

# Section 1: Cover Page

- (1) Grant Number: 55IH3657160
- (2) Recipient Program Year: 1/1/2025 - 12/31/2025
- (3) Federal Fiscal Year: 2025
- (4)  Initial Plan (Complete this Section then proceed to Section 2)
- (5)  Amended Plan (Complete this Section and Section 8 if applicable)
- (6)  Annual Performance Report (Complete items 27-30 and proceed to Section 3)
- (7)  Tribe
- (8)  TDHE
- (9) **Name of Recipient:** Akwesasne Housing Authority
- (10) **Contact Person:** Penny Peters
- (11) **Telephone Number with Area Code** (999) 999-9999: 518-358-9020
- (12) **Mailing Address:** 378 State Route 37 Suite A
- (13) **City:** Hogansburg
- (14) **State:** NY
- (15) **Zip Code** (99999 or 99999-9999): 13655
- (16) **Fax Number with Area Code** (999) 999-9999: 518-358-2348
- (17) **Email Address** ppeters@aha-nsn.gov
- (18) **If TDHE, List Tribes Below:**
  - Saint Regis Mohawk Tribe
- (19) **Tax Identification Number:** 161387585
- (20) **UEI Number:** YMR4B9YMBNL1
- (21) **CCR/SAM Expiration Date** (MM/DD/YYYY): 11/23/2026
- (22) **IHBG Fiscal Year Formula Amount:** \$2,694,906
- (23) **Name of Authorized IHP Submitter:** Penny Peters
- (24) **Title of Authorized IHP Submitter:** Executive Director
- (25) **Signature of Authorized IHP Submitter:** Penny K Peters
- (26) **IHP Submission Date** (MM/DD/YYYY): 10/30/2024
- (27) **Name of Authorized APR Submitter:**
- (28) **Title of Authorized APR Submitter:**
- (29) **Signature of Authorized APR Submitter:**
- (30) **APR Submission Date** (MM/DD/YYYY):

**Certification:** The information contained in this document is accurate and reflects the activities actually planned or accomplished during the program year. Activities planned and accomplished are eligible under applicable statutes and regulations.

**Warning:** If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosure of information, including intentional disclosure, is subject to a civil money penalty not to exceed \$10,000 for each violation.

## ONE YEAR PLAN ANNUAL PERFORMANCE REPORT

# Section 2: Housing Needs

NAHASDA § 102(b)(2)(B)

**(1) Type of Need:** Check the appropriate box(es) below to describe the estimated types of housing needs and the need for other assistance for low-income Indian families (column B) and all Indian families (column C) inside and outside the jurisdiction.

(A) Type of Need	Check All That Apply	
	(B) Low-Income Indian Families	(C) All Indian Families
(1) Overcrowded Households	<b>X</b>	
(2) Renters Who Wish to Become Owners	<b>X</b>	
(3) Substandard Units Needing Rehabilitation	<b>X</b>	
(4) Homeless Households	<b>X</b>	
(5) Households Needing Affordable Rental Units	<b>X</b>	
(6) College Student Housing		
(7) Disabled Households Needing Accessibility	<b>X</b>	<b>X</b>
(8) Units Needing Energy Efficiency Upgrades		
(9) Infrastructure to Support Housing	<b>X</b>	
(10) Other (specify below)		

**(2) Other Needs.** (Describe the “Other” needs below. Note: this text is optional for all needs except “Other.”):

**(3) Planned Program Benefits.** (Describe below how your planned programs and activities will address the needs of low income families identified above. Also describe how your planned programs will address the various types of housing assistance needs *NAHASDA § 102(b)(2)(B)*):

The Akwesasne Housing Authority team will create positive changes within its service area population in several ways to ensure our planned program benefits Low-Income Native families and all Native Families with disabled households. The AHA plans to provide sustainable, efficient, supportive and affordable rental housing through its Sunrise Acres Supportive Housing Program and by administering Tenant Assistance Program for eligible participants. These direct benefits include alleviating overcrowding, homelessness and providing safe and affordable rental housing. The benefits will be achieved by providing outreach, education and support for home ownership financing options and highlighting various opportunities, the AHA will assist Native people by empowering families to obtain safe and sufficient housing through financing of the construction and rehabilitation of single family homes, offering financing for accessibility for disabled households and hands on assistance to plan out the benefits. To ensure compliance with programs and services obtained by Native people the AHA will plan comprehension, creative and appropriate educational workshops through on-going outreach efforts.

**(4) Geographic Distribution.** Describe below how the assistance will be distributed throughout the geographic area and how this geographic distribution is consistent with the needs of low income families. *NAHASDA § 102(b)(2)(B)(i)*:

The AHA will assist residents within the Saint Regis Mohawk Tribe's (SRMT) determined Indian area that will include: homeownership financing opportunities and education; tenant assistance; affordable rental housing programming; educational and supportive services; referral and informational services. Within the Franklin and St. Lawrence Counties, the AHA will assist tribal members within this service area by providing; tenant assistance; education and supportive services; and referral and information services

# Section 3: Program Descriptions

[102(b)(2)(A)], [233(a)], [235(c)], [404(b)], 24 CFR §1000.512(b)(2)

## Planning and Reporting Program Year Activities

In this section, the recipient must provide a description of its planned eligible activities, and intended outcomes and outputs for the One-Year IHP. The recipient can select any combination of activities eligible under NAHASDA and intended outcomes and outputs that are based on local needs and priorities. There is no maximum or minimum number of eligible activities or intended outcomes and outputs. Rather, the One-Year IHP should include a sufficient number of eligible activities and intended outcomes to fully describe any tasks that the recipient intends to fund in whole or in part with IHBG resources during the coming program year.

Subtitle B of NAHASDA authorizes recipients to establish a program for self-determined housing activities involving construction, acquisition, rehabilitation, or infrastructure relating to housing activities or housing that will benefit the low-income households served by the Indian tribe. A recipient may use up to 20 percent of its annual allocation, but not more than \$2 Million, for this program. Section 233(a) of NAHASDA requires a recipient to include its planned self-determination program activities in the IHP, and Section 235(c) requires the recipient to report the expenditures, outputs, and outcomes for its self-determination program in the APR. For more information, see PIH Notice 2010-35 (Demonstration Program - Self-Determined Housing Activities for Tribal Governments) at [https://www.hud.gov/sites/documents/DOC\\_8814.PDF](https://www.hud.gov/sites/documents/DOC_8814.PDF).

The One-Year IHP is not required to include eligible activities or intended outcomes and outputs that will not receive IHBG resources. For example, the recipient may be planning to apply for Low Income Housing Tax Credits (LIHTC) from its state. If those tax credit projects will not receive IHBG resources, they are not required to be described in the IHP. However, the recipient may wish to include nonIHBG activities in the IHP to provide tribal members with a more complete picture of housing activities.

If an activity will receive partial funding from an IHBG resource, it must be described in the IHP.

For example, if the recipient uses IHBG-funded staff persons to manage, inspect, or maintain an LIHTC-funded rental project, that project would be considered an IHBG-assisted project and the related activities must be described in the IHP.

Planning and Administrative expenses and loan repayments should not be identified as programs in the IHP. That is why there are dedicated rows in the Uses of Funding budget for these expenses. Instead, describe anticipated planning and administrative expenses in Section 6, Line 4 of the IHP, and describe actual planning and administration expenses in Section 6, Line 5 of the APR. Report the planned and actual amount of planning and administrative expenses in the dedicated row of the Uses of Funding budget (Section 5, Line 2). Please note that Reserve Accounts to support planning and administration is an eligible activity and should be identified as a program in the IHP, and any planned or actual expenditure from the Reserve Account would be reported by its program name in the Uses of Funding table.

For the IHP, complete the **unshaded** sections to describe the planned activities, outcomes and outputs in the coming 12-month program year. The recipient must complete Lines 1.1 through 1.4, Lines 1.6 and 1.7, and Line 1.9 for each eligible activity or program planned for the One-Year IHP. For the APR, complete the shaded sections to describe actual accomplishments, outcomes, and outputs for the previous 12-month program year. In particular, complete Lines 1.5, 1.8, 1.9, and 1.10 for each program included in the IHP.

**Eligible Activity May Include** (citations below all reference sections in NAHASDA)

<b>Eligible Activity</b>	<b>Output Measure</b>	<b>Output Completion</b>
(1) Modernization of 1937 Act Housing [202(1)]	Units	All work completed and unit passed final inspection
(2) Operation of 1937 Act Housing [202(1)]	Units	Number of units in inventory at Program Year End (PYE)
(3) Acquisition of Rental Housing [202(2)]	Units	When recipient takes title to the unit
(4) Construction of Rental Housing [202(2)]	Units	All work completed and unit passed final inspection
(5) Rehabilitation of Rental Housing [202(2)]	Units	All work completed and unit passed final inspection
(6) Acquisition of Land for Rental Housing Development [202(2)]	Acres	When recipient takes title to the land
(7) Development of Emergency Shelters [202(2)]	Households	Number of households served at any one time, based on capacity of the shelter
(8) Conversion of Other Structures to Affordable Housing [202(2)]	Units	All work completed and unit passed final inspection
(9) Other Rental Housing Development [202(2)]	Units	All work completed and unit passed final inspection
(10) Acquisition of Land for Homebuyer Unit Development [202(2)]	Acres	When recipient takes title to the land
(11) New Construction of Homebuyer Units [202(2)]	Units	All work completed and unit passed final inspection
(12) Acquisition of Homebuyer Units [202(2)]	Units	When recipient takes title to the unit
(13) Down Payment/Closing Cost Assistance [202(2)]	Units	When binding commitment signed
(14) Lending Subsidies for Homebuyers (Loan) [202(2)]	Units	When binding commitment signed
(15) Other Homebuyer Assistance Activities [202(2)]	Units	When binding commitment signed
(16) Rehabilitation Assistance to Existing Homeowners [202(2)]	Units	All work completed and unit passed final inspection
(17) Tenant Based Rental Assistance [202(3)]	Households	Count each household once per year
(18) Other Housing Service [202(3)]	Households	Count each household once per year
(19) Housing Management Services [202(4)]	Households	Count each household once per year
(20) Operation and Maintenance of NAHASDA- Assisted Units [202(4)]	Units	Number of units in inventory at PYE
(21) Crime Prevention and Safety [202(5)]	Dollars	Dollars spent (report in Uses of Funding table only)
(22) Model Activities [202(6)]	Dollars	Dollars spent (report in Uses of Funding table only)
(23) Self-Determination Program [231-235]		
Acquisition	Units	When recipient takes title to the unit
Construction	Units	All work completed and unit passed final inspection

Rehabilitation	Units	All work completed and unit passed final inspection
Infrastructure	Dollars	Dollars spent (report in Uses of Funding table only)
(24) Infrastructure to Support Housing [202(2)]	Dollars	Dollars spent (report in Uses of Funding table only)
(25) Reserve Accounts [202(9)]	N/A	N/A

**Outcome May Include**

(1) Reduce over-crowding	(7) Create new affordable rental units
(2) Assist renters to become homeowners	(8) Assist affordable housing for college students
(3) Improve quality of substandard units	(9) Provide accessibility for disabled/elderly persons
(4) Improve quality of existing infrastructure	(10) Improve energy efficiency
(5) Address homelessness	(11) Reduction in crime reports
(6) Assist affordable housing for low income households	(12) Other – must provide description in boxes 1.4 (IHP) and 1.5 (APR) below

**IHP: PLANNED PROGRAM YEAR ACTIVITIES**(NAHASDA § 102(b)(2)(A))

For each planned activity, complete all the non-shaded sections below. It is recommended that for each program name you assign a unique identifier to help distinguish individual programs. This unique number can be any number of your choosing, but it should be simple and clear so that you and HUD can track tasks and results under the program and collect appropriate file documentation tied to this program.

- One way to number your programs is chronologically. For example, you could number your programs 2011-1, 2011-2, 2011-3 etc.
- Or, you may wish to number the programs based on type. For example rental 1, rental 2, homebuyer1, homebuyer 2 etc. This type of numbering system might be appropriate if you have many programs that last over several years.
- Finally, you may wish to use an outline style of numbering. For example, all programs under your first eligible activity would start with the number 1 and then be consecutively numbered as 1.1, 1.2, 1.3 etc.

## APR: REPORTING ON PROGRAM YEAR PROGRESS

Complete the shaded section of text below to describe your completed program tasks and actual results. Only report on activities completed during the 12-month program year. Financial data should be presented using the same basis of accounting as the Schedule of Expenditures of Federal Awards (SEFA) in the annual audit. For unit accomplishments, only count units when the unit was completed and occupied during the year. For households, only count the household if it received the assistance during the previous 12-month program year. (NAHASDA § 404(b))

### 1.1. Program Name and Unique Identifier: 2025-01: CAS Management (Operating)

### 1.2. Program Description *(This should be the description of the planned program.):*

This program is designed to preserve and maintain the housing stock of the AHA constructed under the Housing Act of 1937. The AHA will ensure the viability of Mutual-help and Low Rent housing units through regular inspections, work order follow through, continued enforcement of program policies, and other costs. This program will provide salaries and fringes, and other operational costs associated with the maintenance of 1937 Act units.

**1.3. Eligible Activity Number** *(Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):*

(2) Operation of 1937 Act Housing [202(1)]

**1.4. Intended Outcome Number** *(Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):*

(3) Improve quality of substandard units

**Describe Other Intended Outcome** *(Only if you selected "Other" above):*

**1.5 Actual Outcome Number** *(In the APR identify the actual outcome from the Outcome list.):*

(3) Improve quality of substandard units

**Describe Other Actual Outcome** *(Only if you selected "Other" above):*

**1.6. Who Will Be Assisted** *(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Low Income Mutual-help and Low Rent Participants and their families.

**1.7. Types and Level of Assistance** *(Describe the types and the level of assistance that will be provided to each household, as applicable.):*

Households will receive counseling and maintenance remediation when problem areas are identified through regular inspections and tenant consultations. These instances will be tracked through AHA's HDS work order system and complaints monitoring will follow through to completion whether it be direct action by the AHA or stricter enforcement of tenant policies. Board of Commissioners will regularly meet and make decisions based on facts presented with the interest of preserving all 1937 Act housing stock. AHA will foster good standing policies by making available informational services for incentive programs that reduce utility costs and conservation measures.

**1.8. APR** *(Describe the accomplishments for the APR in the 12-month program year. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.):*

The activity resulted in the continued preservation of affordable rental housing by maintaining low#income units and the infrastructure that supports them. Annual inspections and recertifications were completed to ensure compliance and long#term habitability. In addition, tenants received ongoing consultation, assistance, and education to support stable tenancy and improve housing outcomes.

### 1.9. Planned and Actual Outputs for 12-Month Program Year:

Planned Number of Units to be Completed in Year Under this Program: 45	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 25	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

**1.10. APR** *(If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2))):*

**1.1. Program Name and Unique Identifier: 2025-02:Operation and Maintenance of NAHASDA Units**

**1.2. Program Description***(This should be the description of the planned program.):*

This program is designed to preserve and maintain the housing stock of the AHA constructed under NAHASDA. The AHA will ensure the viability of NAHASDA Low Rent housing units through regular inspections, work order follow through, continued enforcement of program policies, and other costs. This program will provide salaries and fringes, and other operational costs associated with the maintenance NAHASDA Units. The acquisition of equipment for the maintenance department of a two new work trucks and snow removal equipment. The need is to maintain the increased footage (1320') of road and 42 additional parking spots added to the new phase of the Sunrise Acres Addition and Expansion Project built last year; along with the loss of snow storage areas. Current equipment is outdated and not intended for its current usage. Along with the additional increased road and parking spots, AHA is responsible for the management of the Solar Farm, which includes 1300' of road age and a turn around.

**1.3. Eligible Activity Number***(Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):*

(20) Operation and Maintenance of NAHASDA-Assisted Units [202(4)]

**1.4. Intended Outcome Number** *(Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):*

(3) Improve quality of substandard units

**Describe Other Intended Outcome***(Only if you selected "Other" above):*

**1.5 Actual Outcome Number***(In the APR identify the actual outcome from the Outcome list.):*

(3) Improve quality of substandard units

**Describe Other Actual Outcome***(Only if you selected "Other" above):*

**1.6. Who Will Be Assisted***(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Low Income NAHASDA and Low Rent Participants and their families.

**1.7. Types and Level of Assistance***(Describe the types and the level of assistance that will be provided to each household, as applicable.):*

Households will receive counseling and maintenance remediation when problem areas are identified through regular inspections and tenant consultations. These instances will be tracked through AHA's HDS work order system and complaints monitoring will follow through to completion whether it be direct action by the AHA or stricter enforcement of tenant policies. Board of Commissioners will regularly meet and make decisions based on facts presented with the interest of preserving all NAHASDA stock. AHA will foster good standing policies by making available informational services for incentive programs that reduce utility costs and conservation measures.

**1.8. APR***(Describe the accomplishments for the APR in the 12-month program year. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.):*

This year, the program delivered a range of services and improvements that supported residents' stability, safety, and long-term self-sufficiency. Financial literacy and homeownership courses were offered to residents, providing education on budgeting, credit, and pathways to homeownership.

The Maintenance Department completed 395 work orders in 2025, ensuring timely repairs and safe living conditions for all units. In addition, the department expanded its operational capacity with the purchase of two new trucks and snowplow attachments on January 30, 2025.

Ongoing efforts included the maintenance and preservation of the grounds and infrastructure serving low-income tenants, as well as annual inspections, tenant assistance, and consultation services to support residents in maintaining their homes and addressing housing-related needs.

**1.9. Planned and Actual Outputs for 12-Month Program Year:**

Planned Number of Units to be Completed in Year Under this Program: 62	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 133	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

**1.10. APR***(If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2))):*

**1.1. Program Name and Unique Identifier: 2025-03:Housing Services - Tenant Assistance Program**

**1.2. Program Description***(This should be the description of the planned program.):*

The Tenant Assistance Program is a short term (2 year limit) rental subsidy program designed with a built in family self-sufficiency component. Families will learn to plan for life goals consistent with the program mission, and will be administered through scheduled one-on-one meetings with the Housing Services Advocate and participate in regular classes planned to meet their goals. Active participation is required by the recipient of such assistance in order to remain in the program.

**1.3. Eligible Activity Number***(Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):*

(17) Tenant Based Rental Assistance [202(3)]

**1.4. Intended Outcome Number** *(Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):*

(6) Assist affordable housing for low income households

**Describe Other Intended Outcome***(Only if you selected "Other" above):*

**1.5 Actual Outcome Number***(In the APR identify the actual outcome from the Outcome list.):*

(6) Assist affordable housing for low income households

**Describe Other Actual Outcome***(Only if you selected "Other" above):*

**1.6. Who Will Be Assisted***(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Low Income Eligible Families.

**1.7. Types and Level of Assistance***(Describe the types and the level of assistance that will be provided to each household, as applicable.):*

Rental subsidies will be provided to active participants who remain in compliance with program rules. Up to 100% of rents will be paid for the first year of assistance and a sliding scale for the second year will be used to complete the program and self-sufficiency goals for the eligible families whose income does not exceed 80% AMI. The Upper limit of assistance that will be provided to each family/applicant is based on fair market rent for Franklin County.

**1.8. APR***(Describe the accomplishments for the APR in the 12-month program year. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.):*

A total of 27 families received support through the Tenant Assistance Program this year. Financial literacy classes were held in October 2025, providing participants with guidance on budgeting, credit management, and long-term financial planning. In addition, AHA loan specialists offered one-on-one counseling, giving residents individualized advice on budgeting, debt management, and strategies to improve financial stability.

**1.9. Planned and Actual Outputs for 12-Month Program Year:**

Planned Number of Units to be Completed in Year Under this Program:	Planned Number of Households To Be Served in Year Under this Program: 20	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 27	APR: Actual Number of Acres Purchased in Program Year: 0

**1.10. APR***(If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2))):*

**1.1. Program Name and Unique Identifier: 2025-04:Housing Management Services**

**1.2. Program Description***(This should be the description of the planned program.):*

This program is designed to promote supportive services to all NAHASDA-assisted housing participants. The Housing Services Department (HS) will actively participate in the community's many educational programs throughout the year and will concentrate on individualized self-sufficiency plans, with an added focus on maintaining green and sustainable systems. Funding from HUD's Resident Opportunity Support Services (ROSS) grant called STEP (Support for Elderly Program) continues for this fiscal year. This program assists elderly residents with gracefully aging in place. STEP will be used as the conduit for elderly residents and community members case management activities.

**1.3. Eligible Activity Number***(Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):*

(19) Housing Management Services [202(4)]

**1.4. Intended Outcome Number** *(Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):*

(6) Assist affordable housing for low income households

**Describe Other Intended Outcome***(Only if you selected "Other" above):*

**1.5 Actual Outcome Number***(In the APR identify the actual outcome from the Outcome list.):*

(6) Assist affordable housing for low income households

**Describe Other Actual Outcome***(Only if you selected "Other" above):*

**1.6. Who Will Be Assisted***(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Mutual-help, Low Rent, and Low Rent Elderly families in NAHASDA-assisted housing.

**1.7. Types and Level of Assistance***(Describe the types and the level of assistance that will be provided to each household, as applicable.):*

Assistance provided will be support for programs and services to Mutual-help, Low Rent, and Low Rent Elderly families under NAHASDA-assisted and ROSS-assisted STEP programs of the AHA.

**1.8. APR***(Describe the accomplishments for the APR in the 12-month program year. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.):*

The Annual Community Meeting was held to showcase AHA’s programs and services, while also gathering valuable feedback on community housing needs. Seasonal tenant meetings were conducted throughout the year to address tenant concerns, share updates, and ensure ongoing communication between residents and staff.

Financial literacy and homeownership courses were offered year#round to both program participants and community members, supporting long#term financial stability and pathways to homeownership. In addition, the ROSS Service Coordinator provided ongoing assistance to elderly and disabled residents of Sunrise Acres, helping them access services, maintain housing stability, and improve overall quality of life.

**1.9. Planned and Actual Outputs for 12-Month Program Year:**

Planned Number of Units to be Completed in Year Under this Program:	Planned Number of Households To Be Served in Year Under this Program: 190	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 195	APR: Actual Number of Acres Purchased in Program Year: 0

**1.10. APR***(If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2))):*

**1.1. Program Name and Unique Identifier: 2025-07:Kahwah:tsire Housing Development- Phase 2**

**1.2. Program Description***(This should be the description of the planned program.):*

AHA had to allocate IHBG FY 2022 funds for the Kahwa:tsire Housing development project phase 2. These funds will be used for the Kahwa:tsire Housing Development - Phase 2, which is an infrastructure project to spur the development of new housing on Mohawk territory. The Kahwa:tsire Housing Development - Phase 2 project will be located on a 31-acre parcel of land owned by the Akwesasne Housing Authority ("AHA") that is explicitly earmarked for residential housing development for low-to-moderate income ("LMI") tribal families with children.

**1.3. Eligible Activity Number***(Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):*

(24) Infrastructure to Support Housing [202(2)]

**1.4. Intended Outcome Number** *(Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):*

(2) Assist renters to become homeowners

**Describe Other Intended Outcome***(Only if you selected "Other" above):*

**1.5 Actual Outcome Number***(In the APR identify the actual outcome from the Outcome list.):*

(2) Assist renters to become homeowners

**Describe Other Actual Outcome***(Only if you selected "Other" above):*

**1.6. Who Will Be Assisted***(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Low-to-moderate (LMI) tribal families with children.

**1.7. Types and Level of Assistance***(Describe the types and the level of assistance that will be provided to each household, as applicable.):*

Funds will be used for infrastructure to develop housing to provide LMI Tribal Families with children, to assist with becoming homebuyers.

**1.8. APR***(Describe the accomplishments for the APR in the 12-month program year. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.):*

The infrastructure for the project was completed during this program year, creating affordable, ready-to-build parcels for tribal members. This initiative expands access to homeownership and supports long-term community development by making buildable land more attainable for families.

**1.9. Planned and Actual Outputs for 12-Month Program Year:**

Planned Number of Units to be Completed in Year Under this Program:	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

**1.10. APR***(If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2))):*

**1.1. Program Name and Unique Identifier: 2025-08:AHA- Kahwa:tsire Housing Development**

**1.2. Program Description***(This should be the description of the planned program.):*

These funds will be used for the Kahwa:tsire Housing Development which is will spur the development of new housing on Mohawk territory estimation of 5 homes on land owned by the Akwesasne Housing Authority ("AHA") that is explicitly earmarked for residential housing development for low-to-moderate income ("LMI") tribal families with children.

**1.3. Eligible Activity Number***(Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):*

(11) New Construction of Homebuyer Units [202(2)]

**1.4. Intended Outcome Number** *(Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):*

(2) Assist renters to become homeowners

**Describe Other Intended Outcome***(Only if you selected "Other" above):*

**1.5 Actual Outcome Number***(In the APR identify the actual outcome from the Outcome list.):*

(2) Assist renters to become homeowners

**Describe Other Actual Outcome***(Only if you selected "Other" above):*

**1.6. Who Will Be Assisted***(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Low-to-moderate tribal families.

**1.7. Types and Level of Assistance***(Describe the types and the level of assistance that will be provided to each household, as applicable.):*

The type of assistance planned is construction of new homebuyer units. The assistance will be provided by building LMI tribal families new homes, to qualify for the units the homebuyers will be provided financial literacy and first time homebuyers courses. The units will be based on fair market rent and not exceeding the 30% income guidelines, the minimum amount will be the administration charge. The homes will be constructed below the TDC per household, The TDC will be determined using the latest 2024 FCAS for the Saint Regis Mohawk Tribe.

**1.8. APR***(Describe the accomplishments for the APR in the 12-month program year. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.):*

Five single-family homes were completed and ready for occupancy as of December 31, 2025. Following AHA’s Homebuyer Occupancy Program Policy, five low#income families were selected for these units. All new homebuyers successfully completed required financial literacy, homeownership, and home maintenance courses in preparation for move#in.

**1.9. Planned and Actual Outputs for 12-Month Program Year:**

Planned Number of Units to be Completed in Year Under this Program: 5	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 5	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

**1.10. APR***(If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2))):*

**1.1. Program Name and Unique Identifier: 2025-09:Fire Alarm System**

**1.2. Program Description***(This should be the description of the planned program.):*

AHA's current fire alarm system is over 15yrs old, the current system has become less effective due to the older system becoming obsolete for parts and repair. The update will provide an updated fire alarm system for Administration Building, Warehouse Building, Training Center Building and Tenant Buildings 1-14.

**1.3. Eligible Activity Number***(Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):*

(21) Crime Prevention and Safety [202(5)]

**1.4. Intended Outcome Number** *(Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):*

(12) Other – must provide description in boxes 1.4 (IHP) and 1.5 (APR) below

**Describe Other Intended Outcome***(Only if you selected "Other" above):*

The intended upgrade for the fire alarm system is to provide faster response time and increase the effectiveness of the alarm.

**1.5 Actual Outcome Number***(In the APR identify the actual outcome from the Outcome list.):*

(4) Improve quality of existing infrastructure

**Describe Other Actual Outcome***(Only if you selected "Other" above):*

**1.6. Who Will Be Assisted***(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

The residence of the Sunrise Acres Complex will be assisted by the new Fire Alarm System.

**1.7. Types and Level of Assistance***(Describe the types and the level of assistance that will be provided to each household, as applicable.):*

Type of assistance will be crime prevention and safety for the residence of the Sunrise Acres Complex. The new system will increase the safety for the tenants by providing a faster response time in the alarms.

**1.8. APR***(Describe the accomplishments for the APR in the 12-month program year. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.):*

Building 1-7 and maintenance warehouse were completed by mid-November 2025, building 9-14 were completed February 2026.

**1.9. Planned and Actual Outputs for 12-Month Program Year:**

Planned Number of Units to be Completed in Year Under this Program:	Planned Number of Households To Be Served in Year Under this Program:	Planned Number of Acres To Be Purchased in Year Under this Program:
APR: Actual Number of Units Completed in Program Year:	APR: Actual Number of Households Served in Program Year:	APR: Actual Number of Acres Purchased in Program Year:

**1.10. APR***(If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2))):*

During the project, it was determined that Buildings 1–7 required additional wiring to support the installation of new smoke alarms. To help manage costs, our AHA maintenance team completed the majority of this wiring work in-house. Incorporating this into our existing maintenance schedule resulted in a one#month delay to the contractor’s planned start date. Additionally, because the selected contractor is one of the few available in the region and maintains a full workload, he needed to adjust his schedule to accommodate the final phase of the project.

# Section 4: Maintaining 1937 Act Units, Demolition, and Disposition

NAHASDA §§ 102(b)(2)(A)(v), 102(b)(2)(A)(iv)(I-III)

**(1) Maintaining 1937 Act Units**(NAHASDA § 102(b)(2)(A)(v))(Describe specifically how you will maintain and operate your 1937 Act housing units in order to ensure that these units will remain viable.)

AHA will provide the necessary routine and preventative maintenance to its existing 1937 Act senior rentals in 2025 to ensure their long-term sustainability and useful life. Participants in the Mutual Help Program will be expected to remain in compliance with their MHOA and accept responsibility to maintain their units. Referrals to outside agencies for energy efficiency upgrades through low interest loans will continue to be encouraged in 2025.

**(2) Demolition and Disposition**(NAHASDA § 102(b)(2)(A)(iv)(I-III), 24 CFR 1000.134)Describe any planned demolition or sale of 1937 Act or NAHASDA-assisted housing units. If the recipient is planning on demolition or disposition of 1937 Act or NAHASDA-assisted housing units, be certain to include the timetable for any planned demolition or disposition and any other information that is required by HUD with respect to the demolition or disposition:

There are no plans for demolition and disposition of the 1937 Act or NAHASDA assisted housing units in 2025.0

# Section 5: Budgets

NAHASDA §§ 102(b)(2)(C), 404(b)

(1) **Sources of Funding** NAHASDA § 102(b)(2)(C)(i), (404(b)) (Complete the **non-shaded** portions of the chart below to describe your estimated or anticipated sources of funding for the 12-month program year. **APR Actual Sources of Funding -- Please complete the shaded portions of the chart below to describe your actual funds received. Only report on funds actually received and under a grant agreement or other binding commitment during the 12-month program year.**)

SOURCE	IHP					
	(A) Estimated amount on hand at beginning of program year	(B) Estimated amount to be received during 12-month program year	(C) Estimated total sources of funds (A+B)	(D) Estimated funds to be expended during 12-month program year	(E) Estimated unexpended funds remaining at end of program year (C-D)	
1. IHBG Funds	\$3,689,891.11	\$1,942,988.00	\$5,632,879.11	\$4,454,295.63	\$1,178,583.48	
2. IHBG Program Income	\$0.00	\$514,614.00	\$514,614.00	\$0.00	\$514,614.00	
3. Title VI	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
4. Title VI Program Income	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
5. 1937 Act Operating Reserves	\$0.00		\$0.00	\$0.00	\$0.00	
6. Carry Over 1937 Act Funds	\$0.00		\$0.00	\$0.00	\$0.00	
7. ICDBG Funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
8. Other Federal Funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
9. LIHTC	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
10. Non-Federal Funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Total</b>	\$3,689,891.11	\$2,457,602.00	\$6,147,493.11	\$4,454,295.63	\$1,693,197.48	
<b>TOTAL Columns C and H ( 2 through 10 )</b>			\$514,614.00			
SOURCE	APR					
	(F) Actual amount on hand at beginning of program year	(G) Actual amount received during 12-month program year	(H) Actual total sources of funding (F+G)	(I) Actual funds expended during 12-month program year	(J) Actual unexpended funds remaining at the end of 12-month program year (H-I)	(K) Actual unexpended funds obligated but not expended at end of 12-month program year
1. IHBG Funds	\$4,965,829.53	\$2,694,906.00	\$7,660,735.53	\$2,442,202.12	\$5,218,533.41	
2. IHBG Program Income	\$0.00	\$811,120.07	\$811,120.07		\$811,120.07	
3. Title VI			\$0.00		\$0.00	
4. Title VI Program Income			\$0.00		\$0.00	
5. 1937 Act Operating Reserves			\$0.00		\$0.00	
6. Carry Over 1937 Act Funds			\$0.00		\$0.00	
7. ICDBG Funds			\$0.00		\$0.00	
8. Other Federal Funds			\$0.00		\$0.00	
9. LIHTC			\$0.00		\$0.00	
10. Non-Federal Funds			\$0.00		\$0.00	
<b>Total</b>	\$4,965,829.53	\$3,506,026.07	\$8,471,855.60	\$2,442,202.12	\$6,029,653.48	
<b>TOTAL Columns C and H ( 2 through 10 )</b>			\$811,120.07			

**Notes:**

a. For the IHP, fill in columns A, B, C, D, and E (non-shaded columns). For the APR, fill in columns F, G, H, I, J, and K (shaded columns).

b. Total of Column D should match the total of Column N from the **Uses of Funding** table below.

c. Total of Column I should match the Total of Column Q from the **Uses of Funding** table below.

d. For the IHP, describe any estimated leverage in Line 3 below (Estimated Sources or Uses of Funding). For the APR, describe actual leverage in Line 4 below **Uses of Funding table below.**

(2) **Uses of Funding**(*NAHASDA § 102(b)(2)(C)(ii)*) (Note that the budget should not exceed the total funds on hand (Column C) and insert as many rows as needed to include all the programs identified in Section 3.

**Actual expenditures in the APR section are for the 12-month program year.)**

PROGRAM NAME	IHP			APR		
	(L) Prior and current year IHBG (only) funds to be expended in 12-month program year	(M) Total all other funds to be expended in 12-month program year	(N) Total funds to be expended in 12-month program year (L+M)	(O) Total IHBG (only) funds expended in 12-month program year	(P) Total all other funds expended in 12-month program year	(Q) Total funds expended in 12-month program year (O+P)
<b>2025-01: CAS Management (Operating)</b>	\$200,000.00	\$0.00	\$200,000.00	\$200,000.00	\$0.00	\$200,000.00
<b>2025-02: Operation and Maintenance of NAHASDA Units</b>	\$814,578.31	\$0.00	\$814,578.31	\$685,227.46	\$811,120.07	\$1,496,347.53
<b>2025-03: Housing Services - Tenant Assistance Program</b>	\$162,608.00	\$0.00	\$162,608.00	\$139,287.00	\$0.00	\$139,287.00
<b>2025-04: Housing Management Services</b>	\$339,785.91	\$0.00	\$339,785.91	\$253,319.85	\$0.00	\$253,319.85
<b>2025-07: Kahwah:tsire Housing Development- Phase 2</b>	\$492,790.59	\$0.00	\$492,790.59	\$246,618.90	\$0.00	\$246,618.90
<b>2025-08: AHA- Kahwa:tsire Housing Development</b>	\$2,000,000.00	\$0.00	\$2,000,000.00	\$628,310.95	\$0.00	\$628,310.95
<b>2025-09: Fire Alarm System</b>	\$95,000.00	\$0.00	\$95,000.00	\$91,621.75	\$0.00	\$91,621.75
<b>Loan repayment - describe in 3 &amp; 4 below</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Planning and Administration</b>	\$349,532.82	\$0.00	\$349,532.82	\$321,657.71	\$0.00	\$321,657.71
<b>TOTAL</b>	<b>\$4,454,295.63</b>	<b>\$0.00</b>	<b>\$4,454,295.63</b>	<b>\$2,566,043.62</b>	<b>\$811,120.07</b>	<b>\$3,377,163.69</b>

**Notes:**

- a. Total of Column L cannot exceed the IHBG funds from Column C, Row 1 from the Sources of Funding table in Line 1 above.
- b. Total of Column M cannot exceed the total from Column C, Rows 2-10 from the Sources of Funding table in Line 1 above.
- c. **Total of Column O cannot exceed total IHBG funds received in Column H, Row 1 from the Sources of Funding table in Line 1 above.**
- d. **Total of Column P cannot exceed total of Column H, Rows 2-10 of the Sources of Funding table in Line 1 above.**
- e. **Total of Column Q should equal total of Column I of the Sources of Funding table in Line 1 above.**

(3) **Estimated Sources or Uses of Funding** *NAHASDA § 102(b)(2)(C)* (Provide any additional information about the estimated sources or uses of funding, including leverage (if any). You must provide the relevant information for any planned loan repayment listed in the Uses of Funding table on the previous page. This planned loan repayment can be associated with Title VI or with private or tribal funding that is used for an eligible activity described in an IHP that has been determined to be in compliance by HUD. The text must describe which specific loan is planned to be repaid and the NAHASDA-eligible activity and program associated with this loan): **There is no plans to use funding for FY 2025.**

(4) **APR** (*NAHASDA § 404(b)*) (Enter any additional information about the actual sources or uses of funding, including leverage (if any). You must provide the relevant information for any actual loan repayment listed in the Uses of Funding table on the previous page. The text must describe which loan was repaid and the NAHASDA-eligible activity and program associated with this loan.):

# Section 6: Other Submission Items

[102(b)(2)(C)(ii)], [201(b)(5)], [202(6)], [205(a)(2)], [209], 24 CFR §§ 1000.108, 1000.120, 1000.142, 1000.238, 1000.302

**(1) Useful Life/Affordability Period(s)** (NAHASDA § 205, 24 CFR § 1000.142) (Describe your plan or system for determining the useful life/affordability period of the housing it assists with IHBG and/or Title VI funds must be provided in the IHP. A record of the current, specific useful life/affordability period for housing units assisted with IHBG and/or Title VI funds (excluding Mutual Help) must be maintained in the recipient's files and available for review for the useful life/affordability period.):

**NAHASDA assisted homes constructed with IHBG funds have a useful life of twenty-five (25) years. Each property is subject to a rent to own agreement, similar to the Mutual-Help and Occupancy Agreement (MHOA), and will ensure an affordability period based on the amortization scheduled (pro-rated recovery amount). The properties under these programs are considered "restricted fee" lands under the jurisdiction of the Saint Regis Mohawk Tribe (SRMT), and their laws and authorities. The binding commitments are the rent-to-own agreements in place coupled with the Tribal Quit Claim deeds, which guarantee that if default were to occur, the AHA has the authority to transfer these lands to another eligible participant. If an event such as a foreclosure/eviction takes place, the AHA determines a renews useful life based on any rehab that takes place prior to the move-in of the next eligible family. Inspections ensure useful life**

**2) Model Housing and Over-Income Activities**(NAHASDA § 202(6), 24 CFR § 1000.108) (If you wish to undertake a model housing activity or wish to serve non-low-income households during the 12-month program year, those activities may be described here, in the program description section of the 1-year plan, or as a separate submission.):

**No model activities or assistance to over income families are planned for 2025 program year.**

**(3) Tribal and Other Indian Preference**(NAHASDA § 201(b)(5), 24 CFR § 1000.120) If preference will be given to tribal members or other Indian families, the preference policy must be described. This information may be provided here or in the program description section of the 1-year plan.

Does the Tribe have a preference policy?:**Yes**

If yes, describe the policy.**The SRMT and the AHA provides preference for housing services, funded under NAHASDA to enrolled tribal members whose enrollment status can be verified. If there are no other enrolled SRMT members waiting for housing assistance, these units may be awarded to other verifiable enrolled Native Americans.**

**(4) Anticipated Planning and Administration Expenses** (NAHASDA § 102(b)(2)(C)(ii), 24 CFR § 1000.238)

Do you intend to exceed your allowable spending cap for Planning and Administration? **No**

If yes, describe why the additional funds are needed for Planning and Administration. For a recipient administering funds from multiple grant beneficiaries with a mix of grant or expenditure amounts, for each beneficiary state the grant amount or expenditure amount, the cap percentage applied, and the actual dollar amount of the cap.

**(5) Actual Planning and Administration Expenses**(NAHASDA § 102(b)(2)(C)(ii), 24 CFR § 1000.238)

Did you exceed your spending cap for Planning and Administration? **No**

If yes, did you receive HUD approval to exceed the cap on Planning and Administration costs?

If you did not receive approval for exceeding your spending cap on planning and administration costs, describe the reason(s) for exceeding the cap. (See Section 6, Line 5 of the Guidance for information on carry-over of unspent planning and administration expenses.)

**(6) Expanded Formula Area - Verification of Substantial Housing Services** (24 CFR § 1200.302(3))If your tribe has an expanded formula area (i.e., an area that was justified based on housing services provided rather than the list of areas defined in 24 CFR § 1200.302 Formula Area (1)), the tribe must demonstrate that it is continuing to provide substantial housing services to that expanded formula area. Does the tribe have an expanded formula area? **No**

**If no, proceed to Section 7.**

If yes, list each separate geographic area that has been added to the Tribe's formula area and the documented number of Tribal members residing there.

For each separate formula area expansion, list the budgeted amount of IHBG and other funds to be provided to all American Indian and Alaska Native (AIAN) households and to only those AIAN households with incomes 80% of median income or lower during the recipient's 12-month program year:

# Section 7: Indian Housing Plan Certification of Compliance

NAHASDA § 102(b)(2)(D)

By signing the IHP, the recipient certifies its compliance with Title II of the Civil Rights Act of 1968 (25 USC Part 1301 et seq.), and ensures that the recipient has all appropriate policies and procedures in place to operate its planned programs. The recipient should not assert that it has the appropriate policies and procedures in place if these documents do not exist in its files, as this will be one of the items verified during any HUD monitoring review.

**(1) In accordance with applicable statutes, the recipient certifies that:**

It will comply with Title II of the Civil Rights Act of 1968 in carrying out this Act, to the extent that such title is applicable, and other applicable federal statutes: **Yes**

**(2) In accordance with 24 CFR 1000.328, the recipient receiving less than \$200,000 under FCAS certifies that:**

There are households within its jurisdiction at or below 80 percent of median income: **Not Applicable**

**(3) The following certifications will only apply where applicable based on program activities.**

a. It will maintain adequate insurance coverage for housing units that are owned and operated or assisted with grant amounts provided under NAHASDA, in compliance with such requirements as may be established by HUD: **Yes**

b. Policies are in effect and are available for review by HUD and the public governing the eligibility, admission, and occupancy of families for housing assisted with grant amounts provided under NAHASDA: **Yes**

c. Policies are in effect and are available for review by HUD and the public governing rents charged, including the methods by which such rents or homebuyer payments are determined, for housing assisted with grant amounts provided under NAHASDA: **Yes**

d. Policies are in effect and are available for review by HUD and the public governing the management and maintenance of housing assisted with grant amounts provided under NAHASDA: **Yes**

# Section 8: IHP Tribal Certification

NAHASDA § 102(c)

This certification is used when a Tribally Designated Housing Entity (TDHE) prepares the IHP or IHP amendment on behalf of a tribe.

This certification must be executed by the recognized tribal government covered under the IHP.

- (1) The recognized tribal government of the grant beneficiary certifies that:
- (2)  It had an opportunity to review the IHP or IHP amendment and has authorized the submission of the IHP by the TDHE
- (3)  It has delegated to such TDHE the authority to submit an IHP or IHP amendment on behalf of the Tribe without prior review by the Tribe
- (4) Tribe: **Saint Regis Mohawk Tribe**
- (5) Authorized Official's Name and Title: **Penny Peters, Executive Director**
- (6) Authorized Official's Signature: **Penny K Peters**
- (7) Date (MM/DD/YYYY): **2024-09-09**

# Section 9: Tribal Wage Rate Certification

NAHASDA §§ 102(b)(2)(D)(vi), 104(b)

By signing the IHP, you certify whether you will use tribally determined wages, Davis-Bacon wages, or HUD determined wages. Check only the applicable box below.

(1)  You will use tribally determined wage rates when required for IHBG-assisted construction or maintenance activities. The Tribe has appropriate laws and regulations in place in order for it to determine and distribute prevailing wages.

(2)  You will use Davis-Bacon or HUD determined wage rates when required for IHBG-assisted construction or maintenance activities.

(3)  You will use Davis-Bacon and/or HUD determined wage rates when required for IHBG-assisted construction except for the activities described below.

(4) If you checked the box in Line 3, list the other activities that will be using tribally determined wage rates:

# Section 10: Self-Monitoring

NAHASDA § 403(b), 24 CFR §§ 1000.26, 85.37, 85.40

(1) Do you have a procedure and/or policy for self-monitoring? **Yes**

(2) Pursuant to 24 CFR § 1000.502(b) where the recipient is a TDHE, did the TDHE provide periodic progress reports including the self-monitoring report, Annual Performance Report, and audit reports to the Tribe? **Yes**

(3) Did you conduct self-monitoring, including monitoring sub-recipients? **Yes**

(4) Self-Monitoring Results. *(Describe the results of the monitoring activities, including corrective actions planned or taken.):*

**The self-monitoring process prompted us to re-evaluate our application and admissions procedures for our low-rent elderly apartments. Currently, applicants are selected strictly based on their position on a date-of-application waiting list. We are now exploring the development of a points-based system that would allow us to consider additional factors and prioritize applicants based on need.**

**The AHA is also awaiting the results of the FY2025 Audit.**

# Section 11: Inspections

NAHASDA § 403(b)

(1) **Inspection of Units** Self-Monitoring Results. (Use the table below to record the results of recurring inspections of assisted housing.)

Activity (A)	Total Number of Units (B)	Units in Standard Condition (C)	Units Needing Rehabilitation (D)	Units Needing to be Replaced (E)	Total Number of Units Inspected (F=C+D+E)
<b>1937 Housing Act Units:</b>					
a. Rental	20	20	0	0	20
b. Homeownership	5	2	0	0	2
c. Other	0	0	0	0	0
<b>1937 Act Subtotal:</b>	25	22	0	0	22
<b>NAHASDA Associated Units:</b>					
a. Rental	63	63	0	0	63
b. Homeownership	70	18	0	0	18
c. Rental Assistance	27	0	0	0	0
d. Other	0	0	0	0	0
<b>NAHASDA Act Subtotal:</b>	160	81	0	0	81
<b>Total:</b>	185	103	0	0	103

(2) Did you comply with your inspection policy: **Yes**

(3) If no, why not:

# Section 12: Audits

*24 CFR § 1000.544*

This section is used to indicate whether a financial audit based on the Single Audit Act and 2 CFR Part 200 Subpart F is required, based on a review of your financial records.

Did you expend \$1,000,000 or more in total Federal awards during the APR reporting period? **Yes**

If Yes, an audit is required to be submitted to the Federal Audit Clearinghouse and your Area Office of Native American Programs.

If No, an audit is not required.

Audit Due Date : **09/30/2026**

# Section 13: Public Availability

*NAHASDA § 408, 24 CFR § 1000.518*

**(1)** Did you make this APR available to the citizens in your jurisdiction before it was submitted to HUD (*24 CFR § 1000.518*): **Yes**

**(2)** If you are a TDHE, did you submit this APR to the Tribe(s) (*24 CFR § 1000.512*): **Yes**

**(3)** If you answered “No” to question #1 and/or #2, provide an explanation as to why not and indicate when you will do so.

**(4)** Summarize any comments received from the Tribe(s) and/or the citizens (*NAHASDA § 404(d)*).

# Section 14: Jobs Supported by NAHASDA

NAHASDA § 404(b)

Use the table below to record the number of jobs supported with IHBG funds each year.

<b>Indian Housing Block Grant Assistance (IHBG)</b>	
<b>(1)</b> Indian Housing Block Grant Assistance (IHBG)	19
<b>(2)</b> Number of Temporary Jobs Supported	0

**(3)** Narrative (optional):

# Section 15: IHP Waiver Requests

NAHASDA § 101(b)(2)

THIS SECTION IS ONLY REQUIRED IF THE RECIPIENT IS REQUESTING A WAIVER OF AN IHP SECTION OR A WAIVER OF THE IHP SUBMISSION DUE DATE.

A waiver is valid for a period not to exceed 90 days Fill out the form below if you are requesting a waiver of one or more sections of the IHP. **NOTE** :This is NOT a waiver of the IHBG program requirements but rather a request to waive some of the IHP submission items.

- (1) List below the sections of the IHP where you are requesting a waiver and/or a waiver of the IHP due date. (*List the requested waiver sections by name and section number*) :
- (2) Describe the reasons that you are requesting this waiver (*Describe completely why you are unable to complete a particular section of the IHP or could not submit the IHP by the required due date.*) :
- (3) Describe the actions you will take in order to ensure that you are able to submit a complete IHP in the future and/or submit the IHP by the required due date. (*This section should completely describe the procedural, staffing or technical corrections that you will make in order to submit a complete IHP in the future and/or submit the IHP by the required due date.*):
- (4) Recipient: **Akwesasne Housing Authority**
- (5) Authorized Official's Name and Title:
- (6) Authorized Official's Signature:
- (7) Date (*MM/DD/YYYY*):