Housing Choice Voucher Programs

Interest Earned on Excess HAP Funds and RNP Balances

PHA Annual Certification for Internal Records

PHA Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHA Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHA FYE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is to certify that the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHA earned interest on invested HAP and Restricted Net Position (RNP) funds (formerly referred to as Net Restricted Assets or NRA) for the PHA fiscal year ending, \_\_\_\_\_\_\_\_\_\_\_ in the amount of $\_\_\_\_\_\_\_\_\_\_.

The PHA remitted $\_\_\_\_\_\_\_\_\_\_\_ on (date) to the Department of Health and Human Services (HHS), Payment Management System (PMS).

**Certification**: 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)

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Signature of Authorized PHA Official Date

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Printed Official’s Name and Title

This Certification must be signed by the appropriate PHA official and keep for financial review purposes by the auditor or the Housing Voucher Quality Assurance Division (QAD). Interest must be remitted to the Treasury via the HHS Payment Management System no later than 45 days following the PHA FYE covered by this certification.

HHS guidance related to funds remittances can be found on the HHS Division of Payment Management website at the following link: <http://www.dpm.psc.gov/grant_recipient/funding_requests/returning_interest.aspx>

Click on “*returning funds*” for specific information.