

NSHC DRAFT ConPlan for Public Comment - - 13 April, 2015

Table of Contents

Table of Contents	1
Table of HUD Tables.....	3
Table of NSHC Tables	5
Table Of Charts.....	7
Executive Summary.....	8
ES-05 Executive Summary - 91.200(c), 91.220(b)	8
Outcomes.....	11
The Process	14
PR-05 Lead & Responsible Agencies - 91.200(b)	14
PR-10 Consultation - 91.100, 91.200(b), 91.215(l)	17
PR-15 Citizen Participation - 91.401, 91.105, 91.200(c)	24
Needs Assessment	29
NA-05 Overview	29
NA-10 Housing Needs Assessment - 24 CFR 91.405, 24 CFR 91.205 (a,b,c)	31
NA-15 Disproportionately Greater Need: Housing Problems - 91.405, 91.205 (b)(2).....	41
NA-20 Disproportionately Greater Need: Severe Housing Problems - 91.405, 91.205 (b)(2).....	45
NA-25 Disproportionately Greater Need: Housing Cost Burdens - 91.405, 91.205 (b)(2).....	49
NA-30 Disproportionately Greater Need: Discussion - 91.205 (b)(2)	51
NA-35 Public Housing - 91.405, 91.205 (b)	53
NA-40 Homeless Needs Assessment - 91.405, 91.205 (c)	59
NA-45 Non-Homeless Special Needs Assessment - 91.405, 91.205 (b,d).....	72
NA-50 Non-Housing Community Development Needs - 91.415, 91.215 (f).....	80
Housing Market Analysis.....	86

MA-05 Overview	86
MA-10 Housing Market Analysis: Number of Housing Units - 91.410, 91.210(a)&(b)(2).....	93
MA-15 Housing Market Analysis: Cost of Housing - 91.410, 91.210(a).....	101
MA-20 Housing Market Analysis: Condition of Housing - 91.410, 91.210(a)	106
MA-25 Public And Assisted Housing - 91.410, 91.210(b).....	112
MA-30 Homeless Facilities and Services - 91.410, 91.210(c).....	116
MA-35 Special Needs Facilities and Services - 91.410, 91.210(d).....	117
MA-40 Barriers to Affordable Housing - 91.410, 91.210(e).....	122
MA-45 Non-Housing Community Development Assets - 91.410, 91.210(f).....	125
MA-50 Needs and Market Analysis Discussion.....	131
Strategic Plan	135
SP-05 Overview	135
SP-10 Geographic Priorities - 91.415, 91.215(a)(1)	136
SP-25 Priority Needs - 91.415, 91.215(a)(2)	137
SP-30 Influence of Market Conditions – 91.215 (b).....	140
SP-50 Public Housing Accessibility and Involvement - 91.415, 91.215(c).....	150
SP-55 Strategic Plan Barriers to Affordable Housing - 91.415, 91.215(h).....	151
SP-60 Homelessness Strategy - 91.415, 91.215(d)	153
SP-65 Lead-based Paint Hazards - 91.415, 91.215(i)	155
SP-70 Anti-Poverty Strategy - 91.415, 91.215(j)	156
SP-80 Monitoring - 91.230	159
Expected Resources	162
AP-15 Expected Resources - 91.420(b), 91.220(c)(1,2)	162
Annual Goals and Objectives	165
AP-35 Projects - 91.420, 91.220(d)	167
AP-38 Project Summary	168

AP-50 Geographic Distribution - 91.420, 91.220(f)	169
Affordable Housing	170
AP-55 Affordable Housing - 91.420, 91.220(g)	170
AP-60 Public Housing - 91.420, 91.220(h)	171
AP-65 Homeless and Other Special Needs Activities - 91.420, 91.220(i)	173
AP-75 Barriers to affordable housing - 91.420, 91.220(j)	175
AP-85 Other Actions - 91.420, 91.220(k)	176
Program Specific Requirements.....	178
Appendix - Alternate/Local Data Sources	180

Table of HUD Tables

Table 1 – Responsible Agencies	14
Table 2 – Agencies, groups, organizations who participated	20
Table 3 – Other local / regional / federal planning efforts	22
Table 4 – Citizen Participation Outreach	28
Table 5 - Housing Needs Assessment Demographics	31
Table 6 - Total Households Table.....	31
Table 7 – Housing Problems Table.....	33
Table 8 – Housing Problems 2.....	33
Table 9 – Cost Burden > 30%	34
Table 10 – Cost Burden > 50%	34
Table 11 – Crowding Information - 1/2.....	35
Table 12 – Crowding Information – 2/2.....	35
Table 13 - Disproportionally Greater Need 0 - 30% AMI	42
Table 14 - Disproportionally Greater Need 30 - 50% AMI	43
Table 15 - Disproportionally Greater Need 50 - 80% AMI	43

Table 16 - Disproportionally Greater Need 80 - 100% AMI	44
Table 17 – Severe Housing Problems 0 - 30% AMI	46
Table 18 – Severe Housing Problems 30 - 50% AMI	46
Table 19 – Severe Housing Problems 50 - 80% AMI	47
Table 20 – Severe Housing Problems 80 - 100% AMI	48
Table 21 – Greater Need: Housing Cost Burdens AMI.....	50
Table 22 - Public Housing by Program Type	53
Table 23 – Characteristics of Public Housing Residents by Program Type	56
Table 24 – Race of Public Housing Residents by Program Type	56
Table 25 – Ethnicity of Public Housing Residents by Program Type.....	57
Table 26 – Residential Properties by Unit Number	93
Table 27 – Unit Size by Tenure.....	93
Table 28 – Cost of Housing	101
Table 29 - Rent Paid	102
Table 30 – Housing Affordability.....	102
Table 31 – Monthly Rent.....	102
Table 32 - Condition of Units	106
Table 33 – Year Unit Built.....	106
Table 34 – Risk of Lead-Based Paint	106
Table 35 - Vacant Units	107
Table 36 – Total Number of Units by Program Type.....	112
Table 37 - Public Housing Condition	115
Table 38 - Facilities Targeted to Homeless Persons.....	116
Table 39 - Business Activity.....	125
Table 40 - Labor Force.....	127

Table 41 – Occupations by Sector.....	127
Table 42 - Travel Time.....	127
Table 43 - Educational Attainment by Employment Status.....	128
Table 44 - Educational Attainment by Age	128
Table 45 – Median Earnings in the Past 12 Months	128
Table 46 - Geographic Priority Areas	136
Table 47 – Priority Needs Summary.....	137
Table 48 – Influence of Market Conditions.....	140
Table 49 - Anticipated Resources.....	141
Table 50 - Institutional Delivery Structure.....	144
Table 51 - Homeless Prevention Services Summary.....	144
Table 52 – Goals Summary.....	147
Table 53 - Expected Resources – Priority Table.....	162
Table 54 – Goals Summary.....	165
Table 55 – Project Information	167
Table 56 - Geographic Distribution.....	169
Table 57 - One Year Goals for Affordable Housing by Support Requirement	170
Table 58 - One Year Goals for Affordable Housing by Support Type.....	170

Table of NSHC Tables

Table 1a: NSHC Delivery Organizations	14
Table 1b: Delivery Organizations for McKinney/Vento – Gloucester/Haverhill/Salem/Essex County CoC	14
Table PR10-A: Agencies and Groups who participated	19
Table PR15-A: Citizen Participation Outreach	28
Table NA05-A: Community Housing Inventory	29

Table NA10-A1 Non-Family Households	35
Table NA10-A2 Single Person Non-Family Household Median Income.....	36
Table NA10-A3 Severe Housing Problems	38
Table NA-25: Modified HUD Table 21 - Housing Cost Burden.....	49
Table NA30-A: Severe Housing Problems by Income Cohort	51
Table NA35-21A: Housing Authorities' Inventory.....	53
Table NA40-B: Persons in Households with Children	68
Table NA40-C: Gender Persons in Households with Children (adults only).....	69
Table NA40-D: Ethnicity Persons in Households with Children (adults only).....	69
Table NA40-E: Race Persons in Households with Children	69
Table NA45-A: Elderly Profile in the NSHC Communities	72
Table NA45-B: Low Income Elderly Profile all of the NSHC	73
Table NA45-C: Elderly Persons with a Disability in the NSHC Communities.....	76
Table NA45 – D: Mentally Ill being Serviced by the Department of Mental Health.....	76
Table NA45 – E: NSHC Cognitively Disabled	77
Projects with CPA Funds	82
Projects with other Local Funds.....	83
Table MA10 – A Expiration of Subsidy Inventory.....	94
Table MA10 - B Census Affordability Data.....	95
Table MA10 – C PHA and Other Subsidized Housing Affordability Data	95
Table MA10-D NSHC Affordable Units- State DHCD Subsidized Housing Inventory as of 12/5/2014.....	97
HUD Table 28 Modified.....	101
Table MA15-A : Housing Costs as a % of Gross Income.....	103
Table MA15-B: Housing Costs Multiplier	103
Table MA15-C: Contract Rent Levels	105

Table MA20-C Age of Housing by Community.....	109
Table MA20-D Lead Poisoning Rates 2003-2012	110
Table MA25-A All Federal Public Housing and Vouchers in the Consortium.....	113
Table MA25-B All State Public Housing and Vouchers in the Consortium	114
Table MA35-A Disability Population Analysis	118
Table MA35-B Low Income Elderly Disability Analysis.....	119
Table MA35-D Group Quarter Populations Institutionalized and Non-Institutionalized	120
Error! Bookmark not defined.	
Table NA45-A: Employment in the Consortium.....	126
Table MA-50A Housing Costs in Excess of 30% of Income	131
Table MA50-B: Median Housing Value	133
Table SP-55 – A Status of Major Initiatives Affecting Affordable Housing	Error! Bookmark not defined.
Table SP70-A Poverty Percentage.....	156

Table of Charts

Chart NA30-A: Minority Percentages by NSHC Communities	52
Chart MA15- Housing Costs as a % of Gross HH Income	103
Chart MA25-A Age of Ownership Housing.....	108
Chart MA25-B Age of Rental Housing	108

Executive Summary

ES-05 Executive Summary - 91.200(c), 91.220(b)

1. Introduction

The North Shore HOME Consortium [NSHC] is comprised of 30 communities on the North Shore of the Boston area in Massachusetts. The 30 communities are

Amesbury	Methuen
Andover	Middleton
Beverly	Newburyport
Boxford	North Andover
Danvers	North Reading
Essex	Peabody
Georgetown	Rockport
Gloucester	Rowley
Hamilton	Salem
Haverhill	Salisbury
Ipswich	Swampscott
Lynnfield	Topsfield
Manchester	Wenham
Marblehead	West Newbury
Merrimac	Wilmington

The Consortium receives approximately \$1,169,350 through the HOME program each year. An additional \$100,000 is estimated to be received each year in HOME Program Income as well. Four Communities within the Consortium Region, Gloucester, Haverhill, Peabody and Salem, are considered Federal Community Development Block Grant (CDBG) entitlement communities and therefore are direct recipients of CDBG Funds. These communities receive the following annually through the CDBG program: Haverhill: \$889,450; Gloucester: \$618,141; Salem: \$952,642; and the City of Peabody: \$371,411. Additional CDBG funds are made available to other consortium communities by the State through a competitive funding process. The NSHC is the convener of the region's Continuum of Care (CoC) process, and several agencies within the group receive CoC McKinney funds for programs assisting the homeless. The region for the CoC is defined as the same region covered by the NSHC, encompassing the homeless shelters and program with the thirty communities. The total of McKinney renewal funds received by agencies within the Consortium region is approximately \$1,930,208, and in some years HUD also provides for a possibility of up to \$150,000 from that

source if a new permanent housing project is proposed and funded¹. Several Consortium Communities have also adopted the Community Preservation Act (CPA) and utilize those funds to address housing needs within their communities. The sixteen communities within our region which have enacted the CPA are: Beverly, Boxford, Essex, Georgetown, Gloucester, Hamilton, Manchester, Middleton, Newburyport, North Andover, Peabody, Rockport, and Rowley, Salem, Wenham, and West Newbury.

Each year the NSHC staff works with a committee made up of five representatives from member communities. Together they evaluate the funding priorities set the previous year and evaluate the efficiency and effectiveness of the programs and activities that were funded under that system. The committee then creates and recommends priorities for new projects taking into account the economy, the amount of funding available, and the outcome of the previous programs. These priorities are then incorporated into the subsequent year's Action Plan and into the Request for Proposals for the Consortium's Competitive Funding Pool of Funds. The Consortium distributes the funding received from HUD as follows:

- Each year, an initial amount of \$300,000 is set aside from the HOME allocation for projects to be funded through a Competitive Funding Process. The Allocations Committee releases an RFP, evaluates proposals received, and rates each submission based upon the established priorities as well as other considerations. This amount is typically increased by the addition of uncommitted funds from communities (see step 3 for more on this)
- 10% of each year's total annual allocation, or approximately \$132,669,, is set aside for Planning and Administration of the HOME grant. Approximately 7% is utilized by the Consortium for oversight of the program and 3% is utilized by the communities and sub-recipients for their administration of the programs;
- The remaining amount (approximately \$905,812) is distributed among each of the 30 communities using a formula based on the number of low-mod households identified in each community (utilizing figures from the 2010 U.S. census). Communities have one year to commit funds to activities , and any uncommitted funds at the end of that period are reallocated to the Competitive Funding Pool (see #1, above)
- Program income is estimated to generate about \$100,000 per year. It has been the Consortium's policy to return program income to the community whose investments in

¹ The most recent application estimated bonus funds at \$266,614.

housing generated it. If not committed within one year, those funds are also reallocated to the competitive funding pool.

The priorities that the NSHC has established for the Five Year (2015-20120) Consolidated Plan are:

- | | |
|--------------|---|
| Priority #1: | Assisting low, very-low, and extremely low income households in need of affordable housing by creating new truly affordable rental housing units; |
| Priority #2: | Addressing the immediate need of low income households who are homeless or on the verge of being homeless who need immediate assistance to become stably housed by providing short term tenant based rental assistance; |
| Priority #3: | Assisting low income households with disabilities to find affordable housing that is adapted to meet their physical needs by creating accessible affordable rental units; |
| Priority #4: | Maintaining the existing stock of affordable rental housing |
| Priority #5: | Providing assistance to low income homeowners to either: a) rehabilitate their home; b) assist to acquire an affordable ownership unit; or c) assist in the creation of affordable homeownership units. |

The analysis of needs created for the Five Year Consolidated Plan established that the overriding housing needs are as follows:

Homelessness is at a crisis level in our region. An annual Point in Time Count on January 29, 2015 showed a total of 304 individuals, 74 of whom were unsheltered and living out of doors, and a total of 2,329 persons in families, including 1,069 people being sheltered in traditional shelter or transitional housing and another 1,260 being sheltered in motels, hotels or other temporary situations due to fact that all shelters have been at capacity for several years. There is an overwhelming need for affordable rental housing to address the needs of these households.

The number of subsidized housing units which are at risk of losing their subsidy over the next five years is 2,364.² This prospective loss will demand preservation efforts. The key tool for preservation is providing technical assistance to the owners, which enables them to extend or to identify new sources of subsidies. A preservation program might be more cost effective than efforts to build new housing to replace that which has been lost but given the magnitude of the expiring use challenge, HOME funds would only have a minor impact.

The specific number of vacant units that have severe physical housing problems is not known at this time. However, it would appear that given the age of the housing stock, numerous units

² DHCD SHI Database 12-5-2014

are likely to contain lead paint, which in turn contributes to the elevated levels of lead and even lead poisoning in children. These vacant units cannot be re-occupied until the serious physical deficiencies have been corrected. A rehab program will be more cost effective than efforts to build new housing. There are a total of 1,078 households with incomes less than or equal to 80% of area median income and who live in housing units with severe physical deficiencies.

In addition, there are more than 994 households which are overcrowded, a problem that can be addressed in part by increasing the supply of adequately sized housing units.

Finally there are over 27,359 households with incomes less than or equal to 80% of area median income paying more than 50% of their income for housing with another 20,004 paying between 30% and 50% of income. This is split of approximately 47% renters and 53% owners (for severe cost burden) and 62% renters and 38% owners for moderate cost burden. This housing cost burden can be partly addressed by rehab or new construction with other funds (such as CDBG, HOME, Low Income Housing Tax Credit and Project Based Vouchers) which will bring new multi-family owners into the program and require them to keep the rents affordable. It can also be addressed in part by making improvements that reduce utility costs and thus reduce the cost of the housing.

2. Summary of the objectives and outcomes identified in the Plan

Table 1: HOME Objectives and Outcomes

Summary of Housing Objectives	
<u>Housing Objectives</u>	Outcomes
<i>Decent Housing:</i>	
Preserve existing affordable rental housing	Reduce the number of expiring use units
Affordable Housing Production	Increase the number of new affordable rentals
Affordable Homeownership	Create options to make ownership affordable to low income homebuyers
Provide rental assistance	Assist those in immediate need of housing to become stably housed
<i>Suitable Living Environment:</i>	
Residential Rehab Projects	Rehabilitate existing rental units to create and preserve affordable rental housing.

3. Evaluation of past performance

Since the NSHC has only completed four years of the current 5-year plan it will give estimated numbers for the completion of the current plan. For FFY 2010, through May 12, 2015, the

following is the status of the goals and accomplishments in each of the Consortium's program areas:

Housing Production-

One thing worth mentioning when assessing our outcomes over the course of the five years covered by our last Consolidated Plan is the fact that the annual HOME program funding was cut from \$2,361,083 per year predicted and received for Action Plan Year 1 for Program year 2009 to \$1,326,696 received for Action Plan Year 5 for Program Year 2014, a reduction of \$1,034,387 per year. This reduction in funding over the five years had a direct effect upon the level of assistance and number of units that could be assisted over the five year period.

Rental Housing- 281 completed units; **Original Goal-** 60 units/year for a total of 300 units were predicted in the Consolidated Plan, but the numbers were reduced down each year due to funding cuts so a total of 251 units were predicted to be assisted through the five annual Action Plans

TBRA - 377 households assisted; **Original Goal** – 60 units/year for a total of 300 households were predicted to be assisted in the Five Year Consolidated Plan, but the numbers were reduced due to funding cuts so a total of 238 units were predicted over the five years Action Plans.³

Ownership housing-19 units completed; **Original Goal** - 2 units/year for a total of 10.

Down Payment/Closing Cost Program-105 households assisted; **Original Goal** – 40 units/year for a total of 200 households were planned in the Consolidated Plan, but due to budget cuts this number was revised in subsequent annual action plans to a total of 104 households to be assisted.

Homeowner Housing Rehabilitation including Accessibility - 42 households assisted; **Original Goal** – 20 units/year for a total of 100 households were the goal of the Five Year Consolidated Plan, but due to budget cuts, in subsequent Annual Action Plans the number was reduced down to a total of 59 units to be assisted.

4. Summary of citizen participation process and consultation process

From its inception, the Consortium has placed a high premium on citizen participation. Specific steps were taken early on to ensure that the 30 Cities and Towns and the numerous housing/social service agencies that exist in the region were given the opportunity to

³ These numbers includes units already in the pipeline prior to the start of the last 5 Year Plan.

participate in this process. In that respect, the most significant step was to create the Allocation Committee. This Committee plays a central role in the development of the Consortium's program, plans and policies.

The Allocation Committee provides ongoing input regarding program design and implementation, and makes decisions in the award of project funds through the Consortium's Competitive Funding Process⁴.

The details of the CP process are in Section PR15

5. Summary of public comments

To be added in May 2015

6. Summary of comments or views not accepted and the reasons for not accepting them

To be added in May 2015

7. Summary

To be added in May 2015

⁴ Only about 33% of proposals received are in fact funded.

The Process

PR-05 Lead & Responsible Agencies - 91.200(b)

1. Describe agency/entity responsible for preparing the Consolidated Plan and those responsible for administration of each grant program and funding source

The following are the agencies/entities responsible for preparing the Consolidated Plan and those responsible for administration of each grant program and funding source.

Agency Role	Name	Department/Agency
Lead Agency	PEABODY	Department of Community Development/ North Shore HOME Consortium Staff

Table 1 – Responsible Agencies

Table 1a: NSHC Delivery Organizations

Funding Priority	Organizations Delivering Programs Funded
Homeownership and rental assistance	Towns of Danvers, Amesbury, North Andover, Cities of Peabody, Gloucester, Salem Haverhill, and North Shore Community Action Programs (NSCAP)
Housing Rehabilitation	Town of Ipswich, City of Methuen, Town of Salisbury, City of Salem, City of Peabody
Development of affordable housing by CHDOs	Emmaus, Inc., North Shore Community Development Coalition (NSCDC), Coalition for a Better Acre (CBA)
Development of affordable housing by other organizations	Harborlight Community Partners, Planning Office for Urban Affairs (POUA),YMCA of the North Shore, Habitat for Humanity of the North Shore and Cape Ann,
Program Administration	City of Peabody Department of Community Development/ North Shore HOME Consortium

The major homeless needs in the area are primarily administered and delivered through the Gloucester/Haverhill/Salem/Essex County Continuum of Care (CoC), using McKinney-Vento funding. The lead agency for the CoC is the City of Peabody. All Cities and towns within the Consortium fall under the jurisdiction of the CoC.

Table 1b: Delivery Organizations for McKinney/Vento – Gloucester/Haverhill/Salem/Essex County CoC

Other Priorities not being Funded with HOME	Organizations Delivering Programs Funded by McKinney-Vento (2013)

Other Priorities not being Funded with HOME	Organizations Delivering Programs Funded by McKinney-Vento (2013)
Homeless housing and supportive services programs serving NSHC communities	North Shore Community Action Programs, Inc. Turning Point, Inc Lifebridge. Lynn Shelter Association Haverhill Housing Authority Emmaus, Inc. Veterans Northeast Outreach Center Action, Inc.

Narrative

The Consolidated Plan (CP) is a U.S. Department of Housing and Urban Development (HUD) requirement that combines the planning and application process for the Home Investment Partnerships (HOME) program funding that the 30 Cities and Town which comprise the Consortium will receive over the next five years. NSHC has been allocated \$1,169,350 in funds for the coming fiscal year and estimates an additional \$100,000 in program income will be received, for a total of \$1,269,350, and is budgeting that amount for each of the subsequent four years.

The Consolidated Plan is designed to be a collaborative process whereby citizens of the region establish a unified vision to address the affordable housing needs of the region over the next five years. The Plan examines current market conditions; identifies the housing needs for a wide range of specific populations; sets priorities for spending the HOME funds the NSHC expects to receive; and identifies goals, objectives, and the benchmarks it will use for measuring progress.

The development of the Consolidated Plan took place under the supervision of the North Shore HOME Consortium staff from the Community Development Department of the City of Peabody, with input and guidance from its member communities. The City of Peabody is responsible for the overall administration of the HOME Program. The Department of Community Development oversees programs which serve the residents in the 30 Consortium communities. The Consortium also seeks input and advice from a broad range of housing and community interests, including local housing authorities, non-profit housing agencies, local housing partnerships, the elderly, tenants, banks, real estate, city and town government, the religious sector, human services and private citizens.

The broad range of housing/community interests and experience of the North Shore HOME Consortium staff helped to ensure that the Consolidated Plan reflected what the communities see as their most critical needs and priorities. The Consortium also consulted with City, Town

and County officials, local housing authorities, community development agencies, non-profit housing organizations, municipal housing committees, religious organizations and agencies that service the needs of the elderly, children with lead-based point poisoning, people with special needs, people with AIDS, people with developmental and mental health disabilities, tenants, the homeless and others.

The Peabody Community Development Department has established working relationships with a great many housing and housing related agencies, organizations, etc., from throughout the region.

For the last 20 years the Consortium has provided technical assistance on an ongoing basis to local housing organizations, housing authorities, municipalities, private developers and low income groups interested in applying for HOME funds. For the most part this consultation has taken the form on one on one discussions with the Peabody Community Development Department staff or through review of funding applications.

The Peabody Community Development Department's wide participation in affordable housing issues in the region has engendered broad support for adopting regional strategies to address the needs and has served the Consortium well. It has provided an established framework for carrying out the goals, objectives and activities of the Consortium.

Consolidated Plan Public Contact Information

People or organizations who wish to contact the Consortium concerning the Plan and/or any of its activities are invited to do one of the following:

Website: www.peabody-ma.gov/comm_dev.html

Email: Kevin.Hurley@Peabody-ma.gov

Phone: 978-538-5774

PR-10 Consultation - 91.100, 91.200(b), 91.215(I)

1. Introduction

NSHC consulted with numerous organizations in the development of the Five Year Consolidated Plan. The process included formal, as well as, informal meetings, surveys and discussions with state and local agencies, along with many advocacy groups in the region. The process of developing the Plan began in January 2015 when community organizations were notified of the Plan and asked to participate in the process. Meetings with advocates for the elderly and the homeless were held in January 2015 and then in April 2015 NSHC heard views on housing and community needs from the public.

Through February 2015, NSHC consulted with a number of agencies, groups and organizations. They were asked for data and for input on needs, priorities and other issues. Those groups and organizations included representatives of public and private agencies who serve elderly, people with disabilities, people living with HIV/AIDS, homeless and low income residents. In addition, multiple housing agencies, mental health service agencies and regional and state government agencies were consulted.

Provide a concise summary of the jurisdiction's activities to enhance coordination between public and assisted housing providers and private and governmental health, mental health and service agencies (91.215(I)).

NSHC works with numerous public and private organizations to facilitate greater awareness about community development and housing services. Every effort is made to make the Consortium's member communities aware of the level of coordination between entities includes serving on joint committees, on-going communication and long term strategic planning. These organizations include public institutions on the local, regional, state levels, local nonprofits, faith-based organizations and the private sector. Financial and technical support is provided to these agencies when and where possible, sometimes funded by a Technical Assistance Grant funded through HUD for that specific purpose.

Describe coordination with the Continuum of Care and efforts to address the needs of homeless persons (particularly chronically homeless individuals and families, families with children, veterans, and unaccompanied youth) and persons at risk of homelessness

The major homeless needs in the area are primarily serviced through the **Gloucester/Haverhill/Salem/Essex County CoC** which is referred to locally as the North Shore **Continuum of Care Alliance**, using McKinney-Vento funding. The lead agency for the CoC is also the City of Peabody, so there is close relationship between the work of NSHC and of the CoC, as

well as a sharing of staff. The key agencies currently responsible for administering programs under the McKinney-Vento program are the following:

- North Shore Community Action Programs, Inc.
- Turning Point, Inc
- Lifebridge.
- Lynn Shelter Association
- Haverhill Housing Authority
- Emmaus, Inc.
- Veterans Northeast Outreach Center
- Action, Inc.
- Citizens for Adequate Housing
- Gloucester Housing Authority
- Newburyport Housing Authority
- Amesbury Housing Authority
- River House
- Healing Abuse, Working for Change [HAWC]

The group convenes monthly to address the needs of the homeless in the region. The region for the CoC is defined as the same region covered by the NSHC, encompassing the homeless shelters and program with the thirty communities. Participants in the CoC process include representatives from municipalities, representatives from state agencies including the Mass Department of Developmental Services, the Mass Department of Mental Health, and the Mass Department of Housing and Community Development, representatives from the business world including realtors and bankers, representatives from local housing authorities and representatives from the agencies that provide direct services to the homeless population.

It should be noted that the North Shore HOME Consortium's Allocation Committee, in determining which programs to select for HOME competitive funding awards, has created a priority for programs that serve the homeless. This decision strengthens the relationship between McKinney-Vento and HOME in an effort to have a greater impact in addressing the housing needs of this population.

Describe consultation with the Continuum(s) of Care that serves the jurisdiction's area in determining how to allocate ESG funds, develop performance standards and evaluate outcomes, and develop funding, policies and procedures for the administration of HMIS

The NSHC consults regularly with the members of the CoC regarding how to best serve those in need in the region. No community or agency in the region receives a direct award of ESG funds. However, Emmaus, Inc. in Haverhill, which uses funds CoC wide for rapid rehousing, River

House in Beverly and Action, Inc. in Gloucester have received ESG awards through DHCD, and have worked with the CoC to coordinate their programs regionally. The Staff of NSHC work with the CoC’s Governance Committee and Coordinated Assessment Committee to develop standards and to evaluate outcomes of the McKinney Funded programs in the region, and to create a coordinated intake and system which will follow the “no wrong door” principal to insure that those in need are directed to the appropriate agencies to receive the services that they require. NSHC oversees the CoC’s contract with a third-party to provide HMIS services, and NSHC staff provides day to day support to its HMIS users by providing user names, doing password resets and answering questions or directing callers to the technical assistance unit for more complex problems. The NSHC staff works with CoC members and committee regarding developing the HMIS budget, fundraising, and to establish the policies and procedures of the HMIS system . As part of its HMIS Contract with Social Solutions Global, NSHC has an assigned Social Solutions staff person to work with them to provide individualized reports and related information as requested.

2. Describe Agencies, groups, organizations and others who participated in the process and describe the jurisdictions consultations with housing, social service agencies and other entities

Table PR10-A: Agencies and Groups who participated

Agency/Group/ Organization	Agency/Group/ Organization Type	What section of the Plan was addressed by Consultation?	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?
Harborlight Community Partners	Non-Profit	NA 40, 45, 50 MA 30, 35, 45	Phone, e-mail correspondence, meeting
Department of Community Development, Haverhill	Municipal Agency	NA 40, 45, 50 MA 30, 35, 45	Meeting
Citizens for Affordable Housing North Shore	Non-Profit	NA 40, 45, 50 MA 30, 35, 45	Phone, e-mail correspondence
Department of Mental Health	State Agency	NA 40, 45, 50 MA 30, 35, 45	Phone, e-mail, meeting
North Shore Elder Services	Non-Profit	NA 40, 45, 50 MA 30, 35, 45	Phone, e-mail, meeting
Emmaus, Inc	Non-Profit	NA 40, 45, 50 MA 30, 35, 45	Phone, e-mail, meeting

Agency/Group/ Organization	Agency/Group/ Organization Type	What section of the Plan was addressed by Consultation?	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?
Turning Point, Inc.	Non Profit	NA 40, 45, 50 MA 30, 35, 45	Phone, e-mail, meeting
North Shore Community Action Program	Non Profit	NA 40, 45, 50 MA 30, 35, 45	Phone, e-mail, meeting
Action, Inc.	Non-Profit	NA 40, 45, 50 MA 30, 35, 45	Phone, e-mail, meeting
North Shore CDC	Non-Profit	NA 40, 45, 50 MA 30, 35, 45	Phone, e-mail,
HAWC	Non-profit	NA 40, 45, 50 MA 30, 35, 45	Phone, e-mail
Bridgewell	Non-Profit	NA 40, 45, 50 MA 30, 35, 45	Phone, e-mail
Department of Developmental Services	State Agency	NA 40, 45, 50 MA 30, 35, 45	Phone, e-mail
Strongest Link	Non-Profit	NA 40, 45, 50 MA 30, 35, 45	Phone, e-mail
Independent Living Center	Non-Profit	NA 40, 45, 50 MA 30, 35, 45	Phone, e-mail
Elliott Community Human Services	Non-Profit	NA 40, 45, 50 MA 30, 35, 45	Phone, e-mail
Greater Lynn Senior Services	Non-Profit	NA 40, 45, 50 MA 30, 35, 45	Phone, e-mail
Senior Care, Gloucester	Non-Profit	NA 40, 45, 50 MA 30, 35, 45	Phone, e-mail
Lifebridge	Non-Profit	NA 40, 45, 50 MA 30, 35, 45	Phone, e-mail correspondence
YWCA of Greater Newburyport	Non-Profit	NA 40, 45, 50 MA 30, 35, 45	Phone, e-mail, meeting
Gloucester Housing Authority	Non-profit	NA 40, 45, 50 MA 30, 35, 45	Phone, e-mail, meeting

Table 2 – Agencies, groups, organizations who participated

The **Gloucester/Haverhill/Salem/Essex County Continuum of Care** [Continuum of Care] has established the Continuum of Care Alliance as the primary decision making group. The lead organization which has managed the overall planning and submissions to HUD is the North Shore HOME Consortium Staff at the Peabody Department of Community Development (CD). The communities served by the CoC are the same as those included in the North Shore Home Consortium. Therefore there is seamless coordination between the North Shore HOME Consortium and the Continuum of Care.

A central goal of the CoC is to further develop and implement a long-term plan to end homelessness, with particular attention on the creation of permanent affordable housing for the homeless, both with and without supportive services. The members of the Continuum of Care include virtually all the organizations that serve the homeless within the region of the North Shore HOME Consortium.

At the state level, based on recommendations from the Commission to End Homelessness, Massachusetts created the Interagency Council on Housing and Homelessness (ICHH), which in turn has funded multiple regional housing networks across the state to deal with the spectrum of homeless issues, beginning with the at-risk population. Two regional housing networks exist within the NSHC/CoC Alliance Region which were originally funded through the Interagency Council on Housing and Homelessness (ICHH). Although State funding ceased in FY2011, the regional networks servicing the NSHC communities have continued to operate. The mandate continues to help better coordinate, integrate and implement innovative services focused on securing permanent housing options for homeless individuals and families and ultimately lessen the need for emergency shelters. The Regional Networks servicing the Consortium Communities include the Merrimack Valley Regional Network (Methuen, Haverhill, West Newbury, Andover, North Andover, Salisbury, Amesbury, Merrimac and Newburyport) and the North Shore Housing Action group(Georgetown, Rowley, Boxford, Middleton, N. Reading, Lynnfield, Swampscott, Marblehead, Salem, Essex, Hamilton, Ipswich, Gloucester, Rockport, Manchester, Lynnfield, Peabody, Beverly, Danvers, Topsfield).

At the State level, the ICHH created the Interagency Supportive Housing Working Group (WG) specifically to facilitate the creation of Permanent Supportive Housing (PSH). As of 2014, it has met its initial goal of creating 1000 units of PSH in 20 different communities through funding that provides capital, rental assistance and supportive services. Included in these properties is a 27 unit property in Haverhill, serving individual veterans and veterans with families, currently under construction.

The impact of the coordination and cooperation between the NSHC and the members of the CoC is great since historically, a significant proportion of the projects funded by NSHC have

included a component related either to the Homeless or Non-Homeless Special Needs Populations.

The Continuum of Care has as one of its key objectives the provision of permanent housing for chronically homeless. Its planning process includes outreach to the local governments of the cities that are part of the Continuum of Care. As mentioned above, there are two regional networks of homeless providers in the Consortium Area that have been designated by the ICCH. Community Teamwork, Inc. (CTI) is the convener of the Merrimac Valley Regional Network and NSCAP and the Lynn Housing Authority and Neighborhood Development (LHAND) are the co-conveners of the North Shore Housing Action Group. Both these groups identify a need to address the problems of chronic homelessness. Regional information, cooperation and new innovative strategies are expected to be particularly effective in impacting this problem. Improved data collection procedures will ensure that this population is correctly counted so that planning can be optimized. Appropriate discharge planning by mental health facilities, medical hospitals, substance abuse treatment centers and prisons play a strategically important role in assisting the chronically homeless. Members of the CoC participate in advocacy at the state level to insure that monitoring and discharge protocols are given ongoing priority. In conjunction with this outreach, every effort is made to connect the chronically homeless with benefits and resources with the goal of achieving economic self-sufficiency.

Identify any Agency Types not consulted and provide rationale for not consulting

Many agencies contacted responded by phone email or in person. There were some others which did not respond. To our knowledge every agency or organization which would have interest in and information for the Consolidated Plan was contacted.

Other local/regional/state/federal planning efforts considered when preparing the Plan

Name of Plan	Lead Organization	How do the goals of your Strategic Plan overlap with the goals of each plan?
Continuum of Care	City of Peabody	Addressing needs of homeless population
CDBG Plan for Peabody	Peabody	Addresses housing and related services needs
CDBG Plan for Gloucester	Gloucester	Addresses housing and related services needs
CDBG Plan for Haverhill	Haverhill	Addresses housing and related services needs
CDBG Plan for Salem	Salem	Addresses housing and related services needs

Table 3 – Other local / regional / federal planning efforts

Describe cooperation and coordination with other public entities, including the State and any adjacent units of general local government, in the implementation of the Consolidated Plan (91.215(I))

The North Shore HOME Consortium staff cooperates and coordinates with other public entities whenever possible in implementing the Consolidated Plan.

Narrative

When projects are funded through multiple sources (e.g., Neighborhood Stabilization Program, Attorney General's Abandon Property Program, Dept. of Housing and Community Development, Mass Housing, Mass Housing Partnership, Mass Housing Investment Corporation) the Consortium works closely with these groups or agencies to coordinate efforts and compliance for individual programs, funding sources, regulations and laws/ordinances. The Consortium also shares responsibilities in areas such as environmental review and monitoring issues such as Davis/Bacon, Section 3 and other project compliance requirements. The Consortium has also utilized the format of Mass Docs agreements for its Loan documents when partnering with state agencies. Also, the Consortium has worked with the its entitlement communities and has generated data to assist in the creation of their Consolidated Plans.

PR-15 Citizen Participation - 91.401, 91.105, 91.200(c)

1. Summary of citizen participation process/Efforts made to broaden citizen participation Summarize citizen participation process and how it impacted goal-setting

The North Shore HOME Consortium's Citizen Participation Plan (CPP) was prepared as required for the Consolidated Plan in accordance with CFR Part 91, Section 105. The purpose of the CPP is to outline the procedures for citizen's participation in the development and implementation of the Consortium's Five-Year Consolidated Plans, Annual Plans, Consolidated Annual Performance Reports (CAPER), and substantial amendments to five-year or annual plans.

The development of the Consolidated Plan takes place under the supervision of the North Shore HOME Consortium staff of the City of Peabody Department of Community Development and Planning.

The Consortium's approach to citizen participation this year, where HUD requires both a 5 Year Consolidated Plan for 2015-2020 and an Annual Action Plan for 2015, has been to continue and where necessary, improve upon the process used in prior years and described above. Groups active in areas which use or could use resources were made aware of the process, by advertisements and public notices. In addition, every agency involved in serving low income, special needs or homeless households was invited to attend meetings and send in comments through direct mail and/or email.⁵

The planning and citizen participation activities for these plans generally begin in the preceding fiscal year, utilizing community outreach meetings. These meetings are conducted for the purpose of soliciting public comment and include information for project proposals relative to community needs and program priorities for the first annual plan.

The initial community meetings, held to solicit direction for the plans, and later Public Hearings to solicit feedback on the draft plans, were widely advertised throughout the Consortium by email and website announcements, were also advertised in the following media on February 19th and April 3, 2015: Salem News (serves most of the North Shore), The Eagle Tribune (covers Merrimack Valley), the Gloucester Times, The Newburyport News, and the Wilmington Town Crier (to cover Wilmington). Also ads were placed in the Bay State Banner and El Mundo, the two minority newspapers in the region.

⁵ Advertising in local media was also used but has become more costly and less effective than other strategies.

The Community Meetings and the public hearings, (Both sets of meetings were held at the same locations for consistency) were conducted in different geographic areas, to facilitate attendance of the NSHC participant communities. The advertised Community meetings for public input were conducted as follows:

1. Thursday, March 5th, 2015 at 5:00 p.m. at Peabody City Hall, CD Conference Room, 24 Lowell Street, Peabody;
2. Monday, March 9th 2015 at 11:00 a.m. at the Torigian Community Life Center, Classroom A, 79-R Central Street, Peabody;
3. Tuesday, March 10th, 2015 at 12:00 noon at the Sawyer Free Public Library, the Friend Room, 2 Dale Avenue, Gloucester;
4. Wednesday, March 11th, 2015 at 12:00 noon at The Haverhill Public Library Milhender Room, 99 Main Street, Haverhill

At these four regional meetings the discussion was framed around the following questions:

- Changes in the clientele requesting services. “What changes (if any), have you seen in the past year or two in the persons trying to access your services?”
- Changes in your priorities. “Have you changed your priorities recently or plan on changing your priorities in the coming year, in terms of who you serve?”
- Changes in your approach. “Have you seen any need to change your strategies or methods of doing business?”
- Observations on other issues in the Consortium. “Do you see anything which the Consortium should address in the next few years, which while outside your organizational program, you believe is of high importance?”

In addition attendees were invited to submit data and comments by email after the meetings.

Public comments received prior to the issuance of the draft Plans and comments received during the public comment period are summarized in the section below. In addition to these broader public forums, additional technical assistance is provided to assist people with the preparation of proposals for funding and if requested, the formation of a CHDO.

In addition to the initial community meetings, eighteen major service organizations were contacted for telephone surveys, and more than a dozen representatives from agencies serving the low income, homeless, and special needs population in our region attended a Continuum of Care meeting which included an opportunity to provide input on the Plans.

The draft Plans were made available on April 13th 2015 at the offices of the City of Peabody Department of Community Development located at 24 Lowell Street Peabody and made available to the Planning, Economic, Housing and Community Development departments (or other similar offices, such as Board of Selectmen offices) of NSHC member municipalities. The draft Plan was also made available online at: www.peabody-ma.gov/comm_dev.html and by request during the 30 day public comment period.

A concerted effort is made to increase the participation of low and moderate-income persons. Particular efforts are made to encourage participation by people of predominantly low and moderate income. The key to this is to have public meetings in major centers of the region. The Draft Citizen Participation Plan is also available on the City of Peabody Community Development Department's website : www.peabody-ma.gov/comm_dev.html.

If, at any time, it is anticipated that a significant number of non-English speaking residents can be reasonably expected to participate in public meetings or participate in the planning and evaluation process of the Consolidated Plan, an interpreter will be secured. Also, the hearings will be held at times and locations convenient to potential and actual beneficiaries, and with the accommodations for persons with disabilities.

Public hearings on the draft Plan are scheduled as follows:

1. Monday, April 27th at 10:30 a.m. at the Haverhill Public Library's Milhendler Room, 99 Main Street, Haverhill;
2. Wednesday, April 29th at 12.00 a.m. at the Sawyer Free Library's Friend Room, 2 Dale Avenue, Gloucester;
3. Thursday, April 30th at 12:00 p.m. at the Torigian Community Life Center, Classroom A, 79R Central Street, Peabody; and
4. Thursday, April 30th at 5:00 p.m. at Peabody City Hall Community Development Conference Room, 24 Lowell Street, Peabody.

A key strategy is to work closely with social service, housing and economic agencies in the region. These agencies serve as communication conduits to many of these populations, due to their established relationships with their clients and other agencies which serve minority, disabled and non-English speaking persons.

The NSHC has always involved local organizations which have specific ties to or whose members comprise minority, non-English speaking or disabled persons. Sources utilized for this plan which fall into these categories are as follows:

- all jurisdiction-based non-profit and CHDO organizations.
- most jurisdiction-based public service agencies.
- housing authorities.
- faith-based organizations.
- municipal websites.
- posted public notices in city and town halls.

DRAFT

Citizen Participation Outreach

Table PR15-A: Citizen Participation Outreach

Sort Order	Mode of Outreach	Target of Outreach	Summary of response/attendance	Summary of comments received	Summary of comments not accepted and reasons	URL (If applicable)
	Public Meetings (Newspaper PSA's, Cable TV PSA's and Posters)	All Interested Parties including: Elderly, Minorities and Persons with disabilities	Attended Meetings , responded to emails and phone	No comments received	None	
	Email, Surveys and Meetings	Homeless Advocates	Meetings , responded to emails and phone	Comments received were focused on information updates and thoughts about what are the priorities in the near future	None	
	Email, Surveys and Meetings	Elderly Advocates	Meetings , responded to emails and phone	Comments received were focused on information updates and thoughts about what are the priorities in the near future	None	
	CoC Agency Meetings	Homeless Advocates	Meetings , responded to emails and phone	Comments received were focused on information updates and thoughts about what are the priorities in the near future	None	
	Email, Surveys and Meetings	Housing Authorities	Only three of 29 PHAs responded	Information for the ConPlan	None	
	Email Surveys and Meetings	Non-Profit Organizations	Attended Meetings , responded to emails and phone	No comments received	None	

Table 4 – Citizen Participation Outreach

Needs Assessment

NA-05 Overview

Needs Assessment Overview

The Needs assessment was done by compiling information obtained from surveys, meetings, and with datasets furnished in IDIS and also obtained from the 2010 Census, ESRI/HUD Maps, HUD CHAS 2011 and recent ACS datasets (generally 2009-2013). Priority needs were determined from data analysis, from agency consultations and from other citizen and organizational input. All priorities were screened against regulatory requirements and limitations.

The results of this process appear in the following sections and in other sections of the Plan.

The following Table summarizes the affordable housing portfolio in the Consortium. There is more detail on the Public Housing and Voucher inventory in Table NA35-21 in Section NA35 below.

Table NA05-A: Community Housing Inventory

Community Name	Total Portfolio*	Units at Risk 2015 - 2020
Amesbury	347	11
Andover	412	-
Beverly	1,119	599
Boxford	423	-
Danvers	40	92
Essex	136	-
Georgetown	1,282	4
Gloucester	63	60
Hamilton	836	-
Haverhill	336	414
Ipswich	72	136
Lynnfield	84	-
Manchester	306	-
Marblehead	53	-
Merrimac	1,002	-
Methuen	66	20
Middleton	318	88
Newburyport	432	101

Community Name	Total Portfolio*	Units at Risk 2015 - 2020
North Andover	66	4
North Reading	970	-
Peabody	257	528
Rockport	54	-
Rowley	1,794	-
Salem	138	254
Salisbury	127	-
Swampscott	60	-
Topsfield	86	48
Wenham	26	-
West Newbury	96	-
Wilmington	34	5
Totals for NSHC	4,140	2,364

Data Source: NSHC, OKM, CHAPA, CEDAC, DHCD, HUD

Note: There may be discrepancies due to data coming from different sources at different times.

Note:* Some developments have multiple sources of subsidies - thus the Total Portfolio number can be different from preceding columns.

Note:**This includes the Housing Authority inventories in Table NA35-21 below and the SHI list of the State in Table MA10-A.

NA-10 Housing Needs Assessment - 24 CFR 91.405, 24 CFR 91.205 (a,b,c)

Summary of Housing Needs

Demographics	Base Year: 2000	Most Recent Year: 2013	% Change
Population	555,061	567,573	2%
Households	213,086	219,815	3%
Mean Income	\$97,224	\$116,695	20%

Table 5 - Housing Needs Assessment Demographics

Data Source: 2000 Census (Base Year), 2009-2013 ACS (Most Recent Year), 2013 ASCS

Number of Households Table

NSHC Demographics	0-30% HAMFI	>30- 50% HAMFI	>50-80% HAMFI	>80- 100% HAMFI	>100% HAMFI	Totals	0-80% HAMFI
Total Households *	28,090	22,505	23,625	20,360	125,225	219,805	74,220
Small Family Households *	6,505	6,060	7,985	8,550	72,625	101,725	20,550
Large Family Households *	804	1,049	1,451	1,615	11,665	16,584	3,304
Household contains at least one person 62-74 years of age	6,033	5,020	5,319	4,369	21,240	41,981	16,372
Household contains at least one person age 75 or older	7,985	6,864	4,237	2,642	7,619	29,347	19,086
Households with one or more children 6 years old or younger *	2,552	2,634	2,760	3,145	14,342	25,433	7,946

* the highest income category for these family types is >80% HAMFI

Table 6 - Total Households Table

Data Source: 2007-2011 CHAS

Housing Needs Summary Tables

1. Housing Problems (Households with one of the listed needs)

	Renter					Owner				
	0-30% AMI	>30- 50% AMI	>50- 80% AMI	>80- 100% AMI	Total	0-30% AMI	>30- 50% AMI	>50- 80% AMI	>80- 100% AMI	Total
NUMBER OF HOUSEHOLDS										
Substandard Housing - Lacking complete plumbing or kitchen facilities	584	140	180	20	924	75	64	35	95	269
Severely Overcrowded - With >1.51 people per room (and complete kitchen and plumbing)	180	35	35	10	260	25	65	25	14	129
Overcrowded - With 1.01-1.5 people per room (and none of the above problems)	200	160	130	55	545	15	30	94	69	208
Housing cost burden greater than 50% of income (and none of the above problems)	9,270	2,974	645	99	12,988	6,429	4,310	3,745	1,958	16,442

	Renter					Owner				
	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total
Housing cost burden greater than 30% of income (and none of the above problems)	2,845	4,620	3,659	1,288	12,412	1,600	3,650	3,639	5,144	14,033
Zero/negative Income (and none of the above problems)	760	0	0	0	760	620	0	0	0	620

Table 7 – Housing Problems Table

Data 2007-2011 CHAS
Source:

2. Housing Problems 2 (Households with one or more Severe Housing Problems: Lacks kitchen or complete plumbing, severe overcrowding, severe cost burden)

	Renter					Owner				
	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total
NUMBER OF HOUSEHOLDS										
Having 1 or more of four housing problems	10,230	3,314	990	184	14,718	6,549	4,475	3,895	2,123	17,042
Having none of four housing problems	7,735	7,375	8,669	5,804	29,583	2,175	7,370	10,040	12,254	31,839
Household has negative income, but none of the other housing problems	760	0	0	0	760	620	0	0	0	620

Table 8 – Housing Problems 2

Data 2007-2011 CHAS
Source:

3. Cost Burden > 30%

	Renter				Owner			
	0-30% AMI	>30-50% AMI	>50-80% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	Total
NUMBER OF HOUSEHOLDS								
Small Related	3,870	2,953	1,673	8,496	1,729	1,987	3,067	6,783
Large Related	470	358	90	918	243	505	912	1,660
Elderly	4,457	2,115	1,053	7,625	4,813	4,503	2,141	11,457
Other	4,125	2,383	1,708	8,216	1,302	1,095	1,349	3,746
Total need by income	12,922	7,809	4,524	25,255	8,087	8,090	7,469	23,646

Table 9 – Cost Burden > 30%

Data 2007-2011 CHAS
Source:

4. Cost Burden > 50%

	Renter				Owner			
	0-30% AMI	>30-50% AMI	>50-80% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	Total
NUMBER OF HOUSEHOLDS								
Small Related	3,030	819	215	4,064	1,599	1,448	1,629	4,676
Large Related	300	99	0	399	239	320	519	1,078
Elderly	3,213	1,015	295	4,523	3,529	1,760	912	6,201
Other	3,400	1,108	219	4,727	1,113	870	709	2,692
Total need by income	9,943	3,041	729	13,713	6,480	4,398	3,769	14,647

Table 10 – Cost Burden > 50%

Data 2007-2011 CHAS
Source:

5. Crowding (More than one person per room)

	Renter					Owner				
	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total
NUMBER OF HOUSEHOLDS										
Single family households	355	90	140	65	650	40	95	94	73	302
Multiple, unrelated family households	25	90	25	0	140	0	0	25	10	35

	Renter					Owner				
	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total
Other, non-family households	10	20	0	0	30	0	0	0	0	0
Total need by income	390	200	165	65	820	40	95	119	83	337

Table 11 – Crowding Information - 1/2

Data 2007-2011 CHAS
Source:

	Renter				Owner			
	0-30% AMI	>30-50% AMI	>50-80% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	Total
Households with Children Present								

Table 12 – Crowding Information – 2/2

Data for Table 12 is not available.

Describe the number and type of single person households in need of housing assistance.

While the total number of single person households with a need for housing assistance cannot be determined from the 2010 Census nor from the ACS, Table NA10-A1 below provides us with the overall number and percentage of single person households in our region.

Table NA10-A1 Non-Family Households

Community	# Single Person HHs	% Single Person HHs
Amesbury	1,884	29%
Andover	2,778	23%
Beverly	5,011	32%
Boxford	335	12%
Danvers	2,821	28%
Essex	307	22%
Georgetown	470	16%
Gloucester	3,434	28%
Hamilton	542	19%
Haverhill	7,047	30%
Ipswich	1,653	30%
Lynnfield	634	15%
Manchester-by-the-Sea	469	23%
Marblehead	2,318	29%
Merrimac	468	19%

Community	# Single Person HHs	% Single Person HHs
Methuen	4,761	27%
Middleton	444	17%
Newburyport	2,632	35%
North Andover	2,672	25%
North Reading	1,156	22%
Peabody	6,974	33%
Rockport	1,171	38%
Rowley	429	19%
Salem	7,002	38%
Salisbury	863	26%
Swampscott	1,504	27%
Topsfield	326	15%
Wenham	320	24%
West Newbury	236	16%
Wilmington	1,082	15%
NSHC	61,743	28%

Source: 2009-2013 ACS

The following table documents the median income of each NSHC community plus the median income of 1 person households in each community. As can be seen, the specific breakout of need by housing cost, or housing condition or by crowding is not available. However the table does show that the median income for these single person households is well below 80% of median income for each community.

Table NA10-A2 Single Person Non-Family Household Median Income

Community	Community Median Income	One Person HH Median Income	One Person HH Median Income as a % of the Community Median Income
Amesbury	\$78,486	\$37,976	48%
Andover	\$112,681	\$43,554	39%
Beverly	\$70,563	\$30,483	43%
Boxford	\$125,833	\$43,047	34%
Danvers	\$79,478	\$37,281	47%
Essex	\$74,211	\$43,984	59%
Georgetown	\$107,775	\$33,030	31%
Gloucester	\$61,449	\$28,333	46%
Hamilton	\$105,865	\$40,938	39%
Haverhill	\$60,429	\$33,701	56%
Ipswich	\$77,087	\$35,368	46%
Lynnfield	\$110,980	\$26,429	24%
Manchester-by-the-Sea	\$115,650	\$38,854	34%

Community	Community Median Income	One Person HH Median Income	One Person HH Median Income as a % of the Community Median Income
Marblehead	\$98,399	\$44,022	45%
Merrimac	\$79,423	\$49,083	62%
Methuen	\$67,556	\$27,028	40%
Middleton	\$104,245	\$31,855	31%
Newburyport	\$78,638	\$40,093	51%
North Andover	\$96,002	\$36,735	38%
North Reading	\$110,852	\$34,636	31%
Peabody	\$64,351	\$32,915	51%
Rockport	\$66,402	\$31,287	47%
Rowley	\$83,237	\$21,326	26%
Salem	\$55,780	\$31,218	56%
Salisbury	\$72,131	\$25,694	36%
Swampscott	\$92,258	\$36,981	40%
Topsfield	\$111,696	\$33,333	30%
Wenham	\$127,606	\$31,333	25%
West Newbury	\$111,652	\$34,792	31%
Wilmington	\$99,508	\$37,551	38%

Source: 2009-2013 ACS

An additional factor to consider is the number of homeless individuals in our region. According to the 2015 Homeless Point in Time Count for the North Shore HOME Consortium region, a total of 74 individuals were homeless and unsheltered, 185 individuals were homeless and living in emergency shelter, and 39 individuals were homeless but living in transitional housing in the region, for a total of 304 homeless single persons in desperate need of housing assistance (also shown on chart NA40-B). This does not take into account the large numbers of people who are functionally homeless, that is, they are “couch surfing,” which is not counted in our annual point in time count research as those persons do not meet the HUD homeless criteria.

Estimate the number and type of families in need of housing assistance who are disabled or victims of domestic violence, dating violence, sexual assault and stalking.

On the night of January 29, 2015, there were 1,069 people from 382 families being sheltered in traditional emergency shelter and transitional housing settings in the regions, with an additional 1,260 people, 540 adults and 720 children, being temporarily sheltered in hotels or motels or other temporary situations throughout the Consortium. Of these 2,329 people, a percentage are either disabled or victims of domestic violence, and all are in desperate need of safe affordable housing. The disabled population has complex housing needs and is discussed fully in Section NA45. Although there is no census data available for those covered under

VAWA, there are several programs within the NSHC communities which address the housing and related service needs of this population. The two major domestic violence organizations are Healing Abuse Working for Change (HAWC) in Salem and Jeanne Geiger Crisis Center of Newburyport. Both report a great need for affordable housing for clients that they serve.

What are the most common housing problems?

HUD Table 8 above lists the most serious issues facing households in the Consortium. Namely, the housing is seriously substandard or severely overcrowded or very costly as a percentage of the household income. If we only focus on sub-standard housing, severely over-crowded housing and households paying more than 50% of their income for housing, we can see that the paramount need is to address the need of households paying more than 50% of their income for housing.

Table NA10-A3 Severe Housing Problems

Owner and Rental Households	0-30% AMI	>30-50% AMI	>50-80% AMI	Total	>80-100% AMI	Total
Substandard Housing - Lacking complete plumbing or kitchen facilities	659	204	215	1,078	115	1,193
Severely Overcrowded - With >1.51 people per room (and complete kitchen and plumbing)	205	100	60	365	24	389
Housing cost burden greater than 50% of income (and none of the above problems)	15,690	7,284	4,385	27,359	3,236	30,595
Total Numbers	16,554	7,588	4,660	28,802	3,375	32,177
% Major Problems	51.45%	23.58%	14.48%	89.51%	10.49%	
% of NSHC HHs	7.53%	3.45%	2.12%	13.10%	1.54%	14.64%

Data Source: US Census 2010, ASCS 2009-2012, HUD CHAS

Are any populations/household types more affected than others by these problems?

As noted above, even if we confine the discussion to the most serious problems of housing cost, there are very few options available to correct for this imbalance. One option is to create sufficient affordable housing. Another approach to address such an imbalance is to provide subsidies. However, there is a significant expense involved with both options. Unfortunately, these are not easily addressed by the HOME program as the resources required both to create new affordable housing and to lower housing costs are significant in this market.

The HUD Table 10 above shows that housing costs for extremely low income households is particularly troublesome as these households have almost no elasticity in their budgets to pay 50% or more for their housing and thus must sacrifice other household essentials such as education, food and health care. The number of households in this category totals over 16,423 or 57% of all low income households in the Consortium.

Table 10 also shows that for the extremely low income, small household, elderly and non-family household renters and elderly owners are the two most affected groups by the cost of housing.

Describe the characteristics and needs of Low-income individuals and families with children (especially extremely low-income) who are currently housed but are at imminent risk of either residing in shelters or becoming unsheltered 91.205(c)/91.305(c)). Also discuss the needs of formerly homeless families and individuals who are receiving rapid re-housing assistance and are nearing the termination of that assistance

To try to summarize the characteristics and needs of all of the low income households in our region in this limited space is next to impossible, so the conversation must be limited to some basic truths. First, low income and extremely low income households need access to affordable housing. Incomes are not sufficient to support rents that have skyrocketed over the past decade, and for those households who are able to make ends meet, the effect of a single event such as an illness, pregnancy, divorce, or job loss can mean the difference between being housed and becoming homeless. More units of truly affordable rental housing must be created to help these households to meet this most basic need. Second, incomes have not kept pace with inflation especially for those who are at the lowest end of the income spectrum. Steps must be taken to ensure that everyone receives a fair wage. It is imperative that a person who is working full time be able to support themselves without also needing public assistance. Third, the cost of obtaining a higher education has skyrocketed and is simply out of reach to most. If steps are taken to restructure that system to encourage more people to obtain higher education then doors will be opened toward independence for many. Fourth, families need childcare. In too many cases the birth of a child is the cause for financial failure as there is not sufficient safe, affordable childcare available to allow low income households to sustain a job while paying for daycare.

In some cases where households received rapid rehousing assistance they were able to remain stably housed, but in other instances the households require additional assistance. Just as with the general population, low income households are facing complex sets of issues that in some cases take more time to address than others.

If a jurisdiction provides estimates of the at-risk population(s), it should also include a description of the operational definition of the at-risk group and the methodology used to generate the estimates:

This jurisdiction does not propose an estimate of the at risk population numbers, but instead asks the reader to refer to the aforementioned charts showing the extremely high numbers of households with low and extremely low incomes who are paying more than 50% of their incomes for housing costs. This information was generated from US census/CHAS data.

Specify particular housing characteristics that have been linked with instability and an increased risk of homelessness

Again, there is no way to list all of the housing characteristics that can lead to homelessness. It is evident, based on the analysis of data, that households with very low incomes are required to pay disproportionate percentages of their income for housing because of high rents. These costs are likely to prevent them from affording decent, safe housing.

Discussion

See paragraphs above.

NA-15 Disproportionately Greater Need: Housing Problems - 91.405, 91.205 (b)(2)

Assess the need of any racial or ethnic group that has disproportionately greater need in comparison to the needs of that category of need as a whole.

Introduction

HUD breaks down housing problems into three categories. One is the physical condition of the housing, another is overcrowding and another is the cost of housing.

In turn the physical conditions are split into two types:

1. Lacks complete kitchen facilities,
2. Lacks complete plumbing facilities,

The crowding conditions are more than one person per room but no more than 1.5 persons per room

The housing cost criteria is a cost burden greater than 30% but less than 50%

HUD also has several policies which look at whether there is a disproportionate need as it relates to race or ethnicity. These vary depending upon what the proposed action might be. For example, Site and Neighborhood Standards are used to determine the appropriateness of an investment in new housing in an area. These standards are more restrictive than those for disproportionate need.

For the analysis in this section we are using a variance of 10% in the racial or ethnic percentage in the region, to define a “disproportionate” share of a housing problem.

0%-30% of Area Median Income

Housing Problems	Has one or more of four housing problems	% of HHs with Severe Housing Problems in the Income Group	% of Extremely Low Income Cohort	Race and Ethnicity %s in the NSHC	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	20,345				5,284	1,385
White	17,410	85.57%	61.98%	91.6%	4,664	1,130

Housing Problems	Has one or more of four housing problems	% of HHs with Severe Housing Problems in the Income Group	% of Extremely Low Income Cohort	Race and Ethnicity %s in the NSHC	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems	
Black / African American	339	1.67%	1.21%	2.5%	30	10	
Asian	193	0.95%	0.69%	3.4%	40	65	
American Indian, Alaska Native	34	0.17%	0.12%	0.4%	35	0	
Pacific Islander	0	0.00%	0.00%	0.1%	0	0	
Hispanic	2,209	10.86%	7.86%	6.9%	495	175	
Total Households in ELI Cohort						25,629	

Table 13 - Disproportionally Greater Need 0 - 30% AMI

Data Source: 2007-2011 CHAS

30%-50% of Area Median Income

Housing Problems	Has one or more of four housing problems	% of HHs with Severe Housing Problems in the Income Group	% of Very Low Income Cohort	Race and Ethnicity %s in the NSHC	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	7,499				3,272	0
White	6,749	90.00%	29.99%	91.6%	3,127	0
Black / African American	130	1.73%	0.58%	2.5%	40	0
Asian	115	1.53%	0.51%	3.4%	8	0
American Indian,	55	0.73%	0.24%	0.4%	20	0

Housing Problems	Has one or more of four housing problems	% of HHs with Severe Housing Problems in the Income Group	% of Very Low Income Cohort	Race and Ethnicity %s in the NSHC	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Alaska Native						
Pacific Islander	0	0.00%	0.00%	0.1%	0	0
Hispanic	250	3.33%	1.11%	6.9%	40	0
Total Households in VLI Cohort						10,771

Table 14 - Disproportionally Greater Need 30 - 50% AMI

Data Source: 2007-2011 CHAS

50%-80% of Area Median Income

Housing Problems	Has one or more of four housing problems	% of HHs with Severe Housing Problems in the Income Group	% of Low Income Cohort	Race and Ethnicity %s in the NSHC	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	9,823				8,883	0
White	8,953	91.14%	37.90%	91.6%	8,518	0
Black / African American	349	3.55%	1.48%	2.5%	214	0
Asian	65	0.66%	0.28%	3.4%	20	0
American Indian, Alaska Native	0	0.00%	0.00%	0.4%	30	0
Pacific Islander	0	0.00%	0.00%	0.1%	0	0
Hispanic	175	1.78%	0.74%	6.9%	10	0
Total Households in LI Cohort						18,706

Table 15 - Disproportionally Greater Need 50 - 80% AMI

Data Source: 2007-2011 CHAS

80%-100% of Area Median Income

Housing Problems	Has one or more of four housing problems	% of HHs with Severe Housing Problems in the Income Group	% of Moderate Income Cohort	Race and Ethnicity %s in the NSHC	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	4,139				7,258	0
White	3,794	91.66%	18.63%	91.6%	7,058	0
Black / African American	90	2.17%	0.44%	2.5%	60	0
Asian	15	0.36%	0.07%	3.4%	15	0
American Indian, Alaska Native	25	0.60%	0.12%	0.4%	35	0
Pacific Islander	0	0.00%	0.00%	0.1%	0	0
Hispanic	44	1.06%	0.22%	6.9%	50	0
Total Households in MI Cohort	11,397					

Table 16 - Disproportionally Greater Need 80 - 100% AMI

Data Source: 2007-2011 CHAS

Discussion

The Tables above which have been modified from the IDIS supplied data to include data from the 2010 US Census and the ACS 2009-2013 and HUD CHAS Data. Looking at the tables, it can be seen that in general no specific racial or ethnic groups have a disproportionate share of the housing problems. However there is a disproportionate share for ELI Hispanics and LI African Americans (underlined in **yellow** and **bolded**).

NA-20 Disproportionately Greater Need: Severe Housing Problems - 91.405, 91.205 (b)(2)

Assess the need of any racial or ethnic group that has disproportionately greater need in comparison to the needs of that category of need as a whole.

Introduction

HUD breaks down severe housing problems into four categories.

1. Lacks complete kitchen facilities,
2. Lacks complete plumbing facilities,
3. More than 1.5 persons per room,
4. Cost Burden greater than 50%

HUD also has several policies which look at whether there is a disproportionate need as it relates to race or ethnicity. These vary depending upon what the proposed action might be. For example, Site and Neighborhood Standards are used to determine the appropriateness of an investment in new housing in an area. These standards are more restrictive than those for disproportionate need.

For the analysis in this section we are using a variance of 10% in the racial or ethnic percentage

0%-30% of Area Median Income

Severe Housing Problems*	Has one or more of four housing problems	% of HHs with Severe Housing Problems in the Income Group	% of Extremely Low Income Cohort	Race and Ethnicity %s in the NSHC	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	15,579				10,023	1,385
White	13,409	86.07%	47.74%	91.6%	8,643	1,130
Black / African American	259	1.66%	0.92%	2.5%	115	10
Asian	144	0.92%	0.51%	3.4%	90	65
American Indian, Alaska Native	34	0.22%	0.12%	0.4%	35	0
Pacific Islander	0	0.00%	0.00%	0.1%	0	0
Hispanic	1,618	10.39%	5.76%	6.9%	1,090	175

Severe Housing Problems*	Has one or more of four housing problems	% of HHs with Severe Housing Problems in the Income Group	% of Extremely Low Income Cohort	Race and Ethnicity %s in the NSHC	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Total Households in ELI Cohort						25,602

Table 17 – Severe Housing Problems 0 - 30% AMI

Data Source: 2007-2011 CHAS

30%-50% of Area Median Income

Severe Housing Problems*	Has one or more of four housing problems	% of HHs with Severe Housing Problems in the Income Group	% of Very Low Income Cohort	Race and Ethnicity %s in the NSHC	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	7,504				13,995	0
White	6,624	88.27%	29.43%	91.6%	12,645	0
Black / African American	170	2.27%	0.76%	2.5%	80	0
Asian	185	2.47%	0.82%	3.4%	108	0
American Indian, Alaska Native	25	0.33%	0.11%	0.4%	10	0
Pacific Islander	0	0.00%	0.00%	0.1%	0	0
Hispanic	475	6.33%	2.11%	6.9%	979	0
Total Households in VLI Cohort						21,499

Table 18 – Severe Housing Problems 30 - 50% AMI

Data Source: 2007-2011 CHAS

50%-80% of Area Median Income

Severe Housing Problems*	Has one or more of four housing problems	% of HHs with Severe Housing Problems in the Income Group	% of Low Income Cohort	Race and Ethnicity %s in the NSHC	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems	
Jurisdiction as a whole	5,165				20,239	0	
White	4,615	89.35%	19.53%	91.6%	18,529	0	
Black / African American	125	2.42%	0.53%	2.5%	330	0	
Asian	89	1.72%	0.38%	3.4%	189	0	
American Indian, Alaska Native	0	0.00%	0.00%	0.4%	48	0	
Pacific Islander	0	0.00%	0.00%	0.1%	0	0	
Hispanic	309	5.98%	1.31%	6.9%	1,075	0	
Total Households in LI Cohort						25,404	

Table 19 – Severe Housing Problems 50 - 80% AMI

Data Source: 2007-2011 CHAS

80%-100% of Area Median Income

Severe Housing Problems*	Has one or more of four housing problems	% of HHs with Severe Housing Problems in the Income Group	% of Moderate Income Cohort	Race and Ethnicity %s in the NSHC	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	2,113				18,737	0
White	2,033	96.21%	9.99%	91.6%	17,342	0
Black / African American	0	0.00%	0.00%	2.5%	89	0
Asian	35	1.66%	0.17%	3.4%	480	0

Severe Housing Problems*	Has one or more of four housing problems	% of HHs with Severe Housing Problems in the Income Group	% of Moderate Income Cohort	Race and Ethnicity %s in the NSHC	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems	
American Indian, Alaska Native	0	0.00%	0.00%	0.4%	50	0	
Pacific Islander	0	0.00%	0.00%	0.1%	15	0	
Hispanic	35	1.66%	0.17%	6.9%	645	0	
Total Households in MI Cohort						20,850	

Table 20 – Severe Housing Problems 80 - 100% AMI

Data Source: 2007-2011 CHAS

Discussion

In reviewing the tables above, it can be seen that there is no racial or ethnic group with a disproportionate share of the severe housing problems in the Consortium communities as a whole. However ELI Hispanics have a higher proportion of severe problems (underlined in yellow and bolded).

It was noted above in Section NA-10, that there are some other groups which have greater need such as the elderly, but neither HUD nor the Census further break the needs down into racial/ethnic classifications.

NA-25 Disproportionately Greater Need: Housing Cost Burdens - 91.405, 91.205 (b)(2)

Assess the need of any racial or ethnic group that has disproportionately greater need in comparison to the needs of that category of need as a whole.

Introduction

Assess the need of any racial or ethnic group that has disproportionately greater need in comparison to the needs of that category of need as a whole.

Introduction:

HUD breaks down housing cost problems into three types:

1. Housing cost meets industry standards being less than or equal to 30% of gross income,
2. Housing cost is greater than 30% but less than 50% of household income,
3. Housing cost is greater than 50% and is considered by any standard to be excessive

HUD also has several policies which look at whether there is a disproportionate need as it relates to race or ethnicity. These vary depending upon what the proposed action might be. For example, Site and Neighborhood Standards are used to determine the appropriateness of an investment in new housing in an area. For the analysis in this section we are using a variance of 10% to define a “disproportionate” share of a housing problem.

Housing Cost Burden

Table NA-25: Modified HUD Table 21 - Housing Cost Burden

	A1	A2	B1	B2	C1	C2	D1	D2
Housing Cost Burden	<=30%	% of HHs with No Housing Cost Burden	30-50%	% of HHs with Moderate Housing Cost Burden	>50%	% of HHs with Severe Housing Cost Burden	Race and Ethnicity %s in the NSHC	No / negative income (not computed)
Jurisdiction as a whole	132,704		43,301		31,860			1,430
White	123,499	93.06%	39,295	90.75%	28,185	88.47%	91.6%	1,160
Black / African American	1,335	1.01%	415	0.96%	550	1.73%	2.5%	10
Asian	2,989	2.25%	692	1.60%	569	1.79%	3.4%	75
American Indian, Alaska Native	192	0.14%	15	0.03%	60	0.19%	0.4%	0

	A1	A2	B1	B2	C1	C2	D1	D2
Housing Cost Burden	<=30%	% of HHs with No Housing Cost Burden	30-50%	% of HHs with Moderate Housing Cost Burden	>50%	% of HHs with Severe Housing Cost Burden	Race and Ethnicity %s in the NSHC	No / negative income (not computed)
Pacific Islander	30	0.02%	0	0.00%	0	0.00%	0.1%	0
Hispanic	3,840	2.89%	2,545	5.88%	2,354	7.39%	6.9%	175

Table 21 – Greater Need: Housing Cost Burdens AMI

Data Source: 2007-2011 CHAS

Discussion

Table 21 above shows the percentage shares of each of the racial/ethnic groups of the households with different cost burdens.

Column A2 of Table 21 shows the percentage of households paying between 30% and 50% of their income for housing when compared with all households with that housing cost burden. When compared with the racial/ethnic distribution throughout the Consortium, there is no disproportion.

Column B2 of Table 21 shows the percentage of households paying over 50% of their income for housing when compared with all households with that housing cost burden. When compared with the racial/ethnic distribution throughout the Consortium, there is no disproportion.

Column C2 of Table 21 shows the percentage of households paying over 50% of their income for housing when compared with all households in the Consortium. When compared with the racial/ethnic distribution throughout the Consortium, there is some disproportion for Hispanic households (underlined in **yellow** and **bolded**).

However, as noted in prior sections and in NA-10 there are cost burden problems for elderly owners and renters, but these are not broken down into racial/ethnic groups.

NA-30 Disproportionately Greater Need: Discussion - 91.205 (b)(2)

Are there any Income categories in which a racial or ethnic group has disproportionately greater need than the needs of that income category as a whole?

Based on the analysis above and in Tables in Section NA-10, we have developed the following table:

Table NA30-A: Severe Housing Problems by Income Cohort

Owner and Rental Households	0-30% AMI	>30-50% AMI	>50-80% AMI	Total
Substandard Housing - Lacking complete plumbing or kitchen facilities	659	204	215	1,078
Severely Overcrowded - With >1.51 people per room (and complete kitchen and plumbing)	205	100	60	365
Housing cost burden greater than 50% of income (and none of the above problems)	15,690	7,284	4,385	27,359
Total Numbers	16,554	7,588	4,660	28,802
% Major Problems	57.48%	26.35%	16.18%	

Source: Chas 2006-2011, US census 2010

This table indicates that more than half of the households with severe problems are Extremely Low Income. For this group the vast majority of the problems are with the cost of housing. If we examine the analyses in NA-10, NA-15, NA-20 and NA-25, we can conclude that there is no glaring disproportionate share of problems in the various income categories based on race and/or ethnicity. However there are some groups (African-American and Hispanic) which the Consortium will need to pay attention to, in that their share of the problems might change negatively in the future.

We want to note that income elasticity is less the lower one's household income. Hence paying 50% or more for housing when your income is less than 30% of median (Extremely Low Income) is particularly burdensome as the basic resources needed for food, health and education are severely impacted.

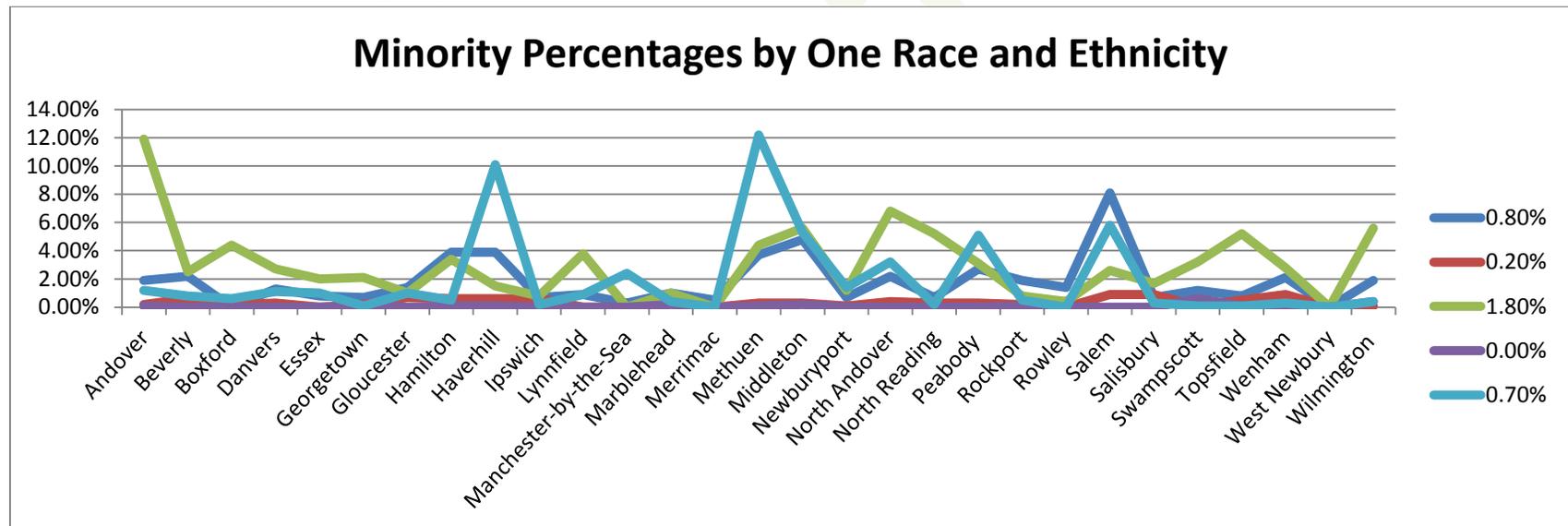
If they have needs not identified above, what are those needs?

We have not uncovered any other issues.

Are any of those racial or ethnic groups located in specific areas or neighborhoods in your community?

The following charts illustrate the distribution of race and ethnicity in the Consortium. As can be seen while the minority and ethnic proportions of the total population are small, the largest racial minority is concentrated in Methuen, Middleton and Salem and the largest Hispanic ethnicity is concentrated in Haverhill, Methuen and Salem.

Chart NA30-A: Minority Percentages by NSHC Communities



Data Source: 2009-2013 ACS

NA-35 Public Housing - 91.405, 91.205 (b)

Introduction

Totals in Use

	Program Type								
	Certificate	Mod-Rehab	Public Housing	Vouchers			Special Purpose Voucher		
				Total	Project - based	Tenant - based	Veterans Affairs Supportive Housing	Family Unification Program	Disabled *
# of units vouchers in use	0	74	567	3,930	81	3,733	0	0	107

Table 22 - Public Housing by Program Type

*includes Non-Elderly Disabled, Mainstream One-Year, Mainstream Five-year, and Nursing Home Transition

Data Source: PIC (PIH Information Center)

Note: PIC does not assemble information on other Public Housing such as those in Massachusetts or on State vouchers. The following tables are a more complete picture of subsidized housing in the Consortium,

Table NA35-21A: Housing Authorities' Inventory

PHA Name/Address	Federal Public Housing Units	Federal HCV Vouchers	Federal Project Based Vouchers	Federal VASH Vouchers	Total Federal Portfolio	State Public Housing Units	State MRVP & AHVP Vouchers	Total State Portfolio	Total Development Based Units (Federal Plus State)	Total Tenant Based Vouchers (Federal Plus State)	Total PHA Portfolios *
Amesbury	-	84			84	263	-	263	263	84	347
Andover	-	127			127	282	3	285	282	130	412
Beverly	168	420			588	471	60	531	639	480	1,119
Danvers	76	145			221	202	-	202	278	145	423
Essex					-	40	-	40	40	-	40

PHA Name/Address	Federal Public Housing Units	Federal HCV Vouchers	Federal Project Based Vouchers	Federal VASH Vouchers	Total Federal Portfolio	State Public Housing Units	State MRVP & AHVP Vouchers	Total State Portfolio	Total Development Based Units (Federal Plus State)	Total Tenant Based Vouchers (Federal Plus State)	Total PHA Portfolios *
Georgetown					-	136	-	136	136	-	136
Gloucester	89	633			722	530	30	560	619	663	1,282
Hamilton					-	63	-	63	63	-	63
Haverhill	-	349			349	440	47	487	440	396	836
Ipswich	-	55			55	250	31	281	250	86	336
Lynnfield					-	72	-	72	72	-	72
Manchester					-	84	-	84	84	-	84
Marblehead					-	306	-	306	306	-	306
Merrimac					-	53	-	53	53	-	53
Methuen	42	558			600	391	11	402	433	569	1,002
Middleton					-	66	-	66	66	-	66
Newburyport	50	102			152	164	2	166	214	104	318
North Andover	105	133			238	192	2	194	297	135	432
North Reading	-	22			22	44	-	44	44	22	66
Peabody	-	337			337	507	126	633	507	463	970
Rockport	-	153			153	104	-	104	104	153	257
Rowley					-	54	-	54	54	-	54
Salem	39	1,088			1,127	667	-	667	706	1,088	1,794
Salisbury	-	58			58	80	-	80	80	58	138
Swampscott					-	122	5	127	122	5	127
Topsfield					-	60	-	60	60	-	60
Wenham					-	86	-	86	86	-	86

PHA Name/Address	Federal Public Housing Units	Federal HCV Vouchers	Federal Project Based Vouchers	Federal VASH Vouchers	Total Federal Portfolio	State Public Housing Units	State MRVP & AHVP Vouchers	Total State Portfolio	Total Development Based Units (Federal Plus State)	Total Tenant Based Vouchers (Federal Plus State)	Total PHA Portfolios *
West Newbury					-	26	-	26	26	-	26
Wilmington	-	11			11	85	-	85	85	11	96
DHCD through CTI		599	335		934		0		335	599	934
NSHC	569	4,874	335	0	5,778	5,840	317	6,157	6,744	5,191	11,935

Data Source: NSHC, OKM, CHAPA, DHCD, HUD, CTI

Note: There may be discrepancies due to data coming from different sources at different times.

Also note* that DHCD is considered a PHA for the purposes of HUD's HCV program.

Characteristics of Residents

	Program Type							
	Certificate	Mod-Rehab	Public Housing	Vouchers			Special Purpose Voucher	
				Total	Project-based	Tenant-based	Veterans Affairs Supportive Housing	Family Unification Program
# Homeless at admission	0	2	0	13	2	11	0	0
# of Elderly Program Participants (>62)	0	4	281	836	33	786	0	0
# of Disabled Families	0	31	114	1,509	41	1,374	0	0
# of Families requesting accessibility features	0	74	567	3,930	81	3,733	0	0

	Program Type							
	Certificate	Mod-Rehab	Public Housing	Vouchers			Special Purpose Voucher	
				Total	Project - based	Tenant - based	Veterans Affairs Supportive Housing	Family Unification Program
# of HIV/AIDS program participants	0	0	0	0	0	0	0	0
# of DV victims	0	0	0	0	0	0	0	0

Table 23 – Characteristics of Public Housing Residents by Program Type

Data Source: PIC (PIH Information Center)

Note: The table above from HUD and the ones below from HUD do NOT include developments and vouchers funded by the State of Massachusetts.

Race of Residents

Race	Program Type								
	Certificate	Mod-Rehab	Public Housing	Vouchers			Special Purpose Voucher		
				Total	Project - based	Tenant - based	Veterans Affairs Supportive Housing	Family Unification Program	Disabled *
White	0	69	537	3,668	81	3,476	0	0	103
Black/African American	0	1	21	221	0	219	0	0	1
Asian	0	4	8	35	0	32	0	0	3
American Indian/Alaska Native	0	0	0	4	0	4	0	0	0
Pacific Islander	0	0	1	2	0	2	0	0	0
Other	0	0	0	0	0	0	0	0	0

*includes Non-Elderly Disabled, Mainstream One-Year, Mainstream Five-year, and Nursing Home Transition

Table 24 – Race of Public Housing Residents by Program Type

Data Source: PIC (PIH Information Center)

Note: The data above does not include State public housing and voucher data which is not collected in the same way as Federal

Ethnicity of Residents

Ethnicity	Program Type								
	Certificate	Mod-Rehab	Public Housing	Vouchers			Special Purpose Voucher		
				Total	Project - based	Tenant - based	Veterans Affairs Supportive Housing	Family Unification Program	Disabled *
Hispanic	0	2	59	1,349	3	1,327	0	0	19
Not Hispanic	0	72	508	2,581	78	2,406	0	0	88

***includes Non-Elderly Disabled, Mainstream One-Year, Mainstream Five-year, and Nursing Home Transition**

Table 25 – Ethnicity of Public Housing Residents by Program Type

Data Source: PIC (PIH Information Center)

Section 504 Needs Assessment: Describe the needs of public housing tenants and applicants on the waiting list for accessible units:

Because only three of the 28 Housing Authorities in the Consortium have responded to the survey⁶, there is no information about the needs of people on the waiting list.

What are the number and type of families on the waiting lists for public housing and section 8 tenant-based rental assistance? Based on the information above, and any other information available to the jurisdiction, what are the most immediate needs of residents of public housing and Housing Choice voucher holders?

Because only two of the 28 Housing Authorities in the Consortium responded to the survey, there is no information about the immediate needs of residents.

How do these needs compare to the housing needs of the population at large

As noted above, existing recipients of housing subsidies, whether in public housing, or in the voucher programs or in other subsidized housing such as HOME, LIHTC and other programs, are well taken care of in comparison with those who are in need of affordable housing.

Discussion

It can be said that the needs of the residents of public housing are similar to those of the population at large, in that people need decent affordable housing, nutritional and health care, supportive services, and jobs to be able to afford the aforementioned needs without seeking public assistance.

⁶ As of the date of this version

NA-40 Homeless Needs Assessment - 91.405, 91.205 (c)

Introduction:

The **Gloucester/Haverhill/Salem/Essex County Continuum of Care** [Continuum of Care] has established the **Continuum of Care Alliance** as the primary decision making group. The lead organization which has managed the overall planning and submissions to HUD is the Peabody Department of Community Development (CD). The communities served by the CoC are the same as those included in the North Shore Home Consortium as listed on page 1.

The problems of homelessness are complex, but the state's Department of Transitional Assistance (DTA), the Division of Housing Stabilization (DHS) within the Department of Housing and Community Development (DHCD), and the division of the Executive Office of Health and Human Services (EOHHS) which fund services for many homeless families and individuals, categorize the root causes as:

- the division of the Executive Office of Health and Human Services (EOHHS) which fund services for many homeless families and individuals, categorizes the root causes as:
- *structural issues* such as high housing costs or low household income
- *personal issues* such as mental illness, substance abuse or other physical and mental disabilities, and/or
- *social policies* such as the availability and effectiveness of assisted housing, mental health programs, substance abuse treatments, and other service interventions.

For virtually all homeless individuals and families, decent, safe, affordable housing is a critical step in ending homelessness. In some cases, this is their only need. However, often, in addition to affordable housing, homeless families and individuals also need supportive services to make the transition to independent living or to deal with other problems, including substance abuse or mental illness. Finally, in order to maintain themselves, these individuals and families may require assistance with childcare, transportation, life skills, job training and other basic life skills.

In addition, the continuing loss of affordable housing in conjunction with low paying jobs has exacerbated the problem of at-risk homeless individuals and families. In situations reported by service providers, the lowest income households frequently are living in overcrowded and substandard conditions that are likely to be providing short-term housing solutions. There is an increasing problem, especially for young adults, with documentation of increased significance of "couch-surfing". This young population has no permanent residence. However, they do not show up as homeless in Point-in-Time Counts because they are neither on the streets or in shelters; rather they are moving from couch to couch in the homes of friends or relatives. A

significant number of elderly residents are on fixed income, residing in homes that are no longer appropriate as the owners become frail and/or may own homes that they cannot afford to maintain in a safe, habitable condition. The State, through ICHH, in partnership with EOEA has examined the growing problem of homelessness in the elderly population and has developed a work plan to address this expanding problem.

Finally, expiring use properties continue to increase the risk of homelessness for existing tenants as well as remove a source of future affordable units from the market. In addition to those properties in the Consortium communities that have already been removed through expiring uses, an additional 2,364 expiring use properties will come into play over the next five years. From a financial standpoint, the households most susceptible to becoming homeless are households who are at less than 30% median income and are severely cost-burdened (paying more than 50% of their income for rent). Other populations disproportionately at risk of becoming homeless are victims of domestic violence, substance abuse, those with severe mental health problems and people leaving prison.

In order to address this at-risk population, there is a need for long-term permanent affordable housing and supportive transitional and permanent housing for the sub-populations that are over-represented among the at-risk and homeless. Counseling, health-care, life-skills training and sustainable employment at an adequate wage are all critical to reducing homelessness within the Consortium.

On January 29, 2014, The Gloucester/Haverhill/Salem/Essex County Continuum of Care, in accord with its Continuum of Care planning process, conducted its annual point-in-time survey of its homeless population, which included all the North Shore HOME Consortium Communities.

These numbers do not include the number of homeless persons currently being sheltered in motel or hotel rooms due to lack of available shelter space. As of January 29, 2015, 1,260 people, 540 adults and 720 children were also being sheltered in motel or hotel rooms in the Consortium region.

Table NA-40A: Continuum of Care: Homeless Population and Subpopulations

Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional*		
Number of Families with Children (Family Households):	362	32	0	394
1. Number of Persons in Families with Children	1105	73	0	1178
2. Number of Single Individuals and Persons in Households without children	185	50	74	309
(Add Lines Numbered 1 & 2 Total Persons)	1290	123	74	1487

Part 2: Homeless Subpopulations	Sheltered	Unsheltered	Total
a. Chronically Homeless	171	23	194
b. Seriously Mentally Ill	107		
c. Chronic Substance Abuse	129		
d. Veterans	34		
e. Persons with HIV/AIDS	3		
f. Victims of Domestic Violence	44		
g. Unaccompanied Youth (Under 18)	2		

* transitional housing may include housing with supportive services, which although it doesn't not afford permanency, may be long-term.

If data is not available for the categories "number of persons becoming and exiting homelessness each year," and "number of days that persons experience homelessness," describe these categories for each homeless population type (including chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth):

In accord with the priority, NCHS has been promoting the addition of permanent supportive housing beds/units using a housing first model with a priority on serving chronically homeless individuals. These permanent supported units may include some housing previously considered as transitional now effectively operating as permanent supported housing. There are several non-profit organizations that may have limited access to public funds, but have still been

successful through grants combined with private fundraising, in creating a limited number of transitional and permanent supported housing units.

Collaboration between the housing and service providers for the NSHC communities continues to present a strong partnership, specifically optimizing the odds that these subpopulations will be successful in succeeding in permanent housing. Although the two Regional Networks that service the NSHC Communities have not recently updated a Plan to End Homelessness, there has been ongoing collaboration among several of the larger communities, who have the largest population of homeless and at risk households. The Mayors of Peabody, Salem, Beverly and Danvers, along with high level staff in these communities (Police Chiefs, Department Heads and key service providers) have been meeting on a regular basis to discuss and assist in developing and implementing strategies to address homelessness. Committees have been formed to work on specific areas related to the challenge of reducing homelessness.

Chronically Homeless: Over 50% of all homeless individuals in the NSHC communities are considered to be chronically homeless. Many of these individuals have multiple diagnoses and virtually all require supportive services, both short and long term. Supportive services are provided through a variety of funding sources, including McKinney-Vento, Department of Veteran Services and Department of Mental Health as well as others.

Seriously Mentally Ill: The Department of Mental Health provides multiple housing options for its clients. Within the area served by NSHC, there are a variety of housing options available to those who are mentally ill. There are currently 1,651 individuals within these communities, who receive housing assistance through DMH. This assistance include housing units provided under 689 and 811, units assisted through the CoC and a rental housing vouchers provided through a variety of state and federal programs. As DMH continues to emphasize independent living wherever possible, the availability of vouchers grows in importance. The January 2015 count shows 104 individuals with serious mental illness living in Emergency shelters.

Chronic Substance Abuse: The following statistics are based on admissions, not individuals. Alcohol and heroin addictions are the most common problems in the NSHC Communities as is the case Statewide. Other opiate use ranges as high as 17% as the basis for admission in some communities, but most often hovers around 10%. In the two communities that are characterized as Cities – Haverhill and Salem, there is additional information available. In Haverhill, 12% of admissions were homeless and in Salem, 13%. 75% were unemployed in both communities. In Salem, 47% had prior established mental health issues and in Haverhill, the % was 53%. Among the thirty communities, there were approximately 7,000 admissions in FY12 including numbers of 1-50 and under 100 in some of the smaller communities. Of this total, Salem, Haverhill and Peabody accounted for 40% of admissions.

Veterans: The last fifteen years has seen an increasing number of veterans in need of shelter, transitional and permanent supported housing. With the current numbers of returning veterans, it is expected that this need will increase further. In addition, for the first time there is a growing number of women veterans, both individuals and those with families, who need assistance. Northeast Veterans Outreach Center is the primary service provider for Veterans in the NSHC communities, working in conjunction with multiple offices of Veteran's services. The organization has served approximately 3000 Veterans in the past year, providing referrals, counseling, emergency shelter, transitional and permanent housing. Typically, these individuals are either already homeless or at risk of imminent homelessness. It is estimated that 60-70% of this group is chronically homeless. Many suffer from PTSD, mental illness and/or substance abuse. At the end of 2014 there were 71 VASH Vouchers in the area serving 50 individuals and 55 persons in 21 families. Administering agencies include CTI and the Chelmsford Housing Authority. The Merrimack Amesbury Housing Authority has a 3-unit property which is leased to NVOC, which in turn rents the units to Veterans. In terms of its housing activities, NVOC reports that 73% of the population it deals with is homeless and 27% are households at risk of homelessness. NVOC is continuing to be actively involved in the provision of permanent supported housing. There is 27 unit development under construction in Haverhill. It will provide 27 units of permanent supportive housing. It includes 6 1 bedrooms, 2 3 bedrooms and 1 2 bedroom, all of which may be used to house families. NVOC has partnered with Coalition for a Better Acre, a CDC based in Lowell. The development has project-based vouchers for all units. NSHC has HOME funds in this development, both through its competitive funding and through funding that was provided to the City of Haverhill. NVOC is in the planning stages of developing another 20 unit development of permanent supports unit for individuals and families. A concern expressed by NVOC was the limitations of SSVF (Supportive Services for Veteran Families). Although anyone can utilize the counseling portion of this program, the household must be at less than 50% AMI to receive housing assistance and there are households who range between 50-60% of AMI who need assistance, but are not income eligible.

HIV/AIDS:

A previous study of HIV/AIDS by North Shore Community Action Programs (NSCAP) found that the primary need of persons with AIDS is access to affordable housing. Frequently those with HIV/AIDS find themselves unemployed and dependent on disability income. Staff at NSCAP working with persons with AIDS have found that once an individual has adequate housing, he/she is much more likely to successfully use other services and maintain a healthy lifestyle with proper nutrition. The need for housing ranges from independent living to a supportive environment for those who are sickest.

There is limited affordable housing available for persons with HIV/AIDS. NSCAP is actively engaged in working with clients with HIV/AIDS in the North Shore Communities. They continue to receive HOPWA funds and estimate that with its most recent allocation, NSCAP will be able to provide housing subsidies for 4-6 individuals. NSCAP estimates that it currently works with 78 individuals per year. NSCAP also works with a program operated through JRI. This program provides rental subsidies to 22 families with HIV. Because there is no guarantee that this subsidy is permanent, the program has historically been considered transitional, but it has in effect been permanent. The subsidies are administered through CTI. As is the case with HOPWA, the program under JRI also includes intensive case management.

In Gloucester, Action, Inc., servicing Gloucester, Rockport, Essex, Ipswich and Manchester, operates the Quest program receives sufficient funds through HOPWA to provide 29 vouchers throughout Essex County. When the program originally began, it primarily addressed men who had been incarcerated. The eligible population has changed considerably over the years and currently houses men, women and families. There are currently 76 people on the waitlist for these rental subsidies. Intense case management, funded from other sources, is provided along with these subsidies

Serenity Supportive Housing in Topsfield provides permanent housing for fifteen men and women. Applicants must be homeless or at risk of homelessness. They must also have been clean and sober for ninety days. Supportive services are included in the program. Victory Programs, a Boston based non-profit has recently taken over the 20 year old supportive housing development.

Between 2002 and 2011, the number of persons living with HIV/AIDS in Massachusetts, increased by 24% to 18,166. A similar increase can be assumed in the communities served by NSHC. As indicated above, affordable housing along with case management services is a high priority for this largely low-income population.

Victims of Domestic Violence: The 2014 PIT⁷ identifies 44 homeless (sheltered) Victims of Domestic Violence. When a person leaves an abusive relationship, she/he often has nowhere to go. This is most commonly the case for people with few resources. Lack of affordable housing and long waiting lists for assisted housing mean few choices for these families. Approximately 63% of homeless women have experienced domestic violence in their adult lives (National Coalition for the Homeless, 2009). Ultimately, these victims and their families need safe, sanitary affordable and

⁷ Until the 2015 PIT is complete we are using 2014 data. 2015 data indicates 37 families with children and 20 individuals experiencing domestic violence.

permanent housing. Only with this option can these domestic violence victims leave the shelter system and minimize the likelihood of their returning to their abuser.

There are two major domestic violence organizations within the NSHC communities: Healing Abuse Working for Change (HAWC) in Salem and Jeanne Geiger Crisis Center of Newburyport. In 2014 the Jeanne Geiger Crisis Center served a total of 1261 victims of domestic violence. There were 5434 hotline calls. Direct services include support groups, legal advocacy, and case. There were 3862 direct services provided. Nine communities were served, all of which except one were within the NSHC area.

HAWC provides direct services in 23 communities throughout the North Shore. Three of their offices are in the NSHC communities Salem, Gloucester and Ipswich with a fourth in the immediately adjacent community, Lynn. HAWC also stations advocates at a satellite location in Beverly. Although this location is not currently funded, the advocacy work is continuing. For the year ending June, 2014, HAWC advocates contacted 1033 people and a total of 301 individuals received support through their hotline. Short-term advocacy was provided to 584 individuals and support groups serviced 100 people. Legal advocacy was provided to 1385 individuals. Emergency shelter is provided to 7 households and there is a maximum stay of six months. Affordable permanent housing continues as the primary need and primary obstacle. Although HAWC has some funds available for rental down payment through DCF and from Salem CDBG funds (although the household must reside in Salem), the rents are typically too high for the family to sustain over time.

Turning Point operates two programs, providing assistance to victims of Domestic Violence. Safe Recovery, in effect a group living environment is located in Amesbury, but services families from all geographies. Women must be referred by DCF. It accommodates 10 families, funded through the Family Violence Prevention Act and deals with women who are addressing addiction issues. Mainstream Housing is a transitional program, funded under McKinney Vento (SHP) and utilizes 8 scattered site apartments for victims of domestic violence. The Newburyport Housing Authority sets aside 3 permanent units for those exiting the program in exchange for Turning Point providing services to eight of its families. The apartments are located in Amesbury and Newburyport, but service families from all over.

Unaccompanied Youth: According to the 2014 PIT⁸, there were 2 unaccompanied youth. The State has prepared a report, entitled *Massachusetts Youth Count 2014*, which was released in September. The report shows that there were 795 Massachusetts residents under the age of 25 who met the state's definition of "unaccompanied homelessness". In addition, another 276 youths were categorized as at risk of homelessness. There is reporting of youth "couch surfing"

⁸ Until the 2015 PIT is complete we are using 2014 data. 2015 data indicates 7 unaccompanied youth.

and staying at homes of friends. The Massachusetts Special Commission on Unaccompanied Homeless Youth, ordered the homeless count and will use it to develop programs and policies to assist young people. These individuals frequently do not show up in point in time counts. Based on the surveying conducted for this analysis, there were 13 youth identified as alone and homeless (this does not necessarily mirror those who meet the definition of youth homelessness according to HUD).

Disabled: The Independent Living Center(ILC) has identified accessibility, affordability, and availability of housing as the three problems facing people with disabilities in the NSHC Communities. As the independent living center serving these communities ILC emphasizes the need for accessible and affordable independent living options. Housing issues, such as discrimination and the need for modifications or adaptations are also common problems facing consumers with disabilities that ILC serves annually.

ILC interfaces with DDS (Department of Developmental Services) regarding those with Developmental Disabilities. There are group homes in the NSHC Communities, each with 4-6 individuals and 24/7 staffing. In addition, individuals live in family provider homes. The only priority is given to those who are at immediate risk for safety and health in their present living situations. Although there is not hard data, there are instances of families banding together to privately provide supervised housing for their dependents who have reached adulthood. Often the case for a Developmentally Disabled adult is that the loss of a parent leads to the loss of the only home he/she has known so that the individual faces two major life crises as once. The eligible population far outstrips appropriate residential options.

Nature and Extent of Homelessness: (Optional)

Estimate the number and type of families in need of housing assistance for families with children and the families of veterans.

Homelessness is at a crisis level in our region. An annual Point in Time Count on January 29, 2015 showed a total of 2,329 persons in families, including 1,069 people being sheltered in traditional shelter or transitional housing and another 1,260 being sheltered in motels, hotels or other temporary situations due to lack of all shelters are at capacity and have been at capacity for several years. There is an overwhelming need for affordable rental housing to address the needs of these households.

Estimating the number of families in need of housing assistance for families with children is hampered as some families are “doubling up” with friends and families. There is also the issue of “couch surfing”, a growing phenomenon where individuals have no permanent residence and sleep on the couches of family members or friends. As a result, these individuals do not

show up in the PIT counts. They are reported to be disproportionately young adults, who may include teenagers under the age of 18.

Data regarding the families of veterans is not available. No veteran families are showing up on our shelter data of street count, and this may be because our regional veteran’s agency, Veteran’s Northeast Outreach Center, does an outstanding job of helping veterans in the region. As discussed earlier, 21 veteran’s with families have been permanently housed with VASH vouchers in our region. Housing specifically designed for veterans has historically served only individuals. The twenty-seven units currently under construction include apartments for both families and individuals.

Describe the Nature and Extent of Homelessness by Racial and Ethnic Group.

Race/Ethnicity

Inventory Count Date: 1/29/2014

Population: Sheltered and Unsheltered Count

Table NA40-B: Persons in Households without Children

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total Number of Households	185	39	6	74	304
Total Number of persons (Adults)	185	39	6	74	304
Number of Persons (18 - 24)	12	0	0	0	12
Number of Persons (over age 24)	173	39	6	74	292

Table NA40-C: Gender (Persons in Households without Children)

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Female	15	7	2	15	39
Male	170	32	4	59	265

Transgender	0	0	0	0	0
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Table NA40-D: Ethnicity (Persons in Households without Children)

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Non-Hispanic/Non-Latino	170	34	6	74	284
Hispanic/Latino	15	5	0	0	20

Table NA40-E: Race (Persons in Households without Children)

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
White	142	31	5	73	251
Black or African-American	37	6	1	1	45
Asian	1	0	0	0	1
American Indian or Alaska Native	1	0	0	0	1
Native Hawaiian or Other Pacific Islander	1	0	0	0	1
Multiple Races	3	2	0	0	5

Table NA40-B: Persons in Households with Children

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total Number of Households	350	32	0	0	382
Total Number of Persons	996	73	0	0	1069
Total Number of persons (Adults)	394	33	0	0	427

Total Number of persons (Children)	602	40	0	0	642
Number of Persons (18 - 24)	33	4	0	0	37
Number of Persons (over age 24)	361	29	0	0	390

Table NA40-C: Gender Persons in Households with Children (adults only)

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Female	381	33	0	0	414
Male	13	0	0	0	14
Transgender	0	0	0	0	0

Table NA40-D: Ethnicity Persons in Households with Children (adults only)

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Non-Hispanic/Non-Latino	263	4	0	0	267
Hispanic/Latino	131	29	0	0	160

Table NA40-E: Race Persons in Households with Children

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
White	295	25	0	0	320
Black or African-American	81	6	0	0	87
Asian	3	0	0	0	3
American Indian or Alaska Native	9	0	0	0	9
Native Hawaiian or	0	0	0	0	0

Other Pacific Islander					
Multiple Races	6	2	0	0	8

Describe the Nature and Extent of Unsheltered and Sheltered Homelessness.

Unsheltered and Sheltered Chronically Homeless

HUD considered an individual or family to be chronically homeless if that individual or family:

- is homeless and lives or resides in a place not meant for human habitation, a safe haven, or is in an emergency shelter;
- has been homeless and living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter continuously for at least one year or on at least four separate occasions within the last three years; and
- has an adult head of household (or a minor head of household in no adult is present in the household) with a diagnosable substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from brain injury, or a chronic physical illness or disability, including the occurrence of 2 or more of those conditions.

Discussion:

The PIT count shows that 23 of the unsheltered homeless individuals who are considered chronically homeless individuals. There were no chronically homeless families identified as unsheltered.

Of the twenty-three o unsheltered homeless individuals who were chronically homeless.. thirteen were severely mentally ill and almost two-thirds suffered from chronic substance abuse. It is clear that those who are members of the subpopulations are more likely to be unsheltered although the available programs have done an excellent job or providing shelter to these individuals.⁹

There were 72 sheltered families in the region who fit the definition of chronically homeless, and 112 sheltered individuals were also classified as chronically homeless. Based on the numbers in the PIT count, it is also clear that of those unsheltered the vast majority fit into multiple categories of the subpopulations and therefore need significant support in order to emerge from homelessness.

⁹ Until the 2015 PIT is complete we are using 2014 data. 2015 data shows 112 chronically homeless individuals in emergency shelters and transitional housing.

The total of sheltered adults, meeting the criteria for at least one category of the subpopulation, total 427, which represents approximately one-third of all homeless.

Unsheltered and Sheltered Homeless

Homelessness is at a crisis level in our region. An annual Point in Time Count on January 29, 2015 showed a total of 304 individuals, 74 of whom were unsheltered and living out of doors, and a total of 2,329 persons in families, including 1,069 people being sheltered in traditional shelter or transitional housing and another 1,260 being sheltered in motels, hotels or other temporary situations due to the fact that all shelters have been at capacity for several years. There is an overwhelming need for affordable rental housing to address the needs of these households.

Over 90% of family households are sheltered in emergency shelters and none are unsheltered. Sixty percent of individuals are in emergency shelters, 16 % are in transitional housing and the remaining are unsheltered.

As mentioned above, the subpopulations are disproportionately represented among the homeless, specifically among those unsheltered.

If data is not available for the categories "number of persons becoming and exiting homelessness each year," and "number of days that persons experience homelessness," describe these categories for each homeless population type (including chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth):

Describe the Nature and Extent of Homelessness by Racial and Ethnic Group.

According to point in time count data, the overwhelmingly largest percentage of households in shelter in the region were reported to be white and non-Hispanic. This seems to be a representation of the population on the whole which is also predominantly white and non-Hispanic.

Describe the Nature and Extent of Unsheltered and Sheltered Homelessness.

Described in paragraphs above.

Discussion:

Described in paragraphs above.

NA-45 Non-Homeless Special Needs Assessment - 91.405, 91.205 (b, d)

Introduction

Throughout the Consortium, there are households in various subpopulations who are not homeless but have specific housing needs and may also require special attention due to their current or prospective service requirements. These subpopulations include: elderly, frail elderly, persons with severe mental illness, developmentally disabled, physically disabled, substance abusers and persons with HIV/AIDS.

The Consortium is aware of the needs of special populations and is committed to supporting initiatives which target these populations. One of the most effective strategies is the use of Project Based Section 8 (PBA), which is made available through PHAs and through the State's Housing Choice Vouchers (HCV) allocation. If HOME funds can assist any developments proposed, the NSHC will seriously consider them. Going forward, HOME funds may also be used for Tenant Based Rental Assistance [TBRA] to meet regional needs. TBRA provides short term [24 months] housing assistance, which can be conditioned on any number of factors the agency considers to be effective. The NSHC allows for a 12-month TBRA subsidy, granting extensions for cause.

Describe the characteristics of special needs populations in your community:

Elderly

The elderly designation varies in terms of how agencies classify people and households. HUD uses age 62, while the Census generally classifies the elderly as persons who are 65 or older, the census data is for persons 60 years or older.

The following tables summarize information about the elderly in the Consortium.

Table NA45-A: Elderly Profile in the NSHC Communities

Community	<u>Householder</u> Age 60 +	<u>Householder</u> Age 65-74	<u>Householder</u> Age 75-84	<u>Householder</u> Age 85+
Amesbury	1,749	583	382	113
Andover	4,124	1,593	812	454
Beverly	5,269	1,878	1,040	810
Boxford	974	376	229	78
Danvers	3,651	1,237	1,075	534
Essex	492	267	90	31
Georgetown	955	463	194	45
Gloucester	4,990	1,973	1,091	397
Hamilton	902	426	180	83

Community	Householder Age 60 +	Householder Age 65-74	Householder Age 75-84	Householder Age 85+
Haverhill	6,976	2,053	1,506	993
Ipswich	2,397	876	583	225
Lynnfield	1,624	591	460	198
Manchester-by-the-Sea	894	351	227	127
Marblehead	3,120	1,080	799	296
Merrimac	693	223	157	58
Methuen	5,664	2,228	1,190	636
Middleton	931	334	171	59
Newburyport	2,872	1,233	536	133
North Andover	3,416	1,176	798	482
North Reading	8,739	2,654	2,440	1,714
Peabody	1,556	580	401	193
Rockport	676	205	153	54
Rowley	5,011	1,789	1,115	709
Salem	1,319	623	190	82
Salisbury	1,987	548	565	180
Swampscott	839	318	172	87
Topsfield	590	158	207	64
Wenham	499	196	48	39
West Newbury	1,727	789	315	97
Wilmington	2,358	910	505	147
NSHC	76,994	27,711	17,631	9,118

Data Source: US Census ACS 2009-2013

Note: The HUD CHAS for 2011 puts the total population of elderly persons 65 years or older at 82,813. The ACS for 2013 only provides "Householder" information as in the table above.

The following table shows the number and percentages for elderly groupings by income strata.

Table NA45-B: Low Income Elderly Profile all of the NSHC

NSHC Cohorts	0-30% HAMFI	>30- 50% HAMFI	>50- 80% HAMFI	>80- 100% HAMFI	>100% HAMFI	Totals =<80% HAMFI	% of all Elderly HHs
Total Households	28,090	22,505	23,625	20,360	125,225	50,595	23%
Household contains at least one person 62-74 years of age	6,033	5,020	5,319	4,369	21,240	11,053	5%
Household contains at least one person age 75 or older	7,985	6,864	4,237	2,642	7,619	14,849	7%

Examining the tables above, it can be seen that there are a significant number of elderly over the age of 60. As is the case across Massachusetts, the elderly population is expected to increase in the 15 communities in the Consortium during the next five years. Although many elderly households require no supportive services to live independently, the continuing increase in housing costs has left many elderly severely cost burdened as has been noted in Section NA10 HUD Table 10. For the purpose of this analysis, the elderly with priority need are those at less than 80 percent of median income who are severely cost burdened (paying more than 50 percent of their income for housing). This translates to 10,724 elderly households in the Consortium communities. If you consider that extremely low income elderly households paying more than 30% of the income for housing, it adds another 19,082 cost burdened elderly households for a total of 29,806 elderly households. These figures exclude the 6,409 elderly households who are living in public housing and those elderly households living in other subsidized units, since they are not cost burdened. In addition there are many elderly households with housing vouchers, exercising them in the NSHC communities. Then there are a number of private landlords housing elderly households without the use of subsidies and for whom the housing cost burden is less than 30% of median income.

Frail elderly are defined as those elderly with mobility or self-care limitations. Typically, this population requires some assistance in daily living. This assistance may include adaptive housing and/or supportive services. The 2009-2013 ACS identified 17,573 people 65 or older who either have a self-care limitation or an independent living difficulty or both. This amounts to 32% of the Consortium's elderly population 65 or older. For the purpose of this analysis, frail elderly include elderly at less than 80 percent of median income, who have a mobility or self-care limitation. There are 2,070 frail elderly households who meet these criteria. It is estimated that there is a significant percentage of frail elderly persons are not receiving but need supportive services.

North Shore Elder Services, Elder Services of Merrimack Valley, Senior Care, Greater Lynn Senior Services, Mystic Valley Elder Services and Minuteman Senior Services each serve as the Aging Services Access Point for the NSHC Communities. North Shore Elder Services, Senior Care and Elder Services of Merrimack Valley serve the majority of these locations. Affordable and safe housing is identified as the number one need for the elderly population. Currently, waiting lists for both private subsidized and public housing is greater than one year and in some cases, 4-7 years.

Frequently the current homes for these households are in substandard condition, not affordable and inappropriate (in terms of who is sharing the property). As a protective services

provider, North Shore Elder Services and Senior Care have noted that in terms of protective services referrals, 25% of the issues are housing related. In general, North Shore Elder Services and Senior Care have 10-15 new clients per month whose concerns are housing related. These issues are especially true for the frail elderly and efforts to keep this cohort safe in their homes, is increasingly difficult (as longevity increases, the size of this population continues to grow).

Beverly, Salem, Peabody and Gloucester all have publicly assisted congregate facilities, but for the most part, all forms of assisted living are private market rate properties which are not affordable for most of the seniors. It was also noted that there is a growing behavioral health problem among the seniors requesting housing services, related to substance abuse and mental health issues. This is especially the case among younger seniors –many of the individuals have had issues throughout their adult live and once they become eligible as seniors, they look to their ASAP for assistance.

Most of the communities have Councils on Aging, which provide a variety of services and referrals, but cannot solve the housing affordability problem.

Adult Day Care

Physically Disabled The 2013 ACS identified approximately 27,977 non-elderly adults who have an ambulatory limitation. Elderly persons with an ambulatory problem totaled 16,079 (See Table NA45-C below). Based on the 2009 CHAS/ACS census reports, approximately 16% of the households in the Consortium have at least one disabled household member. Disabled households are disproportionately low-income, with an estimate that 72% of the disabled households have incomes below 80% AMI. Furthermore, 70% of disabled households in the Consortium area have a housing related problem. This information has not been further updated by any data source. However, based on all discussions, there is no reason to expect that these percentages have changed in any significant way. The Independent Living Center of the North Shore and Cape Ann (ILCNCSA), an advocacy organization for the disabled, reports that that housing is the critical need for the vast majority of individuals with whom they work. Of the approximately 800 individuals they work with during the year, 75% of them are searching for affordable, accessible housing. The majority of their population is 25-65 and need either a one-bedroom or in some cases a two bedroom in order to accommodate either a caretaker and/or medical equipment. Although ILCNSCA has a comprehensive housing referral program, the housing stock is very limited and there is a substantial wait list for affordable units. On a daily basis, they deal with disabled persons who are inappropriately housed in facilities such as nursing homes or homeless shelters due to the lack of appropriate affordable housing units. Currently they are working with 24 individuals who are in facilities and could be in traditional housing if it were available. There is currently a demonstration program called Money Follows the Person, operated through Mass Health. It is for individuals who are

currently in a long-stay hospital or nursing facility and assists them in finding affordable housing, may provide security and utility deposits, moving costs, home furnishings and modification. This is of significant benefit to those eligible, although the funds are limited and it is a demonstration, rather than a permanent program.

Table NA45-C: Elderly Persons with a Disability in the NSHC Communities

	Estimated Numbers	% of Total Disability Population	% Of Elderly Disabled	% of All Elderly 65+
Disabled Population 65 years and over	27,168	46%		33%
With a hearing difficulty	11,915	20%	44%	14%
With a vision difficulty	4,563	8%	17%	6%
With a cognitive difficulty	6,356	11%	23%	8%
With an ambulatory difficulty	16,079	27%	59%	19%
With a self-care difficulty	5,866	10%	22%	7%
With an independent living difficulty	11,707	20%	43%	14%

Data Source: ACS 2009-2013

Mentally ill are typically treated through the state Department of Mental Health (DMH) that currently services adults through both its residential and supportive service programs. DMH has various regional service sites. The NSHC communities are serviced out of the North Shore Site offices and the Essex North Site Offices. In addition to services provided directly by DMH, a primary provider is Eliot Community Health Services.

In 2014 there were 1,651 authorized and active clients of the Department of Mental Health.

Within the 30 communities of NSHC, clients are housed as follows

Table NA45 – D: Mentally Ill being Serviced by the Department of Mental Health

GLE	Apartment	% Group Home	% Apt
193	183	51.3%	48.7%

Source: Department of Mental Health December, 2014

GLE stands for Group Living Environment formerly known as group homes. Apartment refers to those who live in their own unit or with their family.

The continuing shift from institutionalization to community based services and living options has placed an increasing need to create additional affordable housing in a setting that provides an opportunity for supervision and service provision. Many clients may be residing in inappropriate living situations. The overwhelming majority of DMH clients are very low income. Over 90% of clients on the wait list across the state require rental assistance and of those two-

thirds also require services. A similar breakdown is assumed for the communities in the Consortium. It is estimated that 4.1% of the population suffers from mental illness. Based on the population among the NSHC Communities, it can be assumed that there are 23,270 who fall into this category. Based on the availability of affordable housing and the income levels of those who are mentally ill, it is evident that there are mentally ill individuals who are not accessing but need affordable housing and many of whom are not receiving but need supportive services.

Developmentally Disabled are serviced through the Department of Developmental Services (DDS). DDS works with housing providers to develop community-based housing for its clients, ranging from group homes to independent apartments. DDS estimates that 80 percent of its consumers are below the poverty line. There is no waiting list per se, but rather a prioritization, according to need, with health and safety being the number 1 priority. Two significant issues are the ability of those individuals who want to live independently being able to find appropriate and affordable housing. In terms of group homes, for those for whom this is the best model, DDS finds that there are areas that are saturated because the prevalent type of housing stock (i.e., one-level homes) is most appropriate for the population and there is a solid transportation network.

The Regional DDS office reports approximately ? clients in the NSHC communities. Those receiving residential services include ? people in group homes. There are ? group homes which typically have a maximum of five clients (although some earlier homes may have more clients) and 24-hour staff. An additional model is a shared living arrangement under which individuals are in “provider family homes”, which are homes in which the household has an agreement for DDS to place a developmentally disabled adult in their residence. The use of this model is growing. The downside is that it can be unstable for the individual and result in multiple transitions. However, when done well, it provides a positive living environment. The remaining clients are living in their family homes.

It is difficult to determine the number of people with developmental disabilities in the Consortium area. The US census provides information on cognitively disabled persons, but that does not necessarily mean it is the same number of those who are developmentally disabled. The US Census numbers are as follows:

Table NA45 – E: NSHC Cognitively Disabled

Population 5 to 17 years	3,580
Population 18 to 64 years	12,720
Population 65 years and over	6,356

Source: ACS 2009-2013

The Developmentally Disabled Population is a subgroup of this population. The table below specifically addresses the Developmentally Disabled population 22 years and over and their housing status.

The regional DDS office estimates the numbers as follows:

Table NA45 – H: Developmentally Disabled by Residence and Age

Population Cohort	Total for the Consortium	In Residential Settings funded through DDS	In Residential Settings funded by Others	Living with Families	Living Independently
Population 22 and over years					

Source: Department of Developmental Disabilities 2014

Substance Abuse:

Households with substance abuse problems are at a high risk of homelessness. Those who undergo treatment for addiction, frequently require a transitional setting and supportive services in order to fully recover. According to the Department of Public Health (DPH) there were close to 7,000 admissions to treatment programs in the NSHC communities in 2011. In the two largest communities (Haverhill and Salem) 13% of admissions for substance abuse in 2011 were among the homeless and approximately half the admissions were for individuals who had prior mental health issues.

HIV/AIDS:

Please refer to the section on homeless subpopulations for further information.

What are the housing and supportive service needs of these populations and how are these needs determined?

The Tables above show some of the estimated service and housing needs of these populations. Some data was developed from surveys, some from the census and some from conversations with housing and service providers in the NSHC area and some from the Commonwealth of Massachusetts Departmental databases.

Discuss the size and characteristics of the population with HIV/AIDS and their families within the Eligible Metropolitan Statistical Area:

The Boston Eligible Metropolitan Statistical Area (EMSA), receives funding to provide HIV related services for people living in the EMSA. The region includes seven counties in

Massachusetts and three counties in New Hampshire. The entire Consortium is located within this EMA. The Consortium is not seeking funding on behalf of an eligible Metropolitan Statistical Area and does not need or have this information. However, we have reported the incidence of HIV/AIDS above. At this time the Consortium is not seeking HOPWA funding.

Discussion:

Clearly there are substantial non-homeless populations described above who have supportive services needs and affordable housing needs. These specialized needs generally cannot be met by the HOME program alone, but the HOME program is always open to support affordable housing developments which are brought forth to meet the needs of these populations. When HOME funds are joined with other funding sources they can be very helpful. In addition HOME can be used for short term and targeted housing assistance through the TBRA program.

NA-50 Non-Housing Community Development Needs - 91.415, 91.215 (f)

Describe the jurisdiction's need for Public Facilities:

Entitlement City: Peabody

Peabody has a number of major Public Facility needs anticipated during the planning period. Most notably among those are: The reconfiguration of Peabody Square, street and lot lighting improvements in the downtown, clean-up and improvements along the North River, alleviating flooding in the downtown, increasing transportation opportunities. Other major public facility needs anticipated during the period include:

- The installation of trash and recycling receptacles in the downtown
- Creating and improving community centers
- Infrastructure improvements
- Investigating the ability to establish rail service from downtown Peabody to Salem Train Station

Entitlement City: Gloucester

Gloucester has a number of major Public Facility needs anticipated during the planning period. Most notably among those are

Other major public facility needs anticipated during the period include:

- The

Entitlement City: Haverhill

Haverhill has a number of major Public Facility needs anticipated during the planning period. Most notably among those are

Other major public facility needs anticipated during the period include:

- The

Entitlement City: Salem

Salem has a number of major Public Facility needs anticipated during the planning period. Most notably among those are

Other major public facility needs anticipated during the period include:

- The

Non-Entitlement Communities:

The major public facility Public Facility needs in the non-entitlement communities are:

<i>XYZ Community Example in Italics</i>
Public Community Needs
<i>Streets</i>
<i>Sidewalks</i>
<i>Water</i>
<i>Sewer lines</i>
<i>Homeless shelters</i>
<i>Job training and employment services</i>
<i>Health care and substance abuse services</i>
<i>Child care</i>
How were these needs determined?
<i>Long Range City Plan</i>
Activities that the town plans to undertake during the next year to address the housing and supportive services needs with respect to persons who are not homeless but have other special needs.
<i>Working to dedicate additional public properties for the creation of affordable rental housing. One 27 unit project currently under construction.</i>
Areas within your town where racial or ethnic minorities or low-income families are concentrated?
<i>We do appear to have a larger concentration of Affordable Housing in the ??? center area.</i>
Community assets in these areas are as follows
<i>The area contains the Community Center (COA and Recreation Dept.), the Public Library and the Post Office. There is also now a year-round market.</i>
Municipally Owned Property Opportunities
<i>??? Road - Housing for Autistic Spectrum Adults up to 16 units.</i>
Actions Overcoming Barriers to Affordable housing
<i>Inclusionary Zoning</i>
<i>Accessory Apartment</i>

<i>Chapter 40B LIP</i>	
<i>CPA</i>	
<i>Other Affordable Housing Incentive Zoning Policies</i>	
What are the town goals, programs and policies for reducing the number of Poverty-Level Families? Please check all of the following activities that are likely to be funded by CDBG agencies and PHAs in the region this upcoming year.	
<i>Housing rehabilitation, including an emergency repair program as well as energy efficiency improvements and lead abatement</i>	
<i>Public Housing and Housing Choice Voucher Family Self-Sufficiency Programs</i>	
<i>Youth services and crime prevention</i>	
<i>Health services - nursing services and oral health</i>	
<i>Summer youth programs</i>	
<i>Infrastructure improvements and neighborhood revitalization, including a façade improvement program.</i>	
If your town were to receive HOME program funds, to which geographic areas (including areas of low-income and minority concentration) would you direct the funding?	
<i>Two neighborhoods have the highest concentration of low income families and the greatest need for quality affordable housing.</i>	
Actions planned for the July 1, 2015 through June 30, 2016 time period?	
<i>Address obstacles to meeting underserved needs</i>	
<i>Foster and maintain affordable housing</i>	
<i>Reduce lead-based paint hazards</i>	
<i>Reduce the number of poverty-level families</i>	
<i>Develop institutional structure</i>	
<i>Enhance coordination between public and private housing and social service agencies</i>	
CPA or other local funds in your community and which are likely to be placed in service from July 1, 2015 through June 30, 2020 or are planned and probable	
Projects with CPA Funds	
Likely to be placed in service	Planned to be placed in service

Projects with other Local Funds		
Type of Funds	Likely to be placed in service	Planned to be placed in service

How were these needs determined?

Entitlement City: Peabody

The majority of the projects focus on the City’s Main Street corridor or downtown. Primarily it is an area with highest concentration low-mod households (census tracts 2107, 2108, and 2109) and some of the best economic development potential. In addition to making the area more attractive and safer for those living in the downtown, we hope to increase housing and economic development opportunities.

Other Communities

The needs were determined by discussions with each of the communities who have developed a plan of community needs for the next five years and with the communities which have other identified needs for the future and with the use of a survey.

Describe the jurisdiction’s need for Public Improvements:

Entitlement City: Peabody

Peabody has a number of major Public Improvement needs anticipated during the planning period. Most notably among those are the reconfiguration of Peabody Square, implementation

of the Riverwalk Project, providing additional public transportation access, providing compensatory flood storage.

Other major public improvement needs anticipated during the period include:

- Implementation of the Downtown Economic Development Plan
- Increasing/improving lighting in the downtown
- Improving sidewalks and access to the downtown.....

Other Communities

How were these needs determined?

Entitlement City: Peabody

The City's downtown has the highest concentration of low-mod households in the city (census tracts 2107, 2108, and 2109) . That being said, it is also an area with great opportunity for revitalization. In 2012, the City of Peabody commissioned a study of the downtown in order to identify development barriers and opportunities, plan for revitalization and inspire investment. The plan provided a number of steps that the City of Peabody could take to help revitalize the downtown area. We picked several CDBG eligible items and focused our attention and funds to complete those tasks. Each year we anticipate investing additional funds from a variety of resources, both public and private to help aid in the revitalization of what was once an active downtown. The downtown has the potential to provide several types of housing and job opportunities.

Other Communities

The needs were determined by discussions with each of the communities who have developed a plan of community needs for the next five years and with the communities which have other identified needs for the future and with the use of a survey.

Describe the jurisdiction's need for Public Services:

Entitlement City: Peabody

Peabody has a number of major Public Service needs anticipated during the planning period. Most notably among those are

Other major public service needs anticipated during the period include:

1. Improving/increasing services for the elderly
2. Providing services for disabled adults
3. Assisting households to help prevent homelessness

4. Increasing the range of housing options and related services for low and moderate income households
5. Expanding services for those with special needs
6. Improving services for women and children fleeing domestic violence
7. Improving/increasing services to low and moderate income households
8. Providing housing and supportive services for persons with HIV/AIDS and their families
9. Providing resources to assist residents at risk of foreclosure

Other Communities

See Table above.

How were these needs determined?

Entitlement City: Peabody

The needs were determined by the City of Peabody reviewing the City's demographics and talking with social service providers to find out what they see as needs in the community.

Other Communities

The needs were determined by discussions with each of the communities who have developed a plan of community needs for the next five years and with the communities which have other identified needs for the future and with the use of a survey.

Housing Market Analysis

MA-05 Overview

Housing Market Analysis Overview:

"Need" is difficult to define. The market forces of supply and demand have been the engines that have created disparities from time to time. For example, Massachusetts encountered an economic recession in 1990-1993 which resulted in a decline in housing production and an actual decline in market rents and housing prices. The opposite was true in the period 1998-2006. Now we are just emerging from a period of economic recession which started in 2007 and which is similar to the downturn in 1990-1993, both of which had serious impacts on the housing market. The Consortium saw a decline in residential construction, as the financial lending market declined, unemployment rose and housing foreclosures increased. At this time, the area is on the road to recovery although it has been slow and gradual. It is expected that over the five year period this plan covers, we will see some sort of equilibrium in the housing market.

When one examines more closely who were damaged by the recent housing 'bust' and who is continuing to be impacted by it, many households continue to be priced out of the market and are faced with an increasing proportion of income they have to set aside for housing. Moreover, because of the tighter underwriting standards, the reticence of lenders to lend, the decline in resources available to subsidize rents and homeownership costs and the challenges low income households face in retaining their jobs and maintaining their income, all of these contribute to a period of difficulty for low income households to secure affordable housing.

For those households above median income, although the value of their housing dropped dramatically and now as the cost of housing is rising again, they still have sufficient income for other basic needs. In housing economics, we refer to this phenomenon as *income elasticity*. Low income families have less elasticity than higher income families. Thus, for the lower income households spending 50% of income on housing results in neglect of other more basic needs. This is discussed in more detail below.

The importance of these numbers is that they obviously exclude those households who reside in subsidized housing or who have subsidy vouchers. Consequently these unsubsidized households are dependent on the private market for housing, which has continued to see growth in costs of ownership and rents.

Coupled with these general measures are the specific circumstances some special needs populations have that further constrain their financial ability to purchase shelter. For example,

frail elderly, people with HIV/AIDS, people with severe mental illness, people with substance addiction, etc., must bear the cost of needed additional services, some of which are unreimbursed.

Another measure of need is what is happening to the availability of housing and housing subsidies that serve the most cost burdened households. There are many subsidized units of housing which serve households below 80% of median. In addition there are other household housing subsidies such as HCV (Section 8) and the state MRVP which enable a family to purchase (for HCV only) or rent housing while only paying 30% of their income. The formally subsidized housing units include those operated by Housing Authorities and HOME funded agencies. They also include programs such as Low Income Housing Tax Credits, Section 202 for the elderly and Section 811 for the disabled or special needs housing developed by the public and private sector, both non-profit and for profit.

There is also informal lower cost housing in each of the communities. In some cases, owners of multiple unit properties, especially 2-5 unit properties, will often rent out units below the average for the community and at rates affordable to lower income households. Similarly, some homes sell at a value affordable to a few households below 80% of median income. This informal housing market serves a significant number of households and its housing costs rise and fall with the general economy. In the US and in the Consortium area, there are a significant number of households below 80% of median income not receiving a subsidy to defray housing costs, yet occupying units whose rental or ownership costs amount to less than 30% of their annual income. Naturally, people who are paying less than 30% of their income for housing and who are above 80% of median income, have surplus purchasing power which they are able to use for other critical family needs.

This informal part of the market, which had been serving households with incomes less than 80% of median income, has been shrinking over the last decade due to a variety of marketplace reasons. It continues to be vulnerable to market forces and deserves to be preserved by whatever means one can utilize.

One key concern of the Consortium will be how many of the governmentally subsidized households are at risk. The two main groups at risk are the subsidized properties (such as those built under Section 236, Section 221(d), Low Income Tax Credit projects and other Federal programs 20 or more years ago), which had limited terms of affordability (20 – 40 years). In many cases, these terms expire within the next few years. The housing units relying upon Housing Choice Vouchers (Section 8) are also at risk. This is discussed in more detail below.

The possible 2,364 'expiring use' units vulnerable through 2020 can be preserved through various programs which extend use restrictions on a voluntary basis.

The issue with vouchers is more complex, but recent changes in how housing authority HCV budgets are set, coupled with the rising rental subsidies due to a growing lower income population being admitted to PHA programs (which consume more of the HCV subsidy), coupled with a growing “porting out” of vouchers to lower cost housing areas, means that it is probable that the Consortium will see a net loss of 5-10% of its vouchers or anywhere from 300-500 vouchers in the coming five years. There are some actions which PHAs can take to reduce this loss, but they are somewhat limited by the nature of the housing market in the area and HUD regulations (75% of federal vouchers and 40% of federal public housing units must serve households at less than 30% of median income).

In addition to the private, but subsidized and thus affordable units listed above, there are units which are generally affordable forever such as public housing.

The task of developing and keeping enough assisted housing to meet the state's affordable housing appeals statute threshold of 10% of all housing units in the community will be a challenge.

As noted above, up to 2,364 of the affordable housing units in the Consortium may also be lost over the next 5 years due to affordability use requirements expiring by 2020. This will exacerbate the situation. Actions can be taken by community leaders to keep these units affordable, by creating and utilizing different “expiring use” strategies.

Offsetting this problem, is the action of some communities take to amend their zoning codes, requiring any new development, to include a percentage of affordable units [Inclusionary Zoning] and to develop other zoning provisions which assist the development of affordable housing. The effect of these actions will depend upon the encouragement of developers by cities and towns, to use these provisions in the future.

As nearly all the Consortium communities have a changing housing economy, typical of what is happening in Massachusetts as a whole, the likelihood is that the percentage of households being priced out of the market will continue. Already we know that for many members of the Consortium, household income when adjusted for inflation, has actually declined or held at about the same. Meanwhile, over the last several years, housing prices and rents have increased, albeit with some leveling off and even decline in the last year. This means that households in these communities have not increased their purchasing power to keep pace with housing prices and other goods and services (medical care for example) which have outpaced the rate of inflation. If this continues, there will be a worsening housing problem in these communities.

The number of employed workers in Massachusetts during the last decade has declined. There has been minimal job growth over the last few years and a persistent unemployment rate for

employees earning less than 80% of median income and especially for minority low income persons. This seems to be the forecast trend for the next year or two as well.

Also during the last two decades, there has been a significant out-migration of households in Massachusetts between the ages of 25 and 45. This has been offset by a large in-migration of foreign born households. According to census data much of the net increase in family formation is attributable to foreign immigration. This continuing population 'exchange' has resulted in a growing number of non-white immigrant households where English is the second language. Also 41% of immigrants into Massachusetts since 1990 will not have a high school diploma (although 33% will have a college degree, (which is a higher percentage than in prior periods of immigration). Moreover, this new immigrant population has a significant proportion of households of lower income and a significant number whose only household head is a single female. As a result, the number of immigrants making up families in poverty is rising. [See Table SP70-A for a breakdown by each NSHC community].

While we do not know the exact dimensions of this 'exchange' and don't know how quickly the 'immigrants' secure linguistic skills, jobs and more suitable housing, we can conclude that they present a housing, educational and employment challenge to the communities of the Consortium.

All in all, the affordability gap has grown for all communities but is especially severe for some of them. Looking at the cities and towns which make up the Consortium, this is also true. The median household income trend from 2000 with projections through 2020 indicates that there has been a significant change in income over the last 10 years and projections indicate that income will continue to rise, although not as significantly as 2000-2007.

When we examine rents for modestly priced housing, a good proxy are the Fair Market Rents which HUD calculates for the area. [These are developed using census data and specific market surveys].

There are several ways of looking at the housing challenge facing households in this area.

We can examine the general rise in housing costs over the last 30 years and can see the significant challenges over time. The noticeable trends are the sharp rise in sales prices from 2002 to 2006, then the sharp drop until 2012 and now an increase again.

Another illustration of housing affordability is to look at the cost of housing divided by household income, which generates an indicator ratio which illustrates the growing cost burden on housing for purchase. This is discussed below.

One of the factors driving housing prices over 1990-2008 was the increase in the size of the average house. In 1970 the median home size was 1,500 square feet. By 2008 it was 2,300 square feet. In the last 4 years it has decreased to 2,000 square feet. The number of bathrooms, kitchen appliances and other amenities also increased in the last 30 years. In the same period construction costs have escalated, so that the combination of rising land costs, especially in the Consortium area, increasing size of homes, multiplication of amenities and the rising cost of construction, were reflected in the rising cost of housing. Now that there is some downward pressure on that combination of housing design, we may see a leveling off in the next five years. It is also costly to build, maintain and operate housing in the Consortium area. The housing stock is relatively old. There is poor insulation and older inefficient equipment which results in high utility costs and there is a continuing discovery of lead based paint all of which add to the rehab needs and costs.

The other group of households that is impacted is that which is seeking to move from rental to homeownership. Many are actually more cost burdened owners than renters. Low income residents trying to become homeowners need effective counseling and subsidies. Without deep subsidy programs such as the Housing Choice Voucher Homeownership Program or HOME, the cost burdens and mortgage servicing troubles may continue.

In examining the rental pricing situation, we find a similar story but with the significant difference that changes in rental costs have an immediate impact on households, unless they are in public housing or certain subsidized housing situations where tenant rent payments are tied only to household income changes.

It appears from recent data that there has been a growth in immigrants in the area but clearly it has not been sufficient to offset the decline in home buying families. That could change.

Publicly assisted housing is an important affordable housing resource for low income residents, as is the supply of affordable *unsubsidized* units. This affordable, unsubsidized inventory faces price inflation and gradual transition to higher income household occupancy. One advantage of HOME and CDBG funded rehab programs is that they stabilize the occupancy for households at less than 80% of median. Reduction in public funding for the development of low and moderate income housing has meant that affordable housing production has not kept pace with affordable needs. With this reduction, the rise of inclusionary zoning as a mechanism for production becomes even more important.

As discussed above, the Consortium's existing subsidized housing stock faces over 2,364 units being removed from the stock of affordable housing as their use restrictions expire in the period covered by this plan (2015-2020). This includes individual homeowner units and small

rental properties rehabbed with CDBG and HOME funds as well. HUD's voluntary conversion of public housing to vouchers could also result in losses.

As noted previously, many HCV agencies will not receive sufficient funds to pay landlords for the vouchers now in use. As a result, agencies may have to find ways to scale back their programs. Some may cut the maximum amount of rent a voucher can cover; others may reduce the number of families which are assisted. Still others may close waiting lists and not reissue some vouchers as they become available when households leave the program.

HUD has recently analyzed a series of studies exploring how housing and neighborhoods play a crucial role in the outcomes of families.¹⁰

Implications of housing conditions, housing strategies and neighborhood conditions

There are immediate implications for housing policies that improve outcomes for families with children. Many housing researchers agree that low-income families should receive assistance in securing the resources necessary for acquiring decent housing or improving the quality of their homes, including subsidies for things like electricity, heating, and weatherization; although many such programs are already in place, they are not necessarily adequate to meet community needs. Coley encourages governments to follow through with existing programs such as lead abatement but also suggests that they consider new policies, such as regulating landlords with stricter requirements and enforcement standards, to be sure that problems such as exposed wiring and nonfunctioning refrigerators and heaters are addressed.⁹⁵ Schwartz thinks it worthwhile to make vouchers more easily portable, or easier to use across different public housing agency jurisdictions, to enable low-income families Sample Continuum of Promise Neighborhood Cradle-to-Career Services 15 to move to low-poverty communities. Schwartz also notes that aside from vouchers many localities have housing policies such as inclusionary zoning that can inject small amounts of affordable housing into low-poverty areas, thereby providing families in high-poverty areas with access to better neighborhoods. Although these initiatives are generally small and localized, says Schwartz, they can have a significant impact on children and their education outcomes. As Schwartz explains, "[T]hinking of ways to create incentives for counties and cities to voluntarily adopt their own integrative housing programs like inclusionary zoning could be a good way to distribute affordable housing in an effective manner.

As for neighborhoods, Galster observes, "There are aspects we know aren't good for kids. We're not exactly sure of the mechanisms of how these things work, but concentrations of multiply disadvantaged households and concentrations of crime and violence and concentrations of toxins and pollutants are not healthy places to raise kids. Community development policies that

¹⁰ HUD PD&R, Evidence Matters. Fall 2014.

try to improve the physical quality of neighborhoods where disadvantaged people live are certainly to be commended. And policies that allow some low-income people who have an inclination to do so to move to better quality neighborhoods through vouchers or some other kind of affordable housing policy is the other side of that coin.

Longer term implications for ensuring that children are able to flourish in healthy communities rest on continued research and application of lessons learned about the effect of physical and socio-environmental conditions on individuals and families. As researchers attempt to build, expand, and refine knowledge about how housing and neighborhoods shape child outcomes by challenging traditional assumptions and using fresh approaches to disentangle the complexities, policymakers can use this knowledge to focus broadly but comprehensively on making all housing and neighborhoods places of opportunity for low-income and minority children and their families.

The Housing Market sections below explore the dimensions of the housing market in more detail and also documents some of the neighborhood conditions in which housing policy and programs are implemented.

MA-10 Housing Market Analysis: Number of Housing Units - 91,410, 91.210(a)&(b)(2)

Introduction

All residential properties by number of units

Property Type	Number	%
1-unit detached structure	135,221	57%
1-unit, attached structure	14,578	6%
2-4 units	42,429	18%
5-19 units	20,827	9%
20 or more units	21,041	9%
Mobile Home, boat, RV, van, etc	1,764	1%
Total	235,860	100%

Table 26 – Residential Properties by Unit Number

Data Source: 2007-2011 ACS

Unit Size by Tenure

	Owners		Renters	
	Number	%	Number	%
No bedroom	356	0%	3,021	5%
1 bedroom	5,664	4%	21,713	35%
2 bedrooms	33,541	21%	24,040	39%
3 or more bedrooms	118,395	75%	13,085	21%
Total	157,956	100%	61,859	100%

Table 27 – Unit Size by Tenure

Data Source: 2007-2011 ACS

Describe the number and targeting (income level/type of family served) of units assisted with federal, state, and local programs.

The data available from Public Housing Authorities is more detailed and more readily available than from other subsidized housing providers. Table MA10 - D below shows that the vast majority (at least 75%) of housing provided through the PHAs in the Consortium's governmentally subsidized housing programs serve Extremely Low Income households.

Provide an assessment of units expected to be lost from the affordable housing inventory for any reason, such as expiration of Section 8 contracts.

The table below lists the developments which have either local restrictions or restrictions from the funding source such as HUD, MHFA etc. As the table illustrates, there are at least another 921 units at risk during this next 5 year Plan period (through 2020). However, if we use the SHI

list which is of critical importance to communities subject to the Chapter 40 B law, then the number of units at risk rises to 2,364

Table MA10 – A Expiration of Subsidy Inventory

NSHC	Total Units	Current Units Assisted	Units at Risk through 6/30/2016	Units at Risk through 6/30/2020
HUD LIHTC LIST	3,524	2,224	698	921
CEDAC LIST	4,043	3,895	698	921
HOME LIST	0	0	0	0
SHI LIST	20,346	N/A*	2,330	2,364

Source: ACS 2009-2013, NSHC Survey, CEDAC, LIHTC Database and DHCD Sources

Note:*Some SHI units are not subsidized or affordable but meet the CH 40B rule for inclusion.

Note: The databases used have known inaccuracies especially when expiration dates have been extended. This data therefore may be inaccurate, especially for the first Annual Plan year July 1st 2015 – June 30th 2016. Also in the list of subsidized projects with restrictions above there are some developments where the term of the subsidy is not known at this time. It might be therefore that there are additional units at risk through 2020.

We should also note that most of these developments are owned in whole or in part by mission driven non-profits who have demonstrated a clear commitment to extending the affordability restrictions and/or securing replacement subsidies.

Does the availability of housing units meet the needs of the population?

In addition to the developments subsidized with specific governmental actions/financing and therefore with a variety of restrictions both in terms of the longevity of the restrictions and the criteria for admittance (mostly income restrictions), there are many units which based on the US Census, were affordable to their occupants at the time (2012). This is calculated using the 30% of gross income formula.

The following table shows this distribution and also adjusts the numbers for the known subsidized households in the Consortium communities. It should be noted that the State also manages HUD HCV vouchers and that approximately 599¹¹ are being used in Consortium communities (CTI source).

¹¹ As of 3/2015

Table MA10 - B Census Affordability Data

All Households Occupying Housing which is Affordable	Owner	Renter	Totals	Known Subsidized Households	Estimated Private Affordable Housing
0%-30% HAMFI	No Data	8,765	8,765	8,471	294
0%-50% HAMFI	1,746	18,734	20,480	1,650	18,830
0%-80% HAMFI	5,879	27,499	29,245	440	28,805
Totals	7,625	54,998	58,490	24,938	33,552

Source: ACS 2009-2013, NSHC Survey, CEDAC, LIHTC Database, DHCD Sources and HUD PIH

Table MA10 – C PHA and Other Subsidized Housing Affordability Data

Subsidized Households in the Consortium	Estimated Number of Extremely Low Income (0%-30% AMI) Households	Estimated Number of Very Low Income (31%-50% AMI) Households	Estimated Number of Low Income (51%-80% AMI) Households	Totals 0%-80% AMI Households	Estimated Number of Higher Income (80% + AMI) Households	Total All
Federal Public Housing Residents	438	85	23	546	23	569
Federal Voucher Participants	3,292	641	171	4,104	171	4,275
State Public Housing Residents	4,497	876	234	5,606	234	5,840
State Voucher Participants	244	48	13	304	13	317
Other Subsidized Housing*	10,731	2,091	557	13,380	557	13,937
Total All	8,471	1,650	440	23,940	998	24,938

Source: ACS 2009-2013, NSHC Survey, CEDAC, LIHTC Database, DHCD Sources and HUD MTCS

Note: Most will be less than 60% Median Income

Note: that the ELI, VLI, LI and MI numbers are estimated using national proportions as reflected in HUD PIH’s MTCS database.

As Tables MA10-B and MA-C show, there are about 23,490 households with subsidies in the Consortium. In addition, it is estimated that there are approximately another 33,552 units which are occupied by households at or below 80% of median income and for whom the cost is affordable, using the same 30% of income rule. Therefore there is not only a need to protect governmentally subsidized housing, of which more than 2,364 units are at risk of losing their

subsidies in the next 5 years, but also to protect private landlords who are providing subsidized affordable housing.

The following table summarizes the 2014 inventory by the State of Massachusetts using DHCD criteria and as of a point in time (December 5, 2014).

DRAFT

Table MA10-D NSHC Affordable Units- State DHCD Subsidized Housing Inventory as of 12/5/2014

	2010 Census Year Round Housing Units	Total Development Units	Total Rental SHI Units 12/05/2014	Total Ownership SHI Units 12/05/2014	Total Mixed Rental & Ownership SHI Units 12/05/2014	Total SHI Units 12/05/2014*	%
Amesbury	7,041	869	441	62	2	505	7.2%
Andover	12,324	1,428	1,076	69	0	1,145	9.3%
Beverly	16,522	2,142	1,906	38	0	1,946	11.8%
Boxford	2,730	64	8	15	0	23	0.8%
Danvers	11,071	1,472	1,109	0	0	1,109	10.0%
Essex	1,477	40	40	0	0	40	2.7%
Georgetown	3,031	354	350	4	0	354	11.7%
Gloucester	13,270	986	862	89	0	951	7.2%
Hamilton	2,783	124	78	6	0	84	3.0%
Haverhill	25,557	2,694	2,419	33	0	2,465	9.6%
Ipswich	5,735	520	486	8	0	494	8.6%
Lynnfield	4,319	704	480	11	0	491	11.4%
Manchester	2,275	122	84	0	26	110	4.8%
Marblehead	8,528	399	311	22	0	333	3.9%
Merrimac	2,527	397	127	14	0	141	5.6%
Methuen	18,268	1,938	1,498	145	6	1,649	9.0%
Middleton	3,011	173	145	6	0	151	5.0%
Newburyport	8,015	720	471	135	0	606	7.6%
Nth Andover	10,902	1,393	788	144	0	932	8.5%
Nth Reading	5,597	645	502	31	0	533	9.5%
Peabody	22,135	2,146	1,798	210	23	2,031	9.2%
Rockport	3,460	135	135	0	0	135	3.9%
Rowley	2,226	179	78	16	0	94	4.2%

	2010 Census Year Round Housing Units	Total Development Units	Total Rental SHI Units 12/05/2014	Total Ownership SHI Units 12/05/2014	Total Mixed Rental & Ownership SHI Units 12/05/2014	Total SHI Units 12/05/2014*	%
Salem	18,998	2,350	2,280	66	2	2,348	12.4%
Salisbury	3,842	555	162	178	2	342	8.9%
Swampscott	5,795	218	192	2	0	212	3.7%
Topsfield	2,157	164	140	6	0	146	6.8%
Wenham	1,404	190	103	19	0	122	8.7%
West Newbury	1,558	86	30	4	0	34	2.2%
Wilmington	7,788	1,048	662	157	0	820	10.5%
NSHC Total	234,346	24,255	18,761	1,490	61	20,346	8.68%

Data Source: DHCD 12-5-2014

Note:* There are 34 units whose type is not known included in the total

It should also be noted that the lack of non-subsidized affordable housing creates a situation where the percentage of household income to support household expenses becomes a larger burden for the household and leads those affected to seek assisted/affordable housing units thereby fueling the need for additional affordable units. Unsubsidized and homeless families will be priced out of the market.

Describe the need for specific types of housing:

It has become apparent that there is a dire need for affordable housing for low and extremely low income households in the region, both for individuals and families. It is clear from the large number of homeless households overflowing the shelter system into motels that there is an urgent need for truly affordable rental housing. Rental housing is needed for individuals and families with incomes at the lowest end of the spectrum, at or below 30% of the area median income, as well as for those at or below 50% AMI, therefore deeper subsidies will be needed to create housing that is truly affordable to these groups. In addition, there is a population that is at imminent risk of becoming homeless and for whom a short term rental subsidy would help to stabilize their housing, which is why, even though rental subsidies do not create permanent housing, the provision of funds for rental subsidies is still seen as an important tool to help to stem the flow of people into homelessness.

It is for this reason that the Consortium is reducing the amount of assistance that will be provided to Homeownership related programs over the coming years. In some Consortium communities where first time homebuyer and homeowner rehabilitation programs have been administered there continues to be a desire to provide this type of assistance, but the Consortium will be reducing the amount of funding to support those programs and will take steps toward discontinuing them over the next five years, unless the affordable housing crisis somehow disappears.

Discussion

To have a segment of our population living without the most basic need of housing is unacceptable. The poor economy, the high percentage of unemployment, and the extremely low rental vacancy rate in the region has combined to create a situation where many low income households have become unable to support market rate apartments. The already overtaxed emergency shelter system has been sheltering far greater numbers of households than they are funded to serve, and families are being warehoused in hotels since there are not enough family shelter spaces available to house everyone. A total of seventy four individuals were identified as living out of doors in our region during one of the most treacherous winters on record, with an unknown additional number that we have learned are able to avoid being

counted in fear of being persecuted. The situation has been going on for years without any signs of changing, and it is only by doing things differently that things will change. It is for this reason that the Consortium is taking the steps to help address the problem with the limited resources that are available.

DRAFT

MA-15 Housing Market Analysis: Cost of Housing - 91.410, 91.210(a)

Introduction

Cost of Housing

	Base Year: 2000	Most Recent Year: 2013	% Change
Median Home Value	0	0	0%
Median Contract Rent	0	0	0%
Mean Income	\$97,224	\$116,695	20%

Table 28 – Cost of Housing

Data Source: 2000 Census (Base Year), 2007-2011 ACS (Most Recent Year)

The table below provides the information in HUD Table 28 above. Medians for all the NSHC communities are not provided through the Census.

HUD Table 28 Modified

Community	Median Home Value (dollars)	Median Contract Rent	Median Income
Amesbury	\$313,200	\$973	\$78,486
Andover	\$543,900	\$1,183	\$112,681
Beverly	\$361,100	\$1,082	\$70,563
Boxford	\$572,900	\$798	\$125,833
Danvers	\$360,800	\$1,288	\$79,478
Essex	\$516,600	\$1,141	\$74,211
Georgetown	\$395,700	\$1,210	\$107,775
Gloucester	\$364,600	\$967	\$61,449
Hamilton	\$490,400	\$1,104	\$105,865
Haverhill	\$256,600	\$1,006	\$60,429
Ipswich	\$409,000	\$997	\$77,087
Lynnfield	\$547,900	\$1,242	\$110,980
Manchester-by-the-Sea	\$801,400	\$1,355	\$115,650
Marblehead	\$565,200	\$1,186	\$98,399
Merrimac	\$308,600	\$1,133	\$79,423
Methuen	\$278,900	\$958	\$67,556
Middleton	\$407,300	\$1,650	\$104,245
Newburyport	\$429,000	\$1,106	\$78,638
North Andover	\$437,900	\$1,310	\$96,002
North Reading	\$429,100	\$1,451	\$110,852
Peabody	\$333,100	\$1,239	\$64,351
Rockport	\$452,000	\$971	\$66,402
Rowley	\$431,000	\$1,301	\$83,237

Community	Median Home Value (dollars)	Median Contract Rent	Median Income
Salem	\$304,400	\$1,063	\$55,780
Salisbury	\$318,900	\$1,026	\$72,131
Swampscott	\$415,500	\$1,227	\$92,258
Topsfield	\$515,300	\$856	\$111,696
Wenham	\$545,400	\$848	\$127,606
West Newbury	\$445,600	\$1,363	\$111,652
Wilmington	\$375,000	\$1,611	\$99,508

Data Source: ACS 2009-2013

Rent Paid	Number	%
Less than \$500	9,273	14.55%
\$500-999	17,525	27.49%
\$1,000-1,499	23,916	37.52%
\$1,500 or more	13,032	20.44%
Total	63,746	100.00%

Table 29 - Rent Paid

Data Source: 2009-2013 ACS

Housing Affordability

% Units affordable to Households earning	Renter	Owner
30% HAMFI	8,765	No Data
50% HAMFI	18,738	1,746
80% HAMFI	36,019	5,879
100% HAMFI	No Data	14,210
Total	63,522	21,835

Table 30 – Housing Affordability

Data Source: 2007-2011 CHAS

Monthly Rent

Monthly Rent (\$)	Efficiency (no bedroom)	1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom
Fair Market Rent	762	869	1,115	1,389	1,490
High HOME Rent	743	905	1,137	1,393	1,454
Low HOME Rent	743	839	1,007	1,163	1,298

Table 31 – Monthly Rent

Data Source: HUD FMR and HOME Rents

Table MA15-A : Housing Costs as a % of Gross Income

	<15%	15-19.9%	<20%	20-24.9%	25-29.9%	30-34.9	35+%
Owner			62,864	22,677	10,318	1,966	7,536
Rental	7,174	7,761	14,935	8,675	8,112	6,806	24,548
Total Units	7,174	7,761	77,799	31,352	18,430	8,772	32,084

Data Source: ACS 2009-2013

Chart MA15- Housing Costs as a % of Gross HH Income

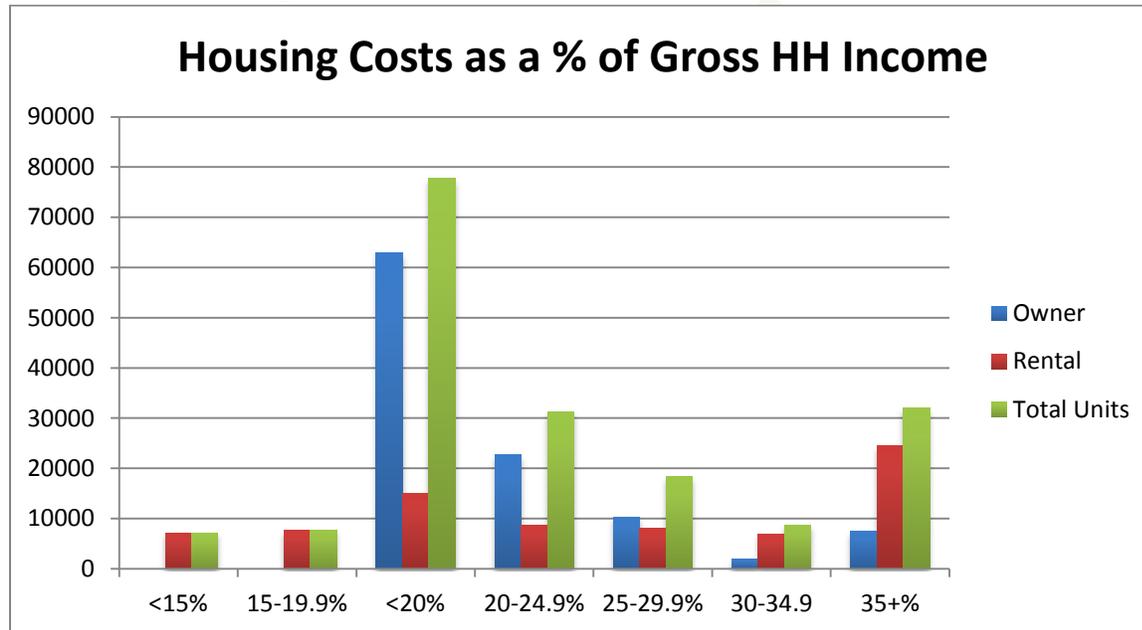


Table MA15-B: Housing Costs Multiplier

	Income Housing Value Multiplier 2000	Income Housing Value Multiplier 2010	% Change
Income Housing Value Multiplier	3.95	4.56	16%
Income Rental Value Multiplier	0.13	0.15	14%

Data Source: ACS 2013 and Census 2000

As can be seen in Table MA15-A, 77,799 households were paying 20% or less of their gross income for housing in 2013, while another 32,084 were paying over 35% of their income for housing. Generally speaking, except for the very poor (households earning less than 30% of median income) households that are paying up to 35% of income is not unreasonably

burdensome. These statistics also show that roughly 30% of all households are paying over 35% of their income on housing costs, which is concerning.

Moreover, Table MA15-B above illustrates the change in housing costs as a multiple of income in the last ten years. As noted in the introduction, it is important to note how housing costs track or don't track household income. A simply way to do that is to divide the mean housing and rental values or costs by the mean household income. Historically, these homeownership ratios or multipliers have been stable and in the 2.1-2.7 range. In the last 15 years, this multiplier has risen substantially indicating that housing costs are consuming more and more of household income. For homeowners, the multiplier has risen by 16% while for rental households it has risen 14%. A change of 10% is considered significant, so this change illustrates how incomes in the Consortium have not kept pace with the purchase or rental price of housing.

Is there sufficient housing for households at all income levels?

There is not sufficient housing available for all income levels. Homeless service providers report that waiting lists for subsidized housing units or vouchers are from two to seven years long, so extremely low and low income households have little option to find truly affordable housing. Vacancy rates are extremely low in this region, and our proximity to Boston and the high number of professionals who choose to live in our communities and commute to Boston contributes to the increase in rents as demand increases. At one community meeting a citizen of Gloucester shared that she is concerned because she knows that her college age children will not be able to afford to live in her community when they graduate, and many others have echoed this same concern as the cost of housing increases. As stated earlier in the plan, a large percentage of households are rent burdened and paying over 30% of their income or over 50% of their incomes on housing costs. Also as stated earlier, the numbers of homeless individuals and families continues to grow as incomes fail to keep pace with the cost of living. The number of homeless families being housed in motels should be enough of an indicator that we do not have sufficient affordable housing for low income households.

How is affordability of housing likely to change considering changes to home values and/or rents?

As noted above, housing purchase and rental values have increased disproportionately to income and therefore more and more families are either going to have to pay more for housing, or double up and/or move to communities which have lower housing prices, none of which are in our region. Clearly, it will not affect anyone receiving a rental subsidy or a housing purchase subsidy, but these subsidies have declined in recent years and especially with the HOME program, the subject of this Consolidated Plan, the annual entitlement awards have gone down

by roughly 50% in the last 5 years with expectations that Congress and HUD will further reduce the HOME budget.

In addition many homeowners have lost their homes through foreclosure and some rental properties have been lost to conversion to for-sale use.

With the above trends, market rate rents will continue to be less and less affordable and the great expense of creating new affordable housing will make affordable housing more rare.

How do HOME rents / Fair Market Rent compare to Area Median Rent? How might this impact your strategy to produce or preserve affordable housing?

Table MA15-C: Contract Rent Levels

80% median contract rent	50% median contract rent	30% median contract rent	2014 FMR for NSHC 2 bedroom unit	2014 High HOME Rent for NSHC 2 bedroom unit	2014 Low HOME Rent for NSHC 2 bedroom unit	2014 Average Contract Rent for HCV Participants in the NSHC area 2 bedroom unit*
\$924	\$577	\$346	\$1,115	\$1,137	\$1,007	\$1,157

Source: 2010 census , CPD Maps and 2009-2013 ACS data

Note: *The range of average HCV contract rents in the Consortium area for CTI’s portfolio, is from a low of \$1,146/mo in Andover to a high of \$1,454 in Manchester-by-the-Sea.

Tables 28 and 30 and Table MA15-C show that market rate rental costs are lower than HOME and FMR limits set by HUD and therefore should enable subsidized low income tenants applying to either market rate or assisted units to be able to afford rents in any unit. In fact the average contract rent for HCV vouchers placed in service in the region is higher. It is a challenge therefore to find affordable rental units in the City without the use of MRVP or HCV subsidies.

Discussion

MA-20 Housing Market Analysis: Condition of Housing - 91.410, 91.210(a)

Introduction

Describe the jurisdiction's definition for "substandard condition" and "substandard condition but suitable for rehabilitation":

Each community has its own standards it uses to determine this.

Condition of Units

Condition of Units	Owner-Occupied		Renter-Occupied	
	Number	%	Number	%
With one selected Condition	51,408	33%	26,918	44%
With two selected Conditions	551	0%	1,365	2%
With three selected Conditions	74	0%	97	0%
With four selected Conditions	0	0%	0	0%
No selected Conditions	105,923	67%	33,479	54%
Total	157,956	100%	61,859	100%

Table 32 - Condition of Units

Data Source: 2007-2011 ACS

Year Unit Built

Year Unit Built	Owner-Occupied		Renter-Occupied	
	Number	%	Number	%
2000 or later	10,491	7%	5,990	10%
1980-1999	35,667	23%	8,460	14%
1950-1979	57,094	36%	17,789	29%
Before 1950	54,704	35%	29,620	48%
Total	157,956	101%	61,859	101%

Table 33 – Year Unit Built

Data Source: 2007-2011 CHAS

Risk of Lead-Based Paint Hazard

Risk of Lead-Based Paint Hazard	Owner-Occupied		Renter-Occupied	
	Number	%	Number	%
Total Number of Units Built Before 1980	111,798	71%	47,409	77%
Housing Units built before 1980 with children present	8,039	5%	2,051	3%

Table 34 – Risk of Lead-Based Paint

Data Source: 2007-2011 ACS (Total Units) 2007-2011 CHAS (Units with Children present)

Vacant Units

In one community, the City of Peabody, there were a total of 52 bank owned properties on record with the Essex county Registry of deeds as of April 1, 2015, from foreclosure procedures put in place dating from 2013 through that date. Additional data collected in Peabody shows that 235 residential properties show zero or extremely low water usage over the last four quarters, indicating that the residences are vacant. Most of the units in question are being kept up, typically by family members of aging residents who may be in supported living but are unable to let go of their homes. However, a small number of foreclosed properties have been labeled as problem properties which are deteriorating or causing a blight on the neighborhood. In those instances in Peabody, the Public Health Department has teamed up the Mass Secretary of State on a program to take title to abandoned properties to return them to use, but this applies only to foreclosed properties. It is predicted that all of the units in Peabody are suitable for rehabilitation, and through the Secretary of State Receivership program an outside party can make the repairs and take over the abandoned property to return it to service. This program is also being undertaken in the Cities of Methuen and Haverhill. Data on foreclosures in all 30 consortium communities is not available at this time

	Suitable for Rehabilitation	Not Suitable for Rehabilitation	Total
Vacant Units			
Abandoned Vacant Units			
REO Properties			
Abandoned REO Properties			

Table 35 - Vacant Units

Note: We do not have data for the Consortium communities at this time

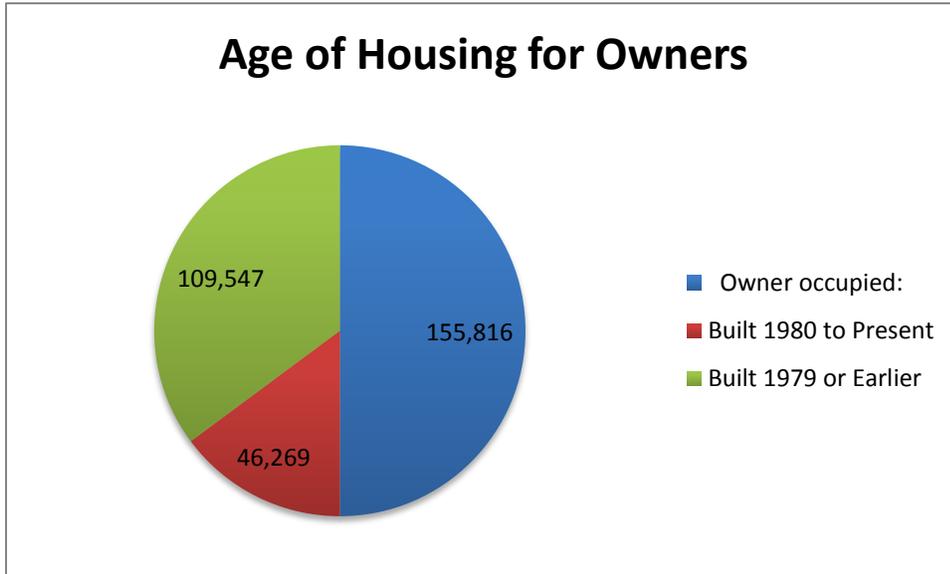
Describe the need for owner and rental rehabilitation based on the condition of the jurisdiction's housing.

A great deal of the Consortium’s housing stock is very old and can be assumed to be in need of repair (see charts above), therefore there is a case to be made for the merits of running a rental rehabilitation program since there is a great need to contribute to or sustain the number of affordable rental housing units in the region. Homeowner rehabilitation programs are also indicated as they are an aid to keep low income homeowners in their homes when they need assistance to maintain their property. The issue of foreclosure is not one that can be easily dealt with using HOME funds.

Estimate the number of housing units within the jurisdiction that are occupied by low or moderate income families that contain lead-based paint hazards. 91.205(e), 91.405

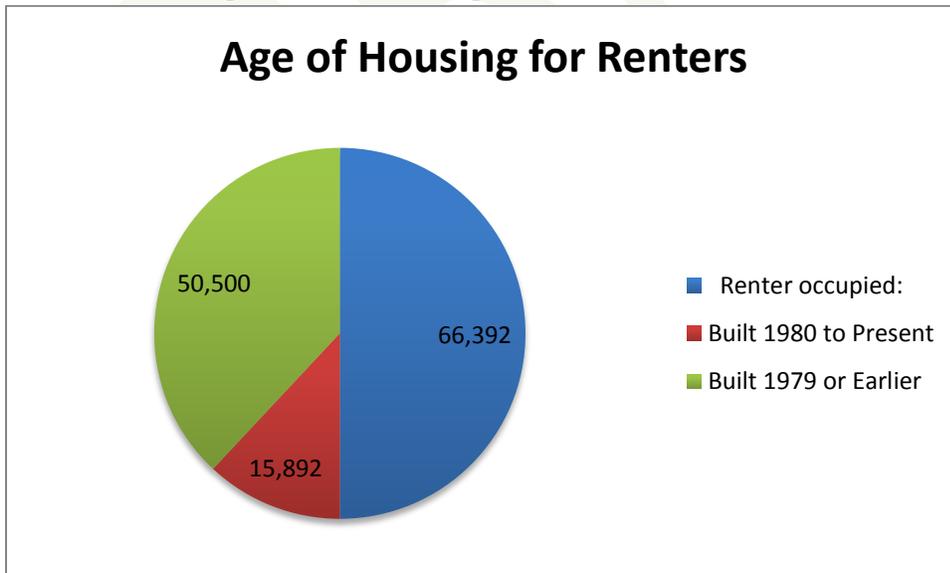
The table below lists the total number of housing units in the consortium communities versus the number of units built prior to 1980 which would be suspected of containing lead based paint hazards. For most communities the percentage appears to be extremely high. We do not have data on the percentage of these that are occupied by low or moderate income families, however, but given the percentages we can assume that the numbers would be high.

Chart MA25-A Age of Ownership Housing



Data Source: ACS 2009-2013

Chart MA25-B Age of Rental Housing



Data Source: ACS 2009-2013

Table MA20-C Age of Housing by Community

Community	Owner Pre-1980	Rental Pre-1980	All Units Pre-1980	Total Housing Units	% Built before 1980
Amesbury	3,059	1,652	4,711	7,027	67%
Andover	6,905	1,683	8,588	12,828	67%
Beverly	8,022	5,119	13,141	16,781	78%
Boxford	1,485	26	1,511	2,817	54%
Danvers	5,629	1,895	7,524	10,837	69%
Essex	681	417	1,098	1,581	69%
Georgetown	1,374	247	1,621	2,989	54%
Gloucester	5,991	3,810	9,801	13,955	70%
Hamilton	1,783	522	2,305	2,994	77%
Haverhill	8,771	6,997	15,768	25,508	62%
Ipswich	2,866	957	3,823	5,999	64%
Lynnfield	2,901	279	3,180	4,389	72%
Manchester-by-the-Sea	1,077	500	1,577	2,269	70%
Marblehead	5,491	1,446	6,937	8,737	79%
Merrimac	1,107	368	1,475	2,499	59%
Methuen	8,143	3,642	11,785	18,595	63%
Middleton	987	282	1,269	2,689	47%
Newburyport	3,751	1,970	5,721	8,076	71%
North Andover	4,403	2,032	6,435	10,991	59%
North Reading	10,155	4,819	14,974	22,070	68%
Peabody	1,752	757	2,509	4,024	62%
Rockport	887	261	1,148	2,213	52%
Rowley	6,477	8,263	14,740	19,626	75%
Salem	1,454	602	2,056	4,481	46%
Salisbury	3,842	1,013	4,855	5,579	87%
Swampscott	1,635	114	1,749	2,189	80%
Topsfield	806	150	956	1,438	66%
Wenham	824	90	914	1,598	57%
West Newbury	2,918	345	3,263	5,533	59%
Wilmington	4,371	242	4,613	7,598	61%
NSHC	109,547	50,500	160,047	237,910	67%

Data Source: ACS 2009-2013

Table MA20-D Lead Poisoning Rates 2003-2012

Community	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Amesbury	3.5	3.8	1.9	0	0	1.8	1.9	1.9	0	0
Andover	0	0	0	0	0	0	0	0	0	0
Beverly	0	0	0	0	0.8	0	0	1.7	0	0
Boxford	0	0	0	0	0	0	0	0	0	0
Danvers	0	0	0	1.4	0	0	0	1.4	0	0
Essex	0	0	0	0	0	0	0	0	0	0
Georgetown	0	0	0	0	0	3.8	0	0	0	4.3
Gloucester	1.1	0	1.2	0	0	1.1	1.2	2.6	0	0
Hamilton	0	3.3	0	0	0	0	0	0	0	0
Haverhill	1.5	0.8	0.8	1.3	0.8	1.1	0.7	0.8	0.4	1.2
Ipswich	0	0	0	0	0	0	3.3	0	0	0
Lynnfield	0	0	2.4	0	0	3	0	6.5	0	0
Manchester-by-the-Sea	0	0	0	0	0	0	0	0	0	0
Marblehead	0	0	0	0	0	0	0	0	0	0
Merrimac	0	0	0	0	0	0	0	0	0	8.1
Methuen	0.7	0.7	0.6	1.2	0.6	0	0	0.6	0.6	0
Middleton	0	4.1	0	0	0	0	0	0	0	5.7
Newburyport	0	0	1.9	3.9	4.3	0	0	0	0	0
North Andover	1.1	0	1.1	0	0	0	0	0	1.2	1.3
North Reading	0	0	0	0	0	0	0	0	0	2.4
Peabody	0	0	0	0.7	0	0	0	0	0	0
Rockport	0	0	0	7.2	0	0	0	0	0	7.8
Rowley	0	0	0	0	0	0	0	6.2	0	0
Salem	0	0	0.6	0.7	1.4	0.7	2	0.7	0	0
Salisbury	0	0	0	0	0	0	0	0	0	0
Swampscott	0	0	3.9	0	0	0	0	0	0	0
Topsfield	0	0	5.2	0	0	0	0	0	0	0
Wenham	0	0	0	0	0	0	0	0	0	0
West Newbury	0	0	0	0	0	0	0	0	0	0
Wilmington	0	0	0	0	0	0	0	0	0	0

Data Source: Massachusetts Department of Public Health, 2013

Discussion

The lead poisoning statistics in Table MA30-D above shows that while there has been a low incidence of lead poisoning in the NSHC communities as a whole (an average rate/1000 tests of .5) the rate did jump in 2012. Also some communities have had greater rates recently than others. There is no obvious reason for such variations. But clearly communities need to keep an eye on conditions in their housing. It also requires that the NSHC keep requiring rehab units to meet lead free standards.

DRAFT

MA-25 Public And Assisted Housing - 91.410, 91.210(b)

Introduction

Totals Number of Units

	Program Type								
	Certificate	Mod-Rehab	Public Housing	Vouchers					
				Total	Project -based	Tenant -based	Special Purpose Voucher		
							Veterans Affairs Supportive Housing	Family Unification Program	Disabled *
# of units vouchers available	0	70	569	4,070	51	1,156	0	0	1,661
# of accessible units									
*includes Non-Elderly Disabled, Mainstream One-Year, Mainstream Five-year, and Nursing Home Transition									

Table 36 – Total Number of Units by Program Type

Data Source: PIC (PIH Information Center)

Describe the supply of public housing developments:

Table MA25-A All Federal Public Housing and Vouchers in the Consortium

PHA Name/Address	Federal Public Housing Units	Federal HCV Vouchers	Federal Project Based Vouchers	Federal VASH Vouchers	Total Federal Portfolio
Amesbury	-	84			84
Andover	-	127			127
Beverly	168	420			588
Boxford	-	-	-	-	
Danvers	76	145			221
Essex					-
Georgetown					-
Gloucester	89	633			722
Hamilton					-
Haverhill	-	349			349
Ipswich	-	55			55
Lynnfield					-
Manchester-by-the-Sea					-
Marblehead					-
Merrimac					-
Methuen	42	558			600
Middleton					-
Newburyport	50	102			152
North Andover	105	133			238
North Reading	-	22			22
Peabody	-	337			337
Rockport	-	153			153
Rowley					-
Salem	39	1,088			1,127
Salisbury	-	58			58
Swampscott					-
Topsfield					-
Wenham					-
West Newbury					-
Wilmington	-	11			11
CTI (DHCD)		599	335		0
Totals for NSHC	569	4,874	335	0	5,778

Table MA25-B All State Public Housing and Vouchers in the Consortium

PHA Name/Address	State Public Housing Units	State MRVP & AHVP Vouchers	Total State Portfolio
Amesbury	263	-	263
Andover	282	3	285
Beverly	471	60	531
Boxford	-	-	
Danvers	202	-	202
Essex	40	-	40
Georgetown	136	-	136
Gloucester	530	30	560
Hamilton	63	-	63
Haverhill	440	47	487
Ipswich	250	31	281
Lynnfield	72	-	72
Manchester-by-the-Sea	84	-	84
Marblehead	306	-	306
Merrimac	53	-	53
Methuen	391	11	402
Middleton	66	-	66
Newburyport	164	2	166
North Andover	192	2	194
North Reading	44	-	44
Peabody	507	126	633
Rockport	104	-	104
Rowley	54	-	54
Salem	667	-	667
Salisbury	80	-	80
Swampscott	122	5	127
Topsfield	60	-	60
Wenham	86	-	86
West Newbury	26	-	26
Wilmington	85	-	85
Totals for NSHC	5,840	317	6,157

Describe the number and physical condition of public housing units in the jurisdiction, including those that are participating in an approved Public Housing Agency Plan:

No information is available at this time.

Public Housing Condition

Public Housing Development	Average Inspection Score

Table 37 - Public Housing Condition

Describe the restoration and revitalization needs of public housing units in the jurisdiction:

There has been a longstanding need for the revitalization and restoration of a significant number of public housing units in this region. Although this is based upon comments from the Directors of several housing authorities, there had been great frustration knowing the numbers on waiting lists while some units were uninhabitable without these renovations. Within the past two to three years, the state budget has begun addressing this need by making new funding available for needed revitalization. While this new funding will not be able to address all needs immediately, there is satisfaction that the needs are now being addressed in a systematic way.

Describe the public housing agency's strategy for improving the living environment of low- and moderate-income families residing in public housing:

Specific PHA information is available at this time.

This is addressed by each local housing authority in their own way. Some have established family self-sufficiency programs; some provide supports and encouragement to households looking to leave public housing to live more independently. Homeownership counseling programs are available in some instances.

Discussion:

Housing authorities typically have a resident advisory council whereby the residents can have input on the overall operations of a particular facility (or by community). This policy can provide a genuine opportunity for the Board of Directors and the Executive Director to be responsive to the needs of the residents, or to describe why certain suggested actions cannot be implemented. Often basic topics such as trash removal, and parking issues in winter create concerns for residents. Sometimes, the requests of residents to modify the authority's policies on keeping small pets can be seen as improving the living environment for certain residents.

MA-30 Homeless Facilities and Services - 91.410, 91.210(c)

Introduction

Facilities Targeted to Homeless Persons

	Emergency Shelter Beds		Transitional Housing Beds	Permanent Supportive Housing Beds	
	Year Round Beds (Current & New)	Voucher / Seasonal / Overflow Beds	Current & New	Current & New	Under Development
Households with Adult(s) and Child(ren)	355	734	76	67	
Households with Only Adults	123	73	39	369	
Chronically Homeless Households	n/a	n/a	n/a	87	
Veterans	0	0	25	92	27
Unaccompanied Youth	0	0	0	0	

Table 38 - Facilities Targeted to Homeless Persons

Describe mainstream services, such as health, mental health, and employment services to the extent those services are used to complement services targeted to homeless persons

As a result of a long-established network of shelter providers and public officials - - representatives from the Massachusetts Department of Mental Health attend every monthly meeting of the Continuum of Care Alliance – there is quick access to those individuals who can assist in addressing these particular needs. Representatives from local health Care agencies that serve the low and moderate income population, as well as representatives from the Massachusetts Department of Employment and Training are a part of the CofC system and serve as a resource on a regular basis. Moreover, there is a clear system in place to ensure that every homeless family and every homeless individual is provided with information and resources on how to maximize their access to mainstream resources (including MassHealth, disability services, job training and job readiness programs).

List and describe services and facilities that meet the needs of homeless persons, particularly chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth. If the services and facilities are listed on screen SP-40 Institutional Delivery Structure or screen MA-35 Special Needs Facilities and Services, describe how these facilities and services specifically address the needs of these populations.

See SP-40

MA-35 Special Needs Facilities and Services - 91.410, 91.210(d)

Introduction

Throughout the Consortium, there are households in various subpopulations who are not homeless but have specific housing needs and may also require special attention due to their current or prospective service needs. These subpopulations include: elderly, frail elderly, persons with severe mental illness, developmentally disabled, physically disabled, substance abusers, and persons with HIV/AIDS.

The NSHC is aware of the needs of special populations and is committed to supporting initiatives which target these populations. One of the most effective strategies is to assist in providing affordable housing through the use of Project Based Section 8 which is made available through housing authorities and through the DHCD, which provides its own state public housing subsidies and units. If funds can assist any developments proposed, the Consortium will consider them seriously as it has done so in the prior 5 year plan.

The approach to addressing the needs posed by these populations has changed over the past twenty years. In response, a variety of public and private sector resources are available to address some of the current approaches to housing and service needs for these groups. These resources are limited and insufficient to meet all the needs identified. In addition, members of these subpopulations frequently require assistance from multiple sources in order to succeed in daily life.

In addition to the availability of public housing and other federally assisted housing programs for the elderly (especially Section 202) and for the disabled (especially Section 811 and Project Based Section 8), Massachusetts is one of the few states which provides state aided public housing for the elderly, for the frail elderly and for the non-elderly disabled through DHCD. Other state agencies serving the elderly within the Consortium include the Executive Office of Elder Affairs and the Executive Office of Health and Human Services. Massachusetts also has a variety of community-based programs serving the elderly. There are local Councils on Aging (COA) which provide elders and families with direct care services. North Shore Elder Services, Senior Care and Elder Services of Merrimack Valley are the Access Point for Aging Services for most of the consortium communities. Greater Lynn Senior Services, Minuteman Senior Services and Mystic Valley Elder Services also service some of the communities. Programs which meet the needs of elderly residents include subsidized housing; protective services (intervention in cases where there is evidence that an elder has been neglected, abused or financially exploited by someone in a domestic setting); home care; congregate housing; nutrition; guardianship; legal services; transportation; assistance with health care administration; and coordination services for the elderly who are also disabled.

In addition to affordability, a key issue for the physically disabled has been the physical inaccessibility of housing units. Rehab funds available from the HOME and CDBG programs have been used to create accessibility in many communities. The housing authorities have units and programs which are available and are utilized for adapting housing to meet the needs of the physically disabled as well as meeting ADA and Section 504 requirements.

The numbers of adults with mental illness or developmental disabilities who are treated in institutions has continued its dramatic decline. Correspondingly, the number receiving community-based services has significantly increased. DMH and DMR are the primary service systems for providing services and housing (through the use of state and private housing providers) to these populations.

Including the elderly, frail elderly, persons with disabilities (mental, physical, developmental), persons with alcohol or other drug addictions, persons with HIV/AIDS and their families, public housing residents and any other categories the jurisdiction may specify, and describe their supportive housing needs

The proportion of people in need of special services is not known with any accuracy. It can be estimated by using national and state indices of frequency. The BHC supplemented these calculations with actual survey information from the housing authorities.

Table MA35-A Disability Population Analysis

Disability Populations	Number
Disability Population 5 to 17 years	4,671
With a hearing difficulty	355
With a vision difficulty	541
With a cognitive difficulty	3,580
With an ambulatory difficulty	645
With a self-care difficulty	1,112
Disability Population 18 to 64 years	27,224
With a hearing difficulty	5,407
With a vision difficulty	3,811
With a cognitive difficulty	12,720
With an ambulatory difficulty	11,718
With a self-care difficulty	4,116
With an independent living difficulty	9,794
Disability Population 65 years and over	27,168
With a hearing difficulty	11,915
With a vision difficulty	4,563
With a cognitive difficulty	6,356
With an ambulatory difficulty	16,079
With a self-care difficulty	5,866
With an independent living difficulty	11,707

Disability Populations	Number
Total All Age Groups	59,063
Total Cognitive	22,656
Total Ambulatory	28,442
Total Self Care	11,094
Total Independent Living	21,501

Source ACS 2009-2013

Table MA35-A above, indicates the Consortium populations with disabilities (excluding children under 5 years old). Each of these classes would require different approaches in terms of housing and supportive services.

In addition, these numbers include all income groups. Using HUD and census data for the elderly, we have developed a Consortium estimate of disabilities for the elderly population whose income is less than or equal to 80% of median, thus making them income eligible for CDBG, HOME and other programs.

Table MA35-B Low Income Elderly Disability Analysis

	Estimated # of All Elderly 65+ and <=80%HAMFI
Low Income Population 65 years and over with a disability	13,506
With a hearing difficulty	5,923
With a vision difficulty	2,268
With a cognitive difficulty	3,160
With an ambulatory difficulty	7,993
With a self-care difficulty	2,916
With an independent living difficulty	5,820

Source: ACS 2009-2013 and Census 2010

Describe programs for ensuring that persons returning from mental and physical health institutions receive appropriate supportive housing

The tables below estimate the number of people who are living in group quarters. These comprise people who may be living in a group home or assisted living and those who are in an institution such as a nursing home, correctional facility or mental hospital. It is estimated (based on information available for some of the communities) that In the NSHC the bulk of the institutionalized are elderly persons living in nursing homes.

For individuals returning from psychiatric units/mental institutions, Massachusetts state law requires the facility to make every effort to avoid discharge to a shelter or the street. Facilities must take steps to identify and offer alternative options to patients and document such measures. In the cases where patients refuse such options, the facilities must identify post

discharge support and clinical services as well as notify the Department of Mental Health on a quarterly basis.

Table MA35-D Group Quarter Populations Institutionalized and Non-Institutionalized

City/Town	Total Population 2010	Total population in group quarters
Amesbury	16,429	242
Andover	33,746	1,233
Beverly	40,026	2,441
Boxford	8,040	0
Danvers	26,899	604
Essex	3,546	0
Georgetown	8,295	0
Gloucester	29,043	112
Hamilton	7,995	443
Haverhill	61,335	728
Ipswich	13,354	414
Lynnfield	11,812	33
Manchester-by-the-Sea	5,185	0
Marblehead	19,958	0
Merrimac	6,440	0
Methuen	47,690	602
Middleton	9,131	1,255
Newburyport	17,569	469
North Andover	28,677	691
North Reading	15,076	609
Peabody	51,522	0
Rockport	7,040	0
Rowley	5,914	1,037
Salem	41,926	0
Salisbury	8,396	324
Swampscott	13,862	164
Topsfield	6,211	1,076
Wenham	4,964	101
West Newbury	4,305	107
Wilmington	22,656	225
NSHC	577,042	12,910

Source Data: ACS 2009

Note: The Census 2010 and subsequent ACS data does not provide newer data for all the member communities. It also does not break the data down into institutionalized and non-institutionalized and group quarter populations.

Specify the activities that the jurisdiction plans to undertake during the next year to address the housing and supportive services needs identified in accordance with 91.215(e) with respect to persons who are not homeless but have other special needs. Link to one-year goals. 91.315(e)

The CDBG entitlement communities of Gloucester, Haverhill, Peabody and Salem have designated the following activities for funding under the eligible Public Services budgets:

Gloucester

???

Haverhill

???

Peabody

???

Salem

???

For entitlement/consortia grantees: Specify the activities that the jurisdiction plans to undertake during the next year to address the housing and supportive services needs identified in accordance with 91.215(e) with respect to persons who are not homeless but have other special needs. Link to one-year goals. (91.220(2))

The Consortium does not provide HOME funding for supportive services needs for persons who are not homeless but have other special needs, except when it funds TBRA activities which may or may not include services. The CoC in the region, along with many government and non-profit agencies will be addressing supportive services for persons who are not homeless but have other special needs.

The Consortium may assist agencies with housing activities which could benefit people who are not homeless but have other special needs when funding is requested. No funding has been requested, thus far, for the next year.

MA-40 Barriers to Affordable Housing - 91.410, 91.210(e)

Describe any negative effects of public policies on affordable housing and residential investment

Federal Government Policies

A 2012 law provision on federal flood insurance imposes sharp rate increases on people who own or are buying land located in floodplain. Historically, low income people are likely to live in floodplains where land is less expensive and affordable housing can be found. A sharp increase in flood insurance rates will likely be difficult for many low income residents.

Local Government Policies

In general, public policies affecting the cost and production of affordable housing are modified by specific zoning by-laws. Production is enhanced in Massachusetts through the following:

1. inclusionary zoning (a percentage of housing developed in the marketplace being set aside for affordable use and usually placed within mixed income developments);
2. accessory apartments (particularly effective in enabling low income elderly owners to continue living in the community);
3. overlay districts permit increased density and state funding support and enable affordable units within mixed income developments;
 - a. Chapter 40B is a state law which permits it to override local zoning if local government does not have the zoning tools to permit affordable housing production. There is a voluntary process known as LIP [Local Initiative Program] which a local government can use for both locally supported 40B developments as well as for Local Action affordable units that are created through other Town zoning or funding.
 - b. The Community Preservation Act (CPA) that cities or towns can pass and enact to accumulate funds through an additional property tax that is then matched with state funds to preserve open space, preserve historic resources and/or create affordable housing.

The Consortium has identified a number of barriers to affordable housing production that involved resource allocation, housing policy, land use policy, lack of infrastructure and staff

capacity, and public perception and attitudes. The Consortium proposes the following strategies to address these barriers over the 2015- 2020 Con Plan period:

Resource allocation: With respect to public subsidies, the Consortium will continue to advocate for a larger share of budgetary resources be devoted to both housing production - including HOME- and housing voucher programs at the state and federal level. In addition, the Consortium will work closely with the State as it implements the new Federal Affordable Housing Trust Fund.

Housing policy: The Consortium will have programmatic requirements to the greatest extent possible that are consistent with those of other public funders - especially with DHCD. For ongoing monitoring of rental projects, the Consortium will use reports from other public funders to the greatest extent possible for its required compliance reviews. Finally, the Consortium will continue to engage DHCD to develop an ownership deed restriction that 1) survives foreclosure; 2) satisfies HOME regulations; and 3) enables units to be counted on the Subsidized Housing Inventory so that HOME funds can again be directed to homeownership activities.

Land use policies: Chapter 40B allows the densities needed for affordable housing development which would otherwise have been impossible under existing zoning. A ballot initiative to repeal Chapter 40B was rejected by the state's voters in November 2010.

Limited wastewater infrastructure: The Consortium will encourage and support wastewater planning and implementation efforts in local communities. The Consortium will also advocate that towns adopt land use bylaws that encourage affordable housing as part of their wastewater planning efforts.

Town staff capacity: The Consortium will continue to promote and support the use of the Planned Production regulations under Chapter 40B as a means for towns to both have an affordable housing plan and also to have more control over the types of Chapter 40B development that occurs. To implement these plans, the Consortium will advocate that Towns look to local resources- particularly Community Preservation Act funds- to provide staff capacity to carry out the activities in the housing plans.

Neighborhood and community resistance: The Consortium will continue to educate the public through publications, workshops, and its web site of the need for and impact of affordable housing in the region.

Status of Major Initiatives Affecting Affordable Housing

CHDOs and other recipients of HOME funding are actively involved in the promotion of affordable housing in their communities and the removal of affordable housing barriers throughout the region.

The Consortium will make efforts to educate and assist communities to reach the goals for affordable housing through zoning changes and resources available through HOME and other state and federal programs.

DRAFT

MA-45 Non-Housing Community Development Assets - 91.410, 91.210(f)

Introduction

Economic Development Market Analysis

Business Activity

Business by Sector	Number of Workers	Number of Jobs	Share of Workers %	Share of Jobs %	Jobs less workers %
Agriculture, Mining, Oil & Gas Extraction	8	0	1	0	0
Arts, Entertainment, Accommodations	170	0	17	0	0
Construction	40	0	4	0	0
Education and Health Care Services	175	0	17	0	0
Finance, Insurance, and Real Estate	82	0	8	0	0
Information	27	0	3	0	0
Manufacturing	97	0	10	0	0
Other Services	30	0	3	0	0
Professional, Scientific, Management Services	78	0	8	0	0
Public Administration	0	0	0	0	0
Retail Trade	168	0	17	0	0
Transportation and Warehousing	30	0	3	0	0
Wholesale Trade	47	0	5	0	0
Total	952	0	--	--	--

Table 39 - Business Activity

Data Source: 2007-2011 ACS (Workers), 2011 Longitudinal Employer-Household Dynamics (Jobs)

The NSHC Table below draws on data from the ACS 2009-2013 data base for the entire Consortium. The data in HUD Table 39 appears to be just for the City of Peabody.

Table NA45-A: Employment in the Consortium

OCCUPATION	
Civilian employed population 16 years and over	294,099
Management, business, science, and arts occupations	135,081
Service occupations	45,476
Sales and office occupations	72,384
Natural resources, construction, and maintenance occupations	18,860
Production, transportation, and material moving occupations	22,298
	-
INDUSTRY	
Civilian employed population 16 years and over	294,099
Agriculture, forestry, fishing and hunting, and mining	1,516
Construction	15,424
Manufacturing	30,751
Wholesale trade	7,529
Retail trade	32,765
Transportation and warehousing, and utilities	10,276
Information	7,627
Finance and insurance, and real estate and rental and leasing	24,018
Professional, scientific, and management, and administrative and waste management services	38,119
Educational services, and health care and social assistance	77,443
Arts, entertainment, and recreation, and accommodation and food services	24,575
Other services, except public administration	12,294
Public administration	11,762

Data Source: ACS 2009-2013

Labor Force

Total Population in the Civilian Labor Force	27,475
Civilian Employed Population 16 years and over	25,522
Unemployment Rate	7.11
Unemployment Rate for Ages 16-24	24.41
Unemployment Rate for Ages 25-65	4.99

Table 40 - Labor Force

Data Source: 2007-2011 ACS

Occupations by Sector	Number of People
Management, business and financial	5,997
Farming, fisheries and forestry occupations	1,328
Service	2,745
Sales and office	7,141
Construction, extraction, maintenance and repair	1,734
Production, transportation and material moving	1,255

Table 41 – Occupations by Sector

Data Source: 2007-2011 ACS

Travel Time

Travel Time	Number	Percentage
< 30 Minutes	15,739	65%
30-59 Minutes	6,305	26%
60 or More Minutes	2,201	9%
Total	24,245	100%

Table 42 - Travel Time

Data Source: 2007-2011 ACS

Education:

Educational Attainment by Employment Status (Population 16 and Older)

Educational Attainment	In Labor Force		Not in Labor Force
	Civilian Employed	Unemployed	
Less than high school graduate	1,127	84	633
High school graduate (includes equivalency)	5,375	585	1,219
Some college or Associate's degree	6,808	330	1,165
Bachelor's degree or higher	7,880	320	862

Table 43 - Educational Attainment by Employment Status

Data Source: 2007-2011 ACS

Educational Attainment by Age

	Age				
	18–24 yrs	25–34 yrs	35–44 yrs	45–65 yrs	65+ yrs
Less than 9th grade	31	13	169	494	998
9th to 12th grade, no diploma	467	326	296	546	1,093
High school graduate, GED, or alternative	1,091	915	1,791	4,491	4,294
Some college, no degree	1,486	1,396	1,381	2,567	1,564
Associate's degree	144	461	734	1,798	456
Bachelor's degree	629	1,842	1,460	2,719	922
Graduate or professional degree	16	507	775	1,759	1,062

Table 44 - Educational Attainment by Age

Data Source: 2007-2011 ACS

Educational Attainment – Median Earnings in the Past 12 Months

Educational Attainment	Median Earnings in the Past 12 Months
Less than high school graduate	34,371
High school graduate (includes equivalency)	35,713
Some college or Associate's degree	41,518
Bachelor's degree	51,030
Graduate or professional degree	67,757

Table 45 – Median Earnings in the Past 12 Months

Data Source: 2007-2011 ACS

Based on the Business Activity table above, what are the major employment sectors within your jurisdiction?

Clearly Table MA45-A indicates that the education and health services sectors provide the most jobs in the Consortium communities.

The information for each of the 30 communities is different as their economic circumstances are different. The tables above indicate that the education and health services sectors provide the most jobs in the Consortium communities.

Describe the workforce and infrastructure needs of the business community:

Workforce:

Priority workforce training areas include:

The information for each of the 30 communities is different as their training needs are different.

Infrastructure:

The information for each of the 30 communities is different as their infrastructure needs are different.

Describe any major changes that may have an economic impact, such as planned local or regional public or private sector investments or initiatives that have affected or may affect job and business growth opportunities during the planning period. Describe any needs for workforce development, business support or infrastructure these changes may create.

The information for each of the 30 communities is different and local plans vary.

How do the skills and education of the current workforce correspond to employment opportunities in the jurisdiction?

The information for each of the 30 communities is different and local needs vary.

Describe any current workforce training initiatives, including those supported by Workforce Investment Boards, community colleges and other organizations. Describe how these efforts will support the jurisdiction's Consolidated Plan.

The information for each of the 30 communities is different and local initiatives vary. The local workforce Investment Board has recently consolidated its operation in Salem and - reportedly- this has expanded its ability to provide services. There are a variety of job training programs and job readiness programs for those seeking to re-enter the workforce. Members of the Consortium are in contact with the staff at both the Lawrence site and the Salem site.

Does your jurisdiction participate in a Comprehensive Economic Development Strategy (CEDS)?

We are not aware of any CEDS in this region.

If so, what economic development initiatives are you undertaking that may be coordinated with the Consolidated Plan? If not, describe other local/regional plans or initiatives that impact economic growth.

There are no new initiatives at this time that we are aware of and which would affect all consortium communities. There may be local initiatives which are being undertaken.

Discussion

The NSHC has limited funds and uses them for housing. In general the agency is only aware of specific economic and business situations through general information being supplied in the media and meetings. In general, HOME funds can only have a complementary effect on community development plans.

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MA-50 Needs and Market Analysis Discussion

Are there areas where households with multiple housing problems are concentrated? (include a definition of "concentration")

We are not able to identify specific areas where households with multiple housing problems are concentrated. There are areas where the need may be greater, such as low income census tracts and older neighborhoods but for the purposes of this plan, while the NSHC looks at concentration of housing problems in general, it does not rely on these when approving proposed projects for the use of HOME funds. It may use them from time to time in choosing between otherwise "equal" proposals.

NSHC defines "concentration" as areas within the region where a greater number of households with housing problems than are the average are identified. The cost of housing is more prevalent because this has been identified as the overarching affordability problem. As the NSHC focuses its funds on production of affordable housing it relies on organizations and developers of affordable housing to submit proposals for HOME funding.

Table MA-50A Housing Costs in Excess of 30% of Income

	Owner ELI	Rental ELI	Owner VLI	Rental VLI	Owner LI	Renter LI
Amesbury	209	663	72	69	165	0
Andover	636	834	631	373	906	24
Beverly	489	2,152	7	10	187	51
Boxford	209	0	225	0	529	0
Danvers	375	834	90	75	345	57
Essex	18	171	6	11	19	10
Georgetown	113	209	109	59	235	0
Gloucester	523	830	447	312	369	363
Hamilton	154	324	81	112	278	7
Haverhill	574	1,906	747	1,047	834	653
Ipswich	276	519	50	24	161	21
Lynnfield	326	242	260	104	557	7
Manchester-by-the-Sea	160	168	88	150	146	13
Marblehead	420	543	169	78	927	121
Merrimac	126	150	25	9	106	0
Methuen	919	1,885	655	826	137	3
Middleton	246	143	77	4	215	10
Newburyport	393	769	56	25	200	50
North Andover	462	1,207	244	310	1,139	27
North Reading	1,586	3,984	1,029	1,464	1,259	96
Peabody	289	555	127	81	264	0
Rockport	98	81	78	39	7	1
Rowley	505	2,386	709	1,159	97	40
Salem	247	402	63	33	109	11

	Owner ELI	Rental ELI	Owner VLI	Rental VLI	Owner LI	Renter LI
Salisbury	150	231	116	116	72	40
Swampscott	103	61	6	0	28	0
Topsfield	115	30	22	5	50	26
Wenham	98	58	69	54	92	0
West Newbury	450	447	219	151	612	0
Wilmington	175	286	259	72	559	8

Data Source: ACS 2009-2013

The table above is a reasonable estimate of the distribution of households paying more than 30% of their income for housing. For a community the concentration of extremely low income households (which ranges from \$16,734 to \$38,282 in 2013 depending upon the community) and with cost burdens above 30% would be the most challenging problem. Based on just household counts, we can show that Beverly, Methuen, North Reading and Rowley have the most households in this ELI housing cost burden category.

Are there any areas in the jurisdiction where racial or ethnic minorities or low-income families are concentrated? (include a definition of "concentration")

HUD has established the following definition for new construction, substantial rehab and project based Section 8:

HUD's position is that a site in an area (usually defined as a census tract) which has more than 30% of the population in poverty does not qualify as an eligible site and/or one that is in an area which has more than the median minority concentration for the community (defined as the market area which means there are no hard and fast boundaries or definitions) plus 20%. [24 CFR Part 941.202]

For the purposes of this plan, the NSHC looks at concentration of ethnicity and race, poverty and existing subsidized housing. The NSHC strives for proportional distribution of HOME funds across the communities. The NSHC is not required to nor does it divide HOME funds strictly on a low-income and geographical racial concentration basis. However, it has conducted an analysis of poverty and racial/ethnic concentration for all 30 members of the Consortium to assist it in making funding decisions.

Significant concentrations of poverty and of low and moderate income subsidized households, provides pertinent information when decisions are made of where HOME resources might be concentrated. Racial/ethnic concentration is more complicated in that HUD regulations (Site and Neighborhood Standards) affect the planning and approval of new or significantly rehabbed housing which utilizes Federal resources.

What are the characteristics of the market in these areas/neighborhoods?

There are a number of characteristics of each community which have an impact on the housing market. If we examine housing values, it can be seen that Haverhill and Methuen have the lowest housing values in the Consortium.

Table MA50-B: Median Housing Value

	Median House Value (dollars)	Non-Seasonal Vacant housing units
Amesbury	313,200	425
Andover	543,900	659
Beverly	361,100	1,077
Boxford	572,900	65
Danvers	360,800	690
Essex	516,600	157
Georgetown	395,700	104
Gloucester	364,600	1,885
Hamilton	490,400	172
Haverhill	256,600	1,792
Ipswich	409,000	486
Lynnfield	547,900	253
Manchester-by-the-Sea	801,400	214
Marblehead	565,200	701
Merrimac	308,600	41
Methuen	278,900	926
Middleton	407,300	81
Newburyport	429,000	611
North Andover	437,900	476
North Reading	429,100	260
Peabody	333,100	765
Rockport	452,000	924
Rowley	431,000	12
Salem	304,400	1,263
Salisbury	318,900	1,124
Swampscott	415,500	61
Topsfield	515,300	43
Wenham	545,400	98
West Newbury	445,600	139
Wilmington	375,000	198

Data Source: ACS 2009-2013

Are there any community assets in these areas/neighborhoods?

There are community assets located throughout all areas of the NSHC communities including: schools, colleges, regional hospitals and local health care facilities, libraries, passive open space, recreation facilities, neighborhood groups and organizations, and community centers.

Are there other strategic opportunities in any of these areas?

Local communities may know and will bring that information to our agency when requesting HOME funds.

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Strategic Plan

SP-05 Overview

Strategic Plan Overview

As the use of HOME funds is limited to housing related activities, the Consortium focused its citizen meetings and research efforts with those eligible activities in mind. The research conducted by the North Shore HOME Consortium staff and consulting team, along with the public input received during the creation of the Consolidated Plan, provided strong support to the growing conclusion of the Consortium that the greatest need in the region at this time is for truly affordable rental housing units. In conjunction with this and to address the immediate needs of those currently homeless or unable to afford housing, a need also exists for the provision of tenant based rental assistance.

The priorities for this 5 year plan are outlined in more detail the ES-05 section of this document and in the annual action plan.

SP-10 Geographic Priorities - 91.415, 91.215(a)(1)

Geographic Area

Table 46 - Geographic Priority Areas

There are no specific or designated target areas within the 30 community Consortium, however, the funding distribution mechanism of the Consortium provides for a distribution of funds to each of the 30 member communities, based upon a formula using the number of low income households in each community, so that the communities with the greatest need for affordable housing are able to access the largest percentage of the HOME funding. A second part of the HOME funding distribution mechanism provides an annual set aside of HOME funds to a competition which funds projects from around the consortium based upon the merits of each application and the perceived need for the type of housing being proposed. The Consortium was established in 1993 and over the last 5 years (2010-2015) 824 households from every region of the Consortium have benefited from HOME funds.

General Allocation Priorities

Describe the basis for allocating investments geographically within the jurisdiction (or within the EMSA for HOPWA)

As noted above, There are no specific or designated target areas within the 30 community Consortium, however, the funding distribution mechanism of the Consortium provides for a distribution of funds to each of the 30 member communities, the amount of which is determined by a formula based upon the number of low income households in each community, so that the communities with the greatest need for affordable housing are able to access the largest percentage of the HOME funding. A second part of the HOME funding distribution mechanism provides an annual set aside of HOME funds to a competition which funds projects from around the consortium based upon the merits of each application and the perceived need for the type of housing being proposed. Development applications are reviewed to determine the best qualified project and funded only if all application and regulatory requirements have been met. Geographical area and beneficiaries may be a factor in determining the best qualified project.

SP-25 Priority Needs - 91.415, 91.215(a)(2)

Priority Needs

This section describes what the NSHC hopes to accomplish in the area of housing over the next five years (objectives), the strategies with which it intends to achieve these objectives and how it will know whether it has been successful (outcome measures). In each program area – affordable housing, homelessness, and special needs– priority needs have been identified, consistent with HUD guidelines. The objectives and strategies respond to those needs. The NSHC uses the consolidated planning process to re-evaluate its housing programs in their entirety. The funding the Consortium expects to receive annually over the next five years from the HOME program covered by this plan is just one small piece, albeit a crucial one, of the resources needed to meet the region’s affordable housing needs. Consistent with HUD’s mandate, all of the HOME funding will directly benefit low income families and individuals with most of the benefits to very low and extremely low income households.

<p><u>Priority/Objective #1</u>: Assist low, very low, an extremely low income households in need of affordable housing through the creation of new affordable rental housing that is truly affordable.</p>
<p><u>Priority/Objective #2</u>: Address the needs of very low and extremely low income households with special needs or who are homeless or on the verge of being homeless who need immediate assistance to become stably housed by providing short term tenant based rental assistance.</p>
<p><u>Priority/Objective #3</u>: Assist low, very low and extremely low income households with disabilities to find housing that is adapted to meet their physical needs by supporting the creation of affordable accessible rental housing units.</p>
<p><u>Priority/Objective #4</u>: Maintain existing affordable rental housing by providing funding to support the rehabilitation of existing rental housing stock</p>
<p><u>Priority/Objective #5</u>: Provide assistance to support homeowners by providing funding to low income households to either a) rehabilitate their home; b) assist them to acquire an affordable ownership unit; or c) assist in the creation of affordable homeownership units.</p>

Table 47 – Priority Needs Summary

Narrative (Optional)

Priority/Objective #1: Assist low, very low, an extremely low income households in need of affordable housing through the creation of new affordable rental housing that is truly affordable.

Strategies:

1. Increase the supply of rental housing across a range of incomes by allocating the largest share of HOME resources over the next five years to this objective.
2. Provide deep enough assistance to developers to support the creation of units for extremely and very low income households.
3. Support Community Housing Development Organizations (CHDOs) to develop affordable housing for very and extremely low income households and the homeless.

Priority/Objective #2: Address the needs of very low and extremely low income households with special needs or who are homeless or on the verge of being homeless who need immediate assistance to become stably housed by providing short term tenant based rental assistance.

Strategies:

1. Provide funding to agencies serving the homeless and those in danger of becoming homeless and special needs populations to administer short term, up to 12 month tenant based rental subsidy programs to attempt to slow the number of households who are becoming homeless and to reduce the number of people who are homeless.

Priority/Objective #3: Assist low, very low and extremely low income households with disabilities to find housing that is adapted to meet their physical needs by supporting the creation of affordable accessible rental housing units.

Strategies:

1. Provide support to developments that create affordable rental housing that is accessible to households with disabilities.

Priority/Objective #4: Maintain existing affordable rental housing by providing funding to support the rehabilitation of existing rental housing.

Strategies:

1. Provide support to developers to rehabilitate existing rental housing units both privately owned and units which were previously assisted but have affordability periods that have expired, to maintain existing affordable rental housing stock.

Priority/Objective #5: Provide assistance to support homeowners by providing funding to low income households to either a) rehabilitate their home; b) assist them to acquire an affordable ownership unit; or c) assist in the creation of affordable homeownership units.

Strategies:

1. Provide support to communities to administer a limited amount of homeowner Rehabilitation programs to assist low income homeowners to make necessary repairs to their homes that they cannot afford to make.
2. Provide support to communities to administer a limited amount of first time homebuyer downpayment assistance to income eligible households who are in need of assistance to become homeowners.
3. Provide a limited amount of support to developers to create affordable ownership housing units for households with incomes at or below 50% of the area median income.

SP-30 Influence of Market Conditions – 91.215 (b)

Influence of Market Conditions

Affordable Housing Type	Market Characteristics that will influence the use of funds available for housing type
New Rental Unit Production	The emergence of increased demand for affordable rental housing for very low income households makes development more expensive and requires either multiple subsidies or a significantly increased amount of a single subsidy.
Tenant Based Rental Assistance (TBRA)	Affordable rental units are extremely difficult to locate, and waiting lists are many years long for subsidized housing units and vouchers, so using short term rental subsidies allows an immediate housing solution for households with few other options.
Rental and Homeowner Rehabilitation	The increased costs of new or existing homes and higher rents will require more focus on the preservation of existing affordable housing. Aging and low income owner occupied households require assistance in maintaining or upgrading basic structural components. In addition, the expiration of contract subsidies for housing will increase the demand for affordable housing unless these subsidies can be extended or replaced.
Acquisition,	In general, acquisition with rehab has been less expensive as a way of creating affordable housing than new construction, especially when combined with subsidies.

Table 48 – Influence of Market Conditions

SP-35 Anticipated Resources - 91.420(b), 91.215(a)(4), 91.220(c)(1,2)

Introduction

Anticipated Resources

Program	Source of Funds	Uses of Funds	Expected Amount Available Year 1				Expected Amount Available Reminder of ConPlan \$	Narrative Description
			Annual Allocation: \$	Program Income: \$	Prior Year Resources: \$	Total: \$		
HOME	HUD		\$1,169,350	\$100,000	\$0	\$1,269,350	\$1,269,350	
LIHTC equity	STATE	Affordable Housing Development	information not available at this time					
DHCD sources/programs	STATE	Affordable Housing Development	information not available at this time					
CPA	LOCAL & STATE	Affordable Housing Development	information not available at this time					

Table 49 - Anticipated Resources

Explain how federal funds will leverage those additional resources (private, state and local funds), including a description of how matching requirements will be satisfied

There are several major program types where leveraged funds play a significant role in program objectives and some of which contribute to the HOME Match requirement.

1. Investments in LIHTC or Historic Tax Credit projects with private funding and/bond financing, to assist in the creation of new affordable housing units.
2. Private (lending institutions) mortgage funding leveraged to assist low income families with the purchase of their first home, especially in conjunction with HCV vouchers. The use of HCV vouchers for homeownership has not been a common practice used in the region, but where it has been used it has been successful. In addition, permanent mortgage financing is provided for affordable rental housing developments.
3. Community Preservation Funds [CPA]. Sixteen Consortium communities have established a Community Preservation Fund to preserve open space, historic resources and community housing, by imposing a surcharge of up to 3% on local property taxes.
4. Inclusionary Zoning and Linkage Fees. Several Consortium communities have linkage and/or inclusionary zoning requirements which provide either affordable housing units or funds for affordable housing.
5. Local funds from some cities and towns provide other resources such as CDBG and Housing Trust funds.
6. Municipality Donated Land. Some communities have designated or are contemplating the use of surplus, abandoned or undeveloped land for affordable housing.
7. Massachusetts Rental Voucher Program (MRVP). In recent rental development funding rounds. DHCD has made MRVP's available as project-based vouchers, primarily targeted to homeless individuals and families.
8. Project Based Vouchers. PHAs and the State can provide up to 20% of their HCV vouchers for specific projects.

To satisfy HOME match requirements the Consortium utilizes any allowable source, but relies mostly on the Massachusetts Rental Voucher Program match which was in excess of \$872,631 for one community, the City of Peabody to meet the HOME matching requirement through 6/30/2014.

If appropriate, describe publically owned land or property located within the jurisdiction that may be used to address the needs identified in the plan

Within the Consortium many communities have created specialized Housing Production Plans in response to the call from the Commonwealth of Massachusetts to show how each community plans to develop a minimum of 10% affordable housing units for their residents. In these plans the communities identify actual locations where they could see or would like to see housing developed. However in most cases the developable sites identified are privately owned properties, since in our area land has for the most part developed. In some rare instances, for instance, the case of a public school or other building being decommissioned, communities may issue an RFP for a developer to take possession to create affordable housing, as has been done in Marblehead and Peabody in recent years, but at this time we are not aware of any publicly owned land that could be utilized for the creation of affordable housing

Discussion

The Consortium will continue to encourage its member communities to use whatever resources they have available to make strides toward meeting the affordable housing needs of the region.

SP-40 Institutional Delivery Structure - 91.415, 91.215(k)

Explain the institutional structure through which the jurisdiction will carry out its consolidated plan including private industry, non-profit organizations, and public institutions.

Responsible Entity	Responsible Entity Type	Role	Geographic Area Served
City of Peabody/North Shore HOME Consortium Staff	Municipality	Oversee NSHC programs	30 Consortium Communities

Table 50 - Institutional Delivery Structure

Assess of Strengths and Gaps in the Institutional Delivery System

We are not aware of any gaps in the institutional delivery system at this time.

Availability of services targeted to homeless persons and persons with HIV and mainstream services

Homelessness Prevention Services	Available in the Community	Targeted to Homeless	Targeted to People with HIV
Homelessness Prevention Services			
Counseling/Advocacy	Yes	Yes	Yes
Legal Assistance	Yes	No	No
Mortgage Assistance	No	No	No
Rental Assistance	Yes	Yes	Yes
Utilities Assistance	Yes	No	No
Street Outreach Services			
Law Enforcement	Yes	Yes	No
Mobile Clinics	No	No	No
Other Street Outreach Services	No	No	No
Supportive Services			
Alcohol & Drug Abuse	Yes	Yes	No
Child Care	Yes	Yes	No
Education	Yes	Yes	Yes
Employment and Employment Training	Yes	Yes	Yes
Healthcare	Yes	Yes	Yes
HIV/AIDS	Yes	No	Yes
Life Skills	Yes	Yes	Yes
Mental Health Counseling	Yes	Yes	Yes
Transportation	Yes	Yes	No
Other			
Other: Food Assistance	Yes	Yes	No

Table 51 - Homeless Prevention Services Summary

Describe how the service delivery system including, but not limited to, the services listed above meet the needs of homeless persons (particularly chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth)

The CoC, local governments and other organizations in the region create and provide affordable, safe housing with supportive services for individuals and families (including both housing units and rental subsidies) who had once been homeless. Supportive services help participants achieve housing stability, self-sufficiency, and employment and/or income maximization. Case managers provide assistance with financial management, tenancy issues, access to employment programs, food, medical and mental healthcare and other programs.

Describe the strengths and gaps of the service delivery system for special needs population and persons experiencing homelessness, including, but not limited to, the services listed above

The governmental and community organizations in the NSHC communities have a strong collaborative approach to addressing the needs of the homeless and non-homeless special needs population. They fully understand that solving the problem of homelessness needs is a priority and a coordinated approach is required to be effective.

The geography of the region, the limited public transportation system along with the inherent difficulties associated with a struggling economy in some of the communities make it difficult to deliver services. The major weakness is that there is not enough manpower, money, jobs and housing to provide for all of those in need.

Provide a summary of the strategy for overcoming gaps in the institutional structure and service delivery system for carrying out a strategy to address priority needs

Since 1993 the NSHC has administered the federal HOME funds for its 30 member communities. Each year the NSHC staff works with a committee made up of five representatives from member communities.

Effective program delivery has been made possible through the efforts of this collaboration as well as numerous other local, state, federal and private partners.

In addition the NSHC is the convener of the Continuum of Care. The CoC includes all communities within the Consortium, so there is a comprehensive approach in place for identifying priorities and delivering services.

The institutional structure established to develop and manage NSHC's HOME funds is broadly based and integrates the talents of key organizations. The recipients that are funded work with and utilize services and resources from other government agencies, private lenders, non-profit and for-profit organizations.

Federal, state and local government agencies provide a major portion of gap funding and support for affordable housing and community development activities. They guide these activities through their policies, program guidelines and in the case of the local housing authorities in the HOME Consortium communities, through the direct provision of housing units, rental vouchers, and services.

The various government agencies typically act as "investors" in the housing and community development services provided by nonprofit and for-profit organizations. There are several projects pending that are relying on co-funding from these sources. State and Federal Low Income Housing Tax Credits also play a major role funding development projects. Due to the high costs of construction and the limited income derived from such projects, co-funding from various sources is a must for these projects to move forward. The nonprofit and for-profit developers and service providers, in turn, develop affordable housing projects, offer supportive services and influence the type of affordable housing projects built and the services offered.

Private lenders also play an important institutional role within the delivery system by providing primary financing and by acting as a conduit for the delivery of mortgage services to investors. The relationship among these the groups of stakeholders forms the basis of the regional housing and community development delivery system and plays a significant role in the housing and community development efforts within the HOME Consortium. Major coordination is carried out by the organizations receiving funds from the NSHC which also provides coordination, support and oversight toward these efforts to leverage and manage resources from the various stakeholders.

SP-45 Goals - 91.415, 91.215(a)(4)

Goals Summary Information

Sort Order	Goal Name	Start Year	End Year	Category	Geographic Area	Needs Addressed	Funding	Goal Outcome Indicator
1	Rental Housing Production	2015	2016	Housing	Consortium Wide	Assisting low and very low income households	\$736,225	18 units to be created
2	Rental Subsidies (TBRA)	2015	2016	Housing	Consortium Wide	Assisting low and very low income households	\$114,242	11 Households to be assisted
	Homebuyer Assistance	2015	2016	Housing	Consortium Wide	Assisting low and very low income households	\$114,240	11 Households to be assisted
	Homeowner Rehabilitation	2015	2016	Housing	Consortium Wide	Assisting low and very low income households	\$114,242	5 households/units to be assisted
	Creation of Affordable Ownership Housing Units	2015	2016	Housing	Consortium Wide	Assisting low and very low income households	\$63,466	1 unit to be created
	Administration	2015	2016	Administration	Consortium Wide	Supporting the Consortium and its communities	\$126,935	N/A

Table 52 – Goals Summary

Goal Descriptions

Rental Housing Production - NSHC will devote the majority of its resources to the creation of new and/or preservation of existing affordable rental housing for households at or below 60% area median income. This will primarily be accomplished through new housing developments- either new construction or on redeveloped sites- by non-profit, for-profit, or public entities.

CHDO Housing Production - At least 15% of NSHC's funds will be reserved for rental housing production as described above for NSHC's currently qualified CHDO's: ???.

Homebuyer Assistance - NSHC will provide up to Review these comments in 0% repayable loans for down payment, closing cost, and minor rehabilitation assistance to households whose incomes are 80% or less of area median income and who are first time homebuyers. The successful completion of an approved First Time Homebuyer workshop is one of the requirements for the loan. The loan is repaid upon sale or transfer of the home.

Tenant Based Rental Assistance - NSHC will work with agencies to identify potential households with particular needs that might benefit from the up to two years of tenant based rental assistance vouchers that is allowed by HOME for this type of activity.

Administration - NSHC will allocate 10% of its annual HOME allocation to the administration and program compliance that are required by the HOME program regulations.

Estimate the number of extremely low-income, low-income, and moderate-income families to whom the jurisdiction will provide affordable housing as defined by HOME 91.315(b)(2)

Our 5 year goals (assuming level funding for the next 5 years) are as follows:

Rental Housing Production & CHDO Housing Production

- 30%/ELI: ??? units
- 50%/VLI: ??? units
- 60-80%/LI: ??? units

Homebuyer Assistance (DPCC)

- 80%/LI: ??? Households

TBRA

- 30%/ELI: ??? Households

- 50%/VLI: ??? Households

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SP-50 Public Housing Accessibility and Involvement - 91.415, 91.215(c)

Need to Increase the Number of Accessible Units (if Required by a Section 504 Voluntary Compliance Agreement)

Based on information, there are no voluntary compliance agreements in place for the PHAs with Federal Public Housing to which this applies.

Activities to Increase Resident Involvements

Partial information only is available. The housing authorities responding to this question mention the following:

Is the public housing agency designated as troubled under 24 CFR part 902?

No Federal PHAs in the Consortium are designated as troubled.

Plan to remove the 'troubled' designation

N/A

SP-55 Strategic Plan Barriers to Affordable Housing - 91.415, 91.215(h)

In general, public policies affecting the cost and production of affordable housing are governed by specific zoning by-laws. Production is enhanced in Massachusetts through the following:

- inclusionary zoning (a percentage of housing developed in the marketplace being set aside for affordable use and usually placed within mixed income developments);
- accessory apartments (particularly effective in enabling low income elderly owners to generate income and continue living in the community);
- overlay districts permit increased density and state funding support and enable affordable units within mixed income developments;
- Chapter 40B is a state law which permits it to override local zoning if local government does not have the zoning tools to permit affordable housing production. There is a voluntary process known as LIP [Local Initiative Program] which a local government can use for both locally supported 40B developments as well as for Local Action affordable units that are created through other municipal zoning or funding
- The Community Preservation Act (CPA) that cities or towns can pass and enact to accumulate funds through an additional property tax that is then matched with state funds to preserve open space, preserve historic resources and/or create affordable housing.

Barriers to Affordable Housing

The Consortium has identified a number of barriers to affordable housing production that involved resource allocation, housing policy, land use policy, lack of infrastructure and staff capacity, and public perception and attitudes. The Consortium proposes the following strategies to address these barriers over the 2015- 2020 Action Plan period:

This DRAFT language needs to be reviewed

Resource allocation: With respect to public subsidies, the Consortium will continue to advocate for a larger share of budgetary resources be devoted to both housing production - including HOME- and housing voucher programs at the state and federal level. In addition, the Consortium will work closely with the State as it implements the new Federal Affordable Housing Trust Fund.

Housing policy: The Consortium will have programmatic requirements to the greatest extent possible that are consistent with those of other public funders - especially with DHCD. For ongoing monitoring of rental projects, the Consortium will use reports from other public funders to the greatest extent possible for its required compliance reviews. Finally, the Consortium will continue to engage DHCD to develop an ownership deed restriction that 1) survives foreclosure; 2) satisfies HOME regulations; and 3) enables units to be counted on the Subsidized Housing Inventory so that HOME funds can again be directed to homeownership activities.

Land use policies: Chapter 40B allows the densities needed for affordable housing development which would otherwise have been impossible under existing zoning. A ballot initiative to repeal Chapter 40B was rejected by the state's voters in November 2010.

Limited wastewater infrastructure: The Consortium will encourage and support wastewater planning and implementation efforts in local communities. The Consortium will also advocate that towns adopt land use bylaws that encourage affordable housing as part of their wastewater planning efforts.

Town staff capacity: The Consortium will continue to promote and support the use of the Planned Production regulations under Chapter 40B as a means for towns to both have an affordable housing plan and also to have more control over the types of Chapter 40B development that occurs. To implement these plans, the Consortium will advocate that Towns look to local resources- particularly Community Preservation Act funds- to provide staff capacity to carry out the activities in the housing plans.

Neighborhood and community resistance: The Consortium will continue to educate the public through publications, workshops, and its web site of the need for and impact of affordable housing in the region.

Status of Major Initiatives Affecting Affordable Housing

CHDOs and other recipients of HOME funding are actively involved in the promotion of affordable housing in their communities and the removal of affordable housing barriers throughout the region.

The Consortium will make efforts to educate and assist communities to reach the goals for affordable housing through zoning changes and resources available through HOME and other state and federal programs.

SP-60 Homelessness Strategy - 91.415, 91.215(d)

Describe how the jurisdiction's strategic plan goals contribute to:

Reaching out to homeless persons (especially unsheltered persons) and assessing their individual needs

As an overall strategy to addressing the needs of those who are currently homeless, NSHC has as its continuing goal to provide a viable continuum of care that implements a new “Coordinated Entry” component into our North Shore Homeless Management Information System [HMIS] (our database). This will prioritize access to any available unit to provide housing to any applicant with the greatest need. As is evidenced in the 2014 PIT Count, many unsheltered persons are chronically homeless and have other issues, including but not limited to mental illness and substance abuse. Therefore, reaching out and assessing individual needs requires a partnership between shelter, service and health care providers.

Some communities in the region have worked with police and other first responders to engage with unsheltered homeless and link them with emergency shelter, physical and mental health services, and case management for benefits enrollment, housing placement, and other services.

The region’s Continuum of Care meets monthly and that is comprised of staff from the homeless service providers, public officials, representatives from state agencies, and from the Sheriff’s department, housing authorities, health care providers, and faith-based organizations to identify service gaps, eliminate barriers to accessing housing, develops and implements training in evidence-based best practices, and improves and coordinates the intake and assessment process for the homeless individuals and families they are working with.

Addressing the emergency and transitional housing needs of homeless persons

The region has four shelters for individuals - which have a combined capacity of 183 beds that serves an estimated number of 425 people a year. There are a variety of family shelters in the region that have a capacity of about 169 + motels rooms (possibly 140 additional families) units 481 beds (not counting motel rooms). While the focus of the CoC over the last decade continues to be to provide permanent supportive housing (PSH), especially for the chronically homeless, there are approximately 87 transitional housing beds available for homeless individuals. The average length of stay in emergency shelter is six to nine months [verify] and up to twelve months in transitional housing.

While not expanding the capacity of current shelters, there is an ongoing effort to continue to provide emergency shelters and transitional housing for the homeless and continue to support the efforts of agencies to provide services. The availability of beds is substantially below the

need for every shelter, and although some shelters had maintained waiting lists, it is currently a first-come, first served system for individuals. There is a modest winter overflow expansion because of the extreme weather during the coldest months of winter, but even that has to be limited for the safety of all. All homeless families are housed in accordance with Massachusetts law. It has not been unusual to have a family of five living in one motel room for months on end.

Helping homeless persons (especially chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth) make the transition to permanent housing and independent living, including shortening the period of time that individuals and families experience homelessness, facilitating access for homeless individuals and families to affordable housing units, and preventing individuals and families who were recently homeless from becoming homeless again.

A concerted effort is made to prevent a household that is on the verge of becoming homeless from losing their housing, particularly if that is due to economic reasons only.

As indicated above, a variety of programs and partnerships among local, regional, state and federal agencies have facilitated the work of providers in the NSHC communities in assisting homeless persons and families in transitioning to independent living and in preventing reoccurrences of homelessness. Emergency Solutions Grant ESG funds, RAFT and Homebase funding, among other resources have helped in this effort. Others have urged the use of rental subsidies, including State (MRVP) and Federal vouchers for the chronically homeless. There are also approximately 71 VASH Vouchers being used in the region.

Help low-income individuals and families avoid becoming homeless, especially extremely low-income individuals and families who are likely to become homeless after being discharged from a publicly funded institution or system of care, or who are receiving assistance from public and private agencies that address housing, health, social services, employment, education or youth needs

With the exception of the vouchers, most of the funding discussed above addresses both the homeless and those at risk of becoming homeless. The CoC meets regularly and develops strategies to increase access to permanent housing for chronically homeless individuals and evaluates and has advocated for changes to discharge policies for individuals exiting behavioral health, criminal justice, and health care systems.

SP-65 Lead-based Paint Hazards - 91.415, 91.215(i)

Actions to address LBP hazards and increase access to housing without LBP hazards

While the cost of lead paint removal can potentially be prohibitively expensive, the Consortium will vigorously enforce the revised 2002 lead based paint regulations for all of its program activities and will continue to support efforts of local organizations to attract lead paint removal resources to the region.

How are the actions listed above related to the extent of lead poisoning and hazards?

Because housing in the Consortium is a mixture of new and older units and because of prior efforts to remove or encapsulate lead based paint, lead paint poisoning is not a widespread problem. This is documented in Section MA20 and in table (MA20-1) which shows the history of Lead Based Paint poisoning in the NSHC communities. In general, the injurious impact of lead based paint has been declining over the last 20 years; however, any occurrence is a matter of great concern.

How are the actions listed above integrated into housing policies and procedures?

All housing funded through the NSHC requires that properties meet the requirements for containment and/or removal of any hazard associated with the presence of lead-based paint.

SP-70 Anti-Poverty Strategy - 91.415, 91.215(j)

Jurisdiction Goals, Programs and Policies for reducing the number of Poverty-Level Families

In so far as most households being provided housing assistance end up with a reduced level of housing costs, they are more able to allocate their scarce resources to other needs such as nutrition, education and other activities which can help lead them out of poverty. The estimated level of poverty within the NSHC communities is as follows:

Table SP70-A Poverty Percentage

Community	% of Families in Poverty
Amesbury	2.7
Andover	2.8
Beverly	5.7
Boxford	0
Danvers	3.1
Essex	0.8
Georgetown	2.2
Gloucester	7.1
Hamilton	1.5
Haverhill	9.4
Ipswich	2.4
Lynnfield	1
Manchester-by-the-Sea	4.4
Marblehead	3.5
Merrimac	2.8
Methuen	6.1
Middleton	3.6
Newburyport	5
North Andover	4
North Reading	4.4
Peabody	0.8
Rockport	5.6
Rowley	12
Salem	4.4
Salisbury	3.5
Swampscott	3.8
Topsfield	1.8
Wenham	4.4
West Newbury	2.7
Wilmington	1.8

Data Source: US Census ACS 2009-2013

Through implementation of this plan, the Consortium hopes to reduce the number of families with incomes at or below the area's poverty level. To the extent that the Consortium can support the creation of affordable rental housing - especially for extremely low income households - that will lessen the housing cost burdens on these households and will enable those households to have resources to meet other pressing needs. While the Consortium's programs and resources can have some, albeit a very limited, impact on moving households out of poverty, there are other agencies in the region that have more impact and resources to address this issue. Through a DHCD initiative, all of the region's Section 8 voucher holders are part of a Moving To Work program that is designed to provide flexibility to administering agencies and to encourage voucher holders to increase their economic self-sufficiency. The region's anti-poverty agencies, North Shore Community Action Programs (NSCAP) Action, Inc., Community Action, and Community Teamwork Inc. (CTI) have a number of programs and resources that attempt to move households toward economic self-sufficiency: a child care network that provides information, referrals and access to child care subsidies; advocacy for low income immigrants; assistance for low income households to find free or affordable health care; housing search services; financial literacy programs and other services.

How are the Jurisdiction's poverty reducing goals, programs, and policies coordinated with this affordable housing plan

To a large extent, while we focus on the housing component of that equation, we can only encourage those households in poverty to access those programs that may benefit their long-term goals. (We have established long-term collaborative relationships with the anti-poverty agencies that serve this region.

Some activities undertaken by the NSHC are coordinated with other municipal policies, programs and expenditures, especially with CDBG (which comes through Haverhill, Gloucester, Peabody and Salem and through the State for the other communities) and with other federal and state funds for low income families include efforts to reduce the number of persons in poverty and improve the quality of life for residents, either directly or indirectly. NSHC staff also work in partnership with citizens, other municipal departments and the public and private sectors to accomplish the goal of reducing poverty. While HOME funds are used to accomplish a variety of different housing goals, the service component must be funded by others.

The State has also provided CDBG funds to Amesbury, Ipswich Methuen and Salisbury over the past 5 years. This additional infusion of public funding can help both the HOME and CDBG programs to have a larger, more positive impact on poverty.

Currently funded CDBG and Housing Authority programs which can directly influence the household income level include: self-sufficiency programs, homelessness prevention programs, elder outreach and case management programs for 'at-risk' seniors, and health care activities.

Currently funded CDBG and Housing Authority programs which can indirectly influence the impact of household living by reducing other costs include affordable housing development, housing rehab, energy efficiency, public facility improvements, infrastructure improvements, neighborhood revitalization, counseling programs and health care assistance.

For the upcoming year the following activities are likely to be funded by CDBG agencies and PHAs :

- Housing rehabilitation, including an emergency repair program as well as energy efficiency improvements and lead abatement and for State CDBG grants to non-entitlement communities; there are also child care voucher grants
- Family Self-Sufficiency Programs for Public Housing and Housing Choice Voucher recipients
- Infrastructure improvements and neighborhood revitalization.

The support of these projects with HOME funds, will assist in providing decent affordable housing and a suitable living environment for area residents, along with the stability that this provides, and much needed jobs in the impacted areas.

Section 3 requirements for some projects will assist in securing jobs for local residents in projects if new employees are added to the workforce.

SP-80 Monitoring - 91.230

Describe the standards and procedures that the jurisdiction will use to monitor activities carried out in furtherance of the plan and will use to ensure long-term compliance with requirements of the programs involved, including minority business outreach and the comprehensive planning requirements

There are two aspects to ensuring long-term compliance with program and comprehensive planning requirements. One is the monitoring of sub-recipients; the other is monitoring specific completed HOME funded projects for compliance with the HOME Program required inspections schedule, as well as recertification monitoring for income and rent compliance.

The NSHC, through the City of Peabody Department of Community Development, ensures compliance with federal HOME regulations through a comprehensive monitoring process. Staff monitors all sub-recipients by clearly delineating the outcome measures of programs and by working collaboratively with each of its sub-grantees.

The purpose of the monitoring process is to evaluate performance with regard to:

- Meeting production goals;
- Compliance with HOME program rules and administrative requirements;
- Timely use of funds;
- Prevention of fraud and abuse of funds;
- Need for technical assistance;
- Evidence of innovative or outstanding performance

As part of the performance assessment of each project, the NSHC reviews the following:

- Progress of individual activities funded with HOME funds;
- Audits that are reviewed by NSHC staff on a periodic basis to determine if the agency is operating its programs in a fiscally responsible matter and if there have been any findings relevant to the HOME funded project;
- Required backup documentation for submitted administrative and project delivery cost invoices;
- Compliance (for projects with 5 or more units) with the Affirmative Marketing Plan;
- Inspection of a sample of units to confirm that they meet HQS standards;
- Review of selected unit information to ensure that, for any acquisition and/or rehab project, property values do not exceed the 95% of the area section 203(b) limits.
- Review of a sample of resident records to ensure that households meet required income limits.

The monitoring process for HOME follows closely the goals, outputs, outcomes, and evaluation measures stipulated in the Consolidated Plan and in all contracts with sub-grantees and other providers.

As an entity comprised of thirty communities, the Consortium has completed more than 2,700 activities developed within its region since its inception. Due to the large number of projects and recipients and small number of staff, the Consortium contracted with a consultant to handle the monitoring responsibilities. This approach has been used successfully for the past five years. The Consultant is an organization with over twenty years of experience in monitoring federally funded affordable housing for compliance with federal requirements. The Consultant continues to conduct on-site inspections of Consortium sub-recipients to ensure that their programs and actions are in compliance with HOME program and Consolidated Plan requirements. In addition, the Consultant has conducted on-site inspections of affordable rental housing units assisted under the program to determine compliance with housing codes, income guidelines, and financial management guidelines. Results of these inspections are sent in the form of a letter to the sub-recipients, with recommendations and suggestions on how to correct any possible “findings”, and a forty-five day response period is given for adherence to those corrective actions. At the end of that period the activity is reviewed and the corrective actions taken are noted for the files.

Davis Bacon Compliance:

In addition, staff oversees federally funded projects which require Davis Bacon compliance. The agreements include all necessary information that must be included in a sub-recipient’s contract for construction projects including:

- HUD Form 4010 – Federal Labor Standards Provisions
- U.S. Department of Labor Payroll forms
- the appropriate wage determination
- a copy of the “Notice to All Employees” poster, to be posted at job site
- a copy of the “Contractor’s Guide to Prevailing Wage Requirements for Federally-Assisted Construction Projects”, which is to be provided to the prime contractor

NSHC’s staff conducts site visits, conduct employee interviews and check the weekly payroll forms for accuracy and compliance.

Section 3 Compliance:

The purpose of Section 3 of the Housing and Urban Development Act of 1968, is to provide economic and employment opportunities to low- and very-low income individuals to the

“greatest extent feasible” and businesses that are majority owned by Section 3 residents or whose permanent, full-time employees are 30% Section 3 residents or are businesses that contract in excess of 25% of subcontracts to such Section 3 businesses. Recipients of HUD funds in excess of \$200,000 and individual contracts or subcontracts in excess of \$100,000 are subject to Section 3.

If the NSHC issues a contract in excess of \$100,000 it will require a Section 3 plan from the contractor and will monitor that plan to ensure that businesses used and individuals hired are used to the greatest extent possible as delineated in that plan.¹²

Fair Housing Compliance:

The North Shore HOME Consortium takes the issue of Fair Housing Compliance very seriously, and had gone to great pains and great expense to create its last Analysis of Impediments to Fair Housing Choice. That document is due to be updated, but at the suggestion of HUD officials, since the new Fair Housing standards are still being finalized and new guidance is forthcoming soon, it was prudent to hold off on putting the time and money into that end until the guidance was disseminated. The Consortium advises its member communities of the availability of any Fair Housing trainings in the region, and several housing authorities and non-profit providers have been presenting these over the past few years and will continue to do so into the future. The Monitoring for Fair Housing Compliance is integrated as a component of the sub-recipient and project monitoring performed by the Consultant, as described above in this section.

¹² NSHC in fact usually works through developers and this Section 3 requirement is managed by them rather than the NSHC.

Expected Resources

AP-15 Expected Resources - 91.420(b), 91.220(c)(1,2)

Introduction

The following describes what resources the NSHC expects to receive or leverage in the coming year July 1st 2015-June30th 2016.

Anticipated Resources

Program	Source of Funds	Uses of Funds	Expected Amount Available Year 1				Expected Amount Available Reminder of ConPlan \$	Narrative Description
			Annual Allocation: \$	Program Income: \$	Prior Year Resources: \$	Total: \$		
HOME	HUD	Home Eligible Activities	\$1,169,350	\$100,000	\$0	\$1,269,350		

Table 53 - Expected Resources – Priority Table

Explain how federal funds will leverage those additional resources (private, state and local funds), including a description of how matching requirements will be satisfied

There are several major program types where leveraged funds play a significant role in program objectives and some of which contribute to the HOME Match requirement.

1. Investments in LIHTC or Historic Tax Credit projects with private funding and/bond financing, to assist in the creation of new affordable housing units.
2. Private (lending institutions) mortgage funding leveraged to assist low income families with the purchase of their first home, especially in conjunction with HCV vouchers. The use of HCV vouchers for homeownership has not been a common practice

used in the region, but where it has been used it has been successful. In addition, permanent mortgage financing is provided for affordable rental housing developments.

3. Community Preservation Funds [CPA]. Sixteen Consortium communities have established a Community Preservation Fund to preserve open space, historic resources and community housing, by imposing a surcharge of up to 3% on local property taxes.
4. Inclusionary Zoning and Linkage Fees. Several communities have linkage and/or inclusionary zoning which provide either affordable housing units or funds for affordable housing.
5. Local funds from some cities and towns provide other resources such as CDBG and Housing Trust funds.
6. Municipality Donated Land. Currently some Communities are pursuing re-use of municipally owned properties..
7. Massachusetts Rental Voucher Program (MRVP). In recent rental development funding rounds. DHCD has made MRVP's available as project-based vouchers, primarily targeted to homeless individuals and families.
8. Project Based Vouchers. PHAs and the State can provide up to 20% of their HCV vouchers for specific projects.

To satisfy HOME match requirements the Consortium utilizes any allowable source, but relies mostly on the Massachusetts Rental Voucher Program match which in is excess of \$872,631 in one community (the City of Peabody) to meet the local match requirement for HOME through 6/30/2014.

If appropriate, describe publically owned land or property located within the jurisdiction that may be used to address the needs identified in the plan

Within the Consortium many communities have created specialized Housing Production Plans in response to the call from the Commonwealth of Massachusetts to show how each community plans to develop a minimum of 10% affordable housing units for their residents. In these plans the communities identify actual locations where they could see or would like to see housing developed. However in most cases the developable sites identified are privately owned properties, since in our area land has for the most part developed. In some rare instances, for instance, the case of a public school or other building being decommissioned, communities may issue an RFP for a developer to take possession to create affordable housing, as has been done in Marblehead and Peabody in recent years, but at this time we are not aware of any publicly owned land that could be utilized for the creation of affordable housing

Discussion

The Consortium will continue to encourage its member communities to use whatever resources they have available to make strides toward meeting the affordable housing needs of the region.

Annual Goals and Objectives

AP-20 Annual Goals and Objectives - 91.420, 91.220(c)(3)&(e)

Goals Summary Information

Sort Order	Goal Name	Start Year	End Year	Category	Geographic Area	Needs Addressed	Funding	Goal Outcome Indicator
1	Creating affordable rentals	July 1 st , 2015	June 30 th , 2016		Consortium-wide	Assisting Low and Very- Low Income households	\$736,225	18 units to be created
2	Rental Subsidies [TBRA]	July 1 st , 2015	June 30 th , 2016		Consortium-wide	Assisting Low and Very- Low Income households	\$114,242	11 households to be assisted
3	Homebuyer Assistance	July 1 st , 2015	June 30 th , 2016		Consortium-wide	Assisting Low Income households	\$114,240	11 households to be assisted
4	Homeowner Rehabilitation	July 1 st , 2015	June 30 th , 2016		Consortium-wide	Assisting Low and Very- Low Income households	\$114,242	5 households/units to be assisted
5	Creation of Affordable Ownership Housing	July 1 st , 2015	June 30 th , 2016		Consortium-wide	Assisting Low and Very- Low Income households	\$63,466	1 unit to be created

Table 54 – Goals Summary

Goal Descriptions

It is the goal of the North Shore HOME Consortium in its first year Action Plan to target the bulk of its annual allocation (58%) toward the creation of affordable rental housing, with a goal of creating 18 units. The remaining funds will be used for Tenant Based Rental Assistance (9%), Homeowner Housing Rehabilitation (9%), First Time Homebuyer Downpayment Assistance (9%), and the Creation of Affordable ownership units (5%). It is the goal of the Consortium over the coming years to shift resources from other uses into rental creation to increase the percentage of funds for rental creation.

AP-35 Projects - 91.420, 91.220(d)

Introduction

In general the NSHC relies on organizations and agencies in the 30 communities developing their own affordable housing initiatives. As projects advance, and require HOME investment, they are submitted to the NSHC for review and a determination if they meet the priorities of the Consortium. If the submitted project meets the NSHC priorities and there is available funding, it is then submitted to the NSHC Allocation Committee for approval.

Most of the projects funded by HOME also use State resources and thus they are usually developed in conjunction with the DHCD application for funding cycles. The next DHCD rental funding round application deadline will likely be late March/early April 2015. It is expected that projects will be submitted to the NSHC sometime in Calendar year 2015.

Table 55 – Project Information

Describe the reasons for allocation priorities and any obstacles to addressing underserved needs

Projects that serve those most in need are given priority. The greatest barrier to addressing underserved needs is the lack of funds needed to help the lowest income households who require the deepest subsidies.

AP-38 Project Summary

Project Summary Information

At this time (March 2015) no projects have been submitted to the NSHC for approval; however, NSHC expects rental development funding requests in conjunction with the April 2015 DHCD round. In addition, the NSHC has been in conversation with a number of communities about their plans and anticipate that a few projects will be submitted later in the year.

DRAFT

AP-50 Geographic Distribution - 91.420, 91.220(f)

Description of the geographic areas of the entitlement (including areas of low-income and minority concentration) where assistance will be directed

Geographic Distribution

Target Area	Percentage of Funds

Table 56 - Geographic Distribution

Rationale for the priorities for allocating investments geographically

Discussion

On the one hand, HUD directs us to be aware of the threat of creating concentrations of poverty. Instead, as public policy, we should endeavor to diffuse such concentrations, and to encourage the development of affordable housing in communities with high housing costs. At the same time, households with limited incomes often prefer to reside in locations that have access to community services such as public transportation, anti-poverty programs communities that have the strength of ethnic diversity and communities that provide faith-based and family-based supports.

Affordable Housing

AP-55 Affordable Housing - 91.420, 91.220(g)

Introduction

One Year Goals for the Number of Households to be Supported	Number
Homeless	
Non-Homeless	
Special-Needs	
Total	

Table 57 - One Year Goals for Affordable Housing by Support Requirement

One Year Goals for the Number of Households Supported Through	Number
Rental Assistance	
The Production of New Units	
Rehab of Existing Units	
Acquisition of Existing Units	
Total	

Table 58 - One Year Goals for Affordable Housing by Support Type

Discussion

AP-60 Public Housing - 91.420, 91.220(h)

Introduction

HOME funds are not disbursed to any public housing authorities. It has been a longstanding policy to not allow for HOME funds to be used for the normal maintenance and repairs of existing public housing stock, because it is seen that other public funds are available for that purpose. Local PHA's are encouraged to apply for HOME funds to create new affordable units, often combining those resources with multiple funding sources. However housing authorities can benefit from CDBG entitlement funds for housing rehab, public facilities, public infrastructure and public services related activities which can directly or indirectly benefit public housing residents.

Actions planned during the next year to address the needs to public housing

It is possible that the Commonwealth of Massachusetts through its CDBG program may assist the other PHAs in the region.

CDBG funds can also be used to conduct public services activities that will directly and indirectly benefit residents of PHA properties.

Home funded homeownership programs are open to PHA residents. NSHC refers PHA residents to organizations which provide down payment and closing cost assistance under the HOME program.

Actions to encourage public housing residents to become more involved in management and participate in homeownership

The following are initiatives the PHAs may implement to encourage tenant participation and further benefit residents.

1. Increase social services department
2. Ongoing modernization

While the NSHC sees a higher priority in creating affordable rental housing, PHAs can use their Housing Choice Vouchers and Family Self Sufficiency program to encourage residents to improve themselves and become independent homeowners.

If the PHA is designated as troubled, describe the manner in which financial assistance will be provided or other assistance

N/A - There are no troubled Federal Housing Authorities located in the Consortium area.

Discussion

The Housing Authorities have their own funding sources, priorities, management and maintenance issues. The NSHC's involvement is to ensure that that the PHA Plans (for those with Federal public housing and/or Federal vouchers) are consistent with this Consolidated Plan and also the CDBG Consolidated Plans of Haverhill, Gloucester, Peabody, Salem and the State.

DRAFT

AP-65 Homeless and Other Special Needs Activities - 91.420, 91.220(i)

Introduction

The HOME Consortium's primary role would be to provide funding support for any new permanent supportive housing requests; the Consortium will continue to play an active role in convening the North Shore Continuum of Care Alliance and the CoC's efforts to end homelessness in the region.

Describe the jurisdictions one-year goals and actions for reducing and ending homelessness including

The CofC does make a concerted effort to strategize with all of the shelter providers on a periodic basis to determine how best to prioritize the HUD funds that are available through the CofC process. The resources are limited, and are sought as part of a nationwide competition. Every effort is made to ensure that the application submitted by the North Shore CofC ranks as highly as possible in order to secure new funding.

Each year the NSHC prioritizes HOME funding for those proposed developments that will serve homeless families and individuals as long as the developer can demonstrate that it has the capacity and experience, and can secure adequate funding to complete the project. Readiness to proceed is also a strong consideration.

The NSHC also encourages both private and public developers to set-aside and dedicate a percentage of the total number of units in any development to serve the homeless on a long-term basis. Prioritizing units of permanent housing to serve very-low income and extremely low income households is also a strong consideration.

The Consortium will continue to work with the Continuum of Care to coordinate services to the homeless.

- **Addressing the emergency shelter and transitional housing needs of homeless persons**

The Consortium will continue to work with the Continuum of Care to coordinate services to the homeless.

- The primary objective of the Continuum of Care Alliance is to help homeless persons (especially chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth) to make the transition to permanent housing and independent living. This includes shortening the period of time that individuals and families experience homelessness, facilitating access for homeless individuals and families to affordable housing units, and preventing individuals and families who were recently homeless from becoming homeless again. This third point is

among the most difficult to achieve because of the current need, the number of homeless families and individuals in need has reached crisis proportions.

The Consortium's efforts to increase the supply of affordable rental housing will provide better opportunities for homeless or near homeless individuals and families to find permanent affordable housing.

- As part of these efforts, the Continuum is fortunate to have a well-established network of local providers and state officials. Having these longstanding connections as well as an ever-changing number of new programs, actually does facilitate low-income individuals and families avoiding becoming homeless, especially extremely low-income individuals and families and those who are being discharged from publicly funded institutions and systems of care (such as health care facilities, mental health facilities, foster care and other youth facilities and corrections facilities and institutions); or, receiving assistance from public or private agencies that address housing, health, social services, employment, education, or youth needs.

The Consortium will continue to work with the Continuum of Care to coordinate services to the homeless. In the course of selecting projects to fund, the NSHC plays close attention to how any one project is connected to the efforts of the CoC and its partners in serving the homeless, especially in terms of permanent housing. For the past several years, one of the highest stated priorities of the NSHC has been the creation of new affordable rental units to assist homeless families and individuals. The availability of supportive services – funded by other sources – would enhance a proposal for the use of HOME funds. The specific needs are continuously being evaluated throughout the year.

AP-75 Barriers to affordable housing - 91.420, 91.220(j)

Introduction

Actions it planned to remove or ameliorate the negative effects of public policies that serve as barriers to affordable housing such as land use controls, tax policies affecting land, zoning ordinances, building codes, fees and charges, growth limitations, and policies affecting the return on residential investment

Discussion

Despite earlier comments – some of which may have been deleted – the Consortium is prevented from lobbying for particular policies and/or land controls. What does occur is that the NSHC can provide information to the public officials in this service area on these topics and encourage communities to come to their own conclusions. One real example would be a community that has not passed the Community Preservation Act and then comes to the realization that it has little or no resources to address the affordable housing needs that it wants to support.

AP-85 Other Actions - 91.420, 91.220(k)

Introduction

No additional actions beyond those described in the priorities and goals outlined in the SP and AP sections above are planned at this time.

Actions planned to address obstacles to meeting underserved needs

The creation of this Five-Year Consolidated Plan including its Housing Market Analysis and Needs Assessment serves to inform the Consortium member communities about current housing needs. Collaborating with emergency shelter providers on a regular basis underscored the need for additional rental units that are genuinely affordable.

Actions planned to foster and maintain affordable housing

By collaborating with local nonprofit organizations and bring these current needs to the attention of elected officials can help to foster the production of new units. The affordable housing restriction required by the HOME program is one component that maintains the affordability for an extended period.

Actions planned to reduce lead-based paint hazards

The data made available from the Massachusetts Department of Public Health concerning the presence of hazards associated with the presence of lead-based paint will serve to call attention to the extent of this problem. While HOME funds may not be used to de-lead a unit without bringing that same unit up to the requirement of the Massachusetts Sanitary Code [Code Enforcement], HOME funds can be used for the rehabilitation of existing residential structures. Creating new affordable units will be prioritized over units that may already have an affordability restriction.

Actions planned to reduce the number of poverty-level families

All of the shelter providers participating in the Continuum of Care are involved with job search and job readiness programs, some created by the Massachusetts Department of Employment and Training [DET]. In addition, all shelter providers utilize Case Management services upon interviewing each person or family seeking assistance. Often a client can be directed to a variety of programs to maximize benefits for which that individual may be eligible.

Actions planned to develop institutional structure

The institutional structure is constantly modifying and expanding with new members, shifting providing re-consideration of the priorities as they see them locally, regionally and nationally.

The NSHC and the CofC has modified its structure and process in the past and may do so in the future as needed to address the changing needs of the population that it serves.

Actions planned to enhance coordination between public and private housing and social service agencies

Efforts continue to engage public and private housing agencies and developers in addressing the needs of the homeless. Longstanding perceptions concerning the homeless as being too difficult to serve, requiring services that housing agencies are unable to provide and generally being most costly than the general population makes it challenging to engage housing developers in serving this population. Housing the homeless is seen by some as economically draining.

Discussion:

No additional actions beyond those described in the priorities and goals outlined in the SP and AP sections above are planned at this time.

Program Specific Requirements

AP-90 Program Specific Requirements - 91.420, 91.220(I)(1,2,4)

Introduction

As there have been recent temporary (interim rule) and final rule changes made to the HOME regulations, members of the NSHC staff attend seminars and webinars to keep abreast of these changes in regulations and program requirements and the dates of implementation.

HOME Investment Partnership Program (HOME) Reference 24 CFR 91.220(I)(2)

- 1. A description of other forms of investment being used beyond those identified in Section 92.205 is as follows:**

The NSHC will utilize any and all available funding sources to accomplish their goals and objectives. Many of those appear in tables located in sections SP-35 and AP-15 of this plan. These sources include, but are not limited to, private sources (such as banks, private developers and first time homebuyer contributions), and public sources (such as tax incentives, grants), and local funding through varied municipal resources.

- 2. A description of the guidelines that will be used for resale or recapture of HOME funds when used for homebuyer activities as required in 92.254, is as follows:**

Homeownership Development

The NSHC does not intend to finance the creation of new ownership units. When HOME funds had been made available in the past, the HOME required period of affordability was always included in the loan documents, requiring repayment at a penalty interest rate in the full period of compliance

Homebuyer Assistance

The housing market analysis included as a part of this Five-Year Consolidated Plan dictates that the limited resources available should be directed to the population with the greatest need. With this DRAFT plan, we are proposing the idea of discontinuing homebuyer assistance programs from the second program year forward. With so many hundreds of families and individuals experiencing homelessness, providing assistance to households that are generally at 80% of median income would weaken the impact of these scarce resources. Until the funding available through the HOME Programs is returned to its original levels, resources must be sharply targeted to serve those most in need. With thousands of families currently cost

burdened because of their being Extremely Low-Income households, there is little choice but to address this problem despite the limitations on resources.

3. A description of the guidelines for resale or recapture that ensures the affordability of units acquired with HOME funds? See 24 CFR 92.254(a)(4) are as follows:

Every HOME-assisted unit is covered by legally binding agreements that require that the affordability restrictions must be met or exceeded. It is typical for a borrower to execute a Loan Agreement, a Promissory Note, a Mortgage and an Affordable Housing Restriction. Where multiple funding sources come into play, including funds from DHCD and/other state agencies (such as the Massachusetts Housing Partnership Funds [MHP], the Community Economic Development Assistance Corporation [CEDAC] or similar sources, MassDocs are used. These loan documents have been developed to encompass the lending requirements of multiple agencies including the requirements of the HOME Program.

Rental Housing Development

The development of affordable rental housing will continue to be the primary goal of the NSHC during this funding period. HOME funds will be leveraged to enlist additional sources of funds wherever possible to maximize the limited resources available to this organization. Every effort will be made to engage those engaged in developing affordable housing, both private and public, for-profit and nonprofit, to further the development of affordable rental units.

4. Plans for using HOME funds to refinance existing debt secured by multifamily housing that is rehabilitated with HOME funds along with a description of the refinancing guidelines required that will be used under 24 CFR 92.206(b), are as follows:

Although the Consortium did implement a change in its local policies to accommodate the refinancing of existing debt to in the instance of housing rehabilitation, this was enacted on a trial basis for a two-year cycle. One HOME-assisted multi-family development (four units) utilized this policy change. However, after that two-year cycle, no other development proposal sought that refinancing capacity, and the policy was discontinued. Although there may be a possibility of reviving that policy, if needed, there tends to be a priority to use these resources to create new units and not to refinance **the debt of an** existing affordable development.

Discussion

None

Appendix - Alternate/Local Data Sources

DRAFT

CITY OF PEABODY
NORTH SHORE HOME CONSORTIUM
CITIZEN PARTICIPATION PLAN 2010-2014

1. INTRODUCTION

This Citizen Participation Plan serves as the description of how the City of Peabody and North Shore HOME Consortium involve citizens in the process of developing their respective 5-year Consolidated Plans and will also serve as a guide for involving citizens in developing future Annual Action Plans and future Consolidated Plans. These Citizen Participation Plans utilize a multi-pronged approach to reach and include the community and stakeholders. Particular emphasis is placed on encouraging effective involvement by citizens, particularly those who reside in Public Housing Units and other low and moderate-income neighborhoods (particularly those who may live in blighted areas), public officials (including state, municipal, and public housing officers), the nonprofit sector, including community, and faith-based, social service providers and advocacy organizations, as well as the interests of the private sector, including those involved in real estate development and philanthropic organizations.

The City of Peabody and the North Shore HOME Consortium believe that the importance of citizen participation in programs goes far beyond simply meeting HUD's requirements. They encourage the involvement of people of color, people with disabilities, and people who do not speak English. It is clear that citizens themselves, along with the community groups serving the needs of these citizens, are the most familiar with the needs and assets of the communities and the strategies that will be most effective in making their neighborhoods a more enjoyable place to live and work. In addition, the quality of our programs and services is improved when the lines of communication are open between citizens and local government officials.

CITIZEN PARTICIPATION PROCEDURES

A. Notification of Public Meetings and Hearings

The public will be given advance notice of the availability of all Consolidated Plan documents and of public meetings and hearings pertaining to the Consolidated Planning process. The public will be given at least 14 day advance notice of any meeting or hearing. Public notice will take the following form:

- An advertisement or notice will be placed in major newspaper serving the region at least 14 days in advance of a public hearing or meeting.
- Advertisements or notices will be placed on the City of Peabody Website at least 14 days in advance of a public hearing or meeting.
- Advertisements or notices will be placed in all ethnic and minority newspapers that serve a Consortium community or communities.
- A press release will be sent to major press outlets serving the Consortium.
- The City and Consortium will maintain and update an e-mail list of interested citizens and organizations. Notices will be sent to those on the list as well as any individual and organization requesting to be included on the list.
- Included in the above list for notices will be all certified community development housing organizations, community action agencies, local and regional housing authorities, area agencies on aging, and those agencies serving persons with disabilities located in or serving the Consortium area.

B. Location and Format of Public Meetings and Hearings

The location of meetings and hearings is as important as the notification process. If the meetings are held in areas that are not easily accessible to low and moderate income residents, then citizens will be less likely to participate. The following steps will be taken to ensure that meeting locations are suitable:

- For the City of Peabody, at least two (2) public meetings and hearings will be held, and for the Consortium, at least three (3) public meetings and hearings will be held to ensure coverage of all geographical regions of the Consortium. The regional location for public meetings and hearings must include at a minimum the Merrimack Valley, Cape Ann, and Southern Essex County.
- All meeting locations will be accessible to people with disabilities. If an individual requires special services, the City and the Consortium will make a good faith effort to make the necessary arrangements to accommodate that person, as long as reasonable advance notice is given.
- Every effort will be made to locate meetings in places that are accessible by public transportation.

- At least one public meeting and at least one public hearing will be held in the evening to ensure that low and moderate income working persons can participate.
- Local communities or non-profit and community groups may be asked to co-sponsor meetings and hearings so that citizens see the partnerships that exist between the Consortium, member communities, and nonprofit organizations.
- The City and the Consortium will make a good faith effort to coordinate with the community co-sponsor to provide childcare services during the meeting or hearing.
- With reasonable advanced notice, translators will be provided for citizens who do not speak English or who require sign-language translation.

C. Availability of Documents

- The City and the Consortium will make information pertaining to the Consolidated Plan process available to any citizen within five (5) business days.
- The summary of the Consolidated Plans, Action Plans, CAPER's, substantial amendments and related documents will be sent to non-profit and community groups that represent and advocate for low-income people. At a minimum, these community groups include certified community development housing organizations, housing authorities, community action agencies, area agencies on aging, and those agencies serving persons with disabilities located in or serving the City/Consortium area
- The draft version of the Consortium's Consolidated Plan, Action Plans, CAPERs, substantial amendments and related documents will be sent to the Community Development Departments of each member communities and will be available for the purpose of public inspection.
- The draft version of the Consolidated Plans, Action Plans, CAPERs, substantial amendments and related documents will be made available on the City of Peabody's Website.
- A written summary of all meetings and hearings relating to the Consolidated Planning process will be prepared and made available to citizens. The input provided at meetings and hearings will be summarized and reviewed and, as deemed appropriate, will be incorporated into the Consolidated Plan and Action Plans, including reasons why any suggestions were not incorporated.

D. Citizen Participation Opportunities

Stage 1: Development of the Citizen Participation Plan

- Every five years, the City of Peabody and the North Shore HOME Consortium will evaluate its Citizen Participation Plan and re-submit it with the Consolidated Plan.
- When deemed appropriate by the City and the Consortium, a steering

committee comprised of government staff, non-profit staff and community leaders will facilitate the process of reviewing and recommending changes to the Citizen Participation Plan.

- The Draft Citizen Participation Plan will be available for general comments for at least 30 days.
- The updated Citizen Participation Plan will be published as part of the final Consolidated Plan.

Stage 2: Needs Assessment

- Consolidated Plan - During the development of the Consolidated Plan, a community meeting will be held in at least two (2) low and moderate income neighborhoods to hear residents' opinions about the housing needs, strengths of the community and potential strategies. Community organizations will be invited to submit studies, survey results, and needs assessments to be used as data for the Consolidated Plan.
- Annual Action Plans - Each year at least two (2) community meetings will be held in different low and moderate income neighborhoods at least two (2) months before the draft Annual Action Plan is completed to assess how needs have changed and to evaluate program performance. Public elected officials from the local community will be invited to the community meetings.
- The City and the Consortium will encourage written suggestions from citizens. All written suggestions regarding the Consortium's Plans are to be sent to the Director of the North Shore HOME Consortium, and regarding the City of Peabody's Plans are to be sent to the Assistant Director of Community Development at Peabody City Hall, 24 Lowell Street, Peabody, MA 01960.

Stage 3: Draft of the Consolidated Plan and Annual Action Plan

Draft Document Availability:

- At least 31 days before a final Plan is approved, the City and the Consortium will notify citizens that a Draft of the Consolidated or Annual Action Plans are available. This notice will be e-mailed to all member communities and area non-profit agencies, published in area newspapers and on the web on the City of Peabody Website, and will give citizens a reasonable amount of time to review and comment on the Draft Plan.
- The Draft Plan will contain all sections required by HUD, including an estimate of how much funding the City and the Consortium expect to receive, priority tables, and an account of all proposed uses of expected funding (type of activity and amount of allocated funds).
- The Draft Plans and summaries of the Draft Plans will be provided to the public within five (5) working days of request.

- Written suggestions will be encouraged from citizens. All written suggestions on the Consortium's Plans are to be sent to the Director of the North Shore HOME Consortium, and on the City of Peabody's Plans to the Assistant Director of Community Development, at Peabody City Hall, 24 Lowell Street, Peabody, MA 01960.

Public Hearings:

- At least two (2) public hearings will take place, and an effort will be made to use the same neighborhoods where the first need assessment meetings were held, to obtain public reaction to the Draft Plan. These hearings will take place at least 15 days before the final Consolidated Plan or Action Plan is submitted to HUD. The timing of the hearings will be conducted to allow the public enough time to read the Draft Plan before the public hearing and to give government officials enough time to carefully consider public verbal and written comments and incorporate them into the final Plan.

Stage 4: Final Consolidated Plan and Action Plan

- Copies of the Final Plan and a summary of it will be available to citizens within five (5) working days of the request.

Stage 5: Amendments to the Consolidated Plan and Action Plan

- The City and the Consortium are required to submit an amendment to HUD if: 1) There is a change in any of the priorities listed in the Priority Table; 2) There is a transfer of funds to an activity not referenced in the Final Plan; or 3) There is a change in the purpose, location, scope, or beneficiaries of an activity.
- Changes in funding levels for existing or already proposed activities are not considered substantial changes unless the increase or decrease in funding is 10% or more than the original funding level and it exceeds \$30,000.
- Substantial amendments will be made public by publishing a public notice in area newspapers and on the City Website, will be e-mailed to member communities, and will undergo a 30-day comment period before the City/ Consortium holds a public hearing. The hearing will be held no less than 10 days before the amendment is submitted to HUD. The City/Consortium will consider carefully all comments, written and verbal, and make available a copy of the substantial amendment along with a summary of the suggestions and comments not accepted and an explanation for their rejection.

Stage 6: The Consolidated Annual Performance and Evaluation Report (CAPER)

The CAPER must be submitted to HUD 90 days after the end of each program year. The CAPER must give a detailed description of how HOME funds were used in a given year and to what extent they benefited low and moderate income households.

- The City and the Consortium will give a 30 day comment period for the CAPER.
- The City and the Consortium will hold at least one public hearing regarding the CAPER. A complete copy will be made available to citizens free of charge within five (5) working days of the request.
- The City and the Consortium will include all written public comments to the CAPER in the final draft submitted to HUD as well as a summary of all verbal comments made at the public hearing.

E. Written Complaints and Concerns

- All written complaints, concerns and suggestions should be sent to either the Assistant Director of Community Development (for Peabody related issues), or to the Director of the North Shore HOME Consortium (for regional issues), the Department of Community Development, Peabody City Hall, 24 Lowell Street, Peabody, MA 01960. Written complaints will receive a written response within 15 working days.