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

## U. S Department of Housing and Urban Development

Office of Public and Indian Housing
OMB No. 2577-0226
Expires 2/29/2016

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

| I, Gabriel Lemus  | , the CDBG Program Manager / Principal Planner   |
|---|--|
| Official's Name   | Official's Title   |
| certify that the 5-Year PHA Plan and/or   | r Annual PHA Plan of the   |
| Housing Authority   | of the County of Contra Costa  |
|   | PHA Name   |
| is consistent with the Consolidated Plan or   | State Consolidated Plan and the Analysis of  |
| Impediments (AI) to Fair Housing Choice   | of the   |
| County of Contra Costa  |  |
| pursuant to 24 CFR Part 91.   | Local Jurisdiction Name  |
| Provide a description of how the PHA Plan Consolidated Plan and the AI.             | is consistent with the Consolidated Plan or State  |
| and its residents. The Housing Authori  | mplemented with the input of the Housing Authority ty was an active participant in the Affirmatively |
| Furthering Fair Housing process and th  | e final Assessment of Fair Housing.  |
|   |  |
| I hereby certify that all the information stated haveing as well as any information | nation provided in the accompaniment herewith, is true and accurate. Warning: HUD will               |
| prosecute false claims and statements. Conviction may result in criminal a          | nd/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)                            |
| Name of Authorized Official   | Title  |
| Gabriel Lemus   | CDBG Program Manager /Principal Planner  |
| Signature   | Date 11/30/2020  |
|   |  |