 minutes 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (25020204), Washington, DC 20503. The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD or a Public Housing Authority (PHA) may conduct a computer match to verify the information you provide. This information may be released in accordance with HUD's Computer Matching Agreement (CMA) between the Social Security Administration and the Department of Health and Human Services. You must provide all of the information requested, including the Social Security Numbers (SSNs), unless exempted by 24 CFR 5.216, you, and all other household members, have and use. Giving the SSNs of all household members, unless exempted by 24 CFR 5.216, is mandatory; not providing the SSNs will affect your eligibility approval. Failure to provide any information may result in a delay or rejection of your eligibility approval.

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**Tenant(s)' Certification** - I/We certify that the information in Sections C, D, and E of this form are true and complete to the best of my/our knowledge and belief. I/We understand that I/we can be fined up to \$10,000, or imprisoned up to five years, or lose the subsidy HUD pays and have my/our rent increased, if I/we furnish false or incomplete information.

**Owner's Certification** - I certify that this Tenant's eligibility, rent and assistance payments have been computed in accordance with HUD's regulations and administrative procedures and that all required verifications were obtained.

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**Certification Summary from Page 2**

Name of Project ROSE OF MARY TERRACE	Unit Number 210 (210)	Effective Date 11/01/2011	Certification Type Annual Recertification
Head of Household Sarah Wells	Total Tenant Payment 209	Assistance Payment 271	Tenant Rent 155

**Tenant Signatures**

Head of Household <i>Sarah Wells</i>	Date 11/01/2011	Other Adult	Date
Spouse / Co-Head	Date	Other Adult	Date
Other Adult	Date	Other Adult	Date
Other Adult	Date	Other Adult	Date
Other Adult	Date	Other Adult	Date
Other Adult	Date	Other Adult	Date
Other Adult	Date	Other Adult	Date

**Owner/Agent Signatures**

Owner/Agent <i>[Signature]</i>	Date 11/01/2011
-----------------------------------	--------------------

Check this box if Tenant is unable to sign for a legitimate reason

Anticipated Voucher Date  
11/01/2011

**Owner's Certification of Compliance  
with HUD's Tenant Eligibility  
and Rent Procedures**

**U.S. Department of Housing  
And Urban Development**  
Office of Housing  
Federal Housing Commissioner

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Submission to the Federal Government

Record for Landlords

**Section B. - Summary Information**

Project Name ROSE OF MARY TERRACE	13. Effective Date 11/01/2013	23. Unit Number 210 (210)
Subsidy Name Section 202 PRAC	14. Anticipated Voucher Date 11/01/2013	24. No. of Bedrooms 1
Secondary Subsidy Type	15. Next Recertification Date 11/01/2014	25. Building ID
Property ID	16. Project Move-In Date 11/08/2008	26. Unit Transfer Code
Project Number 171EE023	17. Unit Move-in Date 11/08/2008	27. Previous Unit No.
Contract Number WA19S051004	18. Certification Type Annual Recertification	28. Security Deposit 342
Telecom Address TRACM08055	19. Action Processed	29. Basic Rent 0
Plan of Action Code	20. Correction Type	30. Market Rent
HUD-Owned Project? NO	21. Cert. Correction date	31. Contract Rent 428
0. FIPS County Code	22. Prev. Subsidy Type	32. Utility Allowance 54
1. Previous Housing Code Standard		33. Gross Rent 482
2. Displacement Status Not Displaced		

**Section C. Household Information**

34. No.	35. Last Name	36. First Name	37. MI	38. Rel.	39. Sex	40. Race	41. Eth.	42. Birth Date	43. Special Status	44. Student Status	45. ID Code (SSN)	46. Elig Code	47. Alien Reg. Number	48. Age at Cert.	49. Work Codes
01	Wells	Sarah		H-Head	F	B	2	05/11/1930	E		122267850	EC		83	
02															
03															
04															
05															
06															
07															
08															

50. Family is Mobility Impaired?	N	53. Number of Family Members	1	57. Expected Family Addition - Adoption	0
51. Family is Hearing Impaired?	N	54. Number of Non-Family Members	0	58. Expected Family Addition - Pregnancy	0
52. Family is Visually Impaired?	N	55. Number of Dependents	0	59. Expected Family Addition - Foster Children	0
		56. Number of Eligible Members	1		

30. Previous Head Last Name		63. Previous Effective Date	
31. Previous Head First Name		64. Previous Head ID	
32. Previous Head Middle Initial		65. Previous Head Birth Date	

**Section D. Income Information**

**Section E. Asset Information**

66. Mbr. No.	67. Income Type Code	68. Amount	69. SSN Benefits Claim No.	75. Mbr. No.	76. Description	77. Status	78. Cash Value	79. Actual Yearly Income	80. Date Divested
01	Social Security	6,175		01	Checking - Bank of A	C	28	0	
01	Supplemental Securit	2,592							

70. Total Employment Income	0	81. Cash Value of Assets	28
71. Total Pension Income	8,767	82. Actual Income from Assets	0
72. Total Public Assistance Income	0	83. HUD Passbook Rate	0.02
73. Total Other Income	0	84. Imputed Income from Assets	0
74. Total Non-Asset Income	8,767	85. Asset Income	0

**Section F. Allowances & Rent Calculations**

86. Total Annual Income	8,767	97. Deduction for Dependents	0	108. Total Tenant Payment	209
87. Low Income Limit	31,050	98. Child Care Expense(work)	0	109. Tenant Rent	155
88. Very Low Income Limit	19,400	99. Child Care Expense(school)	0	110. Utility Reimbursement	0
89. Extremely Low Income Limit		100. 3% of Income	263	111. Assistance Payment	273
90. Current Income Status		101. Disability Expense	0	112. Welfare Rent	0
91. Eligibility Universe Code		102. Disability Deduction	0	113. Hardship Exemption	
92. Sec. 8 Assist. 1984 Indicator		103. Medical Expense	0	114. Waiver Type Code	
93. Income Exception Code		104. Medical Deduction	0		
94. Police/Security Tenant?		105. Elderly Family Deduction	400		
95. Survivor of Qualifier?		106. Total Deductions	400		
96. Household Assistance Status	N	107. Adjusted Annual Income	8,367		

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to disclose this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.), the Housing and Urban-Rural Recovery Act of 2009 (Pub. Law 111-212), the Housing and Community Development Technical Amendments of 1991 (P.L. 102-618), and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543).

**Tenant(s)' Certification** - I/We certify that the information in Sections C, D, and E of this form are true and complete to the best of my/our knowledge and belief. I/We understand that I/we can be fined up to \$10,000, or imprisoned up to five years, or lose the subsidy HUD pays and have my/our rent increased, if I/we furnish false or incomplete information.

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**Certification Summary from Page 2**

Name of Project ROSE OF MARY TERRACE	Unit Number 211 (211)	Effective Date 10/01/2013	Certification Type Annual Recertification
Head of Household Karen Conner	Total Tenant Payment 180	Assistance Payment 292	Tenant Rent 136

**Tenant Signatures**

Head of Household <i>Karen Conner</i>	Date: <i>9/4/2013</i>	Other Adult	Date:
Spouse / Co-Head	Date:	Other Adult	Date:
Other Adult	Date:	Other Adult	Date:
Other Adult	Date:	Other Adult	Date:
Other Adult	Date:	Other Adult	Date:
Other Adult	Date:	Other Adult	Date:
Other Adult	Date:	Other Adult	Date:
Other Adult	Date:	Other Adult	Date:

**Owner/Agent Signature**

Owner/Agent *May E. Thompson* Date *9/4/2013*

Check this box if Tenant is unable to sign for a legitimate reason

Anticipated Voucher Date  
10/01/2013

**Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures**

**U.S. Department of Housing And Urban Development**  
Office of Housing  
Federal Housing Commissioner

For Personal Records ONLY - not for Submission to the Federal Government  
Record for Landlords

**Section B - Summary Information**

Project Name ROSE OF MARY TERRACE	13. Effective Date 10/01/2013	23. Unit Number 211 (211)
Subsidy Name Section 202 PRAC	14. Anticipated Voucher Date 10/01/2013	24. No. of Bedrooms 1
Secondary Subsidy Type	15. Next Recertification Date 10/01/2014	25. Building ID
Property ID	16. Project Move-In Date 10/03/2008	26. Unit Transfer Code
Project Number 171EE023	17. Unit Move-In Date 10/03/2008	27. Previous Unit No.
Contract Number WA19S051004	18. Certification Type Annual Recertification	28. Security Deposit 418
Telecom Address TRACM08055	19. Action Processed	29. Basic Rent 0
Plan of Action Code	20. Correction Type	30. Market Rent
HUD-Owned Project? NO	21. Cert. Correction date	31. Contract Rent 428
J.FIPS County Code	22. Prev. Subsidy Type	32. Utility Allowance 54
Previous Housing Code Standard		33. Gross Rent 482
Displacement Status Not Displaced		

**Section C. Household Information**

40.	35. Last Name	36. First Name	37. MI	38. Rel.	39. Sex	40. Race	41. Eth.	42. Birth Date	43. Special Status	44. Student Status	45. ID Code (SSN)	46. Elig. Code	47. Alien Reg. Number	48. Age at Cert.	49. Work Codes
1	Conner	Karen	F	H-Head	F	W	2	10/29/1943	E		539421819	EC		69	
2															
3															
4															
5															
6															
7															
8															

3. Family is Mobility Impaired? N	53. Number of Family Members 1	57. Expected Family Addition - Adoption 0
1. Family is Hearing Impaired? N	54. Number of Non-Family Members 0	58. Expected Family Addition - Pregnancy 0
2. Family is Visually Impaired? N	55. Number of Dependents 0	59. Expected Family Addition - Foster Children 0
	56. Number of Eligible Members 1	

0. Previous Head Last Name	63. Previous Effective Date
1. Previous Head First Name	64. Previous Head ID
2. Previous Head Middle Initial	65. Previous Head Birth Date

**Section D. Income Information**

**Section E. Asset Information**

67. Income Type Code	68. Amount	69. SSN Benefits Claim No.	75. Mbr. No.	76. Description	77. Status	78. Cash Value	79. Actual Yearly Income	80. Date Divested
1 Social Security	9,216		01	Savings - Soliarty C	C	25	0	
			01	Checking - Soliarty	C	49	0	
			01	Mutual Fund -	C	6,636	0	

70. Total Employment Income 0	81. Cash Value of Assets 6,710
71. Total Pension Income 9,216	82. Actual Income from Assets 0
72. Total Public Assistance Income 0	83. HUD Passbook Rate 0.02
73. Total Other Income 0	84. Imputed Income from Assets 134
74. Total Non-Asset Income 9,216	85. Asset Income 134

**Section F. Allowances & Rent Calculations**

6. Total Annual Income 9,350	97. Deduction for Dependents 0	108. Total Tenant Payment 190
7. Low Income Limit 31,050	98. Child Care Expense(work) 0	109. Tenant Rent 136
8. Very Low Income Limit 19,400	99. Child Care Expense(school) 0	110. Utility Reimbursement 0
9. Extremely Low Income Limit	100. 3% of Income 281	111. Assistance Payment 292
10. Current Income Status	101. Disability Expense 0	112. Welfare Rent 0
11. Eligibility Universe Code	102. Disability Deduction 0	113. Hardship Exemption
12. Sec. 8 Assist. 1984 Indicator	103. Medical Expense 1,626	114. Waiver Type Code
13. Income Exception Code	104. Medical Deduction 1,345	
14. Police/Security Tenant?	105. Elderly Family Deduction 400	
15. Survivor of Qualifier?	106. Total Deductions 1,745	
16. Household Assistance Status N	107. Adjusted Annual Income 7,605	

**Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures**

**U.S. Department of Housing And Urban Development**  
Office of Housing  
Federal Housing Commissioner

NOT for submission to the Federal Government  
Landlord's Official Record of Certification  
OMB Approval Number 2502-0204

**Section A - Acknowledgements**

Read this before you complete and sign this form HUD-50059

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**Tenant(s)' Certification** - I/We certify that the information in Sections C, D, and E of this form are true and complete to the best of my/our knowledge and belief. I/We understand that I/we can be fined up to \$10,000, or imprisoned up to five years, or lose the subsidy HUD pays and have my/our rent increased, if I/we furnish false or incomplete information.

**Owner's Certification** - I certify that this Tenant's eligibility, rent and assistance payments have been computed in accordance with HUD's regulations and administrative procedures and that all required verifications were obtained.

**Warning to Owners and Tenants.** By signing this form, you are indicating that you have read the above Privacy Act Statement and are agreeing with the applicable Certification.

**False Claim Statement.** Warning: U.S. Code, Title 31, Section 3729, False Claims, provides a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages for any person who knowingly presents, or causes to be presented, a false or fraudulent claim; or who knowingly makes, or causes to be used, a false record or statement; or conspires to defraud the Government by getting a false or fraudulent claim allowed or paid.

**Certification Summary from Page 2**

Name of Project ROSE OF MARY TERRACE	Unit Number 307 (307)	Effective Date 10/01/2013	Certification Type Annual Recertification
Name of Household Margaret St George	Total Tenant Payment 423	Assistance Payment 59	Tenant Rent 369

**Tenant Signatures**

Name of Household <i>Margaret St George</i>	Date: <i>10/30/13</i>	Other Adult	Date:
House / Co-Head	Date:	Other Adult	Date:
Other Adult	Date:	Other Adult	Date:
Other Adult	Date:	Other Adult	Date:
Other Adult	Date:	Other Adult	Date:
Other Adult	Date:	Other Adult	Date:
Other Adult	Date:	Other Adult	Date:

**Owner/Agent Signature**

Name/Agent <i>Mary Thompson</i>	Date <i>10-30-13</i>
Check this box if Tenant is unable to sign for a legitimate reason	Anticipated Voucher Date 12/01/2013

Previous versions of this form are obsolete.  
This form also replaces HUD-50059-D,-E,-F, & -G.

**Owner's Certification of Compliance  
with HUD's Tenant Eligibility  
and Rent Procedures**

**U.S. Department of Housing  
And Urban Development**  
Office of Housing  
Federal Housing Commissioner

**For Personal Records ONLY - not for  
Submission to the Federal Government**  
Record for Landlords

**Section B. - Summary Information**

Project Name ROSE OF MARY TERRACE	13. Effective Date 10/01/2013	23. Unit Number 307 (307)
Subsidy Name Section 202 PRAC	14. Anticipated Voucher Date 12/01/2013	24. No. of Bedrooms 1
Secondary Subsidy Type	15. Next Recertification Date 10/01/2014	25. Building ID
Property ID	16. Project Move-In Date 10/07/2011	26. Unit Transfer Code
Project Number 171EE023	17. Unit Move-in Date 10/07/2011	27. Previous Unit No.
Contract Number WA19S051004	18. Certification Type Annual Recertification	28. Security Deposit 432
Telecom Address TRACM08055	19. Action Processed	29. Basic Rent 0
Plan of Action Code	20. Correction Type	30. Market Rent
HUD-Owned Project? NO	21. Cert. Correction date	31. Contract Rent 428
3. FIPS County Code	22. Prev. Subsidy Type	32. Utility Allowance 54
1. Previous Housing Code Standard		33. Gross Rent 482
2. Displacement Status Not Displaced		

**Section C. Household Information**

34. No.	35. Last Name	36. First Name	37. MI	38. Rel.	39. Sex	40. Race	41. Eth.	42. Birth Date	43. Special Status	44. Student Status	45. ID Code (SSN)	46. Elig. Code	47. Alien Reg. Number	48. Age at Cert	49. Work Codes
01	St George	Margaret	I	H-Head	F	W	2	02/10/1926	E		502189063	EC		87	
02															
03															
04															
05															
06															
07															
08															
50. Family is Mobility Impaired?	N	53. Number of Family Members		1		57. Expected Family Addition - Adoption		0							
51. Family is Hearing Impaired?	N	54. Number of Non-Family Members		0		58. Expected Family Addition - Pregnancy		0							
52. Family is Visually Impaired?	N	55. Number of Dependents		0		59. Expected Family Addition - Foster Children		0							
		56. Number of Eligible Members		1											
60. Previous Head Last Name	St George		63. Previous Effective Date		10/01/2012										
61. Previous Head First Name	Margaret		64. Previous Head ID		502-18-9063										
62. Previous Head Middle Initial			65. Previous Head Birth Date		02/10/1926										

**Section D. Income Information**

**Section E. Asset Information**

66. Mbr. No.	67. Income Type Code	68. Amount	69. SSN Benefits Claim No.	75. Mbr. No.	76. Description	77. Status	78. Cash Value	79. Actual Yearly Income	80. Date Divested
01	Social Security	16,572		01	Savings - Solarity C	C	25	0	
01	Pensions	1,156		01	Checking - Solarity	C	6,523	0	
				01	CD - Solarity Credit	C	140,936	564	
				01	CD - Solarity Credit	C	29,502	44	
70. Total Employment Income		0		81. Cash Value of Assets		186,986			
71. Total Pension Income		17,728		82. Actual Income from Assets		608			
72. Total Public Assistance Income		0		83. HUD Passbook Rate		0.02			
73. Total Other Income		0		84. Imputed Income from Assets		3,740			
74. Total Non-Asset Income		17,728		85. Asset Income		3,740			

**Section F. Allowances & Rent Calculations**

86. Total Annual Income	21,468	97. Deduction for Dependents	0	108. Total Tenant Payment	423
87. Low Income Limit	31,050	98. Child Care Expense(work)	0	109. Tenant Rent	369
88. Very Low Income Limit	19,400	99. Child Care Expense(school)	0	110. Utility Reimbursement	0
89. Extremely Low Income Limit		100. 3% of Income	644	111. Assistance Payment	59
90. Current Income Status		101. Disability Expense	0	112. Welfare Rent	0
91. Eligibility Universe Code		102. Disability Deduction	0	113. Hardship Exemption	
92. Sec. 8 Assist. 1984 Indicator		103. Medical Expense	4,785	114. Waiver Type Code	
93. Income Exception Code		104. Medical Deduction	4,141		
94. Police/Security Tenant?		105. Elderly Family Deduction	400		
95. Survivor of Qualifier?		106. Total Deductions	4,541		
96. Household Assistance Status	N	107. Adjusted Annual Income	16,927		



**Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures**

**U.S. Department of Housing and Urban Development**  
Office of Housing  
Federal Housing Commissioner

NOT for submission to the Federal Government  
Landlord's Official Record of Certification  
OMB Approval Number 2502-0204

**Section A - Acknowledgements**

Read this before you complete and sign this form HUD-50059

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**Tenant(s)' Certification** - I/We certify that the information in Sections C, D, and E of this form are true and complete to the best of my/our knowledge and belief. I/We understand that I/we can be fined up to \$10,000, or imprisoned up to five years, or lose the subsidy HUD pays and have my/our rent increased, if I/we furnish false or incomplete information.

**Owner's Certification** - I certify that this Tenant's eligibility, rent and assistance payments have been computed in accordance with HUD's regulations and administrative procedures and that all required verifications were obtained.

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**Certification Summary from Page 2**

Name of Project ROSE OF MARY TERRACE	Unit Number 309 (309)	Effective Date 09/01/2013	Certification Type Annual Recertification
Head of Household Alice Boesen	Total Tenant Payment 296	Assistance Payment 186	Tenant Rent 242

**Tenant Signatures**

Head of Household <i>Alice Boesen</i>	Date: 8/5/13	Other Adult	Date:
Spouse / Co-Head	Date:	Other Adult	Date:
Other Adult	Date:	Other Adult	Date:
Other Adult	Date:	Other Adult	Date:
Other Adult	Date:	Other Adult	Date:
Other Adult	Date:	Other Adult	Date:
Other Adult	Date:	Other Adult	Date:

**Owner/Agent Signature**

Owner/Agent <i>May E. Thompson</i>	Date 8-5-13
<input type="checkbox"/> Check this box if Tenant is unable to sign for a legitimate reason	Anticipated Voucher Date 09/01/2013

**Owner's Certification of Compliance  
with HUD's Tenant Eligibility  
and Rent Procedures**

**U.S. Department of Housing  
And Urban Development**  
Office of Housing  
Federal Housing Commissioner

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Submission to the Federal Government  
Record for Landlords

**Section B - Summary Information**

Project Name ROSE OF MARY TERRACE	13. Effective Date 09/01/2013	23. Unit Number 309 (309)
Subsidy Name Section 202 PRAC	14. Anticipated Voucher Date 09/01/2013	24. No. of Bedrooms 1
Secondary Subsidy Type	15. Next Recertification Date 09/01/2014	25. Building ID
Property ID	16. Project Move-In Date 09/01/2008	26. Unit Transfer Code
Project Number 171EE023	17. Unit Move-in Date 09/01/2008	27. Previous Unit No.
Contract Number WA19S051004	18. Certification Type Annual Recertification	28. Security Deposit 347
Telecom Address TRACM08055	19. Action Processed	29. Basic Rent 0
Plan of Action Code	20. Correction Type	30. Market Rent
HUD-Owned Project? NO	21. Cert. Correction date	31. Contract Rent 428
FIPS County Code	22. Prev. Subsidy Type	32. Utility Allowance 54
1. Previous Housing Code Standard		33. Gross Rent 482
2. Displacement Status Not Displaced		

**Section C - Household Information**

34. No.	35. Last Name	36. First Name	37. MI	38. Rel.	39. Sex	40. Race	41. Eth.	42. Birth Date	43. Special Status	44. Student Status	45. ID Code (SSN)	46. Eigi. Code	47. Alien Reg. Number	48. Age at Cert.	49. Work Codes
01	Boesen	Alice	M	H-Head	F	W	2	09/18/1940	E		530248937	EC		72	
02															
03															
04															
05															
06															
07															
08															
50. Family is Mobility Impaired?	N		53. Number of Family Members		1		57. Expected Family Addition - Adoption		0						
51. Family is Hearing Impaired?	N		54. Number of Non-Family Members		0		58. Expected Family Addition - Pregnancy		0						
52. Family is Visually Impaired?	N		55. Number of Dependents		0		59. Expected Family Addition - Foster Children		0						
			56. Number of Eligible Members		1										
60. Previous Head Last Name			63. Previous Effective Date												
61. Previous Head First Name			64. Previous Head ID												
62. Previous Head Middle Initial			65. Previous Head Birth Date												

**Section D - Income Information**

**Section E - Asset Information**

66. Mbr. No.	67. Income Type Code	68. Amount	69. SSN Benefits Claim No.	75. Mbr. No.	76. Description	77. Status	78. Cash Value	79. Actual Yearly Income	80. Date Divested
01	Social Security	15,900		01	Checking - Bank of A	C	0	0	
70. Total Employment Income	0		81. Cash Value of Assets		0				
71. Total Pension Income	15,900		82. Actual Income from Assets		0				
72. Total Public Assistance Income	0		83. HUD Passbook Rate		0.02				
73. Total Other Income	0		84. Imputed Income from Assets		0				
74. Total Non-Asset Income	15,900		85. Asset Income		0				

**Section F - Allowances & Rent Calculations**

86. Total Annual Income	15,900	97. Deduction for Dependents	0	108. Total Tenant Payment	296
87. Low Income Limit	31,050	98. Child Care Expense(work)	0	109. Tenant Rent	242
88. Very Low Income Limit	19,400	99. Child Care Expense(school)	0	110. Utility Reimbursement	0
89. Extremely Low Income Limit		100. 3% of Income	477	111. Assistance Payment	186
90. Current Income Status		101. Disability Expense	0	112. Welfare Rent	0
91. Eligibility Universe Code		102. Disability Deduction	0	113. Hardship Exemption	
92. Sec. 8 Assist. 1984 Indicator		103. Medical Expense	4,157	114. Waiver Type Code	
93. Income Exception Code		104. Medical Deduction	3,680		
94. Police/Security Tenant?		105. Elderly Family Deduction	400		
95. Survivor of Qualifier?		106. Total Deductions	4,080		
96. Household Assistance Status	N	107. Adjusted Annual Income	11,820		

**Owner's Certification of Compliance  
with HUD's Tenant Eligibility  
and Rent Procedures**

**U.S. Department of Housing  
And Urban Development**  
Office of Housing  
Federal Housing Commissioner

NOT for submission to the Federal Government  
Landlord's Official Record of Certification  
OMB Approval Number 2502-0204

**Section A - Acknowledgements**

Read this before you complete and sign this form HUD-50059

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**Certification Summary from Page 2**

Name of Project ROSE OF MARY TERRACE	Unit Number 310 (310)	Effective Date 03/01/2013	Certification Type Annual Recertification
Head of Household LaVonne Hagarty	Total Tenant Payment 350	Assistance Payment 102	Tenant Rent 280

**Tenant Signatures**

Head of Household <i>LaVonne Hagarty</i>	Date: 4/10/2013	Other Adult	Date:
Spouse - Co-Head	Date:	Other Adult	Date:
Other Adult	Date:	Other Adult	Date:
Other Adult	Date:	Other Adult	Date:
Other Adult	Date:	Other Adult	Date:
Other Adult	Date:	Other Adult	Date:
Other Adult	Date:	Other Adult	Date:

**Owner/Agent Signature**

Owner/Agent <i>Mary Thompson</i>	Date 12/21/2012
<input type="checkbox"/> Check this box if tenant is unable to sign for a legitimate reason	Date 05/01/2013

**Owner's Certification of Compliance  
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**U.S. Department of Housing  
And Urban Development**  
Office of Housing  
Federal Housing Commissioner

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Record for Landlords

**Section B. - Summary Information**

Project Name ROSE OF MARY TERRACE	13. Effective Date 03/01/2013	23. Unit Number 310 (310)
Subsidy Name Section 202 PRAC	14. Anticipated Voucher Date 05/01/2013	24. No. of Bedrooms 1
Secondary Subsidy Type	15. Next Recertification Date 03/01/2014	25. Building ID
Property ID	16. Project Move-In Date 03/18/2010	26. Unit Transfer Code
Project Number 171EE023	17. Unit Move-in Date 03/18/2010	27. Previous Unit No.
Contract Number WA19S051004	18. Certification Type Annual Recertification	28. Security Deposit 237
Telecom Address TRACM08055	19. Action Processed	29. Basic Rent 0
Plan of Action Code	20. Correction Type	30. Market Rent
HUD-Owned Project? NO	21. Cert. Correction date	31. Contract Rent 428
3. FIPS County Code	22. Prev. Subsidy Type	32. Utility Allowance 54
1. Previous Housing Code Standard		33. Gross Rent 482
2. Displacement Status Not Displaced		

**Section C. Household Information**

34. No.	35. Last Name	36. First Name	37. MI	38. Rel.	39. Sex	40. Race	41. Eth.	42. Birth Date	43. Special Status	44. Student Status	45. ID Code (SSN)	46. Elig. Code	47. Alien Reg. Number	48. Age at Cert.	49. Work Codes
01	Hagarty	LaVonne	R	H-Head	F	W	2	04/06/1943	E		503508955	EC		69	
02															
03															
04															
05															
06															
07															
08															
0. Family is Mobility Impaired?	N	53. Number of Family Members		1		57. Expected Family Addition - Adoption		0							
1. Family is Hearing Impaired?	N	54. Number of Non-Family Members		0		58. Expected Family Addition - Pregnancy		0							
2. Family is Visually Impaired?	N	55. Number of Dependents		0		59. Expected Family Addition - Foster Children		0							
		56. Number of Eligible Members		1											
30. Previous Head Last Name				63. Previous Effective Date											
31. Previous Head First Name				64. Previous Head ID											
32. Previous Head Middle Initial				65. Previous Head Birth Date											

**Section D. Income Information**

**Section E. Asset Information**

66. Mbr. No.	67. Income Type Code	68. Amount	69. SSN Benefits Claim No.	75. Mbr. No.	76. Description	77. Status	78. Cash Value	79. Actual Yearly Income	80. Date Divested
01	Social Security	13,656		01	Savings - Solarity C	C	759	0	
				01	Checking - Banner Ba	C	737	0	
				01	Savings - Banner Ban	C	4,002	0	
				01	CD - Bank of America	C	25,050	1	
70. Total Employment Income	0		81. Cash Value of Assets		144,903				
71. Total Pension Income	13,656		82. Actual Income from Assets		6,903				
72. Total Public Assistance Income	0		83. HUD Passbook Rate		0.02				
73. Total Other Income	0		84. Imputed Income from Assets		2,898				
74. Total Non-Asset Income	13,656		85. Asset Income		6,903				

**Section F. Allowances & Rent Calculations**

36. Total Annual Income	20,559	97. Deduction for Dependents	0	108. Total Tenant Payment	350
37. Low Income Limit	31,050	98. Child Care Expense(work)	0	109. Tenant Rent	296
38. Very Low Income Limit	19,400	99. Child Care Expense(school)	0	110. Utility Reimbursement	0
39. Extremely Low Income Limit		100. 3% of Income	617	111. Assistance Payment	132
30. Current Income Status		101. Disability Expense	0	112. Welfare Rent	0
31. Eligibility Universe Code		102. Disability Deduction	0	113. Hardship Exemption	
32. Sec. 8 Assist. 1984 Indicator		103. Medical Expense	6,776	114. Waiver Type Code	
33. Income Exception Code		104. Medical Deduction	6,159		
94. Police/Security Tenant?		105. Elderly Family Deduction	400		
95. Survivor of Qualifier?		106. Total Deductions	6,559		
96. Household Assistance Status	N	107. Adjusted Annual Income	14,000		

**Owner's Certification of Compliance  
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**U.S. Department of Housing  
And Urban Development**  
Office of Housing  
Federal Housing Commissioner

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Name of Project ROSE OF MARY TERRACE	Unit Number 310 (310)	Effective Date 03/01/2013	Certification Type Annual Recertification
Head of Household LaVonne Hagarty	Total Tenant Payment 350	Assistance Payment 132	Tenant Rent 296

Continuation Page: Use only when household members, income or asset items exceed the space allowed on page 2

**Section C. Household Information**

34. No.	35. Last Name	36. First Name	37. MI	38. Rel.	39. Sex	40. Race	41. Eth.	42. Birth Date	43. Special Status	44. Student Status	45. ID Code (SSN)	46. Elig. Code	47. Alien Reg. Number	48. Age at Cert.	49. Work Codes

**Section D. Income Information**

**Section E. Asset Information**

66. Mbr. No.	67. Income Type Code	68. Amount	69. SSN Benefits Claim No.	75. Mbr. No.	76. Description	77. Status	78. Cash Value	79. Actual Yearly Income	80. Date Divested
				01	Checking - Bank of A	C	123	0	
				01	Savings - Bank of Am	C	3,516	0	
				01	Stock - Solarity Cre	C	14,540	2,063	
				01	Stock - Solarity Cre	C	14,062	990	
				01	Stock - Solarity Cre	C	10,249	1,482	
				01	Stock - Solarity Cre	C	9,165	1,115	
				01	Stock - Solarity Cre	C	8,347	1,252	
				01	Stock - Alliance Ber	C	1,156	0	
				01	Stock - Robert Vicke	C	53,197	0	

**Owner's Certification of Compliance  
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Read this before you complete and sign this form HUD-50059

**Public Reporting Burden.** The reporting burden for this collection of information is estimated to average 55 minutes 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. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (25020204), Washington, DC 20503. The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD or a Public Housing Authority (PHA) may conduct a computer match to verify the information you provide. This information may be released in accordance with HUD's Computer Matching Agreement (CMA) between the Social Security Administration and the Department of Health and Human Services. You must provide all of the information requested, including the Social Security Numbers (SSNs), unless exempted by 24 CFR 5.216, you, and all other household members, have and use. Giving the SSNs of all household members, unless exempted by 24 CFR 5.216, is mandatory; not providing the SSNs will affect your eligibility approval. Failure to provide any information may result in a delay or rejection of your eligibility approval.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543).

**Tenant(s)' Certification** - I/We certify that the information in Sections C, D, and E of this form are true and complete to the best of my/our knowledge and belief. I/We understand that I/we can be fined up to \$10,000, or imprisoned up to five years, or lose the subsidy HUD pays and have my/our rent increased, if I/we furnish false or incomplete information.

**Owner's Certification** - I certify that this Tenant's eligibility, rent and assistance payments have been computed in accordance with HUD's regulations and administrative procedures and that all required verifications were obtained.

**Warning to Owners and Tenants.** By signing this form, you are indicating that you have read the above Privacy Act Statement and are agreeing with the applicable Certification.

**False Claim Statement.** Warning: U.S. Code, Title 31, Section 3729, False Claims, provides a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages for any person who knowingly presents, or causes to be presented, a false or fraudulent claim; or who knowingly makes, or caused to be used, a false record or statement; or conspires to defraud the Government by getting a false or fraudulent claim allowed or paid.

**Certification Summary from Page 2**

Name of Project ROSE OF MARY TERRACE	Unit Number 314 (314)	Effective Date 11/01/2013	Certification Type Annual Recertification
Head of Household Wilma Jameson	Total Tenant Payment 227	Assistance Payment 255	Tenant Rent 173

**Tenant Signatures**

Head of Household <i>Wilma Jameson</i>	Date: <i>10/25/13</i>	Other Adult	Date:
Spouse / Co-Head	Date:	Other Adult	Date:
Other Adult	Date:	Other Adult	Date:
Other Adult	Date:	Other Adult	Date:
Other Adult	Date:	Other Adult	Date:
Other Adult	Date:	Other Adult	Date:
Other Adult	Date:	Other Adult	Date:

**Owner/Agent Signature**

Owner/Agent <i>Mary E Thompson</i>	Date <i>10-25-13</i>
<input type="checkbox"/> Check this box if Tenant is unable to sign for a legitimate reason	Anticipated Voucher Date 12/01/2013

**Owner's Certification of Compliance  
with HUD's Tenant Eligibility  
and Rent Procedures**

**U.S. Department of Housing  
And Urban Development**  
Office of Housing  
Federal Housing Commissioner

For Personal Records ONLY - not for  
Submission to the Federal Government

Record for Landlords

**Section B - Summary Information**

Project Name ROSE OF MARY TERRACE	13. Effective Date 11/01/2013	23. Unit Number 314 (314)
Subsidy Name Section 202 PRAC	14. Anticipated Voucher Date 12/01/2013	24. No. of Bedrooms 1
Secondary Subsidy Type	15. Next Recertification Date 11/01/2014	25. Building ID
Property ID	16. Project Move-In Date 11/13/2008	26. Unit Transfer Code
Project Number 171EE023	17. Unit Move-in Date 11/13/2008	27. Previous Unit No.
Contract Number WA19S051004	18. Certification Type Annual Recertification	28. Security Deposit 290
Telecom Address TRACM08055	19. Action Processed	29. Basic Rent 0
Plan of Action Code	20. Correction Type	30. Market Rent
HUD-Owned Project? NO	21. Cert. Correction date	31. Contract Rent 428
FIPS County Code	22. Prev. Subsidy Type	32. Utility Allowance 54
Previous Housing Code Standard		33. Gross Rent 482
Displacement Status Not Displaced		

**Section C - Household Information**

40.	35. Last Name	36. First Name	37. MI	38. Rel.	39. Sex	40. Race	41. Eth.	42. Birth Date	43. Special Status	44. Student Status	45. ID Code (SSN)	46. Elig. Code	47. Alien Reg. Number	48. Age at Cert.	49. Work Codes
1	Jameson	Wilma	L	H-Head	F	W	2	05/24/1936	E		511305394	EC		77	
2															
3															
4															
5															
6															
7															
8															

1. Family is Mobility impaired?	N	53. Number of Family Members	1	57. Expected Family Addition - Adoption	0
1. Family is Hearing Impaired?	N	54. Number of Non-Family Members	0	58. Expected Family Addition - Pregnancy	0
2. Family is Visually Impaired?	N	55. Number of Dependents	0	59. Expected Family Addition - Foster Children	0
		56. Number of Eligible Members	1		
0. Previous Head Last Name		63. Previous Effective Date			
1. Previous Head First Name		64. Previous Head ID			
2. Previous Head Middle Initial		65. Previous Head Birth Date			

**Section D - Income Information**

**Section E - Asset Information**

66. Lbr. No.	67. Income Type Code	68. Amount	69. SSN Benefits Claim No.	75. Mbr. No.	76. Description	77. Status	78. Cash Value	79. Actual Yearly Income	80. Date Divested
1	Social Security	12,912		01	Checking - Bank of A	C	563	0	
				01	IRA - Ameriprise Fin	C	3,185	0	
0.	Total Employment Income	0			81. Cash Value of Assets				3,748
1.	Total Pension Income	12,912			82. Actual Income from Assets				0
2.	Total Public Assistance Income	0			83. HUD Passbook Rate				0.02
3.	Total Other Income	0			84. Imputed Income from Assets				0
4.	Total Non-Asset Income	12,912			85. Asset Income				0

**Section F - Allowances & Rent Calculations**

6. Total Annual Income	12,912	97. Deduction for Dependents	0	108. Total Tenant Payment	227
7. Low Income Limit	31,050	98. Child Care Expense(work)	0	109. Tenant Rent	173
8. Very Low Income Limit	19,400	99. Child Care Expense(school)	0	110. Utility Reimbursement	0
9. Extremely Low Income Limit		100. 3% of Income	387	111. Assistance Payment	255
0. Current Income Status		101. Disability Expense	0	112. Welfare Rent	0
1. Eligibility Universe Code		102. Disability Deduction	0	113. Hardship Exemption	
2. Sec. 8 Assist. 1984 Indicator		103. Medical Expense	3,824	114. Waiver Type Code	
3. Income Exception Code		104. Medical Deduction	3,437		
4. Police/Security Tenant?		105. Elderly Family Deduction	400		
5. Survivor of Qualifier?		106. Total Deductions	3,837		
6. Household Assistance Status	N	107. Adjusted Annual Income	9,075		

Previous versions of this form are obsolete.

This form also replaces HUD-50059-D,-E,-F, & -G.



COMMUNITY DEVELOPMENT DEPARTMENT  
Office of Neighborhood Development Services  
222 South Eighth Street, Yakima, Washington 98901  
Phone (509) 575-6101 • Fax (509) 575-6176  
www.yakimawa.gov

March 6, 2014

Rose of Mary  
5401 W Walnut  
Yakima, WA 98908

Dear Rose of Mary Manager,

The Rose of Mary, which was funded in part with Federal HOME funds from the Department of Housing and Urban Development (HUD), requires that the units that are rented be monitored annually for 20 years and inspected every two years.

HUD regulations state that rental projects with five or more HOME funded assisted rental units that 20% of the units must be occupied by very low-income families and must meet one of the following rent requirements:

1. Low Home Rent Limit-the rent does not exceed 30% of the annual income of a family whose income equals 50% of the median income for the area, as determined by HUD, with adjustments for smaller and larger families.
2. High Home Rent Limit-the rent does not exceed 30% of the family's adjusted income. If the unit receives Federal or State project-based rental subsidy and the very low-income family pays as a contribution toward rent not more than 30% of the family's adjusted income, then the maximum rent (i.e., tenant contribution plus project-based rental subsidy) is the rent allowable under the Federal or State project-based rental subsidy program.

See enclosure for Low/High rent limits.

Our office currently monitors nine rental units, so the above requirements will pertain to two of the nine rental units. I have enclosed a copy of the Final FY 2013 Fair Market Rent data sheet (2014 will be sent out once it is released from HUD) with the 2013 Federal Median Income Guidelines and the Project Compliance report form for you to complete and then attach a copy of your tenants 2013 IRS Tax Return and W-2's, or whatever you use for income verification. Please remit this information no later than March 30, 2014.

We appreciate your time and if you have any questions, feel free to call me at (509) 575-6101.

Sincerely,

A handwritten signature in black ink that reads "Archie M. Matthews".

Archie M. Matthews  
ONDS Manager



**City of Yakima**  
**Office of Neighborhood Development Services**

---

To: Housing Staff and Related Associated Nonprofit Agencies  
 From: Angelica/ONDS  
 Subject: 2013 Federal Median Income Guidelines  
 Date: December 11, 2012

The following income guidelines, issued annually by the United States Department of Housing and Urban Development, will show eligible income levels for applicants in the Single-Family, Senior/Disabled, First Time Homeownership and New Construction Homeownership programs. All the applications received after this date will be approved using the new income guidelines.

**2013 Federal Median Income Guidelines**

	Family Size						
	1	2	3	4	5	6	7
100%	\$38,800	\$44,400	\$49,900	\$55,400	\$59,900	\$64,300	\$68,700
80%	\$31,050	\$35,450	\$39,900	\$44,300	\$47,850	\$51,400	\$54,950
50%	\$19,400	\$22,200	\$24,950	\$27,700	\$29,950	\$32,150	\$34,350
30%	\$11,650	\$13,300	\$14,950	\$16,600	\$17,950	\$19,300	\$20,600

**Fair Market Rent**

Number of Bedrooms	0	1	2	3	4
	\$446	\$544	\$700	\$935	\$1,128

----- HOME PROGRAM RENTS -----

<b>PROGRAM</b>	<b>EFFICIENCY</b>	<b>1BR</b>	<b>2BR</b>	<b>3BR</b>	<b>4BR</b>	<b>5BR</b>	<b>6BR</b>
<b>LOW HOME RENT LIMIT</b>	<b>469</b>	<b>527</b>	<b>632</b>	<b>730</b>	<b>815</b>	<b>899</b>	<b>983</b>
<b>HIGH HOME RENT LIMIT</b>	<b>469*</b>	<b>568</b>	<b>732</b>	<b>936</b>	<b>1025</b>	<b>1112</b>	<b>1200</b>
<b>For Information Only:</b>							
<b>FAIR MARKET RENT</b>	<b>466</b>	<b>568</b>	<b>732</b>	<b>977</b>	<b>1180</b>	<b>1357</b>	<b>1534</b>
<b>50% RENT LIMIT</b>	<b>492</b>	<b>527</b>	<b>632</b>	<b>730</b>	<b>815</b>	<b>899</b>	<b>983</b>
<b>65% RENT LIMIT</b>	<b>634</b>	<b>680</b>	<b>818</b>	<b>936</b>	<b>1025</b>	<b>1112</b>	<b>1200</b>

<b>2014 Federal Median Income Guidelines</b>							
Family Size							
	1	2	3	4	5	6	7
100%	\$39,400	\$45,000	\$50,600	\$56,200	\$60,700	\$65,200	\$69,700
80%	\$31,500	\$36,000	\$40,500	\$44,950	\$48,550	\$52,150	\$55,750
50%	\$19,700	\$22,500	\$25,300	\$28,100	\$30,350	\$32,600	\$34,850
30%	\$11,800	\$13,500	\$15,200	\$16,850	\$18,200	\$19,550	\$20,900

For all HOME projects, the maximum allowable rent is the HUD calculated High HOME Rent Limit and/or Low HOME Rent Limit.

**NEXT STEP SOMMER SET**



# Your New Benefit Amount

1462625

BENEFICIARY'S NAME: GREG A BRACK

Your Social Security benefits will increase by 1.5 percent in 2014 because of a rise in the cost of living. **You can use this letter when you need proof of your benefit amount to receive food, rent, or energy assistance; bank loans; or for other business.** Keep this letter with your other important financial documents.

## How Much Will I Get And When?

- Your monthly amount (before deductions) is \$332.00
- The amount we deduct for Medicare medical insurance is \$0.00  
(If you did not have Medicare as of Nov. 14, 2013,  
or if someone else pays your premium, we show \$0.00.)
- The amount we deduct for your Medicare prescription drug plan is \$0.00  
(If you did not elect withholding as of Nov. 1, 2013, we show \$0.00.)
- The amount we deduct for voluntary federal tax withholding is \$0.00  
(If you did not elect voluntary tax withholding as of  
Nov. 14, 2013, we show \$0.00.)
- After we take any other deductions, you will receive \$332.00  
on Jan. 3, 2014.

If you disagree with any of these amounts, you must write to us within 60 days from the date you receive this letter. We would be happy to review the amounts.

You may receive your benefits through direct deposit, a Direct Express® card, or an Electronic Transfer Account. If you still receive a paper check and would like to switch to an electronic

1 800 333 1705

# Your New Benefit Amount

1462617

BENEFICIARY'S NAME: GREG A BRACK

Your Social Security benefits will increase by 1.5 percent in 2014 because of a rise in the cost of living. **You can use this letter when you need proof of your benefit amount to receive food, rent, or energy assistance; bank loans; or for other business.** Keep this letter with your other important financial documents.

## How Much Will I Get And When?

- Your monthly amount (before deductions) is \$336.00
- The amount we deduct for Medicare medical insurance is \$0.00  
(If you did not have Medicare as of Nov. 14, 2013,  
or if someone else pays your premium, we show \$0.00.)
- The amount we deduct for your Medicare prescription drug plan is \$0.00  
(If you did not elect withholding as of Nov. 1, 2013, we show \$0.00.)
- The amount we deduct for voluntary federal tax withholding is \$0.00  
(If you did not elect voluntary tax withholding as of  
Nov. 14, 2013, we show \$0.00.)
- After we take any other deductions, you will receive \$336.00  
on Jan. 3, 2014.

If you disagree with any of these amounts, you must write to us within 60 days from the date you receive this letter. We would be happy to review the amounts.

You may receive your benefits through direct deposit, a Direct Express® card, or an Electronic Transfer Account. If you still receive a paper check and would like to switch to an electronic

**Social Security Administration**  
**Retirement, Survivors and Disability Insurance**  
Important Information

Western Program Service Center  
P.O. Box 2000  
Richmond, California 94802-1791  
Date: December 6, 2013  
Claim Number: 538-42-3250A



008910 1 AT 0.384 0025 LN T24P5 1129 02



KENNETH K NOWLIN  
APT 216  
711 W WALNUT ST  
YAKIMA WA 98902-3341

The State of Washington will no longer pay your Medicare Part B (medical insurance) premiums after October 2013. You must pay the premiums starting November 2013.

**What We Will Pay And When**

- You will receive \$427.20 for December 2013 around January 3, 2014.
- After that you will receive \$637.00 on or about the third of each month.

**Information About Medicare**

We deduct Medicare medical insurance (Part B) premiums 1 month in advance.

We are deducting past-due premiums from your check.

**To Cancel This Insurance**

If you want to cancel your Medicare Part A (hospital insurance) or Part B (medical insurance), please contact us. If you cancel your insurance, the date your coverage stops depends on when you cancel it:

- If you cancel it within 30 days from the date of this letter, your coverage stops when the State stops paying your premiums.
- If you cancel it after 30 days but within 6 months from the date of this letter, your coverage stops at the end of the month in which you ask us to cancel it.
- If you cancel it after 6 months from the date of this letter, your coverage stops at the end of the next month after you contact us.

\*0101K6M1L101401\*NOTAF.P.X3.P878RN07.PG5.R13128.PAM

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0280010635650174031289902394106





COMMUNITY DEVELOPMENT DEPARTMENT  
Office of Neighborhood Development Services  
712 South Eighth Street, Yakima, Washington 98901  
Phone (509) 575-6101 • Fax (509) 575-6176  
www.yakimawa.gov

April 21, 2014

Next Step Housing  
ATTN: Connie Cleary  
P.O. Box 784  
Yakima, WA 98907

Dear Next Step Housing Manager,

The Sommerset Apartments, which was funded in part with Federal HOME funds from the Department of Housing and Urban Development (HUD), requires that the units that are rented be monitored annually for 15 years and inspected every three years.

Please note that as a HUD assisted property still within the affordability period, the property located at 711 W. Walnut needs to be "At or below the listed Fair Market Rent amounts listed for 2013.

I have enclosed a copy of the Final FY 2014 Fair Market Rent data sheet with the 2014 Federal Median Income Guidelines and the Project Compliance report form for you to complete and then attach a copy of your tenants 2013 IRS Tax Return and W-2's, or whatever you use for income verification. Please remit this information no later than May 7, 2014.

We appreciate your time and if you have any questions, feel free to contact Angelica Saldivar at (509) 576-6326.

Sincerely,

A handwritten signature in cursive script that reads "Archie M. Matthews".

Archie M. Matthews  
ONDS Manager



----- HOME PROGRAM RENTS -----

PROGRAM	EFFICIENCY	1BR	2BR	3BR	4BR	5BR	6BR
LOW HOME RENT LIMIT	469	527	632	730	815	899	983
HIGH HOME RENT LIMIT	469*	568	732	936	1025	1112	1200
For Information Only:							
FAIR MARKET RENT	466	568	732	977	1180	1357	1534
50% RENT LIMIT	492	527	632	730	815	899	983
65% RENT LIMIT	634	680	818	936	1025	1112	1200

2014 Federal Median Income Guidelines								
		Family Size						
		1	2	3	4	5	6	7
100%	\$39,400	\$45,000	\$50,600	\$56,200	\$60,700	\$65,200	\$69,700	
80%	\$31,500	\$36,000	\$40,500	\$44,950	\$48,550	\$52,150	\$55,750	
50%	\$19,700	\$22,500	\$25,300	\$28,100	\$30,350	\$32,600	\$34,850	
30%	\$11,800	\$13,500	\$15,200	\$16,850	\$18,200	\$19,550	\$20,900	

For all HOME projects, the maximum allowable rent is the HUD calculated High HOME Rent Limit and/or Low HOME Rent Limit.

***City of Yakima***  
***Office of Neighborhood Development Services***

---

To: Housing Staff and Related Associated Nonprofit Agencies  
 From: Angelica/ONDS  
 Subject: 2014 Federal Median Income Guidelines  
 Date: December 18, 2013

The following income guidelines, issued annually by the United States Department of Housing and Urban Development, will show eligible income levels for applicants in the Single-Family, Senior/Disabled, First Time Homeownership and New Construction Homeownership programs. All the applications received after this date will be approved using the new income guidelines.

**2014 Federal Median Income Guidelines**

	Family Size						
	1	2	3	4	5	6	7
100%	\$39,400	\$45,000	\$50,600	\$56,200	\$60,700	\$65,200	\$69,700
80%	\$31,500	\$36,000	\$40,500	\$44,950	\$48,550	\$52,150	\$55,750
50%	\$19,700	\$22,500	\$25,300	\$28,100	\$30,350	\$32,600	\$34,850
30%	\$11,800	\$13,500	\$15,200	\$16,850	\$18,200	\$19,550	\$20,900

**Fair Market Rent**

Number of Bedrooms	0	1	2	3	4
	\$466	\$568	\$732	\$977	\$1,180

**TRIUMPH TREATMENT**



COMMUNITY DEVELOPMENT DEPARTMENT  
Office of Neighborhood Development Services  
112 South Eighth Street, Yakima, Washington 98901  
Phone: 509, 575-6101 • Fax: 509, 575-6176  
www.yakimawa.gov

June 11<sup>th</sup> 2014

Tom Smith  
Riel House / Triumph Treatment  
613 Superior Lane  
Yakima, WA 98902

During our inspection we viewed the following:

- Common Area
- Kitchen
- Bathrooms
- Laundry Room
- One Sleeping Room
- Grounds

All of the areas passed inspection and the property looks well maintained. Please note that this project is scheduled for inspections every three years, the next inspection will come in spring of 2017. Also be reminded that this project will be required to submit annual Project Compliance Reports every year and these forms will be sent to you by ONDS as needed.

Once again, thank you for your magnificent contribution to our community and your help in allowing us to monitor your project as per HUD regulations.

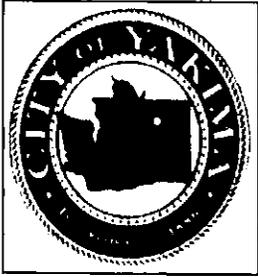
If you have any further questions, please feel free to contact me at 575-6101.

Thank you,

A handwritten signature in black ink, appearing to read "Orville F. Otto II".

Orville F. Otto II  
Senior Program Supervisor

Cc file



DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT  
 Office of Neighborhood Development Services  
 112 South Eighth Street  
 Yakima, Washington 98901  
 Phone (509) 575-6101 • Fax (509) 575-6176

Inspection Date: 6/11/14  
 Time: 9:00 P.M.  
 Realtor: Tom Smith  
 Phone: 952-2755

## HOUSING QUALITY STANDARDS, CODE REQUIREMENTS AND DETERIORATED PAINT VISUAL ASSESSMENT INSPECTION CHECKLIST

**HOME BUYER:** Triumph Treatment Services

**Apartment #:** Riel House

**PROPERTY ADDRESS:** 613 Superior Lane

**PROPERTY AGE:** 13 Years

**SECTION ONE:**

BUILDING EXTERIOR	PASS	FAIL	COMMENTS
1. Condition of foundation	X		
2. Condition of roof	X		
3. Condition of stairs, rails, & porches	X		
4. Condition of exterior surfaces (siding, soffit, etc)	X		
5. Condition of chimney	N/A		
6. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/> X	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/> X	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/> X	<input type="checkbox"/>	

**SECTION TWO:**

BUILDING SYSTEMS	PASS	FAIL	COMMENTS
1. Heating equipment	X		
2. Ventilation/Cooling	X		
3. Water heater	X		
4. Rough plumbing	X		
5. Sewer	X		
6. Electrical service/Wiring	X		
7. Smoke Detectors	X		

**SECTION THREE:**

COMMON AREA/ LIVING ROOM	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/> X	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/> X	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/> X	<input type="checkbox"/>	

**SECTION FOUR:**

KITCHEN	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Sink condition	X		
6. Cabinet/Countertop conditions	X		
7. Ceiling condition	X		
8. Wall condition	X		
9. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/> X	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/> X	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/> X	<input type="checkbox"/>	

**SECTION FIVE:**

<b>BATHROOM</b>	<b>PASS</b>	<b>FAIL</b>	<b>COMMENTS</b>
1.Floor condition	X		
2.Window condition	X		
3.Door condition	X		
4.Electrical fixtures/Ventilation	X		
5.Toilet condition	X		
6. Wash basin/Laboratory conditions	X		
7. Tub or shower unit condition	X		
7. Ceiling condition	X		
8.Wall condition	X		
9.Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

**SECTION SIX:**

<b>LAUNDRY ROOM/UTILITY ROOM:</b>	<b>PASS</b>	<b>FAIL</b>	<b>COMMENTS</b>
1.Floor condition	X		
2.Window condition	X		
3.Door condition	X		
4.Electrical fixtures/Ventilation	X		
5.Ceiling condition	X		
6.Wall condition	X		
7.Condition of paint:	X		
a) cracking, scaling, or peeling	<input type="checkbox"/> X	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/> X	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/> X	<input type="checkbox"/>	

**SECTION SEVEN:**

<b>BEDROOM NO 1: location</b>	<b>PASS</b>	<b>FAIL</b>	<b>COMMENTS</b>
1.Floor condition	X		
2.Window condition	X		
3.Door condition	X		
4.Electrical fixtures	X		
5.Ceiling condition	X		
6.Wall condition	X		
7.Condition of paint:	X		
a) cracking, scaling, or peeling	<input type="checkbox"/> X	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/> X	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/> X	<input type="checkbox"/>	

**SECTION EIGHT:**

<b>BEDROOM NO 2: location N/A</b>	<b>PASS</b>	<b>FAIL</b>	<b>COMMENTS</b>
1.Floor condition			
2.Window condition			
3.Door condition			
4.Electrical fixtures			
5.Ceiling condition			
6.Wall condition			
7.Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

**SECTION NINE:**

<b>BEDROOM NO 3: location N/A</b>	<b>PASS</b>	<b>FAIL</b>	<b>COMMENTS</b>
1.Floor condition			
2.Window condition			
3.Door condition			
4.Electrical fixtures			
5.Ceiling condition			
6.Wall condition			
7.Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

**SECTION TEN:**

<b>DINING ROOM OR DINING AREA</b>	<b>PASS</b>	<b>FAIL</b>	<b>COMMENTS</b>
1.Floor condition	X		
2.Window condition	X		
3.Door condition	X		

4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:	X		
a) cracking, scaling, or peeling	<input type="checkbox"/> X	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/> X	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/> X	<input type="checkbox"/>	

**SECTION ELEVEN:**

OTHER ROOM: location N/A	PASS	FAIL	COMMENTS
1. Floor condition			
2. Window condition			
3. Door condition			
4. Electrical fixtures			
5. Ceiling condition			
6. Wall condition			
7. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

**SECTION TWELVE:**

ENTRIES, HALLWAYS OR STAIRCASES:	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Door condition	X		
3. Electrical fixtures	X		
4. Ceiling condition	X		
5. Wall condition	X		
6. Condition of paint:	X		
a) cracking, scaling, or peeling	<input type="checkbox"/> X	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/> X	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/> X	<input type="checkbox"/>	

**SECTION THIRTEEN:**

UNHABITABLE ROOMS: N/A	PASS	FAIL	COMMENTS
1. Electrical conditions			
2. Potentially hazardous features			
3. Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

**SECTION FOURTEEN:**

**SUMMARY OF INSPECTION**

<b>VISUAL ASSESSMENT OF DETERIORATED PAINT:</b>	<b>PASS</b>	<b>FAIL</b>
	<b>X</b>	

(If failed Visual Assessment of Deteriorated Paint see Section 15 on next page)

  
 \_\_\_\_\_  
**INSPECTOR SIGNATURE**

\_\_\_\_\_  
**6/11/14**  
**DATE**

**SECTION FIFTEEN:**

Failed Visual Assessment of Deteriorated Paint:

Failed Inspection Section number:

Evaluation Results: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Recommended Repairs Using Safe Work Practices: \_\_\_\_\_  
 \_\_\_\_\_

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**Failed Visual Assessment of Deteriorated Paint:**

Failed Inspection Section number:

Evaluation Results: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommended Repairs Using Safe Work Practices: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Failed Visual Assessment of Deteriorated Paint:**

Failed Inspection Section number:

Evaluation Results: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommended Repairs Using Safe Work Practices: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



COMMUNITY DEVELOPMENT DEPARTMENT  
Office of Neighborhood Development Services  
101 South Eighth Street, Yakima, Washington 98901  
Phone: 509 575-6101 • Fax: 509 575-6106  
www.yakimawash.org

April 21, 2014

Triumph Treatment Riel House  
102 S. Naches Avenue  
Yakima, WA. 98901

Dear Riel House Manager,

The Riel House, which was funded in part with Federal HOME funds from the Department of Housing and Urban Development (HUD), requires that the units that are rented be monitored annually for 20 years and inspected every two years.

Please note that as a HUD assisted property still within the affordability period, the property located at 102 S. Naches Avenue needs to be at or below the listed Fair Market Rent amounts listed for 2013.

I have enclosed a copy of the Final FY 2014 Fair Market Rent data sheet with the 2014 Federal Median Income Guidelines and the Project Compliance report form for you to complete and then attach a copy of your tenants 2013 IRS Tax Return and W-2's, or whatever you use for income verification. Please remit this information no later than May 7, 2014

It is also time for property site inspection, since the last one was in 2011. Please contact Orville Otto at 575-6101 to set up a time for the inspection.

We appreciate your time and if you have any questions, feel free to call me at (509) 575-6101.

Sincerely,

A handwritten signature in black ink that reads "Archie M. Matthews".

Archie M. Matthews  
ONDS Manager

*City of Yakima*  
Office of Neighborhood Development Services

**Project Compliance Report: Rental Housing**

Project Name: Riel House Owner Name: Triumph Treatment Services  
 Project ID: \_\_\_\_\_ Reporting Period: From 4/1/13 To 3/31/14

A	B	C	D	E	F	G	H	I	J	K	L
Unit No.	Low or High Home Rent Unit?	Tenant Name	#Persons	# of Bedrooms	Date of Last Income Cert.	Max Rent	Utility Allowance	Monthly Unit Rent	Tenant's Annual Gross Income	Compliance Y/N?	Unit Status (PJ Only)
E-1	Low	Jamie J	2	1	7/1/13	295	Included	91.15	4126	Y	
E-1	Low	Becky H	1	1	1/1/14	295	Included	0	0	Y	
E-1	Low	Alicia M	2	1	3/1/14	291	Included	275.50	780	Y	
E-2	Low	Lillian C	2	1	5/2013	291	Included	91.00	4126	Y	
E-2	Low	Victoria G	2	1	12/2013	291	Included	103.00	4620	Y	
E-2	Low	Cassandra W	2	1	3/2014	291	Included	103.00	4620	Y	
E-3	Low	Amanda C	2	1	5/2013	301	Included	103.00	4620	Y	
E-3	Low	Jerica M	2	1	12/2013	291	Included	91.00	4126	Y	
E-3	Low	Michelle P	2	1	3/2014	301	Included	103.00	4620	Y	
E-4	Low	Erma S	2	1	7/2013	291	Included	0.00	0	Y	
E-4	Low	Krystal G	1	1	8/2013	291	Included	0.00	0	N	
E-4	Low	Jill L	1	1	11/2013	291	Included	0.00	0	Y	
E-4	Low	Callvann L	3	1	3/2014	291	Included	91.00	12,996	Y	
E-4	Low	Augustina R	1	1	3/2014	291	Included	0	0	N	
E-5	Low	Lorrisa L	2	1	5/2013	301	Included	91.00	4620	Y	
E-5	Low	Jill L	1	1	8/2013	291	Included	0.00	0	Y	

E-5	Low	Latoya E	1	1	2/2014	291	Included	0.00	0	Y
E-5	Low	Catherine M	1	1	3/3/14	295	Included	190	7152	Y
E-6	Low	Tamika B	2	1	8/2013	291	Included	466.00	0	Y
E-6	Low	Tabatha S	1	1	9/2013	291	Included	0	7,296	N
E-6	Low	Susan A	1	1	10/2013	291	Included	0	1200	N
E-6	Low	Nicole C	1	1	2/2014	291	Included	0.00	0	N
E-6	Low	Celeste H	1	1	3/2014	291	Included	0.00	0	N
E-7	Low	Erin L	2	1	5/2013	291	Included	91.00	3,348	N
E-7	Low	Adrianna V	1	1	5/2013	291	Included	00.00	0	N
E-7	Low	Joselyn O	1	1	6/2013	291	Included	00.00	0	N
E-7	Low	Tinisha M	2	1	1/2014	291	Included	80.00	3,660	Y
E-7	Low	Erin H	2	1	3/2014	291	Included	103.00	4620	N
E-8	Low	Erma S.	2	1	7/2013	291	Included	0.00	0	Y
E-8	Low	Stephanie A	1	1	8/2013	291	Included	0.00	0	N
E-8	Low	Jennifer H	1	1	11/2013	291	Included	0.00	0	N
E-8	Low	Angela M	2	1	3/2014	291	Included	91.15	4126	Y
W-1	Low	Jessica W	3	1	4/2013	291	Included	103.15	5086	Y
W-1	Low	Brandi C	2	1	7/2013	291	Included	91.15	4126	Y
W-1	Low	Krystal G	1	1	8/2013	291	Included	0.00	0	N
W-1	Low	Bianca B	1	1	8/2013	291	Included	0.00	0	N
W-1	Low	Jamrica H	2	1	3/2014	291	Included	91.15	4126	Y
W-1	Low	Mandy E	1	1	4/2014	291	Included	0.00	0	N
W-2	Low	Nicole H	2	1	7/2013	291	Included	77.68	3587	Y
W-2	Low	Guadalupe M	1	1	8/2013	291	Included	0	0	N
W-2	Low	Calllyann L	1	1	9/2013	291	Included	0	0	Y

W-2	Low	Jill L	1	1	1/2013	291	Included	0	3946	Y
W-2	Low	Kristie C	1	1	1/2013	291	Included	0	0	N
W-2	Low	Ali S	2	1	1/2013	291	Included	0	0	N
W-2	Low	Ciara M	1	1	1/2014	291	Included	0	0	N
W-2	Low	Kristina S	1	1	1/2014	291	Included	0	0	N
W-2	Low	Lacey B	2	1	4/2014	291	Included	91.15	2880	Y
W-3	Low	Melissa M	2	1	7/2013	291	Included	0	0	Y
W-3	Low	Molly Frank	1	1	7/2013	291	Included	0	0	N
W-3	Low	Shameka C	1	1	7/2013	291	Included	0	0	N
W-3	Low	Hillary S	2	1	1/2014	291	Included	103.50	4620	Y
W-3	Low	Stephanie M	2	1	4/2014	291	Included	103.50	4,620	Y
W-4	Low	Jessica W	2	1	8/2013	291	Included	103.15	5086	Y
W-4	Low	Sara B	2	1	8/2013	291	Included	0	0	N
W-4	Low	Britney S	1	1	10/2013	291	Included	0.00	0	N
W-4	Low	Stephanie P	2	1	3/2014	291	Included	91.15	4126	Y
W-4	Low	Sylvia G	1	1	12/2013	291	Included	0.00	0	N
W-4	Low	Latosha J	1	1	3/2014	291	Included	121.15	5076	Y
W-5	Low	Jessica D	2	1	7/2013	291	Included	103.50	4620	Y
W-5	Low	Felicia D	2	1	1/2014	291	Included	91.15	4116	Y
W-5	Low	Jessica S	1	1	1/2014	291	Included	0	0	N
W-5	Low	Jasmine D	1	1	2/2014	291	Included	0	0	N
W-5	Low	Mazye R	2	1	3/2014	291	Included	103.50	4620	Y
W-6	Low	Anna C	2	1	8/2013	291	Included	82.32	4116	Y
W-6	Low	Veronica R	2	1	2/2014	291	Included	0	0	Y
W-6	Low	Jeanette V	2	1	3/2014	291	Included	91.15	4116	N
W-6	Low	Janine M	2	1	3/2014	295	Included	295.00	12312	Y



----- HOME PROGRAM RENTS -----

PROGRAM	EFFICIENCY	1BR	2BR	3BR	4BR	5BR	6BR
LOW HOME RENT LIMIT	469	527	632	730	815	899	983
HIGH HOME RENT LIMIT	469*	568	732	936	1025	1112	1200
For Information Only:							
FAIR MARKET RENT	466	568	732	977	1180	1357	1534
50% RENT LIMIT	492	527	632	730	815	899	983
65% RENT LIMIT	634	680	818	936	1025	1112	1200

**2014 Federal Median Income Guidelines**

	Family Size						
	1	2	3	4	5	6	7
100%	\$39,400	\$45,000	\$50,600	\$56,200	\$60,700	\$65,200	\$69,700
80%	\$31,500	\$36,000	\$40,500	\$44,950	\$48,550	\$52,150	\$55,750
50%	\$19,700	\$22,500	\$25,300	\$28,100	\$30,350	\$32,600	\$34,850
30%	\$11,800	\$13,500	\$15,200	\$16,850	\$18,200	\$19,550	\$20,900

For all HOME projects, the maximum allowable rent is the HUD calculated High HOME Rent Limit and/or Low HOME Rent Limit.

**City of Yakima**  
**Office of Neighborhood Development Services**

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To: Housing Staff and Related Associated Nonprofit Agencies  
 From: Angelica/ONDS  
 Subject: 2014 Federal Median Income Guidelines  
 Date: December 18, 2013

The following income guidelines, issued annually by the United States Department of Housing and Urban Development, will show eligible income levels for applicants in the Single-Family, Senior/Disabled, First Time Homeownership and New Construction Homeownership programs. All the applications received after this date will be approved using the new income guidelines.

**2014 Federal Median Income Guidelines**

	Family Size						
	1	2	3	4	5	6	7
100%	\$39,400	\$45,000	\$50,600	\$56,200	\$60,700	\$65,200	\$69,700
80%	\$31,500	\$36,000	\$40,500	\$44,950	\$48,550	\$52,150	\$55,750
50%	\$19,700	\$22,500	\$25,300	\$28,100	\$30,350	\$32,600	\$34,850
30%	\$11,800	\$13,500	\$15,200	\$16,850	\$18,200	\$19,550	\$20,900

**Fair Market Rent**

Number of Bedrooms	0	1	2	3	4
	\$466	\$568	\$732	\$977	\$1,180

**YWCA**



COMMUNITY DEVELOPMENT DEPARTMENT  
Office of Neighborhood Development Services  
100 South Elgin Street, Yakima, Washington 98901  
Phone 509 575-6101 • Fax 509 575-6176  
www.yakima.gov

May 20th 2014

Joann Garcia  
YWCA of Yakima  
818 W Yakima Avenue  
Yakima, WA 98902

Dear Joann,

Our deepest appreciation to Joann Garcia for helping ONDS conduct its property inspection for YWCA of Yakima apartments.

During our inspection we viewed the following apartments:  
#6 & #11 both studio apartments.

All of the units passed inspection and the property was looking well maintained. Please note that this project is scheduled for inspections every two years and the next inspection will come in spring of 2016. Also be reminded that this project will be required to submit annual Project Compliance Reports every year and these forms will be sent to you by ONDS as needed.

Once again, thank you for your magnificent contribution to our community and your help in allowing us to monitor your project as per HUD regulations.

If you have any further questions, please feel free to contact me at 575-6101.

Thank you,

Orville F. Otto II  
Senior Program Supervisor

Cc file



# Eliminating racism Empowering women

ywca

YWCA Yakima  
818 W. Yakima Avenue  
Yakima, WA 98902

T: 509-248-7796  
F: 509-575-5398  
www.ywcayakima.org

April 29, 2014

RECEIVED

APR 01 2014

OFFICE OF COMMUNITY & ECONOMIC  
DEVELOPMENT SERVICES

Archie Matthews  
ONDS Manager  
City of Yakima – Department of Community & Economic Development  
112 South Eighth Street  
Yakima, WA 98901

Dear Archie:

Per your letter of April 21, 2014 please find enclosed the 2013 HUD Assisted Property - Monitoring Report. The Project Compliance Report is attached (2 pages).

Also, to let you know that for purposes of future communication between the YWCA Yakima and your agency, please direct all correspondence and questions to Joann Garcia, Housing & Facilities Manager. I am retiring effective June 30, 2014 – it has been a pleasure working with you and your staff on our project!

Joann will contact Orville Otto, per your letter, to schedule a property site inspection; she is also available to answer any questions on the Project Compliance Report.

Thanks again for all your assistance over the past several years!

Sincerely,



Donna Hatten  
Grants & Program Director

cc: Joann Garcia, Housing & Facilities Manager

Enclosure: 2013 Project Compliance Report: Rental Housing

City of Yakima  
Office of Neighborhood Development Services

**Project Compliance Report: Rental Housing**

PROJECT: YWCA  
ADDRESS: 818 W. YAKIMA AVENUE

Date: April 21, 2014

No. of Units: 16

No. of HOME UNITS: 2

REPORTING PERIOD: APRIL 2013 - MARCH 2014

Unit No.	Tenant Name	# Persons	# of Bedrooms	Date of Last Income Cert.	Rent Allowance	Utility Allowance	Max Rent	Monthly Unit Rent	Tenant's Annual Gross Income	Compliance Y/N?	Unit Status (PJ Only)
1	SUNOCHAI MICHAM	4	2	6/6/13	610	N/A	90	700	5,052		
2	CAUSTIN BRANDY	2	1	9-1-13	441	"	103	544	4,620		
3	DORIS CYNTHIA	1	0	6-6-13	446	"	0	446	0		
4	CELESTE, CARMEN	3	2	11-20-13	608	"	92	700	4,620		
5	MARINA ALACIA	4	3	3-1-14	885	"	50	936	0		
6	REGINA KAREN	2	0	10-9-13	343	"	103	446	4,620		
7	DEBRA CRISTAL	2	1	6-1-13	487	"	59	544	2,772		
8	WYNONA LARINA	3	1	10-9-13	544	"	0	544	0		
9	LINDSEY TASHA	4	3	10-2-13	885	"	50	936	3,772		
10	ZORINA GINA	4	2	12-1-13	558	"	142	720	7,152		
11	MICHELLE GLORIA	1	0	4-3-13	446	"	0	446	0		

Reviewer: Jean Garcia Date: 4/29/14, 2014

City of Yakima  
Office of Neighborhood Development Services

**Project Compliance Report: Rental Housing**

PROJECT: YWCA  
ADDRESS: 818 W. YAKIMA AVENUE

Date: April 21, 2014

No. of UNITS: 16

No. of HOME UNITS: 2

REPORTING PERIOD: APRIL 2013 - MARCH 2014

Unit No.	Tenant Name	# Persons	# of Bedrooms	Date of Last Income Cert.	Rent Allowance	Utility Allowance	Max Rent	Monthly Unit Rent	Tenant's Annual Gross Income	Compliance Y/N?	Unit Status (PJ Only)
12	Alvarez, America	5	3	10-2-13	770	N/A	152	935	7,776		
13	Roy, Maripita	1	1	12-1-13	544	"	0	544	0		
14	Diaz, Elyvia	3	1	4-22-13	425	"	119	544	5,736		
15	Mills, Isabelle	2	1	5-17-13	441	"	103	544	4,620		
16	Lopez, Concha	5	3	8-12-13	885	"	50	935	13,236		

Reviewer: Joann Garcia

Date: 4/29/14, 2014

*Angelic Saldaña*

5/1/2014

# Eliminating racism Empowering women

ywca

YWCA Yakima  
818 W. Yakima Avenue  
Yakima, WA 98902

T: 509-248-7796  
F: 509-575-5398  
www.ywcayakima.org

May 14, 2014

RECEIVED

MAY 19 2014

OFFICE OF HOUSING & FACILITIES  
DEVELOPMENT SERVICES

Archie Matthews  
ONDS Manager  
City of Yakima – Department of Community & Economic Development  
112 South Eighth Street  
Yakima, WA 98901

Dear Archie:

We are hereby submitting the required income documentation which was inadvertently left off of our 2013 Project Compliance Report submitted to your office on April 29<sup>th</sup>. We apologize for the oversight.

Hopefully this provides everything you need; please let Joann or myself know if you have any other questions or need additional information.

Thank you!

Sincerely,



Donna Hatten  
Grants & Program Director

cc: Joann Garcia, Housing & Facilities Manager

Enclosure: income verification documentation per YWCS 2013 Project Compliance Report: Rental Housing



"Committed to Safe and Affordable Housing"

MIRIAM SAAVEDRA

June 6, 2013

818 W YAKIMA AVE Apt. 1  
YAKIMA, WA 98902

*[Handwritten mark]*

RE: Notification of Adjustments to the Section 8 Contract

Attention: MIRIAM SAAVEDRA

Your Section 8 contract has been modified due to an annual or interim recertification. The provisions of the contract not changed by this notice shall remain in effect. These changes will take effect on 06/01/2013. The following actions are required to complete the modifications to the contract:

- Please come to the office to sign documentation on \_\_\_\_\_ at \_\_\_\_\_.
- Current Washington State, valid driver's license or Department of Motor Vehicles identification card for Notary, make sure it's not expired.
- No action is required.

Other: I added your son Noah to the program. Below is your new rent amount. Please sign all marked areas + return pages

Thank you for your Coope

*[Handwritten signature]*

Becky Mares  
S8 Housing Facilitator

Changes to the Section 8 Contract

	Old Amount	New Amount
Housing Assistance Payment	\$589	\$601
Resident Payment to Owner	\$115	\$103
Contract Rent to Owner	\$704	\$704
Utility Payment to Resident	\$0	\$0

Landlord: YWCA  
818 W. YAKIMA AVE.  
YAKIMA, WA 98902-



"Committed to Safe and Affordable Housing"

June 6, 2013

MIRIAM SAAVEDRA  
813 W YAKIMA AVE Apt. 1,  
YAKIMA, WA 98902

Dear MIRIAM,

I am mailing you the original forms that must be signed by all adult members and returned no later than June 13, 2013. This annual or interim recertification will take effect on **06/01/2013**. The provisions of the contract not changed by this notice shall remain in effect.

- The first form shows what your source of income is \$5736; also it is a reminder that you must report in writing of any changes in your household composition or income within 10 business days and provide documentation on the change. Please sign where you see: *MIRIAM SAAVEDRA*.
- The second form shows your annual income, your portion of the rent (\$103), and our portion of the rent (\$601). Please sign where you see: *Head of Household*.
- The third form also requires your signature. This form demonstrates how we figure your portion of the rent. Please sign where you see: *MIRIAM SAAVEDRA*.
- The fourth form is the utility allowance sheet. This is a rough estimate of the utilities that are being paid. Basically, it is showing that you are responsible to pay for  Light  Gas  water  sewer  garbage. Please sign where you see: *Name of Family*.
- The last form is the new Amendment to the lease & contract. This just shows that our portion went from \$589 to \$601, your portion went from \$115 to \$103, and that the Contract Rent went from \$704 to \$704.

Please return the original forms to me no later than June 13, 2013. If we do not receive the forms by the requested due date, your assistance will/can be terminated.

If you have any questions, feel free to call me at (509) 453-3106.

**KEEP THIS PAGE FOR YOUR RECORDS**

P.O. BOX 1447 Yakima WA 98907

www.yakimahousing.org

WA 98902

PH 509.453.3106

FX 509.453.3111

TDD 1.800.545.1833 ext 560

**YAKIMA HOUSING AUTHORITY**

"Committed to Safe and Affordable Housing"

Family has created HUD form 50058 for your household stating you receive income from

TEANF  
(Source)

Annual income projected: \$ 5736

Annual income projected: \$ \_\_\_\_\_

**Total Annual projected income: \$ 5736**

**MIRIAM SAAVEDRA** do hereby swear and attest that all of the information above about myself and my household is true and correct. I also understand all changes in household members or income must be reported to the Yakima Housing Authority, **IN WRITING immediately and provide documentation on the change.** Failure to do so may result in the necessity of repayment to Yakima Housing Authority and/or Termination.

*Miriam Saavedra*  
MIRIAM SAAVEDRA

Date: 6/10/13

Date: \_\_\_\_\_

Date: 2/14/13

YAKIMA HOUSING AUTHORITY  
 810 N. 6TH AVENUE  
 YAKIMA WA 98902  
 (509)453-3106

Tenant Type: S  
 Effective Date 06/01/2013

For the Tenant **MIRIAM SAAVEDRA**  
 818 W YAKIMA AVE Apt. 1  
 YAKIMA, WA

Actual Assets: 0  
 Actual Asset Income: 0  
 Imputed Income from Assets: 0  
 Total Wages: 0  
 Total SS: 0  
 Total Public Assistance: 5736  
 Total Other Income: 0  
 Income Total: 5736  
 Less Income Exclusions: 0  
 Asset Income: 0  
 Total Annual Income: 5736  
 3% of Annual Income: 172

Total Annual Income: 5736  
 Total Allowances: 1620  
 Annual Adjusted Income: 4116  
 Monthly Adjusted Income: 343

10% of Monthly Total Income 48  
 30% of Monthly Adjusted Income 103  
 Welfare Rent 0  
 Minimum Rent 50  
 The Largest of the 4 is TTP 103

Handicap Expense: 0  
 Allowance for Dependents: 1440  
 Elderly/Disabled Allowance: 0  
 Medical Allowance: 0  
 Child Care Allowance: 180  
 Other Allowances: 1620

Utility Allowance 0  
 Tenant Rent 103  
 Utility Reimbursement 0  
 Assistance Payment 601

Head of Household

Date

Spouse / Co-Head

Date

Owner / Agent

Date

*[Signature]*

6/12/13

*[Signature]*

6-6-13

Head of household name MIRIAM SAAVEDRA

Social Security Number 614-22-5074 Da

Effective date (mm/dd/yyyy) 06/06/2013

**Total Tenant Payment (TTP)**

a.	Total monthly income: 8a ÷ 12	\$	478	9a.
b.	TTP if based on annual income: 9a X 0.10	\$	48	9c.
c.	Adjusted monthly income: 8y ÷ 12	\$	343	9d.
d.	Percentage of adjusted monthly income: use 30% for Section 8		30	9e.
e.	TTP if based on adjusted annual income: (9d X 9e) ÷ 100	\$	103	9f.
f.	Welfare rent per month (if none, put 0)	\$		9g.
g.	Minimum rent (if waived, put 0)	\$	50	9h.
h.	Enhanced Voucher minimum rent	\$		9i.
i.	TTP, highest of lines 9c, 9f, 9g, 9h, or 9i	\$	103	9j.
j.	Most recent TTP	\$	115	9k.
k.	Qualify for minimum rent hardship exemption? (Y or N)	\$		N 9m.

**Signature Lines Only**

I certify that all of the information on this form is accurate and complete to the best of my knowledge.

I certify that the information on this form has been verified, that the family was eligible at admission and that the family has certified that it has given our agency accurate and complete information

  
MIRIAM SAAVEDRA

6/12/13  
Date

  
BECKY MARES

6/6/13  
Date

SI ON 8 HOUSING ASSISTANCE PAYMENTS GRAM  
HAP Contract and Lease Amendment

Master Section 8 Account Number

Project Number:

Contract Number:

Printed on:

WA042

WA042VO0047

06/06/2013

This Amendment is between YWCA, (Owner),  
MIRIAM SAAVEDRA, (Tenant), holding FAMILY PARTICIPATION NUMBER: YWCA- ROBIN,  
and the YAKIMA HOUSING AUTHORITY, (Housing Authority),  
regarding the housing unit described as  
818 W YAKIMA AVE Apt. 1, YAKIMA, WA 98902.

This Amendment changes the respective terms of the Housing Assistance Payment (HAP) Contract between Owner and the Housing Authority, and the Lease between the Tenant and the Owner, as follows:

1. The reason for the Amendment is:

RE-EXAMINATION

Annual Review of family income, expenses, assets and composition.

INTERIM RE-EXAMINATION

Interim change in family income, expenses, assets and composition.

RENT ADJUSTMENT

The Housing Authority approved changes in contract rent.

2. The change results in an adjustment in the following payments:

	From	To
HAP Payment	589	601
Tenant Rent	115	103
Total Contract Rent	704	704
Utility Reimbursement	0	0

3. The Effective Date of this Amendment and the change is 06/01/2013

4. The Tenant's next re-certification date is 08/01/2013

5. This Amendment is prepared in accordance with the terms and conditions of both the HAP Contract between the Owner and the Housing Authority, and the current Lease between the Tenant and the Owner, and this Amendment is made a part of the HAP Contract and the current Lease. All other covenants, terms, and conditions in the HAP Contract and the current Lease shall remain the same.

Family

  
MIRIAM SAAVEDRA

6/12/13  
Date

  
Breanna Mon 6/6/13

YAKIMA CSO  
PO BOX 11699  
TACOMA WA 98411-6699



Phone #  
TTY/TDD # 800-209-5446  
Toll Free # 877-501-2233

08/22/13

Client ID # 004081330

BRANDY E CAVAZOS  
818 W YAKIMA AVE # 2  
YAKIMA WA 98902-3049

Dear BRANDY E CAVAZOS

You will receive the following benefits:

	Begin Date	End Date	
Cash -Temporary Assistance for Needy Families/State Family Assistance (TANF/SFA)	09/01/13	08/31/14	
	First Issuance	Second Issuance	Future Issuances
Cash -Temporary Assistance for Needy Families/State Family Assistance (TANF/SFA)	\$385.00	\$385.00	\$385.00

Your cash benefit will be available on day 1 of each month.

We will add your benefits to an Electronic Benefits Transfer (EBT) account.

We looked at all health care programs.

The following people will receive Washington Apple Health Categorically Needy (CN) coverage.

	Assistance Unit#	Begin Date	End Date
Family Medical BRANDY E CAVAZOS ELIZABETH J CAVAZOS	018570228	09/01/13	08/31/14

We will send you a letter if there are any changes to the benefits listed above.

You can:

- \* Apply for benefits, submit a review, or report changes at [www.washingtonconnection.org](http://www.washingtonconnection.org).
- \* Fax information to us at 888-338-7410.

YWCA Yakima

Zero Income Certification

(To be completed by adult household members)

Property Name: YWCA Yakima Unit: ~~#~~ 3

Resident Name: Cynthia Dollinger

1. I hereby certify that I do not individually receive income from any of the following sources:
  - a. Wages from employment (including commissions, tips, bonuses, fees, etc.).
  - b. Income from operation of a business.
  - c. Rental income from real estate or personal property.
  - d. Interest or dividends from assets.
  - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits.
  - f. Unemployment or disability payments.
  - g. Public assistance payments.
  - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household.
  - i. Sales from self-employed resources (Avon, Mary Kay, EBay, etc.).
  - j. Any other sources not named above.
2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.
3. I will be using the following sources of funds to pay for rent and other necessities:

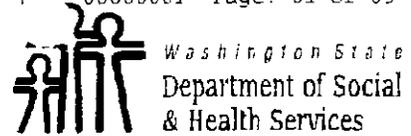
\_\_\_\_\_  
\_\_\_\_\_

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Cynthia Dollinger  
Signature of Applicant/Resident

06/06/13  
Date

YAKIMA CSO  
PO BOX 11699  
TACOMA WA 98411-6699



#4

Phone #  
TTY/TDD # 800-209-5446  
Toll Free # 877-501-2233

09/09/13

Client ID # 002728170

CARMEN CRUZ  
215 S 6TH ST APT 5  
YAKIMA WA 98901-2961

Dear CARMEN CRUZ

You will receive the following benefits:

	Begin Date	End Date			
Cash -Temporary Assistance for Needy Families/State Family Assistance (TANF/SFA)	08/12/13	07/31/14			
	First Issuance	Second Issuance	Future Issuances		
Cash -Temporary Assistance for Needy Families/State Family Assistance (TANF/SFA)	\$633.00	\$385.00	\$385.00		

You will receive your first 2 month's cash benefits at the same time.

Your cash benefit will be available on day 1 of each month.

We will add your benefits to an Electronic Benefits Transfer (EBT) account.

We looked at all health care programs.

The following people will receive Washington Apple Health Categorically Needy (CN) coverage.

	Assistance Unit#	Begin Date	End Date
Family Medical CARMEN CRUZ MANUEL LOPEZ II	021487496	08/01/13	09/30/13

We will send you a letter if there are any changes to the benefits listed above.

You can:

- \* Apply for benefits, submit a review, or report changes at [www.washingtonconnection.org](http://www.washingtonconnection.org).
- \* Fax information to us at 888-338-7410.

YAKIMA CSO  
PO BOX 11699  
TACOMA WA 98411-6699



Phone #  
TTY/TDD # 800-209-5446  
Toll Free # 877-501-2233

#5

02/25/13

Client ID # 050195516

MARIA A MEDINA  
#A  
1106 S 18TH AVE  
YAKIMA WA 98902-5269

Dear MARIA A MEDINA

Your TANF/SFA cash assistance benefits will end on 03/31/13.

The reasons for this decision are:

**For Cash:**

Your earned income is over the limit for this program.  
See WAC rule (Washington Administrative Code): 388-478-0035

You can check these rules online at <http://slc.leg.wa.gov/wacbytitle.htm> or view them at your public library reference desk. If you can't find this information, please call our office.

If you are pregnant or have children and you don't have money for rent or food, you may be able to get emergency assistance. Call me to find out how to ask for this help.

Although your cash assistance will stop, you might be able to get other benefits. Ask for information on the following:

- \* **Food Assistance Benefits**  
You may be able to get food assistance benefits. Ask for an application if you are not already getting them. If you are no longer on cash assistance, the amount of food assistance you get may increase.
- \* **Medical Benefits**  
If anyone in your household gets medical benefits from us, they might be able to keep getting them. You will get a separate letter about medical benefits.
- \* **Child Care Benefits**  
Eligible families can get help paying their work-related childcare costs after TANF benefits stop. Contact your CSO for information on how to apply.
- \* **Child Support**  
If DCS (Division of Child Support) is collecting money from an absent parent for your child and your TANF is terminated you should now start getting your child support

AUG 05 2013

payments directly. It takes DCS about 8 days to process a payment and get it to you. If you have not gotten it within this time, contact your local DCS office.

You may be able to get family planning services from a medical program called "Take Charge". To find a provider near you, call the Family Planning Hotline at 1-800-770-4334.

You can:

- \* Apply for benefits, submit a review, or report changes at [www.washingtonconnection.org](http://www.washingtonconnection.org).
- \* Fax information to us at 888-338-7410.

Write your client ID on all copies you send us. Your client ID is 050195516.

To contact a WorkFirst case manager or social worker, call **509-225-6200**.

Call **877-501-2233** to process an application or review, report changes, or ask questions.

If you disagree with any of our decisions, you may ask to have the case reviewed. You can also ask for an administrative hearing. Administrative hearing rights are included in this letter.

Where can you receive automated information about your case?

- \* You can call The Answer Phone at 1-877-980-9220.
- \* When you call you will need to enter your client ID number, which can be found in the bottom right hand corner of this letter.

AUG 05 2013

**Cash Programs****Income We Count****04/2013**MARIA A MEDINA  
-EARNED INCOME

\$1580.68

**04/2013****Total Income**

\$1580.68

**04/2013****Deductions We Allow**Earned Income Deduction (Combined)  
Total Deductions

\$790.34

\$790.34

**04/2013****Summary**Total Income  
Subtract Total Deductions  
Income We Budget

\$1580.68

\$790.34

\$790.34

**04/2013**Grant Standard for a household of 0  
Subtract the income we budget  
Subtract overpayment deduction  
Subtract sanction deduction

\$0.00

\$790.34

\$0.00

\$0.00

**Cash Benefit**  
(rounded down)

\$0.00

**AUG 05 2013**

# 6

## Resident Rent Calculation Worksheet

(1)	\$	4,620.00	Annual Income from all sources
(2)			Income Exclusions
(3)	\$	4,620.00	Annual Income

### Calculating Adjusted Income

#### Dependent Allowance

(4)		1	Number of Dependents
(5)	\$	480.00	Multiply Line 4 by \$480

#### Child Care Allowance

(6)			Anticipated Unreimbursed Expenses for Care of Children
-----	--	--	--

#### Disabled Assistance Allowance

(7)			Disabled Assistance Expenses
(8)			Multiply Line 3 by 0.03
(9)	\$		Subtract Line 8 from Line 7
(10)			Family Member Earnings which were dependent on the disabled assistance expenses
(11)	\$	-	Lesser of Lines 9 or 10

#### Medical Expenses/Elderly Family Allowances

(12)			List Total for Medical Expenses
(13)	\$		If Line 9 > 0, enter amount from Line 12, otherwise add Line 7 and 12 and subtract Line 8.
(14)			Elderly/Disabled Allowance ( Enter \$400, if applicable)

#### Adjusted Income

(15)	\$	480.00	Total Income Adjustments (Add Lines 5, 6, 11, 13, and 14)
(16)	\$	4,140.00	Adjusted Income (Subtract Line 15 from Line 3)

#### Resident Rent Determination

(17)	\$	103.50	30% of Monthly Adjusted Income (Divide Line 16 by 12 and multiply by 0.3)
(18)	\$	38.50	10% of Monthly Income (Divide Line 3 by 12 and multiply by 0.1)
(19)			Portion of welfare payment designated by the agency to meet the family's housing cost, if applicable.
(20)	\$	103.50	Enter the Largest of Lines 17, 18 or 19. <b>This is the Maximum amount per month that may be charged for resident rent.</b>

#### Determining Resident Rent for Units where Utilities are not included in Rent

(21)			Utility Allowance
(22)	\$	103.50	Resident Rent (Subtract Line 21 from Line 20)
(23)	\$		Utility Reimbursement (Only if Line 22 < 0, This is the amount that must be paid <u>to</u> the resident as a utility reimbursement.)

WAPATO CSO  
PO BOX 11699  
TACOMA WA 98411-6699



Phone #  
TTY/TDD # 800-209-5446  
Toll Free # 877-501-2233

08/23/13

KAREN G RESCORLA  
PO BOX 313  
PARKER WA 98939-0313

Handwritten initials: KR

Client ID # 002611552

Dear KAREN G RESCORLA

You will receive the following benefits:

	Begin Date	End Date
Cash -Temporary Assistance for Needy Families/State Family Assistance (TANF/SFA)	09/01/13	03/31/14
	First Issuance	Second Issuance
Cash -Temporary Assistance for Needy Families/State Family Assistance (TANF/SFA)	\$385.00	\$385.00
		Future Issuances
		\$385.00

Your cash benefit will be available on day 1 of each month.

We will add your benefits to an Electronic Benefits Transfer (EBT) account

We looked at all health care programs.

The following people will receive Washington Apple Health Categorically Needy (CN) coverage.

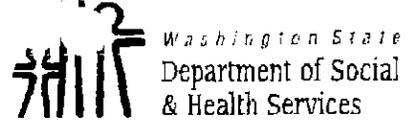
	Assistance Unit#	Begin Date	End Date
Family Medical KAREN G RESCORLA ANNIKA F TEWEE-RESCORLA	006322254	09/01/13	03/31/14

We will send you a letter if there are any changes to the benefits listed above.

You can:

- \* Apply for benefits, submit a review, or report changes at [www.washingtonconnection.org](http://www.washingtonconnection.org).
- \* Fax information to us at 888-238-7410.

YAKIMA CSO  
PO BOX 11699  
TACOMA WA 98411-6699



Phone #  
TTY/TDD # 800-209-5446  
Toll Free # 877-501-2233

11/05/13

Client ID # 050300489

CRYSTAL L DELMOR-EAKINS  
818 W YAKIMA AVE # 7  
YAKIMA WA 98902-3049

Dear CRYSTAL L DELMOR-EAKINS

You will receive the following benefits:

	Begin Date	End Date
Cash -Temporary Assistance for Needy Families/State Family Assistance (TANF/SFA)	11/04/13	10/31/14
	First Issuance	Future Issuances
	\$346.00	\$385.00

*Handwritten notes: 11/13, 1/14*

Your cash benefit will be available on day 1 of each month.

We will add your benefits to an Electronic Benefits Transfer (EBT) account.

We will send you a letter if there are any changes to the benefits listed above.

You can:

- \* Apply for benefits, submit a review, or report changes at [www.washingtonconnection.org](http://www.washingtonconnection.org).
- \* Fax information to us at 888-338-7410.

Write your client ID on all copies you send us. Your client ID is 050300489.

To contact a WorkFirst case manager or social worker, call 509-225-6200.

Call 877-501-2233 to process an application or review, report changes, or ask questions.

If you disagree with any of our decisions, you may ask to have the case reviewed. You can also ask for an administrative hearing. Administrative hearing rights are included in this letter.

YWCA Yakima

Zero Income Certification

(To be completed by adult household members)

Property Name: Ywca Yakima Unit: ~~#~~ 8

Resident Name: Lorena Wymah

1. I hereby certify that I do not individually receive income from any of the following sources:
  - a. Wages from employment (including commissions, tips, bonuses, fees, etc.).
  - b. Income from operation of a business.
  - c. Rental income from real estate or personal property.
  - d. Interest or dividends from assets.
  - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits.
  - f. Unemployment or disability payments.
  - g. Public assistance payments.
  - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household.
  - i. Sales from self-employed resources (Avon, Mary Kay, EBay, etc.).
  - j. Any other sources not named above.
2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.
3. I will be using the following sources of funds to pay for rent and other necessities:  
\_\_\_\_\_  
\_\_\_\_\_

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Lorena Wymah

Signature of Applicant/Resident

5/14/14

Date

## Resident Rent Calculation Worksheet

(1)	\$	4,620.00	Annual Income from all sources
(2)			Income Exclusions
(3)	\$	4,620.00	Annual Income

### Calculating Adjusted Income

#### Dependent Allowance

(4)		1	Number of Dependents
(5)	\$	480.00	Multiply Line 4 by \$480

#### Child Care Allowance

(6)			Anticipated Unreimbursed Expenses for Care of Children
-----	--	--	--

#### Disabled Assistance Allowance

(7)			Disabled Assistance Expenses
(8)			Multiply Line 3 by 0.03
(9)	\$	-	Subtract Line 8 from Line 7
(10)			Family Member Earnings which were dependent on the disabled assistance expenses
(11)	\$	-	Lesser of Lines 9 or 10

#### Medical Expenses/Elderly Family Allowances

(12)			List Total for Medical Expenses
(13)	\$		If Line 9 > 0, enter amount from Line 12, otherwise add Line 7 and 12 and subtract Line 8.
(14)			Elderly/Disabled Allowance ( Enter \$400, if applicable)

#### Adjusted Income

(15)	\$	480.00	Total Income Adjustments (Add Lines 5, 6, 11, 13, and 14)
(16)	\$	4,140.00	Adjusted Income (Subtract Line 15 from Line 3)

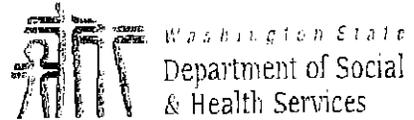
#### Resident Rent Determination

(17)	\$	103.50	30% of Monthly Adjusted Income (Divide Line 16 by 12 and multiply by 0.3)
(18)	\$	38.50	10% of Monthly Income (Divide Line 3 by 12 and multiply by 0.1)
(19)			Portion of welfare payment designated by the agency to meet the family's housing cost, if applicable.
(20)	\$	103.50	Enter the Largest of Lines 17, 18 or 19. <b>This is the Maximum amount per month that may be charged for resident rent.</b>

#### Determining Resident Rent for Units where Utilities are not included in Rent

(21)			Utility Allowance
(22)	\$	103.50	Resident Rent (Subtract Line 21 from Line 20)
(23)	\$		Utility Reimbursement (Only if Line 22 < 0, This is the amount that must be paid <u>to</u> the resident as a utility reimbursement.)

YAKIMA COUNTY  
 PO BOX 11699  
 YACOMA WA 98901-6999



Phone #  
 TTY/TTYD # 800-209-5446  
 Toll Free # 877-501-2233

03/28/13

Client ID # 004299517

JOCHELLE F MULLIS  
 208 S 7TH ST  
 YAKIMA WA 98901-2041

Dear JOCHELLE F MULLIS

This is to let you know that we have finished reviewing your case. Based on the information we have, you will keep getting the benefits shown below unless your circumstances change.

	Begin Date	End Date	Amount
Cash, Aged Blind Disabled Assistance (ABDI)	05/01/13	04/30/14	\$197.00
Basic Food Assistance (federal)	05/01/13	04/30/14	\$200.00

#### **DSHS Has Two Food Programs**

DSHS has a federal food program called Basic Food. To receive federal Basic Food benefits, you must meet all federal rules, which require U.S. citizenship or certain alien status. 7 CFR 273.4

DSHS also has a state food program called the Food Assistance Program for legal immigrants. To receive state Food Assistance Program benefits, you must be a legal immigrant who meets all federal rules for Basic Food, except for citizenship and alien status requirements. RCW 74.08A.120

#### **Important Information about Your Household's Eligibility for Federal and State Food Benefits**

The following persons receive federal Basic Food benefits. Since they receive federal Basic Food benefits, they are **not** eligible for state Food Assistance Program benefits. RCW 74.08A.120

JOCHELLE F MULLIS

You can view state laws (RCW) and rules (WAC) online at <http://www.leg.wa.gov/LawAndAgencyRules/pages/default.aspx>. You can view federal rules (CFR) online at <http://www.gpoaccess.gov/cfr/index.html>. You can also view them at your public library reference desk or local law library. If you can't find this information, please call our office. You can ask for a copy of the rules.

**QUERY**

BENEFIT HISTORY LISTING - BENL

*Handwritten mark*

BENL  
01

J ID 071887183

ADJ L NAME MILLIS

F Name JOHELLE

Issue Number	Issue Type	Issue Date	Issue Amount	Reason Code	Status (Current)	Status Date
016470096C	310	04 27 13	188.00		ID	05 01 13
016404681C	210	04 26 13	18.00		ID	04 27 13

message

14-bena 15-benb 17-bens

**RECEIVED**

**MAY 06 2013**

*Yekima CSO*

**TELEPHONE VERIFICATION/CLARIFICATION**

Unit # 15

Property Name: YWAA

Property Address: 818 W. Yakim Ave.  
Yak. WA  
98902

Applicant/Tenant Name: Suchelle Millis

**Describe item to be clarified**

DCFS TANF Funds.

**--Verification Received--**

Individual Contacted: \_\_\_\_\_ Title: \_\_\_\_\_  
Company Name: DSHS Phone: 225-6206  
Address: Yak. WA  
98902

Date and Time of Verification: 5-16-13 1:00 pm

Clarification/Information received: copy of DSHS Award letter

Signature  Date 5-16-13

Print Name PAUL ESTRADA Title Advocate / Case Mgr

#14

**CURRENT EARNINGS**

**CURRENT DEDUCTIONS**

**YEAR TO DATE**

HOURLY	RATE	AMOUNT	UNITS	RATE	AMOUNT				
18.00	9.25 R	166.51							
18.00	II HRS								
18.00	II YTD								
						FED/TAX	12.74	12.74	
						FICA	2.83	2.83	
						IND/INS			
								166.51	YTD/GRS

ZIRKLE FRUIT COMPANY • 352 HARRISON ROAD • P.O. BOX 190 • SELAH, WA 98942-0190 • (509) 697-6101

**CURRENT EARNINGS**

**CURRENT DEDUCTIONS**

**YEAR TO DATE**

HOURLY	RATE	AMOUNT	UNITS	RATE	AMOUNT				
40.00	9.25 R	370.00							
5.75	13.87 O	79.78							
45.75	II HRS								
115.75	II YTD								
						FED/TAX	10.78	31.36	
						FICA	34.41	88.19	
						IND/INS	7.15	18.17	
								1,152.79	YTD/GRS

CONCHA LOPEZ VAZQUEZ LOP137 4030-HAO  
 ADDRESS: 4500 W NDB HILL APT B5 YAKIMA WA  
 S.S.# XXX-XX-9224 W/H= SINGLE /04  
 PAY PERIOD BEGINNING: 6/30/13 GROSS PAY: \$449.78  
 CHECK DATE: 6/29/13 NET PAY: \$397.41  
 PAY PERIOD ENDING: 6/29/13 CHECK NO: 374900



COMMUNITY DEVELOPMENT DEPARTMENT  
Office of Neighborhood Development Services  
212 South Eighth Street, Yakima, Washington 98903  
Phone 509-575-6101 • Fax 509-575-6106  
[www.yakima.wa.gov](http://www.yakima.wa.gov)

April 21, 2014

YWCA of Yakima  
Attn: Donna Hatton  
818 W. Yakima Avenue  
Yakima, WA. 98902

Dear Mrs. Hatton,

The YWCA, which was funded in part with Federal HOME funds from the Department of Housing and Urban Development (HUD), requires that the units that are rented be monitored annually for 15 years and inspected every two years.

Please note that as a HUD assisted property still within the affordability period, the property located at 818 W. Yakima Avenue needs to be "At or below the listed Fair Market Rent amounts listed for 2013.

I have enclosed a copy of the Final FY 2014 Fair Market Rent data sheet with the 2014 Federal Median Income Guidelines and the Project Compliance report form for you to complete and then attach a copy of your tenants 2013 IRS Tax Return and W-2's, or whatever you use for income verification. Please remit this information no later than May 7, 2014

It is also time for property site inspection, since the last one was in 2012. Please contact Orville Otto at 575-6101 to set up a time for the inspection.

We appreciate your time and if you have any questions, feel free to call me at (509) 575-6101.

Sincerely,

Archie M. Matthews  
ONDS Manager



----- HOME PROGRAM RENTS-----

PROGRAM	EFFICIENCY	1BR	2BR	3BR	4BR	5BR	6BR
LOW HOME RENT LIMIT	469	527	632	730	815	899	983
HIGH HOME RENT LIMIT	469*	568	732	936	1025	1112	1200
For Information Only:							
FAIR MARKET RENT	466	568	732	977	1180	1357	1534
50% RENT LIMIT	492	527	632	730	815	899	983
65% RENT LIMIT	634	680	818	936	1025	1112	1200

2014 Federal Median Income Guidelines								
		Family Size						
		1	2	3	4	5	6	7
100%	\$39,400	\$45,000	\$50,600	\$56,200	\$60,700	\$65,200	\$69,700	
80%	\$31,500	\$36,000	\$40,500	\$44,950	\$48,550	\$52,150	\$55,750	
50%	\$19,700	\$22,500	\$25,300	\$28,100	\$30,350	\$32,600	\$34,850	
30%	\$11,800	\$13,500	\$15,200	\$16,850	\$18,200	\$19,550	\$20,900	

For all HOME projects, the maximum allowable rent is the HUD calculated High HOME Rent Limit and/or Low HOME Rent Limit.

***City of Yakima***  
***Office of Neighborhood Development Services***

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To: Housing Staff and Related Associated Nonprofit Agencies  
 From: Angelica/ONDS  
 Subject: 2014 Federal Median Income Guidelines  
 Date: December 18, 2013

The following income guidelines, issued annually by the United States Department of Housing and Urban Development, will show eligible income levels for applicants in the Single-Family, Senior/Disabled, First Time Homeownership and New Construction Homeownership programs. All the applications received after this date will be approved using the new income guidelines.

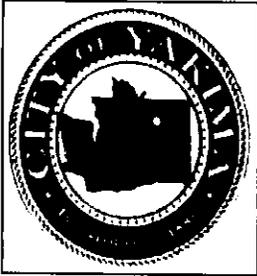
**2014 Federal Median Income Guidelines**

Family Size

	1	2	3	4	5	6	7
100%	\$39,400	\$45,000	\$50,600	\$56,200	\$60,700	\$65,200	\$69,700
80%	\$31,500	\$36,000	\$40,500	\$44,950	\$48,550	\$52,150	\$55,750
50%	\$19,700	\$22,500	\$25,300	\$28,100	\$30,350	\$32,600	\$34,850
30%	\$11,800	\$13,500	\$15,200	\$16,850	\$18,200	\$19,550	\$20,900

**Fair Market Rent**

Number of Bedrooms	0	1	2	3	4
	\$466	\$568	\$732	\$977	\$1,180



DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT  
 Office of Neighborhood Development Services  
 112 South Eighth Street  
 Yakima, Washington 98901  
 Phone (509) 575-6101 • Fax (509) 575-6176

Inspection Date: 5/20/14  
 Time: 10 A.M.  
 Contact Joann Garcia  
 Phone:

## HOUSING QUALITY STANDARDS, CODE REQUIREMENTS AND DETERIORATED PAINT VISUAL ASSESSMENT INSPECTION CHECKLIST

**HOMEBUYER:** \_\_\_\_\_

**Apartment #: 6 & 11 (Studio)** \_\_\_\_\_

**PROPERTY ADDRESS: 818 W Yakima Ave**

**PROPERTY AGE: 3 Years**

**SECTION ONE:**

BUILDING EXTERIOR	PASS	FAIL	COMMENTS
1. Condition of foundation	X		
2. Condition of roof	X		
3. Condition of stairs, rails, & porches	X		
4. Condition of exterior surfaces (siding, soffit, etc)	X		
5. Condition of chimney	N/A		
6. Condition of paint:			
a) cracking, scaling, or peeling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**SECTION TWO:**

BUILDING SYSTEMS	PASS	FAIL	COMMENTS
1. Heating equipment	X		
2. Ventilation/Cooling	X		
3. Water heater	X		
4. Rough plumbing	X		
5. Sewer	X		
6. Electrical service/Wiring	X		
7. Smoke Detectors	X		

**SECTION THREE:**

LIVING ROOM	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Ceiling condition	X		
6. Wall condition	X		
7. Condition of paint:	X		
a) cracking, scaling, or peeling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**SECTION FOUR:**

KITCHEN	PASS	FAIL	COMMENTS
1. Floor condition	X		
2. Window condition	X		
3. Door condition	X		
4. Electrical fixtures	X		
5. Sink condition	X		
6. Cabinet/Countertop conditions	X		
7. Ceiling condition	X		
8. Wall condition	X		
9. Condition of paint:	X		
a) cracking, scaling, or peeling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

2.Window condition	X		
3.Door condition	X		
4.Electrical fixtures	X		
5.Ceiling condition	X		
6.Wall condition	X		
7.Condition of paint:	x		
a) cracking, scaling, or peeling	<input type="checkbox"/> x	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/> x	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/> x	<input type="checkbox"/>	

**SECTION ELEVEN:**

OTHER ROOM: location N/A	PASS	FAIL	COMMENTS
1.Floor condition	N/A		
2.Window condition	N/A		
3.Door condition	N/A		
4.Electrical fixtures	N/A		
5.Ceiling condition	N/A		
6.Wall condition	N/A		
7.Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

**SECTION TWELVE:**

ENTRIES, HALLWAYS OR STAIRCASES:	PASS	FAIL	COMMENTS
1.Floor condition	X		
2. Door condition	X		
3.Electrical fixtures	X		
4.Ceiling condition	X		
5.Wall condition	X		
6.Condition of paint:	x		
a) cracking, scaling, or peeling	<input type="checkbox"/> x	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/> x	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/> x	<input type="checkbox"/>	

**SECTION THIRTEEN:**

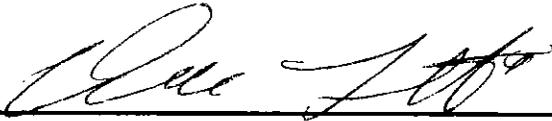
UNHABITABLE ROOMS: N/A	PASS	FAIL	COMMENTS
1.Electrical conditions	N/A		
2.Potentially hazardous features	N/A		
3.Condition of paint:			
a) cracking, scaling, or peeling	<input type="checkbox"/>	<input type="checkbox"/>	
b) chipping or loose	<input type="checkbox"/>	<input type="checkbox"/>	
c) adequately treated or covered	<input type="checkbox"/>	<input type="checkbox"/>	

**SECTION FOURTEEN:**

**SUMMARY OF INSPECTION**

<b>VISUAL ASSESSMENT OF DETERIORATED PAINT:</b>	<b>PASS</b> X	<b>FAIL</b>
---	------------------	-------------

(If failed Visual Assessment of Deteriorated Paint see Section 15 on next page)

  
 \_\_\_\_\_  
**INSPECTOR SIGNATURE**

5/20/2014  
 \_\_\_\_\_  
**DATE**

**SECTION FIFTEEN:**

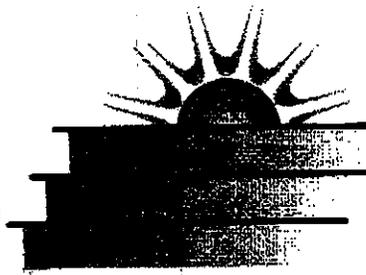
Failed Visual Assessment of Deteriorated Paint:

Failed Inspection Section number:

Evaluation Results: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Recommended Repairs Using Safe Work Practices: \_\_\_\_\_  
 \_\_\_\_\_

**PEAR TREE**



# NEXT STEP HOUSING

SERVICE-ENRICHED • TRANSITIONAL & PERMANENT

## FAX

**Date:** 1/26/15

Number of pages including cover sheet: 13

**TO:** Archie Matthews

**FROM:** Diana McClaskey

**PHONE:** 509-575-6101

**PHONE:** 509-853-5108

**FAX:** 509-575-6176

**FAX:** 509-469-0203

### REMARKS:

Archie,

Pear Tree Place Compliance Report



Diana McClaskey  
Deputy Director  
Next Step Housing  
O 509-853-5108  
F 509-469-0203



**COMMUNITY DEVELOPMENT DEPARTMENT**  
*Office of Neighborhood Development Services*  
112 South Eighth Street Yakima, Washington 98901  
Phone (509) 575-6101 • Fax (509) 575-6176  
[www.yakimawa.gov](http://www.yakimawa.gov)

January 20, 2015

Pear Tree Place  
Attn: Diana McClaskey  
2900 Powerhouse Rd, Suite 120  
Yakima, WA. 98902

Dear Mrs. McClaskey,

It has come to our attention that we have yet to receive the annual Project compliance form and corresponding back up. The Pear Tree Place, which was funded in part with Federal HOME funds from the Department of Housing and Urban Development (HUD), requires that the units that are rented be monitored annually for 20 years and inspected every two years.

HUD regulations state that rental projects with five or more HOME funded assisted rental units that 20% of the units must be occupied by very low-income families and must meet one of the following rent requirements:

1. Low Home Rent Limit-the rent does not exceed 30% of the annual income of a family whose income equals 50% of the median income for the area, as determined by HUD, with adjustments for smaller and larger families.
2. High Home Rent Limit-the rent does not exceed 30% of the family's adjusted income. If the unit receives Federal or State project-based rental subsidy and the very low-income family pays as a contribution toward rent not more than 30% of the family's adjusted income, then the maximum rent (i.e., tenant contribution plus project-based rental subsidy) is the rent allowable under the Federal or State project-based rental subsidy program.

See enclosure for Low/High rent limits.

Our office currently monitors five rental units so the above requirements will pertain to one of the five rental units. I have enclosed a copy of the Final FY 2014 Fair Market Rent data sheet with the 2014 Federal Median Income Guidelines and the Project Compliance report form for you to complete and then attach a copy of your tenants 2013 IRS Tax Return and W-2's, or whatever you use for income verification.

We appreciate your time and if you have any questions, feel free to call me at (509) 575-6101.

Sincerely,

Archie M. Matthews  
ONDS Manager



# SELF-CERTIFICATION OF ANNUAL INCOME

Property Name: Pear Tree Place Unit: 101  
 Household Name: Belcher  
 # of Bedrooms: 1 # of Persons in Household: 1

**REMAINDER OF FORM TO BE COMPLETED BY RESIDENT ONLY**

Enter all household member name(s) and date(s) of birth below (continue on separate sheet of paper if necessary). Also note whether or not any household member is or will be a fulltime student in next 12 months.

	Household Member Name	Date of Birth	Fulltime Student Status *	
Head	<u>Cheryl Belcher</u>	<u>11-10-56</u>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2.	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

\* Have you, in this calendar year, or will you in the next calendar year, be a fulltime student for five months or more?

Enter household income including income from assets of each adult household member. If some members have no income put ZERO. Every adult household member must initial below to certify their gross annual income anticipated for the next 12 months. See **NOTES** on second page of this form (continue on separate sheet of paper if necessary).

Household Member Name	Total Gross Annual Income & Income from Assets	Source of Income	Initials of Adult Household Member
Head	<u>\$ 90,000.00</u>	<u>SSI</u>	<u>CB</u>
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____

Household Name: Belcher

I agree to notify management IMMEDIATELY if:

- ◆ Anyone in my household becomes a fulltime student;
- ◆ My household composition changes in any way.

I certify under penalties of perjury that the above information is true and complete to the best of my knowledge. I understand that false or incomplete information is a violation of the terms of my lease and is grounds for eviction. I agree to furnish any additional income or other documentation required by the property owner/management to document my/our household income:

<u>Cheryl Belcher</u> Head of Household Signature	<u>Cheryl Belcher</u> Print Name	<u>11-12-14</u> Date
_____ Other Household Adult Signature	_____ Print Name	_____ Date
_____ Other Household Adult Signature	_____ Print Name	_____ Date
_____ Other Household Adult Signature	_____ Print Name	_____ Date

**NOTES**

**Types of Income:**

Possible types of income include but are not limited to: wages, salary, tips, bonuses, commissions, military pay, public assistance, Social Security/SSI, retirement benefits, VA benefits, child support, regular gifts, unemployment, and some types of financial aid. Include amount you receive now and amount you anticipate receiving in the next 12 months. All income listed must be GROSS income (income before taxes and deductions).

**Income from Assets:**

Income from assets must also be included in Total Gross Annual Income. Possible types of assets include, but are not limited to: checking accounts, savings accounts, cash on hand, money market accounts, certificates of deposit, stocks, bonds, 401(k) and real estate. Include the annual interest from these accounts in your total income.

TO BE COMPLETED BY MANAGEMENT		
Original Move-in Date: <u>12-1-07</u>	Effective Date of Recertification: <u>12-1-14</u>	
Total Gross Income - All Household Members: \$ <u>9,000<sup>00</sup></u>		
Household Portion of Rent: \$ <u>268<sup>00</sup></u>	Utility Allowance: \$ <u>48<sup>00</sup></u>	
Subsidy Portion: \$ <u>na</u>	Set-aside %: <u>30.00%</u>	
<u>Diana McClaskey</u> Signature of Management Representative	<u>Diana McClaskey</u> Printed Name of Management Representative	<u>11-12-14</u> Date

# SELF-CERTIFICATION OF ANNUAL INCOME

Property Name: Pear Tree Place Unit: 201  
 Household Name: Faulkner  
 # of Bedrooms: 1 # of Persons in Household: 1

**REMAINDER OF FORM TO BE COMPLETED BY RESIDENT ONLY**

Enter all household member name(s) and date(s) of birth below (continue on separate sheet of paper if necessary). Also note whether or not any household member is or will be a fulltime student in next 12 months.

	Household Member Name	Date of Birth	Fulltime Student Status *	
Head	<u>Kerri Lea Faulkner</u>	<u>12-4-60</u>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2.	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

\* Have you, in this calendar year, or will you in the next calendar year, be a fulltime student for five months or more?

Enter household income including income from assets of each adult household member. If some members have no income put "Zero." Every adult Household member must initial below to certify their gross annual income anticipated for the next 12 months. See **NOTES** on second page of this form (continue on separate sheet of paper if necessary).

	Household Member Name	Total Gross Annual Income & Income from Assets	Source of Income	Initials of Adult Household Member
Head	<u>Kerri Lea Faulkner</u>	<u>9396<sup>00</sup></u>	<u>S.S. A</u>	<u>ICF</u>
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____

Household Name: Faulkner

I agree to notify management IMMEDIATELY if:

- ◆ Anyone in my household becomes a fulltime student;
- ◆ My household composition changes in any way.

I certify under penalties of perjury that the above information is true and complete to the best of my knowledge. I understand that false or incomplete information is a violation of the terms of my lease and is grounds for eviction. I agree to furnish any additional income or other documentation required by the property owner/management to document my/our household income:

<u>Ken Faulkner</u> Head of Household Signature	<u>Kerri Lea Faulkner</u> Print Name	<u>10-30-14</u> Date
_____ Other Household Adult Signature	_____ Print Name	_____ Date
_____ Other Household Adult Signature	_____ Print Name	_____ Date
_____ Other Household Adult Signature	_____ Print Name	_____ Date

**NOTES**

**Types of Income:**

Possible types of income include but are not limited to: wages, salary, tips, bonuses, commissions, military pay, public assistance, Social Security/SSI, retirement benefits, VA benefits, child support, regular gifts, unemployment, and some types of financial aid. Include amount you receive now and amount you anticipate receiving in the next 12 months. All income listed must be GROSS income (income before taxes and deductions).

**Income from Assets:**

Income from assets must also be included in Total Gross Annual Income. Possible types of assets include, but are not limited to: checking accounts, savings accounts, cash on hand, money market accounts, certificates of deposit, stocks, bonds, 401(k) and real estate. Include the annual interest from these accounts in your total income.

<b>TO BE COMPLETED BY MANAGEMENT</b>		
Original Move-in Date: <u>12-6-07</u>	Effective Date of Recertification: <u>12-1-14</u>	
Total Gross Income – All Household Members: \$ <u>9,396<sup>00</sup></u>		
Household Portion of Rent: \$ <u>268<sup>00</sup></u>	Utility Allowance: \$ <u>48<sup>00</sup></u>	
Subsidy Portion: \$ <u>N/A</u>	Set-aside %: <u>30.00%</u>	
<u>Diana McClaskey</u> Signature of Management Representative	<u>Diana McClaskey</u> Printed Name of Management Representative	<u>10-30-14</u> Date

## SELF-CERTIFICATION OF ANNUAL INCOME

Property Name: Pear Tree Place Unit: 208  
 Household Name: Cantrell  
 # of Bedrooms: 2 # of Persons in Household: \_\_\_\_\_

**REMAINDER OF FORM TO BE COMPLETED BY RESIDENT ONLY**

Enter all household member name(s) and date(s) of birth below (continue on separate sheet of paper if necessary). Also note whether or not any household member is or will be a fulltime student in next 12 months.

	Household Member Name	Date of Birth	Fulltime Student Status *	
Head	<u>Derek Cantrell</u>	<u>3/22/83</u>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2.	<u>Aliya Cantrell</u>	<u>7/4/07</u>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.	<u>Caroline Cantrell</u>	<u>10/21/10</u>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
4.	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

\* Have you, in this calendar year, or will you in the next calendar year, be a fulltime student for five months or more?

Enter household income including income from assets of each adult household member. If some members have no income put "Zero." Every adult Household member must initial below to certify their gross annual income anticipated for the next 12 months. See **NOTES** on second page of this form (continue on separate sheet of paper if necessary).

Household Member Name	Total Gross Annual Income & Income from Assets	Source of Income	Initials of Adult Household Member
Head <u>Derek Cantrell</u>	<u>\$6652.00</u>	<u>SSA</u>	<u>DC</u>
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____

Household Name: Cantrell

I agree to notify management IMMEDIATELY if:

- Anyone in my household becomes a fulltime student;
- My household composition changes in any way.

I certify under penalties of perjury that the above information is true and complete to the best of my knowledge. I understand that false or incomplete information is a violation of the terms of my lease and is grounds for eviction. I agree to furnish any additional income or other documentation required by the property owner/management to document my/our household income:

Derek Cantrell  
Head of Household Signature

DEREK CANTRELL  
Print Name

11/10/14  
Date

Other Household Adult Signature

Print Name

Date

Other Household Adult Signature

Print Name

Date

Other Household Adult Signature

Print Name

Date

**NOTES**

**Types of Income:**

Possible types of income include but are not limited to: wages, salary, tips, bonuses, commissions, military pay, public assistance, Social Security/SSI, retirement benefits, VA benefits, child support, regular gifts, unemployment, and some types of financial aid. Include amount you receive now and amount you anticipate receiving in the next 12 months. All income listed must be GROSS income (income before taxes and deductions).

**Income from Assets:**

Income from assets must also be included in Total Gross Annual Income. Possible types of assets include, but are not limited to: checking accounts, savings accounts, cash on hand, money market accounts, certificates of deposit, stocks, bonds, 401(k) and real estate. Include the annual interest from these accounts in your total income.

**TO BE COMPLETED BY MANAGEMENT**

Original Move-in Date: 12-1-07 Effective Date of Recertification: 12-1-14

Total Gross Income - All Household Members: \$ 8659<sup>00</sup>

Household Portion of Rent: \$ 319<sup>00</sup> Utility Allowance: \$ 58<sup>00</sup>

Subsidy Portion: \$ na Set-aside %: 30.00%

Diana McClaskey  
Signature of Management Representative

Diana McClaskey  
Printed Name of Management Representative

11/10/14  
Date

# SELF-CERTIFICATION OF ANNUAL INCOME

Property Name: Pear Tree Place Unit: 110  
 Household Name: Farias  
 # of Bedrooms: 3 # of Persons in Household: \_\_\_\_\_

**REMAINDER OF FORM TO BE COMPLETED BY RESIDENT ONLY**

Enter all household member name(s) and date(s) of birth below (continue on separate sheet of paper if necessary). Also note whether or not any household member is or will be a fulltime student in next 12 months.

	Household Member Name	Date of Birth	Fulltime Student Status *	
Head	<u>Rigoberto Farias</u>	<u>9-10-70</u>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2.	<u>Maria E Farias Mendosa</u>	<u>12-8-74</u>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.	<u>Hector Farias</u>	<u>6-1-97</u>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4.	<u>Angel Farias</u>	<u>9-20-01</u>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5.	<u>Julian Farias</u>	<u>1-12-07</u>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6.	<u>Kaden Farias</u>	<u>3-20-10</u>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
7.	_____	_____	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

\* Have you, in this calendar year, or will you in the next calendar year, be a fulltime student for five months or more?

Enter household income including income from assets of each adult household member. If some members have no income put "Zero." Every adult household member must initial below to certify their gross annual income anticipated for the next 12 months. See **NOTES** on second page of this form (continue on separate sheet of paper if necessary).

	Household Member Name	Total Gross Annual Income & Income from Assets	Source of Income	Initials of Adult Household Member
Head	<u>Rigoberto Farias</u>	<u>23,000</u>	<u>Borden &amp; Sons INC</u>	<u>RF</u>
2.	<u>Maria E Farias Mendosa</u>	<u>9,000</u>	<u>Borden &amp; Sons INC</u>	<u>MF</u>
3.	<u>Hector Farias</u>	<u>0</u>	<u>NONE</u>	<u>HF</u>
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____

Household Name: Farias

I agree to notify management IMMEDIATELY if:

- ◆ Anyone in my household becomes a fulltime student;
- ◆ My household composition changes in any way.

I certify under penalties of perjury that the above information is true and complete to the best of my knowledge. I understand that false or incomplete information is a violation of the terms of my lease and is grounds for eviction. I agree to furnish any additional income or other documentation required by the property owner/management to document my/our household income:

✓ Rigoberto Farias Rigoberto Farias 11-12-14  
 Head of Household Signature Print Name Date

Maria Farias Mendosa Maria Farias Mendosa 11-12-14  
 Other Household Adult Signature Print Name Date

✓ Hector Farias Mendosa Hector Farias 11-12-14  
 Other Household Adult Signature Print Name Date

Other Household Adult Signature Print Name Date

**NOTES**

**Types of Income:**

Possible types of income include but are not limited to: wages, salary, tips, bonuses, commissions, military pay, public assistance, Social Security/SSI, retirement benefits, VA benefits, child support, regular gifts, unemployment, and some types of financial aid. Include amount you receive now and amount you anticipate receiving in the next 12 months. All income listed must be GROSS income (income before taxes and deductions).

**Income from Assets:**

Income from assets must also be included in Total Gross Annual Income. Possible types of assets include, but are not limited to: checking accounts, savings accounts, cash on hand, money market accounts, certificates of deposit, stocks, bonds, 401(k) and real estate. Include the annual interest from these accounts in your total income.

**TO BE COMPLETED BY MANAGEMENT**

Original Move-in Date: 12-4-07 Effective Date of Recertification: 12-1-14  
 Total Gross Income - All Household Members: \$ 32,000<sup>00</sup>  
 Household Portion of Rent: \$ 503<sup>00</sup> Utility Allowance: \$ 78<sup>00</sup>  
 Subsidy Portion: \$ no Set-aside %: 40.00%

Diana McClasky Diana McClasky 11-12-14  
 Signature of Management Representative Printed Name of Management Representative Date

# SELF-CERTIFICATION OF ANNUAL INCOME

Property Name: Pear Tree Place Unit: 117  
 Household Name: Day  
 # of Bedrooms: 3 # of Persons in Household: 5

**REMAINDER OF FORM TO BE COMPLETED BY RESIDENT ONLY**

Enter all household member name(s) and date(s) of birth below (continue on separate sheet of paper if necessary). Also note whether or not any household member is or will be a fulltime student in next 12 months.

	Household Member Name	Date of Birth	Fulltime Student Status *	
Head	<u>Sarah Day</u>	<u>1-12-79</u>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2.	<u>Samantha Sanchez</u>	<u>9-20-95</u>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.	<u>Miguel Sanchez</u>	<u>7-9-00</u>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4.	<u>Bianca Sanchez</u>	<u>5-7-03</u>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5.	<u>Karina Sanchez</u>	<u>6-5-05</u>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6.	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

\* Have you, in this calendar year, or will you in the next calendar year, be a fulltime student for five months or more?

Enter household income including income from assets of each adult household member. If some members have no income put "Zero." Every adult Household member must initial below to certify their gross annual income anticipated for the next 12 months. See **NOTES** on second page of this form (continue on separate sheet of paper if necessary).

	Household Member Name	Total Gross Annual Income & Income from Assets	Source of Income	Initials of Adult Household Member
Head	<u>Sarah Day</u>	<u>19,385</u>	<u>work</u>	<u>SD</u>
2.	<u>Samantha Sanchez</u>	<u>0</u>	<u>None</u>	<u>SS</u>
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____

Household Name: Pear Tree Place

I agree to notify management IMMEDIATELY if:

- ◆ Anyone in my household becomes a fulltime student;
- ◆ My household composition changes in any way.

I certify under penalties of perjury that the above information is true and complete to the best of my knowledge. I understand that false or incomplete information is a violation of the terms of my lease and is grounds for eviction. I agree to furnish any additional income or other documentation required by the property owner/management to document my/our household income:

<u><i>Sarah Day</i></u> Head of Household Signature	<u>Sarah Day</u> Print Name	<u>10/29/14</u> Date
<u><i>Samantha Sanchez</i></u> Other Household Adult Signature	<u>Samantha Sanchez</u> Print Name	<u>10/29/14</u> Date
_____ Other Household Adult Signature	_____ Print Name	_____ Date
_____ Other Household Adult Signature	_____ Print Name	_____ Date

**NOTES**

**Types of Income:**

Possible types of income include but are not limited to: wages, salary, tips, bonuses, commissions, military pay, public assistance, Social Security (SSI), retirement benefits, VA benefits, child support, regular gifts, unemployment, and some types of financial aid. Include amount you receive now and amount you anticipate receiving in the next 12 months. All income listed must be GROSS income (income before taxes and deductions).

**Income from Assets:**

Income from assets must also be included in Total Gross Annual Income. Possible types of assets include, but are not limited to: checking accounts, savings accounts, cash on hand, money market accounts, certificates of deposit, stocks, bonds, 401(k) and real estate. Include the annual interest from these accounts in your total income.

TO BE COMPLETED BY MANAGEMENT		
Original Move-in Date:	<u>11-18-07</u>	Effective Date of Recertification: <u>11-1-14</u>
Total Gross Income -- All Household Members:	\$ <u>19,985</u>	
Household Portion of Rent:	\$ <u>359</u>	Utility Allowance: \$ _____
Subsidy Portion: \$ _____	Set-aside %:	<u>30.00%</u>
<u><i>Diana McClaskey</i></u> Signature of Management Representative	<u>Diana McClaskey</u> Printed Name of Management Representative	<u>10-29-14</u> Date



COMMUNITY DEVELOPMENT DEPARTMENT  
Office of Neighborhood Development Services  
112 South Eighth Street, Yakima, Washington 98901  
Phone (509) 575-6161 • Fax (509) 575-6176  
www.yakimawa.gov

January 20, 2015

Pear Tree Place  
Attn: Diana McClaskey  
2900 Powerhouse Rd, Suite 120  
Yakima, WA. 98902

Dear Mrs. McClaskey,

It has come to our attention that we have yet to receive the annual Project compliance form and corresponding back up. The Pear Tree Place, which was funded in part with Federal HOME funds from the Department of Housing and Urban Development (HUD), requires that the units that are rented be monitored annually for 20 years and inspected every two years.

HUD regulations state that rental projects with five or more HOME funded assisted rental units that 20% of the units must be occupied by very low-income families and must meet one of the following rent requirements:

1. Low Home Rent Limit-the rent does not exceed 30% of the annual income of a family whose income equals 50% of the median income for the area, as determined by HUD, with adjustments for smaller and larger families.
2. High Home Rent Limit-the rent does not exceed 30% of the family's adjusted income. If the unit receives Federal or State project-based rental subsidy and the very low-income family pays as a contribution toward rent not more than 30% of the family's adjusted income, then the maximum rent (i.e., tenant contribution plus project-based rental subsidy) is the rent allowable under the Federal or State project-based rental subsidy program.

See enclosure for Low/High rent limits.

Our office currently monitors five rental units so the above requirements will pertain to one of the five rental units. I have enclosed a copy of the Final FY 2014 Fair Market Rent data sheet with the 2014 Federal Median Income Guidelines and the Project Compliance report form for you to complete and then attach a copy of your tenants 2013 IRS Tax Return and W-2's, or whatever you use for income verification.

We appreciate your time and if you have any questions, feel free to call me at (509) 575-6101.

Sincerely,

Archie M. Matthews  
ONDS Manager



**City of Yakima**  
**Office of Neighborhood Development Services**

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To: Housing Staff and Related Associated Nonprofit Agencies  
 From: Angelica/ONDS  
 Subject: 2014 Federal Median Income Guidelines  
 Date: December 18, 2013

The following income guidelines, issued annually by the United States Department of Housing and Urban Development, will show eligible income levels for applicants in the Single-Family, Senior/Disabled, First Time Homeownership and New Construction Homeownership programs. All the applications received after this date will be approved using the new income guidelines.

**2014 Federal Median Income Guidelines**

	Family Size						
	1	2	3	4	5	6	7
100%	\$39,400	\$45,000	\$50,600	\$56,200	\$60,700	\$65,200	\$69,700
80%	\$31,500	\$36,000	\$40,500	\$44,950	\$48,550	\$52,150	\$55,750
65%	\$25,610	\$29,250	\$32,890	\$36,530	\$39,455	\$42,380	\$45,305
50%	\$19,700	\$22,500	\$25,300	\$28,100	\$30,350	\$32,600	\$34,850
30%	\$11,800	\$13,500	\$15,200	\$16,850	\$18,200	\$19,550	\$20,900

**Fair Market Rent**

Number of Bedrooms	0	1	2	3	4
	\$466	\$568	\$732	\$977	\$1,180

----- HOME PROGRAM RENTS -----

PROGRAM	EFFICIENCY	1BR	2BR	3BR	4BR	5BR	6BR
LOW HOME RENT LIMIT	469	527	632	730	815	899	983
HIGH HOME RENT LIMIT	469*	568	732	936	1025	1112	1200
For Information Only:							
FAIR MARKET RENT	466	568	732	977	1180	1357	1534
50% RENT LIMIT	492	527	632	730	815	899	983
65% RENT LIMIT	634	680	818	936	1025	1112	1200

2014 Federal Median Income Guidelines							
Family Size							
	1	2	3	4	5	6	7
100%	\$39,400	\$45,000	\$50,600	\$56,200	\$60,700	\$65,200	\$69,700
80%	\$31,500	\$36,000	\$40,500	\$44,950	\$48,550	\$52,150	\$55,750
50%	\$19,700	\$22,500	\$25,300	\$28,100	\$30,350	\$32,600	\$34,850
30%	\$11,800	\$13,500	\$15,200	\$16,850	\$18,200	\$19,550	\$20,900

For all HOME projects, the maximum allowable rent is the HUD calculated High HOME Rent Limit and/or Low HOME Rent Limit.

- City Limits
- Yakima, DBO, Zoning
- Zoning Category
- SR Suburban Residential
- R-1 Single Family
- R-2 Two Family
- R-3 Multi-Family
- B-1 Professional Business
- B-2 Local Business
- HB Historical Business
- SCC Small Convenience Center
- LCC Large Convenience Center
- CBD Central Business District
- GC General Commercial
- M-1 Light Industrial
- M-2 Heavy Industrial
- RD Regional Development
- AS Airport Support

