

|                                                                                                                                                                                                                 |                                                                     |                                                                                                                  |                        |                                             |          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------------------|----------|
| Part I: Summary                                                                                                                                                                                                 |                                                                     |                                                                                                                  |                        |                                             |          |
| PHA Name:<br><br>Whitefish Housing Authority                                                                                                                                                                    |                                                                     | Grant Type and Number<br>Capital Fund Program Grant No.<br>Replacement Housing Factor Grant No.<br>Date of CFFP: |                        | FFY of Grant:<br><br>FFY of Grant Approval: |          |
| Type of Grant                                                                                                                                                                                                   |                                                                     |                                                                                                                  |                        |                                             |          |
| <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (Revision No:                      ) |                                                                     |                                                                                                                  |                        |                                             |          |
| <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report                                                                  |                                                                     |                                                                                                                  |                        |                                             |          |
| Line                                                                                                                                                                                                            | Summary by Development Account                                      | Total Estimated Cost                                                                                             |                        | Total Actual Cost <sup>(1)</sup>            |          |
|                                                                                                                                                                                                                 |                                                                     | Original                                                                                                         | Revised <sup>(2)</sup> | Obligated                                   | Expended |
| 1                                                                                                                                                                                                               | Total non-CFP Funds                                                 |                                                                                                                  |                        |                                             |          |
| 2                                                                                                                                                                                                               | 1406 Operations                                                     | \$126,014.00                                                                                                     |                        |                                             |          |
| 3                                                                                                                                                                                                               | 1408 Management Improvement                                         |                                                                                                                  |                        |                                             |          |
| 4                                                                                                                                                                                                               | 1410 Administration                                                 |                                                                                                                  |                        |                                             |          |
| 5                                                                                                                                                                                                               | 1480 General Capital Activity                                       | \$15,000.00                                                                                                      |                        |                                             |          |
| 6                                                                                                                                                                                                               | 1492 MovingToWorkDemonstration                                      |                                                                                                                  |                        |                                             |          |
| 7                                                                                                                                                                                                               | 1501 Collater Exp / Debt Srvc                                       |                                                                                                                  |                        |                                             |          |
| 8                                                                                                                                                                                                               | 1503 RAD-CFP                                                        |                                                                                                                  |                        |                                             |          |
| 9                                                                                                                                                                                                               | 1504 Rad Investment Activity                                        |                                                                                                                  |                        |                                             |          |
| 10                                                                                                                                                                                                              | 1505 RAD-CPT                                                        |                                                                                                                  |                        |                                             |          |
| 11                                                                                                                                                                                                              | 1509 Preparing for, Preventing and Responding to Coronavirus (1509) |                                                                                                                  |                        |                                             |          |

(1) To be completed for the Performance and Evaluation Report  
(2) To be completed for the Performance and Evaluation Report or a Revised Annual Statement  
(3) PHAs with under 250 units in management may use 100% of CFP Grants for operations  
(4) RHF funds shall be include here

| <b>Part I: Summary</b>                                                                                                                                                                                                                                                                                                                                                                                                       |                                             |                                                                                                                         |                        |                                                       |          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------------------------------------|----------|
| <b>PHA Name:</b><br><br>Whitefish Housing Authority                                                                                                                                                                                                                                                                                                                                                                          |                                             | <b>Grant Type and Number</b><br>Capital Fund Program Grant No.<br>Replacement Housing Factor Grant No.<br>Date of CFFP: |                        | <b>FFY of Grant:</b><br><b>FFY of Grant Approval:</b> |          |
| <b>Type of Grant</b><br><input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (Revision No:                      )</b><br><input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b> |                                             |                                                                                                                         |                        |                                                       |          |
| Line                                                                                                                                                                                                                                                                                                                                                                                                                         | Summary by Development Account              | Total Estimated Cost                                                                                                    |                        | Total Actual Cost <sup>(1)</sup>                      |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                              |                                             | Original                                                                                                                | Revised <sup>(2)</sup> | Obligated                                             | Expended |
| 12                                                                                                                                                                                                                                                                                                                                                                                                                           | 9000 Debt Reserves                          |                                                                                                                         |                        |                                                       |          |
| 13                                                                                                                                                                                                                                                                                                                                                                                                                           | 9001 Bond Debt Obligation                   |                                                                                                                         |                        |                                                       |          |
| 14                                                                                                                                                                                                                                                                                                                                                                                                                           | 9002 Loan Debt Obligation                   |                                                                                                                         |                        |                                                       |          |
| 15                                                                                                                                                                                                                                                                                                                                                                                                                           | RESERVED                                    |                                                                                                                         |                        |                                                       |          |
| 16                                                                                                                                                                                                                                                                                                                                                                                                                           | RESERVED                                    |                                                                                                                         |                        |                                                       |          |
| 17                                                                                                                                                                                                                                                                                                                                                                                                                           | RESERVED                                    |                                                                                                                         |                        |                                                       |          |
| 18a                                                                                                                                                                                                                                                                                                                                                                                                                          | RESERVED                                    |                                                                                                                         |                        |                                                       |          |
| 18ba                                                                                                                                                                                                                                                                                                                                                                                                                         | RESERVED                                    |                                                                                                                         |                        |                                                       |          |
| 19                                                                                                                                                                                                                                                                                                                                                                                                                           | RESERVED                                    |                                                                                                                         |                        |                                                       |          |
| 20                                                                                                                                                                                                                                                                                                                                                                                                                           | RESERVED                                    |                                                                                                                         |                        |                                                       |          |
| 21                                                                                                                                                                                                                                                                                                                                                                                                                           | Amount of Annual Grant: (sum of lines 2-20) | \$141,014.00                                                                                                            |                        |                                                       |          |

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| <b>Part I: Summary</b>                                                                                                                                                                                                                                                                                                                                                                                                       |                                                           |                                                                                                                         |                        |                                                       |          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------------------------------------|----------|
| <b>PHA Name:</b><br><br>Whitefish Housing Authority                                                                                                                                                                                                                                                                                                                                                                          |                                                           | <b>Grant Type and Number</b><br>Capital Fund Program Grant No.<br>Replacement Housing Factor Grant No.<br>Date of CFFP: |                        | <b>FFY of Grant:</b><br><b>FFY of Grant Approval:</b> |          |
| <b>Type of Grant</b><br><input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (Revision No:                      )</b><br><input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b> |                                                           |                                                                                                                         |                        |                                                       |          |
| Line                                                                                                                                                                                                                                                                                                                                                                                                                         | Summary by Development Account                            | Total Estimated Cost                                                                                                    |                        | Total Actual Cost <sup>(1)</sup>                      |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                           | Original                                                                                                                | Revised <sup>(2)</sup> | Obligated                                             | Expended |
| 22                                                                                                                                                                                                                                                                                                                                                                                                                           | Amount of line 21 Related to LBP Activities               |                                                                                                                         |                        |                                                       |          |
| 23                                                                                                                                                                                                                                                                                                                                                                                                                           | Amount of line 21 Related to Section 504 Activities       |                                                                                                                         |                        |                                                       |          |
| 24                                                                                                                                                                                                                                                                                                                                                                                                                           | Amount of line 21 Related to Security - Soft Costs        |                                                                                                                         |                        |                                                       |          |
| 25                                                                                                                                                                                                                                                                                                                                                                                                                           | Amount of line 21 Related to Security - Hard Costs        |                                                                                                                         |                        |                                                       |          |
| 26                                                                                                                                                                                                                                                                                                                                                                                                                           | Amount of line 21 Related to Energy Conservation Measures |                                                                                                                         |                        |                                                       |          |

|                                        |             |                                             |             |
|----------------------------------------|-------------|---------------------------------------------|-------------|
| <b>Signature of Executive Director</b> | <b>Date</b> | <b>Signature of Public Housing Director</b> | <b>Date</b> |
|----------------------------------------|-------------|---------------------------------------------|-------------|

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| Part II: Supporting Pages                      |                                                                                                             |                                                                                                                  |          |                      |                        |                                  |                   |                |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------|----------------------|------------------------|----------------------------------|-------------------|----------------|
| PHA Name:<br>Whitefish Housing Authority       |                                                                                                             | Grant Type and Number<br>Capital Fund Program Grant No.<br>Replacement Housing Factor Grant No.<br>CFFP(Yes/No): |          |                      |                        | Federal FFY of Grant:            |                   |                |
| Development Number<br>Name/PHA-Wide Activities | General Description of Major<br>Work Categories                                                             | Development<br>Account No.                                                                                       | Quantity | Total Estimated Cost |                        | Total Actual Cost <sup>(2)</sup> |                   | Status of Work |
|                                                |                                                                                                             |                                                                                                                  |          | Original             | Revised <sup>(1)</sup> | Funds<br>Obligated               | Funds<br>Expended |                |
| MT015000001 - MOUNTAIN VIEW<br>MANOR           | 1406 Operations (Operations (1406))<br>Description : Operations funding                                     | 1406                                                                                                             |          | \$126,014.00         |                        |                                  |                   |                |
| MT015000001 - MOUNTAIN VIEW<br>MANOR           | Non-Routine Unit Turnaround (Dwelling<br>Unit-Interior (1480))<br>Description : Non-routine unit turnaround | 1480                                                                                                             |          | \$15,000.00          |                        |                                  |                   |                |
|                                                | Total:                                                                                                      |                                                                                                                  |          | \$141,014.00         |                        |                                  |                   |                |

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement

(2) To be completed for the Performance and Evaluation Report

| Part III: Implementation Schedule for Capital Fund Financing Program |                                          |                               |                                          |                                |                                                 |
|----------------------------------------------------------------------|------------------------------------------|-------------------------------|------------------------------------------|--------------------------------|-------------------------------------------------|
| PHA Name:<br>Whitefish Housing Authority                             |                                          |                               |                                          |                                | Federal FFY of Grant:                           |
| Development Number<br>Name/PHA-Wide Activities                       | All Fund Obligated (Quarter Ending Date) |                               | All Funds Expended (Quarter Ending Date) |                                | Reasons for Revised Target Dates <sup>(1)</sup> |
|                                                                      | Original Obligation End<br>Date          | Actual Obligation End<br>Date | Original Expenditure<br>End Date         | Actual Expenditure End<br>Date |                                                 |
|                                                                      |                                          |                               |                                          |                                |                                                 |

(1) Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S, Housing Act of 1937, as amended.

**Civil Rights Certification**  
**(Qualified PHAs)**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB Approval No. 2577-0226  
Expires: 09/30/2027

**Civil Rights Certification**

**Annual Certification and Board Resolution**

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairperson or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the 5-Year PHA Plan, hereinafter referred to as "the Plan," of which this document is a part, and make the following certification and agreements with the Department of Housing and Urban Development (HUD) for the fiscal year beginning 2026, in which the PHA receives assistance under 42 U.S.C. 1437f and/or 1437g in connection with the submission of the Plan and implementation thereof:

The PHA certifies that it will carry out the public housing program of the agency in conformity with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d-2000d-4), the Fair Housing Act (42 U.S.C. 3601-19), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), Title II of the Americans with Disabilities Act (42 U.S.C. 12101 *et seq.*), the Violence Against Women Act (34 U.S.C. § 12291 *et seq.*), and other applicable civil rights requirements, and that it will affirmatively further fair housing in the administration of all HUD programs. In addition, if it administers a Housing Choice Voucher Program, the PHA certifies that it will administer the program in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act, the Violence Against Women Act, and other applicable civil rights requirements, and that it will affirmatively further fair housing in the administration of all HUD programs. The PHA will affirmatively further fair housing in compliance with the Fair Housing Act, 24 CFR § 5.150 *et seq.*, 24 CFR § 903.7(o), and 24 CFR § 903.15, which means that it will take meaningful actions, in addition to combating discrimination, that overcome patterns of segregation and foster inclusive communities free from barriers that restrict access to opportunity based on protected characteristics. Specifically, affirmatively furthering fair housing means taking meaningful actions that, taken together, address significant disparities in housing needs and in access to opportunity, replacing segregated living patterns with truly integrated and balanced living patterns, transforming racially or ethnically concentrated areas of poverty into areas of opportunity, and fostering and maintaining compliance with civil rights and fair housing laws (24 CFR § 5.151). Pursuant to 24 CFR § 903.15(c)(2), a PHA's policies are designed to reduce the concentration of tenants and other assisted persons by race, national origin, and disability. PHA policies include affirmative steps stated in 24 CFR § 903.15(c)(2)(i) and 24 CFR § 903.15(c)(2)(ii). Furthermore, under 24 CFR § 903.7(o), a PHA must submit a civil rights certification with its Annual and 5-year PHA Plans, except for qualified PHAs who submit the Form HUD-50077-CR as a standalone document. The PHA certifies that it will take no action that is materially inconsistent with its obligation to affirmatively further fair housing.

Whitefish Housing Authority

MT015

PHA Name

PHA Number/HA Code

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802)

Name of Executive Director:

Marissa Getts

Name of Board Chairperson:

Katherine Berry

Signature:



Date: May 12, 2026

Signature: Katherine Berry

Apr 22, 2026

Date: Katherine Berry (Apr 22, 2026 16:21:11 MDT)

The information is collected to ensure that PHAs carry out applicable civil rights requirements.

Public reporting burden for this information collection is estimated to average 0.16 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Reports Management Officer, REE, Department of Housing and Urban Development, 451 7th Street, SW, Room 4176, Washington, DC 20410-5000. When providing comments, please refer to OMB Approval No. 2577-0226. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

**Privacy Notice.** The United States Department of Housing and Urban Development is authorized to collect the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 *et seq.*, and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality.



## STATEMENT OF SIGNIFICANT AMENDMENT

Whitefish Housing Authority defines a significant amendment or modification to the CFP 5-Year Plan as a variation of more than 50% from the originally stated 5-Year Plan or Annual Budget requiring a Statement of Significant Amendment or Modernization. In addition, any proposed use for demolition, homeownership, CFFP proposal, development, RAD conversion, that is inconsistent with the locally approved 5-Year PHA Plan or mixed-finance proposal is considered a Significant Amendment.

If the amendment or modification is a Significant Amendment or modification, the Whitefish Housing Authority:

- May not adopt the amendment or modification until it is approved by the Board of Commissioners in a meeting that is open to the public after a 45-day public notice; and
- May not implement the amendment or modification until notification of the amendment or modification is provided to HUD and the amendment or modification is approved by HUD in accordance with HUD's plan review procedures.

If the change is not a Significant Amendment or modification, no HUD approval is needed.

*Marissa Getts*

Marissa Getts  
Executive Director  
Date: May 1, 2026



# Certification of Payments to Influence Federal Transactions

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

Public reporting burden for this information collection is estimated to average 30 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The information requested is required to obtain a benefit. This form is used to ensure federal funds are not used to influence members of Congress. There are no assurances of confidentiality. HUD may not conduct or sponsor, and an applicant is not required to respond to a collection of information unless it displays a currently valid OMB control number. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, Office of Policy Development and Research, REE, Department of Housing and Urban Development, 451 7th St SW, Room 4176, Washington, DC 20410-5000. When providing comments, please refer to OMB Approval No. 2577-0157.

Applicant Name

Public Housing - Capital Fund

Program/Activity Receiving Federal Grant Funding

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all sub recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.  
**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Marissa Coets

Title

Executive Director

Signature

Marissa Coets

Date (mm/dd/yyyy)

May 1, 2016