



3-5 Year Strategic Plan

This document includes Narrative Responses to specific questions that grantees of the Community Development Block Grant, HOME Investment Partnership, Housing Opportunities for People with AIDS and Emergency Shelter Grants Programs must respond to in order to be compliant with the Consolidated Planning Regulations.

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CPMP ATTACHMENTS

- SIGNED SF424
- SIGNED GRANTEE INFORMATION
- SIGNED CERTIFICATIONS

- HUD CHECKLIST FOR AP1.DOC
- HUD CHECKLIST FOR STRATEGICPLAN.DOC

- 1CPMP.XLS
- NEEDS.XLS
- GOALS.XLS
- PROJECTS.XLS
- SUMMARIES.XLS

Executive Summary

The Executive Summary is required. Include the objectives and outcomes identified in the plan as well as an evaluation of past performance, a summary of the citizen participation and consultation process (including efforts to broaden public participation) (24 CFR 91.200 (b)), a summary of comments or views, and a summary of comments or views not accepted and the reasons therefore (24 CFR 91.105 (b)(5)).

The outlines the responses of the North Shore HOME Consortium, to the HUD requirements for the Executive Summary.

Executive Summary Response - Introduction

The HOME program was created as part of the 1990 National Affordable Housing Act. The HOME program provides federal funds for the development and rehabilitation of affordable rental and ownership housing for low income households (defined as below 80 percent of area median income). The program gives local governments the flexibility to fund a wide range of affordable housing activities through housing partnerships with private industry and non-profit organizations.

HOME funds can be used for activities that promote affordable rental housing and homeownership by low income households, including:

- Acquisition
- New construction and reconstruction
- Moderate or substantial rehabilitation
- Homebuyer assistance
- Tenant-based rental assistance

The **North Shore HOME Consortium [NSHC]** is comprised of 30 communities, and is located north of Boston, Massachusetts. The City of Peabody is the Lead Agency for the NSHC. The following cities and towns are member communities of the North Shore HOME Consortium:

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

Additional data about the Consortium and its communities can be found in the Housing Market Analysis section of this Plan.

The NSHC was formed in order to allow HOME funds from the Department of Housing and Urban Development [HUD] to be directed to the communities within its' region.

Executive Summary Response: Include the objectives and outcomes identified in the plan.

The North Shore HOME Consortium is proposing a five year comprehensive strategy with specific objectives, goals and priorities to meet the area's housing needs. This strategy is targeted to both the rental and homeownership market for low-income households, along with rehabilitation programs and resources for special needs populations. These are shown below, along with a proposed five-year allocation of HOME funds.

OBJECTIVE #1 Develop an adequate supply of safe, decent rental housing that is affordable and accessible to residents with a range of incomes including those with special needs.

- Goal 1 Assist in creating or preserving 300 affordable rental units;
- Goal 2 Ensure that deep enough subsidies are in place to make a percentage of units truly affordable to very low and extremely low income households and the homeless
- Goal 3 Ensure that a percentage of the units created are accessible to persons with disabilities.
- Goal 4 Provide tenant-based rental assistance to 300 low-income households, including those with special needs.
- Goal 5 Develop partnerships with housing providers who create housing for special needs populations.

OBJECTIVE #2 Reduce individual and family homelessness

- Goal 1 Coordinate a high quality continuum of care system for the region with a focus on ending homelessness;
- Goal 2 Channel HOME funds to activities that create permanent and transitional affordable housing units for homeless persons.
- Goal 3 Provide tenant based rental assistance to homeless and at risk households (see rental objective #1, goal 4, above)

OBJECTIVE #3 Preserve, maintain and improve the existing stock of affordable housing, particularly units occupied by extremely low and very low-income households.

Goal 1 Rehabilitate and/or remove barriers to accessibility for 100 housing units, including units owned by elderly persons, disabled persons, and other special needs groups.

OBJECTIVE #4 Expand homeownership opportunities for low-income households.

Goal 1 Provide down payment assistance to 200 low to moderate income households to allow them to become homeowners;
Goal 2 Create 10 new affordable homeownership units for very low income households.

Table 1: Estimated HOME Allocation Funding 2010-2014

HOME FUNDING ALLOCATION 2010-2014		
TOTAL - \$11,800,000		
Creation of Affordable Rental Housing	\$4,720,000	40%
Rehabilitation & Handicap Barrier Removal	\$1,770,000	15%
Tenant Based Rental Assistance	\$2,006,000	17%
Homeownership Downpayment Assistance	\$1,534,000	13%
Creation of Affordable Homeownership units for Very Low Income Households	\$590,000	5%
Administration	\$1,180,000	10%

Executive Summary Response: Evaluation of Past Performance

The North Shore HOME Consortium has assisted with 973 units of affordable housing being made available to low and moderate income households through the use of HOME funds during the period from FY 2005 through FY2009 under its previous Consolidated Plan. This assistance was utilized for the creation of affordable rental and homeownership units, for down payment and rehabilitation assistance to homeowners, and for tenant based rental assistance programs.

During this period, a total of 278 units of affordable rental housing was developed. (Of those, 37 were developed by specially designated Community Housing Development Organizations (CHDOs).) 23 new

affordable homeownership units were also created and made available for sale to low income First time homebuyers.

Also during this time frame, First Time Homebuyer Down Payment Assistance programs in the Consortium assisted 255 low to moderate income households to enter into the home ownership market.

Housing Rehabilitation programs in the region made renovations and improvements to the homes of 95 low and moderate income homeowners to bring units up to meet state and local building and health codes and to allow homeowners to remain in their homes.

The Consortium also funded two types of Tenant Based Rental Assistance programs during this time frame: A program to provide security deposit assistance to help households to afford the initial expense of renting an apartment, and a short term rental subsidy program which assisted households with paying a portion of their rent for one year. Assistance was provided to a total of 322 households, with 192 households receiving security deposit assistance and 130 households receiving 12 months of assistance.

Executive Summary Response: Summary Of Citizen Participation And Consultation Process (including efforts to broaden public participation) (24 CFR 91.200 (b))

To develop the new five year Consolidated Plan for FY2010-FY2014, the NSHC conducted surveys, held meetings to discuss the needs in the region, researched data, debriefed experts in areas of concern, and held public hearings to secure input and comments. In addition, the member communities of the North Shore Consortium were invited to discuss the plan and to offer input and feedback at monthly HOME planning meetings.

Groups active in affordable housing development were notified of the development of the plan and were invited to provide input, submit suggestions for the prioritization of projects, and share any ideas for new activities to help the Consortium to meet its goals. The NSHC has always attempted to involve any local organizations which have specific ties to, or whose members comprise, minority, non-English speaking, or disabled persons.

In addition, a survey was mailed to various organizations active in affordable housing development in the region. The survey was followed by a series of community meetings and public hearings which were conducted to solicit input from the public. These meetings were advertised two weeks in advance

in five area newspapers as well as in two minority newspapers that are available in the region.

During the community meetings held prior to the draft being issued, and the public hearings held after the release of the draft, the NSHC received several comments which were taken into consideration in the planning and prioritization of needs in the plan, and are detailed in the section below.

Executive Summary Response: A Summary of Comments or Views and a Summary of Comments or Views not Accepted and the Reasons therefore (24 CFR 91.105 (B)(5)).

Prior to the publication of the draft of the Consolidated Plan, during the public hearings and planning process, the Consortium received comments which were incorporated into the draft Plan.

The draft Consolidated Plan was made available on April 6th 2010. After the draft was issued, comments were received by the NSHC prior to the completion and submission of the final Plan and are attached in Attachment B.

Strategic Plan

Due every three, four, or five years (length of period is at the grantee's discretion) no less than 45 days prior to the start of the grantee's program year start date. HUD does not accept plans between August 15 and November 15.

Mission: "The main objective of the North Shore HOME Consortium is to foster the creation of decent, safe, affordable housing."

The Strategic Plan is the centerpiece of the Consortium's Five Year Consolidated Plan and sets the forth specific primary objectives, goals and the action steps to be taken to address the outstanding needs identified in the region.

The Annual Action Plan for 2010, is the specific detailed plan and budget for the coming year of this 5 year strategic plan and is submitted separately.

The overall framework for the Strategic Plan takes into consideration a number of important elements, including:

- input from the general public obtained through the community consultation process;
- input from housing developers working in the region
- input from non-profit housing and service providers serving clientele within the region;
- input from representatives of the Consortium's member communities;
- the results of the Housing Needs and Market Analysis completed as part of the 5 Year Consolidated Plan;
- an analysis of other issues, such as the general state of our nation's economy and its effects upon the state and local economies in the region and most importantly upon the people in living in our communities.

Housing Needs Analysis and Market Analysis

The Housing Needs and the Housing Market Analysis sections of this Plan, analyze the forces shaping the housing needs and resources of the member communities. While there are clear differences amongst the communities, the overall national, regional and area trends are affecting the communities in similar ways.

The broad themes of the market are:

- a substantial increase in ownership housing prices in the prior seven year period (2000-2007), along with a significant increase in rental housing prices during the same period;
- a recent (2007-2010) rapid decline in the real estate market and economy with a decrease in housing values.
- Unemployment has doubled in this short period of time and wages and salaries have remained stagnant or been reduced by company cost cutting policies such as mandatory unpaid furlough days. This has resulted in the emergence of a significant number of foreclosures;
- the in-migration of immigrants with fewer resources, who are linguistically isolated and have inadequate education;
- a slow growth of **affordable** rental housing;
- a stable growth in traditional housing production;
- extremely limited resources for direct subsidies for households and/or units; and
- a growing number of households with severe housing cost problems (i.e., paying over 50% of income for housing).

Assignment of Priorities and Selection of Action Programs

Each year the NSHC staff work 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 the new year 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 Committee then evaluates the proposals received, rating each submission based upon the established priorities as well as other considerations, including:

- a. Project eligibility;
- b. Meeting a HUD national objective
- c. Meeting a NSHC Consolidated Plan priority
- d. Income eligibility of beneficiaries;
- e. Number of affordable units;
- f. Reasonable timeframe for project/activity;
- g. Reasonable amount of funding requested;
- h. Leveraged funds;

- i. Organizational capacity;
- j. Effectiveness of activities based on project outputs and outcomes.

The North Shore HOME Consortium is proposing a five year comprehensive strategy with specific objectives, goals and priorities to meet the area’s housing needs. This strategy is targeted to both the rental and homeownership market for low-income households, along with rehabilitation programs and resources for special needs populations. These are shown below, along with a proposed five-year allocation of HOME funds.

The proposed priorities and strategies are as follows:

Priority #1 Develop an adequate supply of safe, decent rental housing that is affordable and accessible to residents with a range of incomes including those with special needs.

- Strategy 1 Assist in creating or preserving 300 affordable rental units;
- Strategy 2 Ensure that deep enough subsidies are in place to make a percentage of units truly affordable to very low and extremely low income households and the homeless
- Strategy 3 Ensure that a percentage of the units created are accessible to persons with disabilities.
- Strategy 4 Provide tenant-based rental assistance to 300 low-income households, including those with special needs.
- Strategy 5 Develop partnerships with housing providers who create housing for special needs populations.

Priority #2 Reduce individual and family homelessness

- Strategy 1 Coordinate a high quality continuum of care system for the region with a focus on ending homelessness;
- Strategy 2 Channel HOME funds to activities that create permanent and transitional affordable housing units for homeless persons.
- Strategy 3 Provide tenant based rental assistance to homeless and at risk households (see rental objective #1, Strategy 4, above)

Priority #3 Preserve, maintain and improve the existing stock of affordable housing, particularly units occupied by extremely low and very low-income households.

Strategy 1 Rehabilitate and/or remove barriers to accessibility for 100 housing units, including units owned by elderly persons, disabled persons, and other special needs groups.

Priority #4 Expand homeownership opportunities for low-income households.

Strategy 1 Provide down payment assistance to 200 low to moderate income households to allow them to become homeowners;

Strategy 2 Create 10 new affordable homeownership units for very low income households.

NSHC Resources

The North Shore HOME Consortium (NSHC), as a participating Jurisdiction, is a direct recipient of Federal HOME funds. The Consortium receives approximately \$2,370,000 through the HOME program each year. An Additional \$200,000 in Program income 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 entitlement communities and therefore are direct recipients of Federal Community Development Block Grant (CDBG) Funds. These communities receive the following annually through the CDBG program: Haverhill:\$1,068,920; Gloucester: \$800,395; Salem: \$1,144,965; and the City of Peabody: \$464,761. 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 the continuation of their programs assisting the homeless. The total of McKinney renewal funds received by agencies within the Consortium region is approximately \$1,358,805, with a possibility of up to \$135,840 from that source available, if a new permanent housing project is proposed and funded. Several Consortium Communities have also adopted the Community Preservation Act (CPA) and utilize those funds to address housing needs within their communities. The communities within our region which have enacted the CPA are: Boxford, Essex, Georgetown, Gloucester, Hamilton, Manchester, Middleton, Newburyport, North Andover, Peabody, Rockport, and Rowley.

Public Housing Authorities within the Consortium region receive both Federal and State funding. There are 553 units of Federal public housing, 5,565 units of State public housing, 3,722 Federal housing choice vouchers and 534 State rental vouchers, within the region.

Low Income Tax Credit funding, along with many other funding sources, are often accessed by housing developers in the region to assist in the development of affordable housing units. Many developers utilize HOME funds to leverage resources from multiple funding sources. The Commonwealth of Massachusetts typically will not fund a development unless it has some sort of local support.

A general list of resources coming from other sources, which can be combined with and are available to leverage the Consortium's resources is attached to the Plan (Attachment A).

General Questions

1. *Describe the geographic areas of the jurisdiction (including areas of low income families and/or racial/minority concentration) in which assistance will be directed.*
2. *Describe the basis for allocating investments geographically within the jurisdiction (or within the EMSA for HOPWA) (91.215(a)(1)) and the basis for assigning the priority (including the relative priority, where required) given to each category of priority needs (91.215(a)(2)). Where appropriate, the jurisdiction should estimate the percentage of funds the jurisdiction plans to dedicate to target areas.*
3. *Identify any obstacles to meeting underserved needs (91.215(a)(3)).*

3-5 Year Strategic Plan General Questions response:

1. *Describe the geographic areas of the jurisdiction (including areas of low income families and/or racial/minority concentration) in which assistance will be directed.*

The NSHC, while not required to do so, distributes most of its HOME funds to its' member communities based upon the number of low-mod households identified in each community. The communities with the largest percentage of low-mod households therefore have access to the largest share of funds.

The following map illustrates the geographic area of the 30 communities which make up the NSHC.

Map 1: NSHC Area



Table 2: Low-Mod and Racial/Minority Concentrations¹ (2000 Census)

Community	Total Population	Low-Mod Population	% Low-Mod 2000
Amesbury	16,450	2,821	17.15%
Andover	31,247	2,934	9.39%
Beverly	39,862	6,324	15.86%
Boxford	7,921	338	4.27%
Danvers	25,212	3,713	14.73%
Essex	3,267	499	15.27%
Georgetown	7,377	736	9.98%
Gloucester	30,273	5,873	19.40%
Hamilton	8,315	743	8.94%
Haverhill	58,969	10,859	18.41%
Ipswich	12,987	2,123	16.35%
Lynnfield	11,542	1,005	8.71%
Manchester	5,228	679	12.99%
Marblehead	20,377	2,412	11.84%
Merrimac	6,138	921	15.00%
Methuen	43,789	7,766	17.74%
Middleton	7,744	678	8.76%
Newburyport	17,189	2,706	15.74%
North Andover	27,202	3,050	11.21%
North Reading	13,837	1,298	9.38%
Peabody	48,129	7,718	16.04%
Rockport	7,767	1,543	19.87%
Rowley	5,500	643	11.69%
Salem	40,407	8,873	21.96%
Salisbury	7,827	1,503	19.20%
Swampscott	6,141	489	7.96%
Topsfield	14,412	1,765	12.25%
Wenham	4,440	354	7.97%
West Newbury	4,149	282	6.80%
Wilmington	21,363	1,934	9.05%
NSHC Total	555,061	82,582	14.88%

It should be noted that the Consortium includes an exceptionally diverse set of communities. Some are very small towns and some are large cities. Some communities are very rural while others are suburban and some are primarily urban. They each have different needs and different concerns.

Even with this diversity, the Consortium believes that significant concentrations of low and moderate income persons and/or racial/ethnic

¹ US Census 2000 SF3. The ACS data for 2008 is only available for 11 of the 30 communities, but they represent 67% of the households in the NSHC.

concentrations provide pertinent information when local decisions are made regarding where HOME resources might be focused. De-concentration of poverty and race is a Congressional objective and under HUD regulations it affects the site selection of new housing.

A new factor affecting our communities over the last 2 years, which is also projected to continue for the next two to three years, is the foreclosure crisis. The rates of foreclosure of homes has greatly increased nationwide during this time period due to multiple factors ranging from sub-prime lending practices to the high unemployment rate. The Neighborhood Stabilization Program [NSP] required HUD and the State to identify communities with significant foreclosure problems and within those communities, the neighborhoods hardest hit. Within the Consortium, the communities of Haverhill, Methuen, Peabody and Salem were identified as having the highest numbers of foreclosures. This foreclosure crisis in general, and the needs of those communities most impacted by it, will be considered in the allocation of HOME resources.

While the Consortium does not allocate resources based on minority/ethnic concentration, it has compiled information for each community.

Table 3: Minority Percentages²

Community	% Minority 2009 Estimate
Amesbury	4.19%
Andover	14.85%
Beverly	6.36%
Boxford	4.23%
Danvers	3.67%
Essex	2.21%
Georgetown	2.26%
Gloucester	4.75%
Hamilton	10.06%
Haverhill	17.46%
Ipswich	3.80%
Lynnfield	5.33%
Manchester	1.65%
Marblehead	3.82%
Merrimac	2.67%
Methuen	18.04%

² ESRI 2009

Community	% Minority 2009 Estimate
Middleton	6.64%
Newburyport	3.00%
North Andover	11.00%
North Reading	3.72%
Peabody	9.77%
Rockport	3.52%
Rowley	2.51%
Salem	25.11%
Salisbury	3.78%
Swampscott	3.93%
Topsfield	3.50%
Wenham	3.52%
West Newbury	2.36%
Wilmington	5.75%
NSHC Total	8.55%

2. Describe the basis for allocating investments geographically within the jurisdiction (or within the EMSA for HOPWA) (91.215(a)(1)) and the basis for assigning the priority (including the relative priority, where required) given to each category of priority needs (91.215(a)(2)). Where appropriate, the jurisdiction should estimate the percentage of funds the jurisdiction plans to dedicate to target areas.

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 the new year 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:

1. 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)
2. 10% of each year's total annual allocation, or approximately \$237,000, is set aside for Planning and Administration of the HOME grant. Approximately 5% is utilized by the Consortium for oversight of the program and 5% is utilized by the communities and subrecipients for their administration of the programs;
3. The remaining amount (approximately \$1,833,000) 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 2000 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)
4. Program income is estimated to generate about \$200,000 per year. It has been the Consortium's policy to return program income to the community whose investments in housing generated it. If not committed within one year, those funds are also reallocated to the competitive funding pool.

Within any community, funds are not allocated based on the percentage of low-mod persons in a neighborhood. However neighborhood analysis may be one factor which an individual community might use when making decisions for the distribution of home assistance.

The following chart illustrates the distribution of funds for 2009 which is typical.

economy is connected to the availability of a variety of housing types, including rental and affordable housing.

The Analysis of Impediments to Fair Housing study completed by the NSHC in 2008, also identified a lack of understanding of Federal and State Fair Housing laws and of the difficulties families with children are having in obtaining housing.

The NSHC will continue to work with and support public non-profit agencies such as local housing authorities, human service organizations, Councils on Aging and other elder service organizations, homeless providers and other special needs providers, in their mission

The NSHC will continue to communicate with these groups as their needs change or the demand changes over the next five years. Wherever possible, the NSHC will provide technical assistance and support to providers in their pursuit of federal, state and other funding sources.

Moreover, the NSHC actively educates communities about ways to remove barriers to the development of affordable housing and promotes proven programs. It will continue these efforts in the future.

Managing the Process (91.200 (b))

- 1. Lead Agency. Identify the lead agency or entity for overseeing the development of the plan and the major public and private agencies responsible for administering programs covered by the consolidated plan.*
- 2. Identify the significant aspects of the process by which the plan was developed, and the agencies, groups, organizations, and others who participated in the process.*
- 3. Describe the jurisdiction's consultations with housing, social service agencies, and other entities, including those focusing on services to children, elderly persons, persons with disabilities, persons with HIV/AIDS and their families, and homeless persons.*

*Note: HOPWA grantees must consult broadly to develop a metropolitan-wide strategy and other jurisdictions must assist in the preparation of the HOPWA submission.

3-5 Year Strategic Plan Managing the Process response:

1. *Lead Agency. Identify the lead agency or entity for overseeing the development of the plan and the major public and private agencies responsible for administering programs covered by the consolidated plan.*

The lead agency for overseeing the development of the NSHC Consolidated Plan as well as its administration and reporting to HUD is the City of Peabody with its Department of Community Development carrying out the day-to-day management of the program. The City of Peabody sets aside ten percent of the total HOME allocation for administrative costs, with 5% allocated for the direct administration of the Consortium and 5% for administrative expenses of communities which use HOME funds.

The Community Development and Planning Departments (or other departments, as applicable) of the 30 Consortium member communities are the key public agencies administering the programs covered by the Plan. In addition, housing providers who are direct recipient of HOME funds through its' competitive funding process also administer programs under the Plan. These typically include designated Community Housing Development Organizations (CHDOs), local CAP agencies and various private non-profit organizations involved in housing development and the the associated services for their clients who are homeless, elderly, disabled, or victims of domestic violence.

The major homeless needs in the area are primarily serviced through the **Gloucester/Haverhill/Salem/Essex County CoC** 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 Program
- Turning Point, Inc
- Life Bridge.
- Lynn Shelter Association
- Haverhill Housing Authority
- Emmaus Inc.
- Veterans Northeast Outreach Center
- Action Inc.

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 the homeless.

2. Identify the significant aspects of the process by which the plan was developed, and the agencies, groups, organizations and others who participated in the process.

The staff of the North Shore HOME Consortium , acting through the City of Peabody's Department of Community Development, oversee the development and management of the Five Year Plan. The NSHC has elected to hire a consultant to assist it in the assembly and analysis of data from databases, from agencies in the area, from surveys and from meetings. The NSHC has also drawn from its many years of experience in administering the HOME program and in submitting such plans to HUD . Community members and groups interested in the development of affordable housing were made aware of the development of the Plan by advertisements and public notices and were invited to submit suggestions, ideas and requests for support. In addition many of these same groups responded to a survey mailed to all potential groups and attended a series of public hearings which were conducted for public input. The 32 organizations responding to surveys or attending meetings are listed in Attachment B.

Other key partners in the NSHC's planning are the three CHDO's which are based in Haverhill, Peabody and Salem. Various providers of services to the homeless were also consulted during the year and during this specific planning process.

The Five Year Plan was also discussed at the NSHC monthly meeting of its member communities in order to provide an additional opportunity for feedback on the priorities and need in the region.

More than 30 providers, individuals, and representatives from member communities provided input into the needs analysis, the setting of priorities and the design of strategies for the Five Year Plan.

This process will continue during each year, as local communities make final decisions about the award of HOME funds and as the competitive process for other funds is undertaken.

3. Describe the jurisdiction's consultations with housing, social service agencies, and other entities, including those focusing on services to children, elderly persons, persons with disabilities, persons with HIV/AIDS and their families, and homeless persons.

The consultations are described more fully in the Citizen Participation section below.

The NSHC's approach to securing input consisted of the following:

1. Organizations serving low income people in the NSHC communities, whether based in one of the 30 communities or regional organizations serving any of the Consortium communities, were sent a survey inquiring about whom they serve and what priorities would they set for a number of areas. These organizations included local housing authorities, social service providers (including those serving children, the elderly, persons with disabilities, persons with HIV/AIDs, and the homeless), municipalities, and people in the housing development field.
2. In addition, those organizations were contacted by email and telephone and more specific questions were asked about the number and characteristics of the populations the organization or agency was serving.
3. Planning Departments of the Cities and Towns were also asked about what needs in the community they had documented.
4. Four city-wide public meetings for community input were advertised throughout the region and conducted in
 - Haverhill at the Haverhill City Hall (December 14th, 2009),
 - Gloucester at the Sawyer Free Public Library in Gloucester (December 20th 2009),
 - Peabody at the Torigian Community Life Center in Peabody Mass (December 21st 2009) and
 - Peabody at the Peabody City Hall on January 14th 2010.

During interviews and 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?"

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

The Consortium, due to its unique role of acting as the convener of the Continuum of Care Alliance is directly involved in the planning process of the CoC. This planning process also provides specific detail about needs of the homeless and other specific populations.

Overall, 32 organizations serving different areas and constituents attended meetings or submitted survey responses.

Citizen Participation (91.200 (b))

1. *Provide a summary of the citizen participation process.*
2. *Provide a summary of citizen comments or views on the plan.*
3. *Provide a summary of efforts made to broaden public participation in the development of the consolidated plan, including outreach to minorities and non-English speaking persons, as well as persons with disabilities.*
4. *Provide a written explanation of comments not accepted and the reasons why these comments were not accepted.*

*Please note that Citizen Comments and Responses may be included as additional files within the CPMP Tool.

3-5 Year Strategic Plan Citizen Participation response:

1. *Provide a summary of the citizen participation process.*

Statement of Policy

The NSHC has adopted a Citizen Participation Plan which establishes the process by which the 5 Year and Annual Action Plans are designed and developed in consultation with the general public. This may be viewed in Attachment F.

Public Meetings in Development of the 5 Year Consolidated and Annual Action Plan

The Consortium's approach to citizen participation this year, where HUD requires both a 5 Year Consolidated Plan for 2010-2014 and an Annual Action Plan for 2010, 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. Over 150 different organizations and agencies were also sent a survey, seeking input on their perception or

knowledge of needs and their priority ranking of those needs, for the purposes of planning.

In addition, this same group, was invited to attend meetings and send in comments through direct mail and/or email.

The planning and citizen participation activities for these plans generally begin in November of 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 meetings, widely advertised throughout the Consortium by email and website announcements, were also advertised in the following media on November 30th 2009: Salem News (serves most of the North Shore), The Eagle Tribune (covers Merrimack Valley), the Gloucester Times, The Newburyport News, and the Woburn Daily Times Chronicle (to cover Wilmington). Also ads were placed in the Bay State Banner and El Mundo, the two minority newspapers in the region.

Meetings were held as follows:

A series of regional public meetings were conducted in different geographic areas, to facilitate attendance of the NSHC participant communities. The advertised public meetings for public input were conducted as follows:

1. Haverhill at the Haverhill City Hall (December 14th, 2009),
2. Gloucester at the Sawyer Free Public Library in Gloucester (December 20th 2009),
3. Peabody at the Torigian Community Life Center in Peabody Mass (December 21st 2009) and
4. Peabody at the Peabody City Hall on January 14th 2010.

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 are in Attachment B 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.

Organizations and Municipal Departments Contacted and Consulted in Preparation of the Plans

In addition to meetings, organizations were contacted through surveys and interviews as described in the prior section – *Managing the Process*.

The 32 organizations responding to surveys or attending meetings are listed in Attachment B.

The draft Plans were made available on April 6th 2010 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 and by request during the 30 day public comment period.

2. *Provide a summary of citizen comments or views on the plan.*

During the public hearings and planning process prior to the draft being issued, the Consortium received comments which were incorporated into the draft Plan.

After the draft was issued, comments were received by the NSHC prior to the completion and submission of the final Plan and are attached in Attachment B.

3. *Provide a summary of efforts made to broaden public participation in the development of the consolidated plan, including outreach to minorities and non-English speaking persons, as well as persons with disabilities.*

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 Citizen Participation Plan in Attachment F delineates the specific approach used.

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.

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:

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

4. *Provide a written explanation of comments not accepted and the reasons why these comments were not accepted.*

The Consortium has made a good faith effort to incorporate the comments received during the preparation and submission of the plan. Financial resources are limited, therefore not all needs identified will be addressed. The citizen participation process including the schedule of meetings, consultations throughout the year and public hearings, were conducted and publicized to maximize participation. All comments were considered in the preparation of these plans.

As noted in item 2 above, the public hearing and meeting comments received were addressed and/or incorporated into the Plan.

Institutional Structure (91.215 (i))

1. *Explain the institutional structure through which the jurisdiction will carry out its consolidated plan, including private industry, non-profit organizations, and public institutions.*
2. *Assess the strengths and gaps in the delivery system.*
3. *Assess the strengths and gaps in the delivery system for public housing, including a description of the organizational relationship between the jurisdiction and the public housing agency, including the appointing authority for the commissioners or board of housing agency, relationship regarding hiring, contracting and procurement; provision of services funded by the jurisdiction; review by the jurisdiction of proposed capital improvements as well as proposed development, demolition or disposition of public housing developments.*

3-5 Year Strategic Plan Institutional Structure response:

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

The City of Peabody has administered the federal HOME funds for the North Shore HOME Consortium [NSHC] of 30 local member communities since the Consortium was formed. Each year the NSHC staff work 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 the new year 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 78% of the funds not in the Competitive Funding Pool or used for administration and planning, 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 2000 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.

To provide for proper administration of the HOME funds, the City of Peabody retains five percent of the total HOME allocation for administrative/planning costs and allocates 5% for the planning and administrative expenses of communities for their use of formula provided HOME funds.

Thus the key public agencies contributing to the administration of the programs covered by the Plan in addition to the City of Peabody, include the Housing, Economic Development and Community Development Departments of the member communities or other City and Town departments as applicable and the selected providers of housing and services awarded HOME funds. These typically include local CAP agencies, various private non-profit organizations involved in housing development, services for the homeless, elderly, disabled, substance abuse and victims of domestic violence. In addition, CHDOs receiving development funds, while managing their program allocations separately, are ultimately accountable to the NSHC and are monitored by the lead agency, the Department of Community Development.

As more than three quarters of the funds are transferred to each member community, the working relationship between the Peabody Community Development staff and the local communities is critical. Not every community has the capacity to create and manage programs without such assistance. Moreover, as the NSHC will re-capture funds if they are not obligated by a member community within a year, there is a commitment to enabling each community to be successful.

Sometimes funds are recaptured at the end of the first year and the NSHC staff then awards them to provider organizations after an RFP process.

Thus the institutional structure established to develop and manage the NSHC HOME funds is broadly based and integrates the talents of its member communities and key provider organizations.

In addition to the process described above, these key recipients receiving funds, 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 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 and services. These various government agencies typically act as "investors" in the housing and community development services provided by nonprofit and for-profit organizations.

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 housing services to low and moderate-income households.

The relationship among these three groups of stakeholders forms the basis of the housing delivery system and plays a significant role in the housing efforts within the HOME Consortium communities. Major coordination is the responsibility of the organizations receiving funds from NSHC, but the City of Peabody Department of Community Development also provides coordination and support in these efforts to leverage and manage resources from the various stakeholders.

2. Assess the strengths and gaps in the delivery system.

The strength of the system used, is that the member communities have a real stake and opportunity in the program but if they don't deliver, the Consortium is able to re-capture the funds and distribute them to providers directly. One of the weaknesses is that not all communities have the capacity to deliver and there can be an unnecessary delay in investing the resources. Another problem, is that no matter what the NSHC establishes as its priorities, it is ultimately dependent upon member communities and providers developing or submitting projects which align with the priorities.

3. Assess the strengths and gaps in the delivery system for public housing, including a description of the organizational relationship between the jurisdiction and the public housing agency, including the appointing authority for the commissioners or board of housing agency, relationship regarding hiring, contracting and procurement; provision of services funded by the jurisdiction; review by the jurisdiction of proposed capital improvements as well as proposed development, demolition or disposition of public housing developments.

The relationship of the PHAs to the Consortium is an aggregation of the relationship between PHAs and the local governments of the NSHC member communities. The Consolidated Plan requirement above, applies only to PHAs with Federal funds. In fact the NSHC works with all state-only PHAs as well

There is no legal or formal relationship between the NSHC and its member communities' PHAs. The relationships are more related to requests for housing assistance by the PHAs and by efforts of the NSHC to create

productive relationships with PHAs. In the latter case, the NSHC has a strong interest in PHA programs using HCV homeownership and PHA programs using Project Based Section 8.

Housing Authorities in the Consortium are semi-independent agencies governed by a Board of Commissioners. One member of the Board is appointed by the Governor of Massachusetts and the other four members are appointed by the local government, typically by the Mayor or Town Manager or Board of Selectmen if there is not a Mayor or Town Manager. The authority to budget funds and expend them is contained within the statutes permitting the establishment of these PHAs and also in the regulations published by the Federal Government through HUD and/or those published by the Commonwealth of Massachusetts through DHCD. Operating funds, whether from HUD or DHCD, are provided by formula and expenditure decisions are made by the local PHA Board. Capital funds from HUD are provided by formula and expenditure decisions are made by the local PHA Board through a Five Year and Annual PHA Plan similar to this Consolidated Plan. Capital funds from DHCD have been provided by competition in the past and are now in transition to a formula system and expenditure decisions are made by the local PHA Board with approval from DHCD. Many of the PHAs in the area also received funding for Housing Choice Vouchers (HCV – Section 8) and for the Massachusetts Rental Voucher Program (MRVP). The operation of these programs is managed by the PHA. It should be noted that DHCD receives additional HCV funding which it then distributes to 5 regional agencies, who in turn make them available to eligible households.

The NSHC does not involve itself in the hiring, contracting and procurement practices and processes of the PHAs. Nor does it review proposed capital improvements. If there were plans to develop, demolish or dispose of public housing, it is likely that the NSHC might become involved, as such actions would affect the supply of affordable housing in the region.

As a matter of regulation and of practice, PHAs planning major changes to their housing stock must consult with local government. The seven PHAs in the Consortium which have Federal Public Housing, would need Consolidated Plan approval for demolition, development or other major changes to the housing stock.

Monitoring (91.230)

- 1. Describe the standards and procedures the jurisdiction will use to monitor its housing and community development projects and ensure long-term compliance with program requirements and comprehensive planning requirements.*

3-5 Year Strategic Plan Monitoring response:

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:

- a. Meeting production goals;
- b. Compliance with HOME program rules and administrative requirements;
- c. Timely use of funds;
- d. Prevention of fraud and abuse of funds;
- e. Need for technical assistance;
- f. 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 two thousand 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 conduct 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.

Fair Housing Compliance

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.

Priority Needs Analysis and Strategies (91.215 (a))

1. *Describe the basis for assigning the priority given to each category of priority needs.*
2. *Identify any obstacles to meeting underserved needs.*

3-5 Year Strategic Plan Priority Needs Analysis and Strategies response:

1. *Describe the basis for assigning the priority given to each category of priority needs.*

The NSHC staff, with the assistance of a hired consulting firm, conducted extensive community outreach in order to gather input on the perceived needs in the region. In addition, a detailed analysis of the region’s current and projected housing market was conducted to gather additional objective data. Using this information, staff were able to identify the major needs in the region and draft strategies for addressing those needs. Feedback from the member communities and citizen feedback provided the framework for the prioritization of needs. These priorities were then translated into HUD’s CPMP tables and integrated into this Plan’s narrative sections. It should be

noted however, that the 2000 HUD CHAS data was used for the need.xls tables in the CPMP, as the 2009 CHAS data published by HUD only includes 11 of the 30 communities in its dataset. However, we have included in Attachment F a composite chart which reflects the differences in those 11 communities between the 2000 CHAS and the 2009 CHAS for the reader's reference.

Since late 2009, staff and consultants have undertaken a three-part strategy to assemble the informational foundation of the new Consolidated Plan, including the identified needs of the communities.

First and foremost, staff and consultants have attempted to meet directly with the communities, obtaining input from organizations and community leaders. Staff and consultants have asked

- What are the needs of the low and moderate-income community?
- What sources of information do people and organizations have?
- What is being done at this time?
- What needs to be done in the future?

Secondly, staff and consultants have reviewed a range of other data from sources such as HUD and the census as well as state organizations and also plans and reports detailing the needs of low and moderate income individuals in the area.

Thirdly, assessments of past achievements and review of evaluations of the impact of various programs have also been incorporated into the planning process.

As related above, staff and consultants have received considerable input from the various communities. The needs assessment was completed through a cooperative effort with public and private agencies concerned with the needs of each community and has included input from public hearings.

The needs of the target population of those below 80% of median were so large, that no one strategy stands out as being the best to use with the limited resources available to the Consortium. As the needs were analyzed, priorities emerged.

These priorities reflect the Consortium's objectives of providing decent affordable housing (including rental, homeownership, and supportive housing options), to those most in need and of eliminating homelessness. These priorities also recognize the high need faced by very low income households who face the highest cost burdens and further recognizes the

need to maintain and upgrade the older housing stock, especially when occupied by extremely low and very low income households.

At the end of the process and research described above, the North Shore HOME Consortium proposed a five year comprehensive strategy with specific objectives, goals and priorities to meet the area's housing needs. This strategy is targeted to both the rental and homeownership market for low-income households, along with rehabilitation programs and resources for special needs populations. All the Objectives and Goals listed below are of the highest priority. There are other needs which could be addressed but weren't due to the lack of sufficient funding.

OBJECTIVE #1 Develop an adequate supply of safe, decent rental housing that is affordable and accessible to residents with a range of incomes including those with special needs.

- Goal 1 Assist in creating or preserving 300 affordable rental units;
- Goal 2 Ensure that deep enough subsidies are in place to make a percentage of units truly affordable to very low and extremely low income households and the homeless
- Goal 3 Ensure that a percentage of the units created are accessible to persons with disabilities.
- Goal 4 Provide tenant-based rental assistance to 300 low-income households, including populations with special needs.
- Goal 5 Develop partnerships with housing providers who create housing for populations with special needs.

OBJECTIVE #2 Reduce individual and family homelessness

- Goal 1 Coordinate a high quality continuum of care system for the region with a focus on ending homelessness;
- Goal 2 Channel HOME funds to activities that create permanent and transitional affordable housing units for homeless persons.
- Goal 3 Provide tenant based rental assistance to homeless and at risk households (see rental objective #1, goal 4, above)

OBJECTIVE #3 Preserve, maintain and improve the existing stock of affordable housing, particularly units occupied by extremely low and very low-income households.

- Goal 1 Rehabilitate and/or remove barriers to accessibility for 100

housing units, including units owned by elderly persons, disabled persons, and other special needs groups.

OBJECTIVE #4 Expand homeownership opportunities for low-income households.

- Goal 1 Provide down payment assistance to 200 low to moderate income households to allow them to become homeowners;
- Goal 2 Create 10 new affordable homeownership units for very low income households.

2. Identify any obstacles to meeting underserved needs.

[The following answer is referred to in all future sections regarding "obstacles to meeting underserved needs."]

The Consortium notes that there are obstacles to addressing these priorities, the greatest of which is the need for larger subsidy amounts in order to make housing affordable to those households with very low incomes.

The obstacles to addressing underserved needs are a lack of money and resources. The most obvious and powerful obstacle to meeting underserved needs in the region remains lack of decent paying jobs and the supply of affordable housing needed to meet growing needs. The affordable housing shortage emerged in the citizen planning process as the background reality for almost every other need which was mentioned. Participants in the planning process drew attention to the following specific sub-populations and issues:

- persons in need of supportive housing due to their inability to live independently,
- moderate-income working families who have lost their jobs or have had wage and salary and/or benefits cuts,
- people with short term housing needs,
- persons recovering from substance abuse,
- persons disabled by Hepatitis C,
- the frail elderly, especially nutrition and transportation,
- the home-life of poor children struggling to close the achievement gap in environments not conducive to school preparedness,
- young people (18-24) unable to live at home any longer,
- veterans,
- mentally disabled people being moved out of group homes,
- immigrants trying to enter into full participation in communities, and

- elderly homeowners who may have minimal mortgages still struggle to manage on a daily basis.
- the need for economic and business development which can provide jobs.

Lead-based Paint (91.215 (g))

1. *Estimate the number of housing units that contain lead-based paint hazards, as defined in section 1004 of the Residential Lead-Based Paint Hazard Reduction Act of 1992, and are occupied by extremely low-income, low-income, and moderate-income families.*
2. *Outline actions proposed or being taken to evaluate and reduce lead-based paint hazards and describe how lead based paint hazards will be integrated into housing policies and programs, and how the plan for the reduction of lead-based hazards is related to the extent of lead poisoning and hazards.*

3-5 Year Strategic Plan Lead-based Paint response:

1. *Estimate the number of housing units that contain lead-based paint hazards, as defined in section 1004 of the Residential Lead-Based Paint Hazard Reduction Act of 1992, and are occupied by extremely low-income, low-income, and moderate-income families*

Lead based paint was used in construction of houses until 1979 when it was banned. In Massachusetts 44% of housing units were built before 1950 and 81% were built before 1980. The number of old housing units built in the Consortium slightly surpasses this rate, with 84% being built before 1980. The highest percentage of old homes exists in Andover, Essex and Ipswich where at least 90% of homes were built before 1980. These older houses are a likely source of lead paint and highlight the importance of continuing to identify lead hazards and de-lead older homes throughout the consortium. Not only does the presence of lead contamination restrict housing choices for families with children under six years of age, but it greatly increases costs to homeowners. For the low and moderate-income homeowners in the Consortium, this is an ongoing concern.

For the three years 2006-2009, there were 73 reported cases of lead poisoning. Between 2003 and 2005, there were 87 reported cases in the Consortium. The incidence rate of lead poisoning is therefore declining, but

still high, with a total of 10 cases reported in 2009. Adjusted incidence rates³ for the consortium over the last year ranges from 0.0 in most communities to 3.3 in Ipswich, while the rate for Massachusetts as a whole for the same period was 0.8.

In 2000, 40% of households were under 80% of median income and 13% were under 30% of median of which about half were classified as below the poverty threshold. In 2009 39% of households in the Consortium earned less than 80% of the median income and 12% of households earned less than 30%.

In 2000 low-income (below 30% median income) households represented almost 3% of owner occupied houses in the Consortium. 83% of these households occupied old homes built before 1980, thus putting them at risk for lead-based paint poisoning. Low-income households constituted 15% of renter-occupied homes in the Consortium in 2000. 85% of these low-income households occupied pre-1980 homes that likely contained lead-based paint (see graph below).

These low-income households are at particular risk for lead based paint poisoning as they occupy old houses most at risk for containing lead based paint.

Table 5: Consortium Households at Risk for Lead-Based Paint Poisoning, 2000⁴

	<u>Owning</u>	<u>Renting</u>
NSHC Population Proportions	68%	32%
% of Occupants in Poverty	2.84%	15.11%
% Occupants in pre-1980 Housing and also below Poverty Line	82.96%	84.62%
<u>Number of HHs</u>	<u>Owning</u>	<u>Renting</u>
# of HHs below Poverty Line	4,228	9,270
# of Poverty HHs in pre-1980 HUs	3,502	7,838
% at Risk	83%	85%

While we don't have detailed poverty data for 2009, to compare with 2000, we have observed that owner and renter occupancy rates in the Consortium have remained relatively static, while poverty levels have increased a little. This could be significant, as the table above shows that the overwhelming

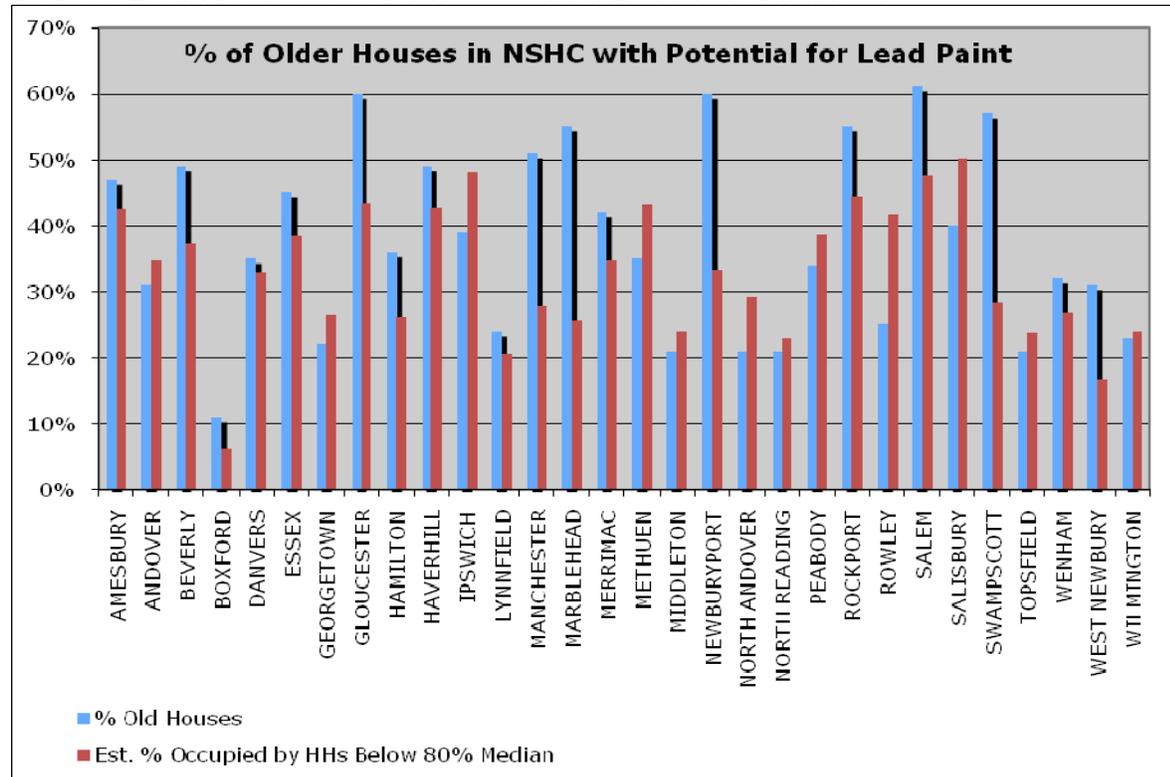
³ The adjusted incidence rate is formulated by taking the number of lead poisoning cases per 1,000 children (6 months to 72 months) screened and adjusting it for the income levels and age of housing stock for each town.

⁴ US Census 2000 SF3

number of households in poverty are also occupying housing which has the potential of putting more households at risk for lead-based paint poisoning.

The low-moderate income households of the Consortium represent approximately 36% of the total households. The chart below illustrates the potential for LBP in houses and while we do not know how many households occupy these houses which are below 80% of median, we have developed an estimate using census data.

Chart 3: Estimated % of Older Houses with Lead Contamination⁵



2. *Outline actions proposed or being taken to evaluate and reduce lead-based paint hazards and describe how lead based paint hazards will be integrated into housing policies and programs, and how the plan for the reduction of lead-based hazards is related to the extent of lead poisoning and hazards*

The key strategies for addressing the problem during the next five years are as follows:

⁵ US Census ibid.

1. encouraging Consortium communities, especially their boards of health, to provide local information booklets and outreach programs to make residents aware of lead based paint hazards and to generate referrals for lead based paint identification and abatement.
2. making residents aware of the MassHousing "Get the Lead Out" program which has been available to low and moderate income homeowners and investors who need financial assistance with lead based paint abatement. The state has limited the eligibility to properties which have an occupant who has been diagnosed and enrolled in the case management system of the DPH.
3. Encourage code enforcement which can lead to homes being de-leaded.
4. The NSHC also tests for and addresses lead contamination during the course of its rehabilitation activities, which it will continue to do.
5. All affordable housing owned by the Consortium's Housing Authorities is lead safe as are all other units developed under HOME funding and other subsidized housing programs, such as CDBG, HSF, HIF, LIHTC.

HOUSING

Housing Needs (91.205)

*Please also refer to the Housing Needs Table in the Needs.xls workbook

1. *Describe the estimated housing needs projected for the next five year period for the following categories of persons: extremely low-income, low-income, moderate-income, and middle-income families, renters and owners, elderly persons, persons with disabilities, including persons with HIV/AIDS and their families, single persons, large families, public housing residents, victims of domestic violence, families on the public housing and section 8 tenant-based waiting list, and discuss specific housing problems, including: cost-burden, severe cost-burden, substandard housing, and overcrowding (especially large families).*
2. *To the extent that any racial or ethnic group has a disproportionately greater need for any income category in comparison to the needs of that category as a whole, the jurisdiction must complete an assessment of that specific need. For this purpose, disproportionately greater need exists when the percentage of persons in a category of need who are members of a particular racial or ethnic group is at least ten percentage*

points higher than the percentage of persons in the category as a whole.

3-5 Year Strategic Plan Housing Needs response:

This chapter of the Consolidated Plan presents an overall assessment of the housing and community development needs in the Consortium. In addition to the community outreach results, the needs assessment provides the foundation for establishing priorities and allocating resources to address the identified needs.

Important Note: For the CPMP needs.xls which is the file containing the Tables required by the CDBG Consolidated Plan, it is only possible to use 2000 data due to a number of mismatches and changed definitions in the ACS survey which was used by HUD for the CHAS dataset issued in 2009. However, using that data from HUD, we have developed a number of tables similar to those in the CHAS 2000 dataset. Where there are significant conclusions drawn from these tables, we have included the key findings. Otherwise we have placed all the detailed tables into Attachment E.

1. *Describe the estimated housing needs projected for the next five year period for the following categories of persons: extremely low-income, low-income, moderate-income, and middle-income families, renters and owners, elderly persons, persons with disabilities, including persons with HIV/AIDS and their families, single persons, large families, public housing residents, victims of domestic violence, families on the public housing and section 8 tenant-based waiting list, and discuss specific housing problems, including: cost-burden, severe cost-burden, substandard housing, and overcrowding (especially large families).*

Note: *In the following discussion, Extremely Low Income [ELI] is =<30% median. Very Low Income [VLI] is 30.1-50% median. Low Income [LI] is 50.1-80% median. Moderate Income is 80.1-95% median and Middle Income is 95.1-120% median.*

In addition, it should be noted, that the analysis in this section is based on published Comprehensive Housing Affordability Strategy (CHAS) 2009 data, which in turn is based on the US Census American Community Survey (ACS) conducted in 2006-2008. This is the most up to date data available for analysis. Without this data, the analysis of needs would be based only upon data from the 2000 U.S. Census, the same data used for the assessment completed for the Consortium's previous Five Year Plan. There are some drawbacks to this, however. This ACS data is generated from random surveys and has larger error rates than the Decennial Census. Moreover, some of the definitions are different from the CHAS data of 2000 and some of the data which would be helpful is not available at all.

Also important to consider is that the CHAS 2009 data was only available for eleven communities in the Consortium: Andover, Beverly, Danvers, Gloucester, Haverhill, Marblehead, Methuen, North Andover, Peabody, Salem, and Wilmington. While this list does not include all of the Consortium's member communities, it does represent a good cross section of the region and takes into consideration both small and large communities located in different geographic areas across the Consortium. These communities account for the majority of housing units in the Consortium, so it is not unreasonable to infer that an overwhelming trend in these eleven communities would probably be reflected in the Consortium as whole.⁶

Finally it should be noted that the ACS data prepared by the Census and prepared for the CHAS 2009 dataset of HUD, does not provide some of the data identified in the HUD ConPlan instructions above. Data for persons with HIV/AIDS and their families, public housing residents, victims of domestic violence, families on the public housing and section 8 tenant-based waiting lists⁷, will be found in other sections of the plan, such as the Homeless, Non-homeless Special needs.

The tables in the following section outline the housing problems of households, both renters and homeowners, who are extremely low-income, very low-income, low-income, moderate income, and mid-level income. Also highlighted are problems identified in households with members who are disabled, elderly, and extra-elderly, and those of families. From these identified problems the case is made that a need has been identified as well.

A. Housing Problems

A household is classified by HUD/US Census as experiencing housing problems when one or more of the following four housing unit problems exist:

- the unit lacks complete kitchen facilities,*
- the unit lacks complete plumbing facilities,*
- the household has more than one person per room,*
- the household bears a cost burden greater than 30%.*

⁶ CHAS 2000 data for the eleven communities is referenced when available for comparison purposes. For example, if we want to make projection of what the statistics are for the whole Consortium, we can use the change for the 11 communities from 2000 through 2008 and then apply that change ratio to the other 19 communities. After the 2010 census data is available next year, we will be able to check these projections and make adjustments accordingly.

⁷ . Public Housing and Section 8 data is dependent upon the ways in which PHAs keep their data, plus their willingness to provide that data – both of which combined to provide very little information which could be used.

1. *Housing Problems by Income*

Extremely low-income, very low-income and low-income renter and owner households in the region are most likely to be at a risk of suffering from one or more of the housing problems described above.

From data collected across the region, housing costs rather than the physical condition of housing or overcrowding is the overwhelming problem for these households (see Tables E1 and E2 in Attachment E).

The ACS data indicates that 65% of low income households have housing problems. Of that group, 38% are extremely low income and 30% are very low income. Renters outnumber owners in the extremely low-income and very low Income groups while owners outnumber renters in the low income group.

The following table examines owners and renters with housing problems who are below 20% of AMI.

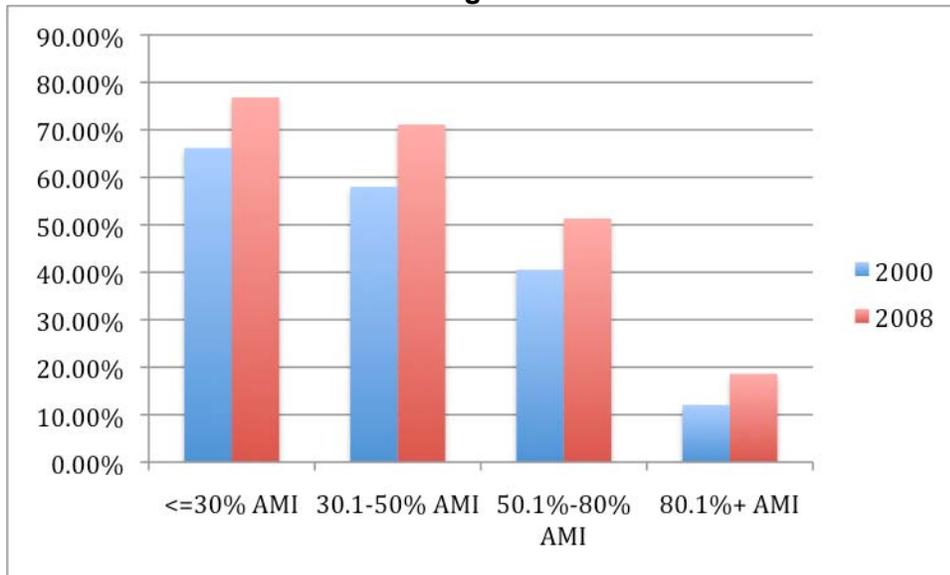
Table 5: Number/Percentage of Households with Housing Problems <80% AMI Level⁸

Housing Problems	<80% AMI		% of HH<=80% AMI	
	Owner	Renter	Owner	Renter
HHs with Housing Problems	2,780	5,740	14%	29%
HHs without Housing Problems	120	1,150	1%	14%

Since 2000, the number of households with housing problems has increased in the Consortium region. The most notable increase occurred in the very low income group, where almost 23% more households had housing problems in 2008 than in 2000.

⁸ CHAS/ACS 2009 Table 11

Chart 4: Households with Housing Problems



2. *Housing Problems for the Disabled*

A disabled household is a household with at least one or more persons with a mobility or self-care limitation.

Among the Consortium’s identified disabled population, approximately 47% have housing problems. However, 84% of the disabled households with housing problems are low income. (For additional details, see Attachment E Table E4).

The following table provides the actual number of households by income category and whether they are owners or renters.

Table 6: Housing Problems of the Low Income Disabled⁹

CHAS/ACS 2009	<=30% AMI		30.1-50% AMI		50.1%-80% AMI		Total <=80% AMI		Total
	Own	Rent	Own	Rent	Own	Rent	Own	Rent	
Disabled	1,180	1,870	730	575	760	350	2,670	2,795	5,465
Not-Disabled	4,820	7,210	5,085	5,440	7,220	4,100	17,125	16,750	33,875
Total	6,000	9,080	5,815	6,015	7,980	4,450	19,795	19,545	39,340

3. *Housing Problems of the Elderly*

Elderly are persons aged 62-74 and extra-elderly are persons 75 and older.

⁹ CHAS/ACS 2009 Table 6

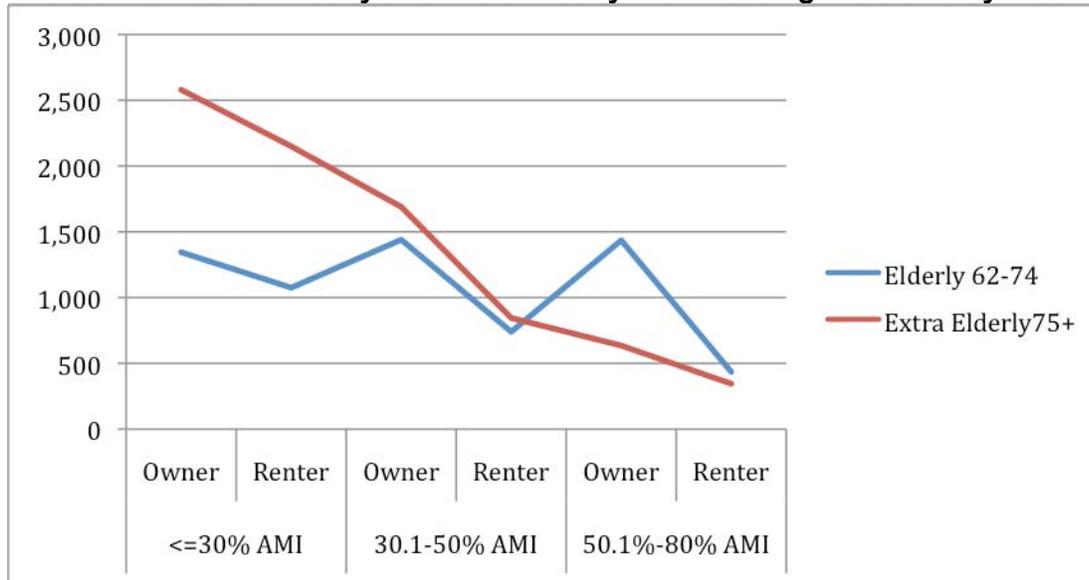
Since 2000 the elderly population in the Consortium communities has increased 5%, and is expected to increase 12% in the next five years¹⁰.

Table 7: Profile of Elderly in the NSHC 2008.¹¹

Elderly Profile – 11 Consortium Communities		% of Elderly Group	% of Elderly group <=80%
Total Elderly (62-74)	24,047		
Total Elderly (62-74) <80%	11,644		
Total Elderly (62-74) <80% With Housing Problems	6,470	27%	56%
Total Elderly (62-74) <30%	3,550	15%	30%
Total Extra-Elderly (75+)	21,005		
Total Extra-Elderly (75+) <80%	15,085		
Total Extra-Elderly (75+) <80% with Housing Problems	8,245	39%	55%
Total Extra-Elderly (75+) <30%	6,425	31%	43%
Total all Elderly (62+)	45,052		
Total all Elderly <=80% Median	26,729	59%	
Total all elderly <80% with housing problems	14,715	33%	

At this time 39% of the Consortium’s elderly and extra-elderly population have housing problems, but those at or below 80% of median represent 84% of those elderly with housing problems. (For additional details, see Attachment E Table E8).

Chart 5: Number of Elderly and Extra-Elderly with Housing Problems by Income Group



¹⁰ ESRI Ibid.

¹¹ CHAS/ACS 2009 Table 5

4. *Housing Problems for Families*

Families are households with at least one child under the age of 18. Non-family households are composed of unrelated individuals.

The table below shows that small families (four or fewer persons) in owner units, dominate those with housing problems. (For additional details, see Attachment E Table E9).

Table 8: Housing Problems by Family Type¹²

	Family, 1 Parent		Family, 2 Parents		Non-Family		Total Family		Total
Family Size with Housing Problems as a % of All Families in Type									
	Own	Rent	Own	Rent	Own	Rent	Own	Rent	All
Small - 4 or fewer	22.66%	24.82%	18.60%	3.60%	24.76%	22.19%	19.52%	8.43%	34.51%
Large - 5 or more	1.89%	1.42%	3.88%	0.84%	0.00%	0.15%	3.43%	0.97%	2.93%

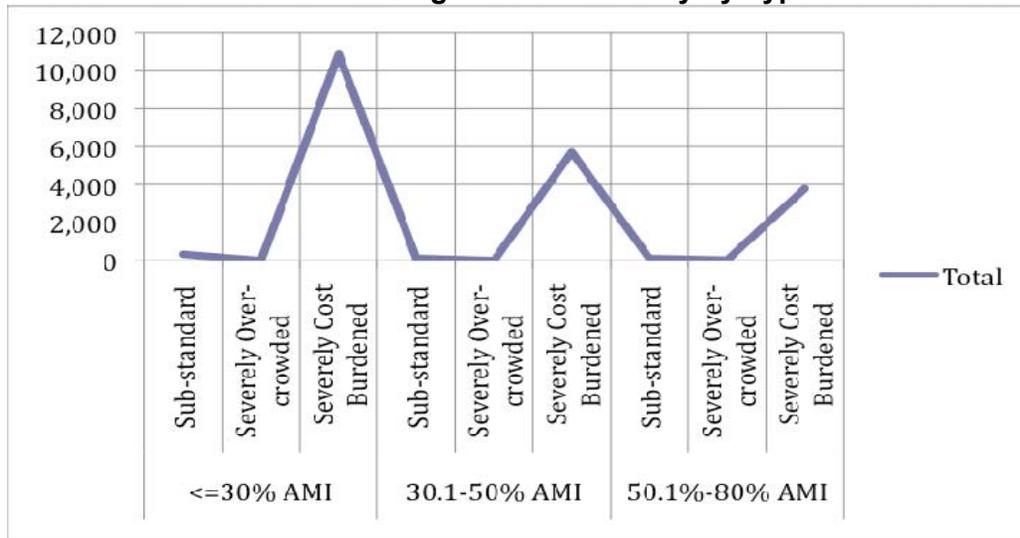
B. *Housing Problem Severity*

Severe housing problems include housing units which are substandard- that is, they lack complete plumbing or kitchen facilities; are severely over-crowded, that is, have 1.51 or more persons per room; or households who are considered severely cost-burdened, that is, with a housing cost-burden over 50%.

Within the Consortium region, both renters and homeowners face severe housing problems such as sub-standard housing, severe over-crowding and severe cost-burden. Data on the occurrence of these problems provides information to help in setting priorities for the HUD programs. 55% of the reported Extremely Low Income population is severely cost burdened. As the Chart below shows clearly, the major problem facing these communities is the severe cost burden for extremely low income and very low income rental households. The major resource available is public housing and HCV vouchers. To some extent, HOME and other affordable housing programs might help, but since funds are very limited, it is difficult to assist households at the lowest income levels. (For additional details, see Attachment E Tables E10and E11).

¹² CHAS/ACS 2009 Table 4

Chart 6: Distribution of Housing Problem Severity by Type and Income Group¹³



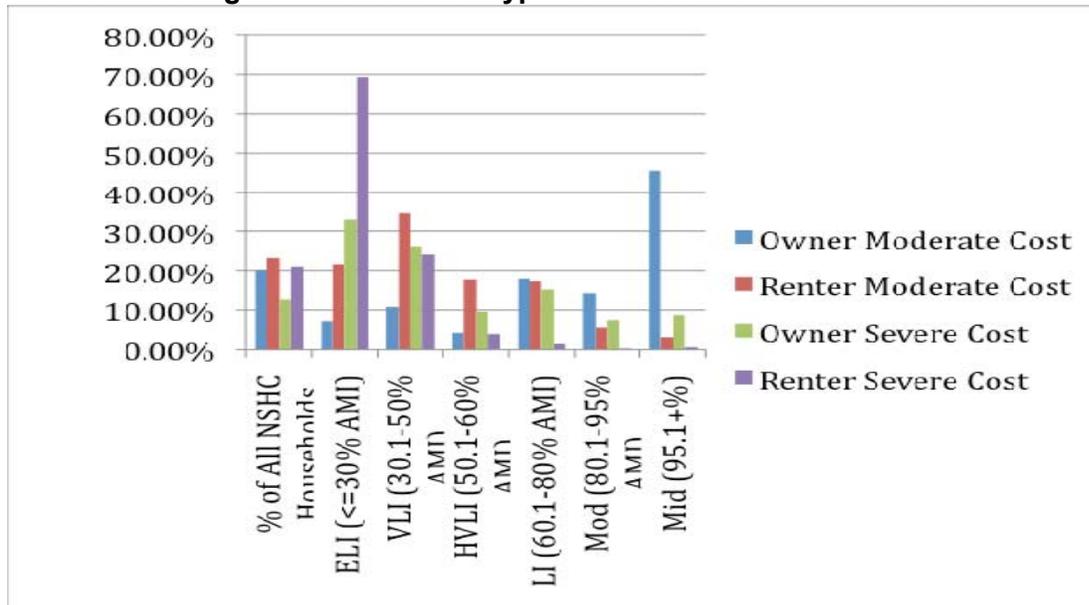
C. Cost-Burden and Severe Cost-Burden

As noted above, households which suffer severe cost-burden have a housing cost burden of greater than 50%. Moderate cost-burden is considered to be a housing cost burden that is greater than 30% but less than or equal to 50%. Households that do not have a cost-burden have housing costs that are less than or equal to 30% of their monthly gross income.

As noted above, the dominant housing problem facing the residents in the region is housing cost-burden. 15% of all identified households have severe cost burdens (22,640) and 21% (31,410) have moderate cost burdens. These are distributed equally between owners and renters. The following chart illustrates the cost burdens for identified owners and renters in the region at differing income levels. It is likely that any changes since then will have resulted in higher rates of both moderate and severe cost burden, given the further downturn in the economy. (For additional details, see Attachment E Table E12).

¹³ CHAS/ACS 2009 Table 3

Chart 6: Housing Cost Burdens of Types of Households in the Consortium¹⁴



The following tables analyze the cost burden distribution in terms of household income.

The table below, shows the moderate cost burden distribution and highlights the most notable proportions of those paying between 30% and 50% of their income for housing. These are very low income, low income, moderate and mid level income owners and renters earning less than 80% of median income.

Table 9: Number of Households with Moderate Cost Burden by Tenure¹⁵

	Own	%	Rent	%	All	%
All HH	104,145		44,925		149,070	
All Moderate Cost Burden (30-50% of HH Income)	20,975	20.14%	10,435	23.23%	31,410	21.07%
ELI (<=30% AMI)	1,505	7.18%	2,250	21.56%	3,755	2.52%
VLI (30.1-50% AMI)	2,265	10.80%	3,610	34.60%	5,875	3.94%
HVLI (50.1-60% AMI)	890	4.24%	1,850	17.73%	2,740	1.84%
LI (60.1-80% AMI)	3,760	17.93%	1,810	17.35%	5,570	3.74%
Mod (80.1-95% AMI)	2,990	14.26%	584	5.60%	3,574	2.40%
Mid (95.1+% AMI)	9,560	45.58%	325	3.11%	9,885	6.63%

The table below shows the severe cost burden distribution and indicates that extremely low, very low, and low income owners and extremely low and very low income renters comprise the greatest proportion of those paying over 50% of their income for housing.

¹⁴ HUD ACS/CHAS 2009 Table 3

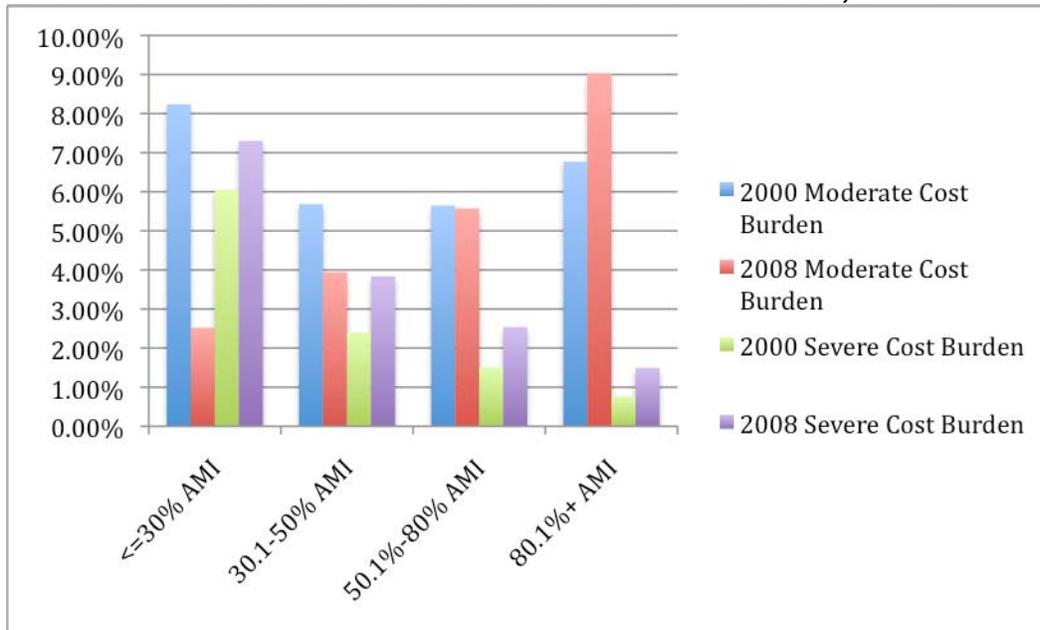
¹⁵ Ibid Table 3

Table 10: Number of Households With Severe Cost Burden by Tenure¹⁶

	Own	%	Rent	%	All	%
All HH	104,145		44,925		149,070	
All Severe Cost Burden (>50% of HH Income)	13,215	12.69%	9,425	20.98%	22,640	15.19%
ELI (<=30% AMI)	4,355	32.95%	6,530	69.28%	10,885	7.30%
VLI (30.1-50% AMI)	3,445	26.07%	2,275	24.14%	5,720	3.84%
HVLI (50.1-60% AMI)	1,265	9.57%	370	3.93%	1,635	1.10%
LI (60.1-80% AMI)	2,010	15.21%	140	1.49%	2,150	1.44%
Mod (80.1-95% AMI)	985	7.45%	30	0.32%	1,015	0.68%
Mid (95.1+% AMI) as a % of all Moderate Cost HHS	1,155	8.74%	60	0.64%	1,215	0.82%

Since 2000, the incidence rate of both moderate and severe housing cost burden rose in the region for which we have CHAS data. The chart below shows that the proportion of households with moderate cost burden dropped in very low and extremely low income groups between 2000 and 2008, but rose for low and moderate income households. The proportion of households with severe cost burden rose across all income groups, particularly among extremely low income households.

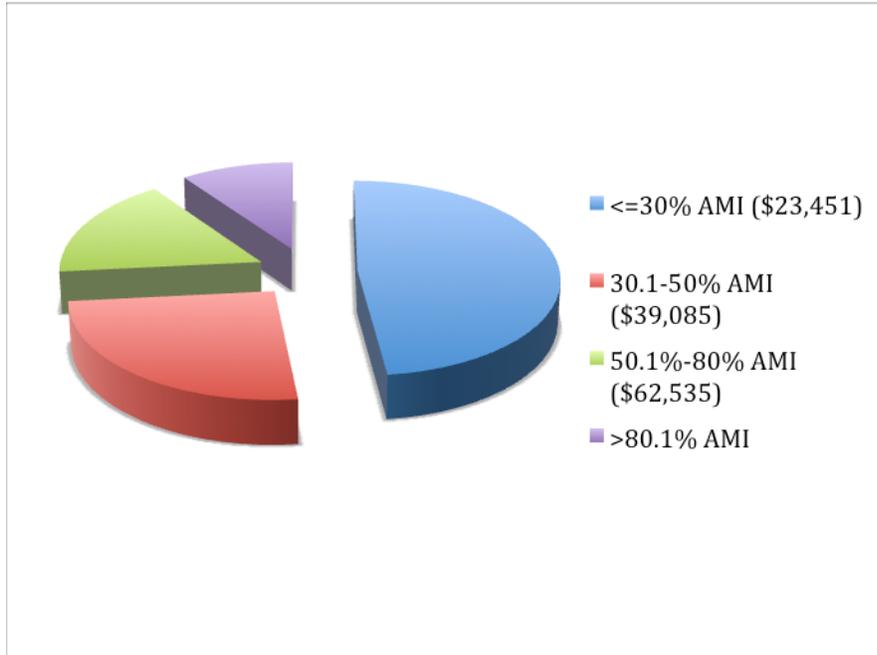
Chart 7: Households with Moderate and Severe Cost Burden, 2000-2008



The following chart illustrates this cost burden distribution.

Chart 8: Households Paying more than 50% of Income for Housing¹⁷

¹⁶ Ibid Table 3
¹⁷ Ibid. Table 3



D. Substandard Housing

Substandard housing refers to housing units which lacks complete kitchen or plumbing facilities. Standard housing is a housing unit which has both complete kitchen and complete plumbing facilities.

Data analysis shows that there are small numbers of households with cost burdens who are also living in substandard housing (see Table E16 in Attachment E,).

E. Overcrowding

Moderate overcrowding occurs when there is more than one person per room but less than or equal to 1.5 people. Severe overcrowding occurs when there are more than 1.5 people per room in the housing unit. No overcrowding is when there is one person or less per room.

A one-family household is a family household with no subfamilies. However a 2+ family household is a multi-family household composed of more than one family or subfamily. Non-family households are composed of unrelated individuals.

In general, families and non-family households did not face overcrowding in 2008. It should be noted that since 2008, when this data was developed, there has been some loss of jobs, some loss of income and some loss of housing. It would not be surprising for the Census 2010 to show an increase in overcrowding as families “double up”, which has been reported

anecdotally by local service and housing organizations. (For additional details, see Attachment E Table E17).

2. To the extent that any racial or ethnic group has a disproportionately greater need for any income category in comparison to the needs of that category as a whole, the jurisdiction must complete an assessment of that specific need. For this purpose, disproportionately greater need exists when the percentage of persons in a category of need who are members of a particular racial or ethnic group is at least ten percentage points higher than the percentage of persons in the category as a whole.

Utilizing CHAS/ACS data from HUD (2009) we have developed the following information about the housing needs of racial and ethnic groups:

The Hispanic population in the Consortium's 30 communities in 2009 is estimated to be approximately 6%. As the largest minority group in the Consortium and one of the fastest growing, it is the group which should be looked at closely in terms of need and prospective demand on the limited resources of the Consortium. The Asian population in the 30 Consortium communities was 3% in 2009, and is the fastest growing, expected to grow 111% between 2000 and 2014.

Table 11: Race and Ethnicity in the Consortium 2000, 2009, 2014¹⁸

	2000	2009	2014	Change 2000-2014
White Alone	94.1%	91.4%	89.5%	-1.63%
Black Alone	1.1%	1.4%	1.6%	58.84%
American Indian Alone	0.1%	0.2%	0.2%	38.93%
Asian Alone	1.7%	2.7%	3.5%	111.17%
Pacific Islander Alone	0.0%	0.0%	0.0%	72.44%
Some Other Race Alone	1.8%	2.7%	3.3%	96.55%
Two or More Races	1.2%	1.6%	1.8%	56.90%
Hispanic Origin (Any Race)	3.7%	5.7%	7.1%	101.29%

In Attachment E Table E19 it is apparent that white owners and renters, Hispanic owners and renters, and low income Black and Asian renters have comparable housing problems. A concern of HUD and of the Consortium is when there is a disproportionate need for any ethnic group. Table E20 in Attachment E shows that although there are challenges facing the households, there is no disproportionate share of housing problems for any one ethnic/racial minority.

¹⁸ ESRI Ibid

The impact of severe housing problems including substandard housing, severe overcrowding and severe cost-burden affect all ethnicities in the Consortium. When examined closer by race and ethnic group, the distribution of severe housing problems by race and ethnic group does not vary from that of the overall population.

Within the region, the only group disproportionately affected by housing cost burden is Hispanic renters, who have a disproportionate share of households with severe cost burden. 18% of Hispanic renters are affected by severe cost burden, compared to the threshold of 15%, defined by HUD for this specific racial/ethnic group.

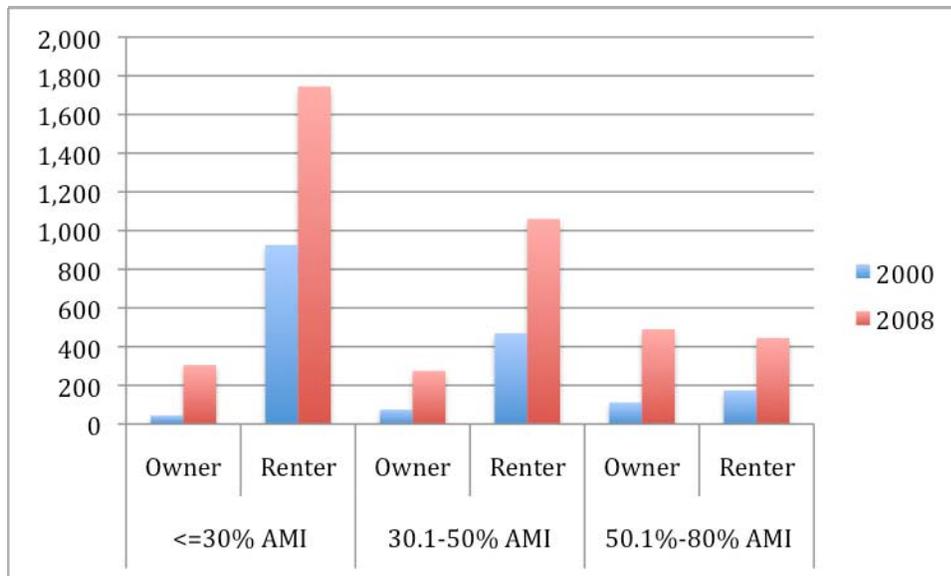
Table 12: Housing Cost Burden (Percentages)

Race with Housing Problems	Severe Cost Burden		Moderate Cost Burden		No Cost Burden		Total Moderate and Severe		Total
	Owner	Renter	Owner	Renter	Owner	Renter	Owner	Renter	
White	90.40%	77.28%	93.73%	79.85%	94.54%	84.73%	92.44%	78.62%	90.41%
Black	1.53%	2.32%	0.80%	1.61%	0.80%	1.51%	1.08%	1.95%	1.11%
Asian	1.64%	1.65%	1.91%	1.94%	2.33%	3.11%	1.81%	1.80%	2.22%
American Indian	0.00%	0.15%	0.00%	0.00%	0.13%	0.29%	0.00%	0.07%	0.11%
Pacific Islander	0.00%	0.00%	0.00%	0.00%	0.04%	0.00%	0.00%	0.00%	0.02%
Hispanic	6.43%	17.52%	3.07%	14.94%	1.49%	8.38%	4.37%	16.17%	5.25%
Other	0.00%	1.08%	0.50%	1.66%	0.67%	1.98%	0.30%	1.38%	0.87%

Since 2000, the minority populations in the Consortium have been increasing. In particular, the Hispanic population is expected to have grown at least 100% between 2000 and 2014. The number of housing problems among Hispanic households has also increased dramatically. As can be seen from the chart, of all Hispanic households, extremely low and very low income Hispanic renters experienced the biggest increase in housing problems between 2000 and 2008.

Chart 9: Hispanic Households with Housing Problems, 2000-2008¹⁹

¹⁹ CHAS 2000, 2008



Summary Conclusion

The attached CPMP data tables²⁰ and the tables in this document quantify the estimated number of households who have housing problems, including and most importantly, rent and ownership cost burdens. The need for affordable housing is greater than the supply and thus the Consortium is faced with thinking of how it can support production programs that can close the gap.

The Housing Needs Analysis shows that the most pervasive problem facing households in the Consortium region is the cost burden of housing. Therefore the preservation of existing rental units which are subsidized, as well as those affordable rental units provided by private landlords, is an important strategy for these communities. Rehab and other preservation approaches can help tremendously.

The problems of cost are also faced by owners, who outnumber renters in terms of moderate to severe cost burdens. There are several approaches that might be explored to address this problem. Assistance with repairs to properties, especially those occupied by low income elderly can assist low income owners. Lowering utility costs through retrofitting of energy and water improvements may also be a part of the rehabilitation program,

²⁰ We have tried to show the HUD CHAS/ACS data in the narrative but due to questions about it and the lack of full correspondence with the categories used in the CPMP tables, we are using 2000 in the Housing Needs Tab in the CPMP Needs.xls table.

In the eleven Consortium communities, Hispanic renters have a disproportionate share of severe housing problems. This ethnic/racial group is also expected to double in the next five years.

Housing cost burden has been identified as the most pervasive of the housing problems experienced by households in the Consortium. Since 2000, rates of housing problems and particularly, severe housing cost burden have increased. In particular, extremely low income and very low income households experienced the highest increases in severe cost burden between 2000 and 2008.

In an effort to put forth some ideas of how to address the great need for affordable housing in the region, the Consortium can suggest some strategies for its communities. Additional communities in the Consortium can adopt inclusionary zoning bylaws to require developers to include affordable housing in their planned housing developments. Communities may also vote to enact the Community Preservation Act and earmark a large share of the funds for affordable housing. These tools may not be effective in the immediate future due to poor economic conditions. However they should prove effective in producing additional affordable housing over the long term. These programs can also be combined with other programs to reach very low income households. Examples of such programs are HOME and Project Based Section 8 programs of the PHA and State.

Priority Housing Needs (91.215 (b))

- 1. Identify the priority housing needs and activities in accordance with the categories specified in the Housing Needs Table (formerly Table 2A). These categories correspond with special tabulations of U.S. Census data provided by HUD for the preparation of the Consolidated Plan.*
- 2. Provide an analysis of how the characteristics of the housing market and the severity of housing problems and needs of each category of residents provided the basis for determining the relative priority of each priority housing need category.*
Note: Family and income types may be grouped in the case of closely related categories of residents where the analysis would apply to more than one family or income type.
- 3. Describe the basis for assigning the priority given to each category of priority needs.*
- 4. Identify any obstacles to meeting underserved needs.*

3-5 Year Strategic Plan Priority Housing Needs response:

1. *Identify the priority housing needs and activities in accordance with the categories specified in the Housing Needs Table (formerly Table 2A). These categories correspond with special tabulations of U.S. Census data provided by HUD for the preparation of the Consolidated Plan.*

The priorities and specific objectives were developed from the 2009 CHAS data supplied by HUD from the ACS census of 2006-2008, with additional data sources from national data collection organizations (ESRI, RealtyTrac and the Warren Group), from state agencies (DHCD, CHAPA) and from local data sources (cities, towns, PHAs, non-profit agencies and CHDOs).

In addition, the City of Peabody and the consultant conducted a survey of organizations that provide housing and other services in the region and also conducted meetings with many of these agencies to discuss needs and priorities from their perspective. The survey compiled results from 20 respondents ranked their priorities 1 and 2 on a five point scale as follows:

Table 13: Survey Priorities²¹

General Priorities	Priorities 1 & 2 as a % of Respondents
Renters	85%
Homeless Individuals	75%
Homeless Families	65%
Persons With Disabilities	65%
Public Services	50%
Elderly	50%
Economic Development	45%
Neighborhood Planning	35%
Homeowners	30%
First time homebuyers	30%
Infrastructure	25%
Persons With AIDS	20%
Public Facilities	15%

Additional survey results are in Attachment D. In addition to the survey, the meetings with providers and other interested parties provided useful data and perspectives on what was happening in terms of demand and supply of housing for a variety of populations. (See Attachment B).

Finally, Consortium experience over the last five years has provided a

²¹ NSHC Survey of Agencies, 2009.

detailed understanding of the needs in the area and what strategies have been effective.

The High, Medium and Low descriptors assigned in the *needs.xls* section of the CPMP were based on the process described above and in other sections of the plan. However, the CHAS 2000 data was used for the gap analysis in the *needs.xls* table. The information developed in the Housing Needs Analysis section above, was based on a mixture of 2000 CHAS data and 2008 ACS (issued by HUD as CHAS 2009 data), which is only available for 11 of the 30 communities. This HUD 2009 CHAS data represents 149,070 of the total of 221,206 households in the consortium, or 67%.

Due to this problem of securing more recent data for the Consortium, we developed a table in Attachment C, using a combination of 2000 and 2009 data. This helped in guiding us in the establishment of priorities and activities (strategies) as in the table below.

Table 14: Summary of Priorities

OBJECTIVE A: DEVELOP AN ADEQUATE SUPPLY OF SAFE, DECENT RENTAL HOUSING THAT IS AFFORDABLE AND ACCESSIBLE TO RESIDENTS WITH A RANGE OF INCOMES INCLUDING THOSE WITH SPECIAL NEEDS	
Strategies:	5 Year Priority
1. Assist in creating or preserving 300 affordable rental units	HIGH
2. Ensure that deep enough subsidies are in place to make a percentage of units truly affordable to very low and extremely low income households and the homeless	HIGH
3. Ensure that a percentage of the units created are accessible to persons with disabilities	HIGH
4. Provide tenant-based rental assistance to 300 low-income households, including those with special needs	HIGH
5. Develop partnerships with housing providers who create housing for special needs populations	HIGH
OBJECTIVE B: REDUCE INDIVIDUAL AND FAMILY HOMELESSNESS	

Strategies:	5 Year Priority
1. Coordinate a high quality continuum of care system for the region with a focus on ending homelessness	HIGH
2. Channel HOME funds to activities that create permanent and transitional affordable housing units for homeless persons	HIGH
3. Provide tenant based rental assistance to homeless and at risk households (see rental objective #1, goal 4, above)	HIGH
OBJECTIVE C: PRESERVE, MAINTAIN AND IMPROVE THE EXISTING STOCK OF AFFORDABLE HOUSING, PARTICULARLY UNITS OCCUPIED BY EXTREMELY LOW AND VERY LOW-INCOME HOUSEHOLDS	
Strategies:	5 Year Priority
1. Rehabilitate and/or remove barriers to accessibility for 100 housing units, including units owned by elderly persons, disabled persons, and other special needs groups	HIGH
OBJECTIVE D: EXPAND HOMEOWNERSHIP OPPORTUNITIES FOR LOW-INCOME HOUSEHOLDS	
Strategies:	5 Year Priority
1. Provide down payment assistance to 200 low to moderate income households to allow them to become homeowners	HIGH
2. Create 10 new affordable homeownership units for very low income households	HIGH

2. Provide an analysis of how the characteristics of the housing market and the severity of housing problems and needs of each category of residents provided the basis for determining the relative priority of each priority housing need category

Although NSHC is committed to the production of both rental and home ownership units, it also recognizes the need to ensure that existing units provide a decent and safe living environment. To this end, the NSHC uses

local housing rehab programs funded from HOME and other funds. Additionally, the NSHC will support programs which acquire and rehabilitate foreclosed properties.

The Consortium has developed its priorities from the Housing Needs Analysis presented in the prior section and also from the information in the *Housing Market Analysis, Lead Based Paint, Homeless and Non-Homeless Special Needs* sections in this Plan.

In addition, during the time this Plan was developed (November 2009 – April 2010), it has become clear that the communities and households are continuing to experience major changes in their incomes and housing costs. In general housing values continue to decline, which makes it likely that acquisition, purchasing assistance and rehabilitation may be more effective strategies than new construction. However, this same economic crisis is resulting in stagnant incomes and in many cases, loss of jobs and reduced job opportunities. While one cannot assume that these conditions will continue for the next 5 years, they will affect the environment for this plan. In the case of rental housing there is some evidence that the vacancy rate has fallen below sustainable levels and that rents will rise, due to increasing demand and no increase in supply.

3 Describe the basis for assigning the priority given to each category of priority needs.

Based on data analysis, the greatest cost burdens (households paying more than 50% of income for housing) are for those whose income is less than 30% of median income, both renters and owners. For those with incomes between 50% and 80% of median income, it is primarily owners. Overall elderly renters and large family renters have the greatest number of physical housing problems. These groups will be the focus of funding in the next 5 years unless new census 2010 and other data justify changes.

In the case of setting a high priority for serving the homeless, there is increasing evidence that the economic recession is contributing to a higher risk of homelessness. Most of the service agencies provided case load information supporting this conclusion.

The problem areas identified will be the focus of funding in the next 5 years unless new census 2010 and other data justify changes.

4 Identify any obstacles to meeting underserved needs.

As noted elsewhere in other sections of this plan, the major obstacle to meeting underserved needs is the disproportion between the need and the resources available, which is being further exacerbated by the declining economy, loss of jobs, declining state revenues for housing subsidies and the collapse of the mortgage market.

At a recent public meeting where the Consortium's projected goals were discussed, representatives from the development community indicated that without the type of project-based subsidies that had been available in the past, it has become nearly impossible to create the kind of operating budget that would provide affordable housing for the lower-income households that are in the greatest need.

Housing Market Analysis (91.210)

*Please also refer to the Housing Market Analysis Table in the Needs.xls workbook

1. *Based on information available to the jurisdiction, describe the significant characteristics of the housing market in terms of supply, demand, condition, and the cost of housing; the housing stock available to serve persons with disabilities; and to serve persons with HIV/AIDS and their families. Data on the housing market should include, to the extent information is available, an estimate of the number of vacant or abandoned buildings and whether units in these buildings are suitable for rehabilitation.*
2. *Describe the number and targeting (income level and type of household served) of units currently assisted by local, state, or federally funded programs, and an assessment of whether any such units are expected to be lost from the assisted housing inventory for any reason, (i.e. expiration of Section 8 contracts).*
3. *Indicate how the characteristics of the housing market will influence the use of funds made available for rental assistance, production of new units, rehabilitation of old units, or acquisition of existing units. Please note, the goal of affordable housing is not met by beds in nursing homes.*

3-5 Year Strategic Plan Housing Market Analysis responses:

1. *Based on information available to the jurisdiction, describe the significant characteristics of the housing market in terms of supply, demand, condition, and the cost of housing; the housing stock available to serve persons with disabilities; and to serve persons with HIV/AIDS and their families. Data on the housing market should include, to the extent information is available, an estimate of the number of vacant or abandoned buildings and whether units in these buildings are suitable for rehabilitation*

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 1998-2007. Now we have entered a period seemingly worse than the downturn in 1990-1993. The Consortium has seen a decline in residential construction, as the availability of financing has declined and housing foreclosures have increased.

When one examines more closely who benefited from the recent housing 'boom' and who is now being impacted by its decline, it is clear that many households who had been priced out of the market or who had been faced with increasing the proportion of income they had to set aside for housing, are in mortgage trouble. Moreover, as compensation has been stagnant (7% decrease in real wages in the last 3 years) or even been reduced and as many household members have lost their jobs, it has become difficult to maintain mortgage payments. In the first wave of foreclosures, most of the homeowners had purchased, using sub-prime mortgages. The latest group involves owners who have had adjustable rate mortgages with liberal underwriting standards (so called alt-A mortgages). Tenants in rental housing have also been impacted by the foreclosures. In some cases, rental properties have been abandoned.

For those households above median income, although the cost of housing rose, they still had 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. When a lower-income household spends 50% of income on housing, other more basic needs are neglected.

General Population Characteristics

The following tables summarize population and its characteristics including trends and forecasts. The first two tables indicate that the Consortium's total population has been stable and will remain about the same. The third table indicates that the characteristics of the population also remaining somewhat the same. However the fourth table indicates that what is changing is race or ethnicity. The fastest growing segment of the population is Hispanic, with the White proportion declining.

Table 14: Population Characteristics²²

	2009 Total Population	2009 Total Households	2014 Total Households
Amesbury	17,079	6,622	6,716
Andover	32,096	11,603	11,681
Beverly	39,352	15,567	15,484
Boxford	8,305	2,697	2,740
Danvers	28,301	10,841	11,316
Essex	3,369	1,357	1,375
Georgetown	7,890	2,734	2,793
Gloucester	30,532	12,717	12,658
Hamilton	8,337	2,677	2,680
Haverhill	60,345	23,487	23,651
Ipswich	13,271	5,407	5,432
Lynnfield	11,394	4,136	4,118
Manchester	5,175	2,146	2,137
Marblehead	19,747	8,265	8,169
Merrimac	6,451	2,350	2,396
Methuen	44,793	16,912	17,021
Middleton	8,354	2,518	2,588
Newburyport	18,001	7,814	7,920
North Andover	28,483	10,196	10,363
North Reading	14,054	4,907	4,967
Peabody	50,362	19,554	19,892
Rockport	7,564	3,401	3,367
Rowley	5,956	2,128	2,193
Salem	40,986	17,811	17,899
Salisbury	9,148	3,652	3,857
Swampscott	14,216	5,642	5,614
Topsfield	6,060	2,070	2,059
Wenham	4,497	1,308	1,317
West Newbury	4,387	1,474	1,505
Wilmington	21,705	7,209	7,298
Total NSHC	570,210	219,202	221,206

²² ESRI forecasts for 2009 and 2014

Table 15: 2000-2009 & Estimated 2014 Population Change²³

ESRI	2000 Total Population	2009 Total Population	% Change 2000-2009	2014 Total Population	% Change 2009-2014
Amesbury	16,450	17,079	1.04%	17,295	1.01%
Andover	31,247	32,096	1.03%	32,234	1.00%
Beverly	39,862	39,352	0.99%	39,049	0.99%
Boxford	7,921	8,305	1.05%	8,420	1.01%
Danvers	25,212	28,301	1.12%	29,397	1.04%
Essex	3,267	3,369	1.03%	3,406	1.01%
Georgetown	7,377	7,890	1.07%	8,047	1.02%
Gloucester	30,273	30,532	1.01%	30,299	0.99%
Hamilton	8,315	8,337	1.00%	8,329	1.00%
Haverhill	58,969	60,345	1.02%	60,677	1.01%
Ipswich	12,987	13,271	1.02%	13,320	1.00%
Lynnfield	11,542	11,394	0.99%	11,320	0.99%
Manchester	5,228	5,175	0.99%	5,139	0.99%
Marblehead	20,377	19,747	0.97%	19,482	0.99%
Merrimac	6,138	6,451	1.05%	6,562	1.02%
Methuen	43,789	44,793	1.02%	44,973	1.00%
Middleton	7,744	8,354	1.08%	8,536	1.02%
Newburyport	17,189	18,001	1.05%	18,259	1.01%
North Andover	27,202	28,483	1.05%	28,882	1.01%
North Reading	13,837	14,054	1.02%	14,181	1.01%
Peabody	48,129	50,362	1.05%	51,015	1.01%
Rockport	7,767	7,564	0.97%	7,473	0.99%
Rowley	5,500	5,956	1.08%	6,117	1.03%
Salem	40,407	40,986	1.01%	41,048	1.00%
Salisbury	7,827	9,148	1.17%	9,609	1.05%
Swampscott	14,412	14,216	0.99%	14,109	0.99%
Topsfield	6,141	6,060	0.99%	6,017	0.99%
Wenham	4,440	4,497	1.01%	4,515	1.00%
West Newbury	4,149	4,387	1.06%	4,465	1.02%
Wilmington	21,363	21,705	1.02%	21,914	1.01%
Total NSHC	555,061	570,210	1.03%	574,089	1.01%

From the above table, most communities within the Consortium will remain stable. However, Danvers and Salisbury will increase between 4-5% and seven of the communities will see a 1% decrease in population.

Table 16: Overview of Population and Housing Characteristics²⁴

Summary	2000	2009	2014
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²³ ESRI ibid.

²⁴ ESRI ibid.

Summary	2000	2009	2014
Population	555,061	570,210	574,089
Households	213,091	219,202	221,206
Low Income	84,192	84,597	82,881
Extremely Low Income	28,431	26,975	25,705
Families	145,051	148,501	149,510
Average Household Size	2.54	2.54	2.53
Owner Occupied Housing Units	149,611	153,230	154,457
Renter Occupied Housing Units	63,480	65,972	66,749
Median Age	38.5	41.2	41.5
Trends: 2009-2014 Annual Rate	NSHC	State	National
Population	0.68%	1.30%	0.91%
Households	0.91%	1.73%	0.94%
Families	0.68%	1.40%	0.74%
Owner Households	0.80%	1.90%	1.19%

Table 17: Racial/Ethnic Composition²⁵

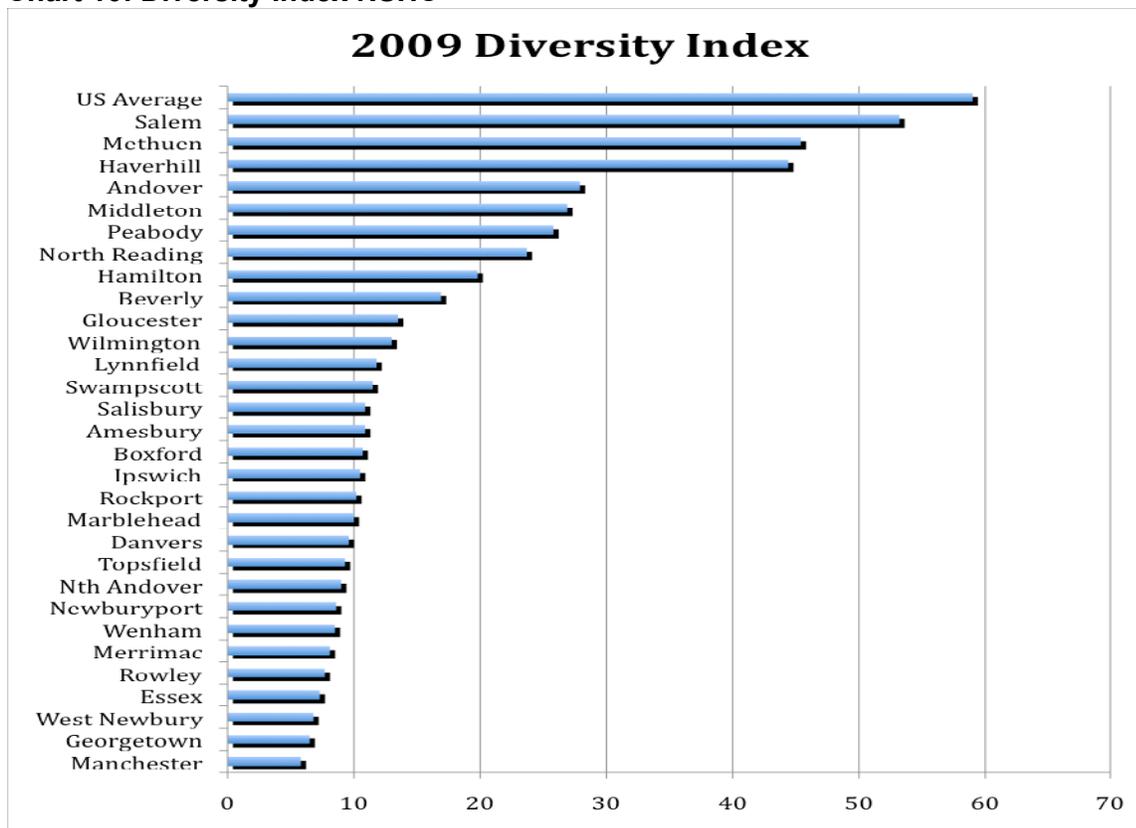
	2000	2009	2014
White Alone	94.1%	91.4%	89.5%
Black Alone	1.1%	1.4%	1.6%
American Indian Alone	0.1%	0.2%	0.2%
Asian Alone	1.7%	2.7%	3.5%
Pacific Islander Alone	0.0%	0.0%	0.0%
Some Other Race Alone	1.8%	2.7%	3.3%
Two or More Races	1.2%	1.6%	1.8%
Hispanic Origin (Any Race)	3.7%	5.7%	7.1%

The communities in the Consortium have less diversity than the US as a whole. The Diversity Index summarizes racial and ethnic diversity. The index shows the likelihood that two persons, chosen at random from the same area, belong to different race or ethnic groups. The index ranges from 0 (no diversity) to 100 (complete diversity). For example, the diversity score for Salem, the most diverse community in the Consortium, is 53, which means there is a 53 percent probability that two people randomly chosen from the Salem population would belong to different race or ethnic group.

²⁵ ESRI 2009

Manchester has the least diversity in the Consortium, with a diversity rating of 6. The US has a diversity rating of 61.

Chart 10: Diversity Index NSHC²⁶



Ownership and Rental Housing Characteristics

The table below indicates that while there has been a decline in owner occupied units, some of it can be accounted for by the increase in vacant units. It may be due to the 2007-2009 spate of foreclosures but might also include unsold units of new construction and families who have voluntarily moved out of their homes without selling them.

Table 18: Trends in Tenure for the NSHC²⁷

	2000	2009	2014
Occupied	95.9%	94.0%	93.8%
Owner	67.3%	65.7%	65.5%
Renter	28.6%	28.3%	28.3%
Vacant	3.2%	4.8%	4.9%

²⁶ ESRI Ibid.

²⁷ ESRI Ibid.

Table 19: Tenure Characteristics²⁸

	2009 Total Housing Units	2009 Owner Occupied HU		2009 Renter Occupied HU		2009 Vacant Housing Units	
		#	%	#	%	#	%
Amesbury	6,983	4,400	63%	2,222	32%	361	5%
Andover	12,054	8,972	74%	2,631	22%	451	4%
Beverly	16,415	9,397	57%	6,170	38%	848	5%
Boxford	2,775	2,514	91%	183	7%	78	3%
Danvers	11,240	8,090	72%	2,751	24%	399	4%
Essex	1,536	954	62%	403	26%	179	12%
Georgetown	2,812	2,311	82%	423	15%	78	3%
Gloucester	14,507	7,693	53%	5,024	35%	1,790	12%
Hamilton	2,897	2,148	74%	529	18%	220	8%
Haverhill	24,671	14,309	58%	9,178	37%	1,184	5%
Ipswich	5,849	3,928	67%	1,479	25%	442	8%
Lynnfield	4,309	3,760	87%	376	9%	173	4%
Manchester	2,362	1,520	64%	626	27%	216	9%
Marblehead	8,950	6,188	69%	2,077	23%	685	8%
Merrimac	2,434	1,917	79%	433	18%	84	3%
Methuen	17,507	12,103	69%	4,809	27%	595	3%
Middleton	2,591	2,105	81%	413	16%	73	3%
Newburyport	8,371	5,302	63%	2,512	30%	557	7%
North Andover	10,549	7,387	70%	2,809	27%	353	3%
North Reading	5,041	4,322	86%	585	12%	134	3%
Peabody	20,179	13,769	68%	5,785	29%	625	3%
Rockport	4,338	2,215	51%	1,186	27%	937	22%
Rowley	2,200	1,629	74%	499	23%	72	3%
Salem	18,886	9,024	48%	8,787	47%	1,075	6%
Salisbury	5,242	2,467	47%	1,185	23%	1,590	30%
Swampscott	5,997	4,280	71%	1,362	23%	355	6%
Topsfield	2,164	1,791	83%	279	13%	94	4%
Wenham	1,370	1,087	79%	221	16%	62	5%
West Newbury	1,521	1,324	87%	150	10%	47	3%
Wilmington	7,463	6,324	85%	885	12%	254	3%
Total NSHC	233,213	153,230	66%	65,972	28%	14,011	6%
Total US	131278867	77088155	59%	39435001	30%	14755711	11%

Note: The data in this table does not reflect the changes which have been occurring since early 2009.

The table above shows that in general the vacancy rate was less than the national and state average. There are some notable exceptions (Essex,

²⁸ ESRI Ibid.

Gloucester and Salisbury and Rockport) highlighted in yellow. This may be due in part to the fact that these four communities are more likely to have seasonal units. Generally, housing economists state that a 7% vacancy rate is necessary for an efficient rental market. It is not possible to generate current (2009) data separately for renters versus owners. Renter and owner occupancy rates for the Consortium experienced slight fluctuations between 2000 and 2009. Renter occupancy experienced a 3.93% increase and owner occupancy a 2.42% increase.

Housing Supply

There has been a significant decline in the annual rate of housing production over the last 5 years, which has the potential of causing a tightening of the housing market.

Chart 11: NSHC Building Permits by Category ²⁹

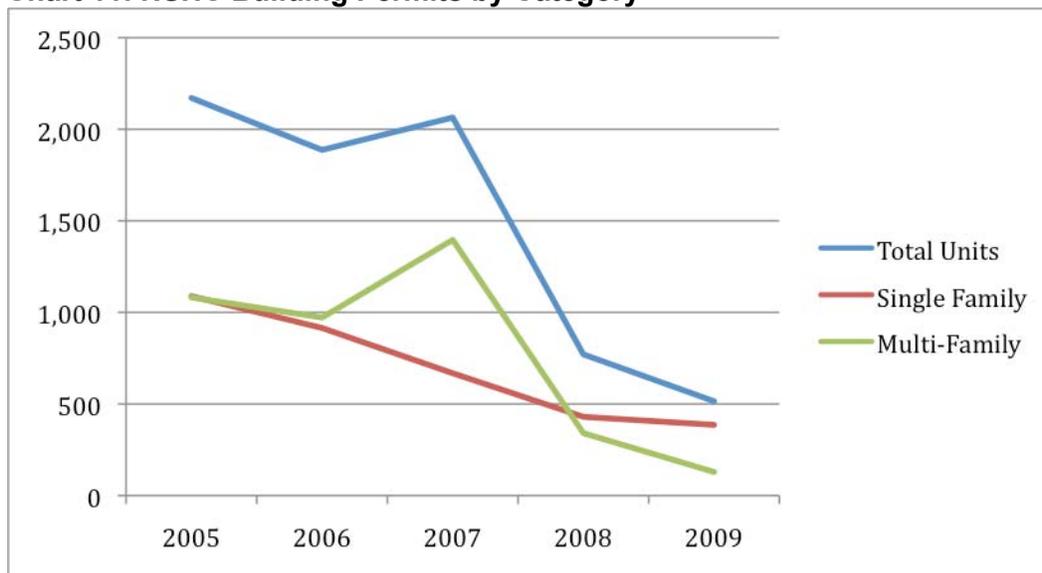


Table 20: NSHC Building Permits by Category ³⁰

	2005	2006	2007	2008	2009
Total Units	2,171	1,887	2,064	771	515
Units in Single-Family Structures	1,089	915	668	430	386
Units in All Multi-Family Structures	1,082	972	1,396	341	129

²⁹ OKM Associates Barriers to Affordable Housing Survey, 11/2009, HUD Building Permits Database

³⁰ OKM Associates Survey Ibid.

Affordable Housing Production

Based on a survey of NSHC communities, there are a number of affordable housing units being produced now, even though the overall production of housing is down. If built as planned, the production of these new housing developments will add approximately 900 units to the housing stock, of which 40% or 364 will be affordable.

Table 21: NSHC Affordable Housing Production – 2009-2010 ³¹

City or Town	Project Name	Project Type	Classification				Targeted Population
			40B		Other		
			Total Units	Affordable Units	Total Units	Affordable Units	
Andover	Taylor Cove	Private	32	8			All
	Northfield Commons	Private	80	22			All
	Wild Rose Estates	Private			1	1	All
	Avalon at St. Clare	Private	115	29			All
Beverly	Harborlight Community Partners Inc.	HOME	4	4			Family
	11 Spring St.	HOME	4	4			Family
	Cabot Street Homes	LIHTC	43	43			8 Special needs
Georgetown	West Street	Private	22	5			Elderly
Gloucester	Annisquam Woods	Private			27	3	Family
	Seaport Condominiums	Private			33	3	All
Hamilton	Firehouse Place	Private	3	3			1 Elderly unit
Ipswich	Powderhouse Village	LIHTC	48	48			Family
	56 Washington Street	HOME			1	1	Family
	218 High Street	Private			1	1	All
	49 Washington Street	DHCD			1	1	All
Lynnfield	Meadow Walk	Private	180	36			Family

³¹ OKM Associates Housing Supply Survey

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City or Town	Project Name	Project Type	Classification				Targeted Population
			40B		Other		
			Total Units	Affordable Units	Total Units	Affordable Units	
Marblehead	Lafayette Tides	Private	44	12			All
	Pond Street	Private			1	1	All
Merrimac	Merrimac Commons	Private			25	25	Elderly
	Village at Merrimac	Private	30	6			Elderly
Middleton	Peaslee Circle	Private	48	10			Elderly
Newburyport	N/A	N/A	8	8			All
North Andover	Orchard Village	Private	32	8			All
	Merrimack Condominiums	Private	51	12			All
	Steven's Corner	HOME	42	42			All
Salem	City Jail	Private			1	1	All
	Riverview Place	Private			13	13	All
	28 Goodhue Road	Private			4	4	All
West Newbury	Ocean Meadow	Private			6	6	Elderly
Wilmington	Canal Village	Private	16	4			Family

The Consortium's total year round housing unit base is increasing slowly, and as mentioned above, there are several affordable housing units expected to be added to the Consortium's housing stock in the next five years. However, the supply of affordable housing may continue to fall below the 10% threshold once the new Census data is available. In order to offset this trend, a series of strategies and specific housing recommendations are offered in the two following sections.

The following tables summarize the formally subsidized housing base in the communities in the Consortium along with the floating vouchers which in effect add to the affordable housing supply.

The State indicates that its list of subsidized housing totals 18,835 units, most of which are in fact affordable (but not all, due to the definitions of how units are classified in the SHI list).

Table 22: State Housing Inventory Meeting SHI Requirements³²

	2000 Census Year Round Housing Units	ESRI est. 2009 Year Round Housing Units	Recent Potential SHI Units (through Dec 2010)	Total 2010 SHI Units	Total SHI Units	% est. SHI Units 2009 Base
Amesbury	6,570	6,930	0	6,930	495	7.14%
Andover	11,513	11,977	60	12,037	1,043	8.71%
Beverly	16,150	16,290	51	16,341	1,859	11.41%
Boxford	2,602	2,767	0	2,767	23	0.83%
Danvers	9,712	11,190	0	11,190	999	8.93%
Essex	1,357	1,447	0	1,447	40	2.76%
Georgetown	2,601	2,797	5	2,802	361	12.91%
Gloucester	12,997	13,546	6	13,552	895	6.61%
Hamilton	2,717	2,789	3	2,792	84	3.01%
Haverhill	23,675	24,609	0	24,609	2,086	8.48%
Ipswich	5,414	5,662	51	5,713	445	7.86%
Lynnfield	4,249	4,285	36	4,321	308	7.19%
Manchester	2,219	2,254	0	2,254	110	4.88%
Marblehead	8,746	8,790	38	8,828	332	3.78%
Merrimac	2,281	2,420	61	2,481	146	6.03%
Methuen	16,848	17,470	0	17,470	1,636	9.36%
Middleton	2,337	2,581	10	2,591	94	3.64%
Newburyport	7,717	8,191	8	8,191	640	7.81%
Nth Andover	9,896	10,502	54	10,556	694	6.61%
Nth Reading	4,839	5,010	0	5,010	536	10.70%
Peabody	18,838	20,119	0	20,119	1,971	9.80%
Rockport	3,652	3,788	0	3,788	136	3.59%
Rowley	1,985	2,181	0	2,181	88	4.03%
Salem	18,103	18,814	18	18,832	2,327	12.37%
Salisbury	3,456	4,542	0	4,542	299	6.58%
Swampscott	5,804	5,871	0	5,871	211	3.59%
Topsfield	2,126	2,146	0	2,146	124	5.78%
Wenham	1,310	1,360	0	1,360	116	8.53%
West Newbury	1,414	1,512	6	1,518	26	1.72%
Wilmington	7,141	7,446	4	7,450	711	9.55%
NSHC Total	218,269	229,286	403	229,689	18,835	8.21%

There are additional units in the Consortium that are made affordable through the supply of Vouchers (HCV, MRVP, VASH), which provide individuals with rental subsidies for housing that may or may not have other subsidies attached.

³² DHCD SHI List

Table 23: Public Housing and Voucher Lists

Agency	Federal Public Housing Units	State Public Housing Units	Federal Vouchers	State Vouchers	Total
Consortium Housing Authorities	526	5,894	3,164	534	10,118
DHCD - CTI			914		914
Total	526	5,894	4,078	534	11,032

The CHAS/ACS survey of 2008 analyzed the occupancy characteristics of households in the eleven communities in the Consortium. The focus of this analysis was to determine the extent to which there were mismatches between the cost of the housing and incomes of the occupant families.³³ In an ideal world, households would be occupying housing whose cost was such that they were neither over-paying or underpaying (although underpaying is not a critical problem).

The following tables show how households are distributed in terms of income and in terms of whether the cost of that unit being occupied is affordable to a household in that income bracket. For example, if a house which is affordable to a low income household (50.1%-80% AMI) was being occupied by anyone whose income was extremely low income (<=30% AMI), then one would say, that that extremely low income family was being cost burdened because they are living in a house which is NOT affordable to them (see green highlighted cells below). Conversely, if that house was being occupied by someone above 80.1% AMI, that household is under-burdened (see yellow highlighted cells below).

Table 24: Number of Owner Housing Units with and without Mortgages Affordable to Households in 2008³⁴

	Occupied by HHs <=30% AMI	Occupied by HHs 30.1-50% AMI	Occupied by HHs 50.1-80% AMI	Occupied by HHs >80.1% AMI	Total Occupied
Affordable to HHs <=30% AMI	635	519	480	690	2,324
Affordable to HHs 30-50% AMI	930	1,025	1,210	3,275	6,440

³³The creation of the Owner Affordability dimension requires a series of assumptions, in order to determine the relationship between a housing unit's value and the monthly mortgage payment required to purchase it.³³ HUD assumed a 31% monthly payment standard, 96.5% loan-to-value rate, a 5.5% interest rate, a 1.75% upfront insurance premium, a .55% annual insurance premium, and 2% annual taxes and insurance. Based on these assumptions, HUD estimated value to income ratio of 3.36 for an "affordable" home. Renter Affordability assumes that a 30% monthly payment standard is the threshold for affordability.

³⁴ HUD ACS Tables 15A, 15B and 15C

North Shore HOME Consortium

	Occupied by HHs <=30% AMI	Occupied by HHs 30.1-50% AMI	Occupied by HHs 50.1-80% AMI	Occupied by HHs >80.1% AMI	Total Occupied
Affordable to HHs 50-80% AMI	1,025	1,305	2,290	8,075	12,695
Affordable to HHs >80% AMI	4,310	5,910	10,945	60,955	82,120
Total	6,900	8,759	14,925	72,995	103,579

The same analysis is repeated for rental units in the 11 HUD CHAS/ACS 2009 database, below.

Table 25: Number of Rental Housing Units Affordable to Households in 2008³⁵

	Occupied by HHs <=30% AMFI	Occupied by HHs 30.1-50% AMFI	Occupied by HHs 50.1-80% AMFI	Occupied by HHs >80.1% AMFI	Total Occupied
Affordable to HHs <=30% AMFI	6,000	1,259	680	1,140	9,079
Affordable to HHs 30-50% AMFI	2,360	2,545	2,225	2,660	9,790
Affordable to HHs 50-80% AMFI	3,670	3,335	5,430	8,345	20,780
Affordable to HHs >80% AMFI	390	535	840	3,059	4,824
Total	12,420	7,674	9,175	15,204	44,473

73% of owner and 34% of renter occupied houses that were affordable to households below 30% AMI, were occupied by households who earn above 30% AMI. Similarly, 56% of owner and 31% of renter occupied housing units that were affordable to households below 80% of median income in the 11 communities in the Consortium were occupied by households earning above 80% of median.

Although these rates are still high, they have decreased in the past decade for these 11 communities and as this group represents 67% of the housing units in the Consortium, it is reasonable to expect the same conclusion can be drawn for the Consortium.

In 2000, 41% of renter households affordable to households below 30% AMI were occupied by households earning more than 30% of the median. Also in 2000 62% of owner and 53% of renter occupied housing units that were affordable to households below 80% of median income in these communities in the Consortium were occupied by households earning above 80% of median.

³⁵ Ibid.

While the three most affordable categories decreased by 1.5 to 2.0 million units, the low and moderate rent categories increased by 1.2 to 1.6 million units. Just as the majority of the loss among the most affordable units was due to movements into and out of other affordability categories, the majority of the gain among low and moderate income units was due to movements into and out of other affordability categories.

Households move in and out of the non-subsidized housing stock, so that at any one time, mismatch analysis such as we have done above, is just a snapshot in time. During the period of 1995 through 2007, when housing prices soared, there was significant conversion of rental housing to ownership and also a rise in rental rates. This became a loss of affordable housing. HUD conducted a study in 2007.³⁶ This study concluded that the three most affordable categories—non-market units, extremely low rent units, and very low rent units—posted large decreases in the number of units between 2005 and 2007. The three categories combined declined by between 1.5 and 2.0 million units nationally.

The study above, showing how many affordable units there are in the eleven Consortium communities, includes subsidized and unsubsidized housing units. There are two categories of subsidies – deep subsidies such as Public Housing, that ensure a household is not cost burdened, while other subsidy mechanisms, such as Tax Credits and HOME typically reduce housing cost, but do not ensure that the household is limited to paying 30% of their income.

At this time the Consortium’s subsidized housing units of all types account for 8.21% of the total housing stock. These total approximately 17,400 rental units and 1,500 owner units. There are 4,397³⁷ other units in the Consortium which have been made affordable, due to the use of vouchers (HCV and VASH), which are used to occupy housing units which may or may not be otherwise subsidized.

The analysis of the tables above, indicate that in the eleven Consortium communities in 2008 there were approximately 5,200 owners and 4,405 renters below 80% of median who were occupying houses affordable to them and yet receiving no subsidy.

A preservation strategy would therefore be entirely appropriate, as it could enable these households to continue to reside in that affordable housing.

³⁶ HUD PD&R: Rental Market Dynamics: 2005-2007

³⁷ This number will vary as both Federal and State vouchers can increase or decrease monthly.

If we do the same analysis as above, but for housing units which were vacant in 2008 for the 11 communities, there were 200 vacant rental housing units in standard condition that were not subsidized but were affordable to households below 30% of the median. There were 180 vacant owner housing units in standard condition affordable to households below 80% of the median.

Table 26: Number of Vacant Owner Units Affordable to Households in 2008³⁸

Vacant Ownership Units - Standard Condition	Bedroom #			Total
	0 or 1	2	3+	
Affordability				
Affordable to HHs at 50% AMI	0	0	0	0
Affordable to HHs at 80% AMI	0	80	100	180
Affordable to HHs at 100% AMI	0	125	75	200
Affordable to HHs above 100% AMI	60	595	400	1,055
Total	60	800	575	1,435
Substandard Vacant Units				0

Table 27: Number of Vacant Renter Units Affordable to Households in 2008³⁹

Vacant Rental Units - Standard Condition	Bedroom #			Total
	0 or 1	2	3+	
Affordability				
Affordable to HHs at 30% AMFI	15	275	35	325
Affordable to HHs at 50% AMFI	240	485	205	930
Affordable to HHs at 80% AMFI	605	475	120	1,200
Affordable to HHs above 80% AMFI	95	55	40	190
Total	955	1,290	400	2,645
Substandard Vacant Units				95

Matching these severely cost-burdened rental households to these affordable units, could help ameliorate problems for them. A similar approach could be taken for low income owner households with severe cost burdens. In addition, as there were 95 vacant sub-standard rental units in 2008, a strategy of acquiring and rehabbing these could provide some additional affordable housing.

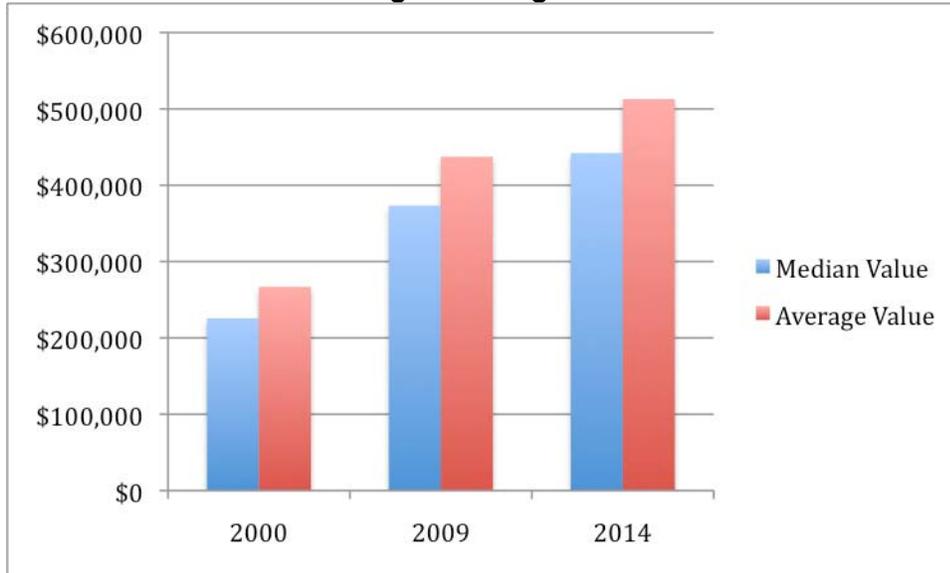
³⁸ Ibid.

³⁹ Ibid.

Ownership Affordability

The chart below, shows the continuing increase in housing values. Whether one looks at medians (which can be distorted by extreme pricing differentials) or averages, the trend is similar.

Chart 12: Median and Average Housing Values in the NSHC⁴⁰



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 of ownership housing.

Table 28: Median Housing Price as a Multiple of Median Household Income⁴¹

	1980	1990	2000	2009
US	2.79	2.64	2.66	2.97
Massachusetts	2.75	4.24	3.62	4.35

Table 29: Median and Average Housing Values as a Multiple of Median and Average Household Income for The NSHC⁴²

NSHC	2000	2009	2014
Median Housing Value to Median Income Ratio	3.86	4.78	5.42
Average Housing Value to Average Income Ratio	3.52	4.42	4.91

⁴⁰ ESRI Ibid.

⁴¹ ESRI Ibid.

⁴² ESRI Ibid.

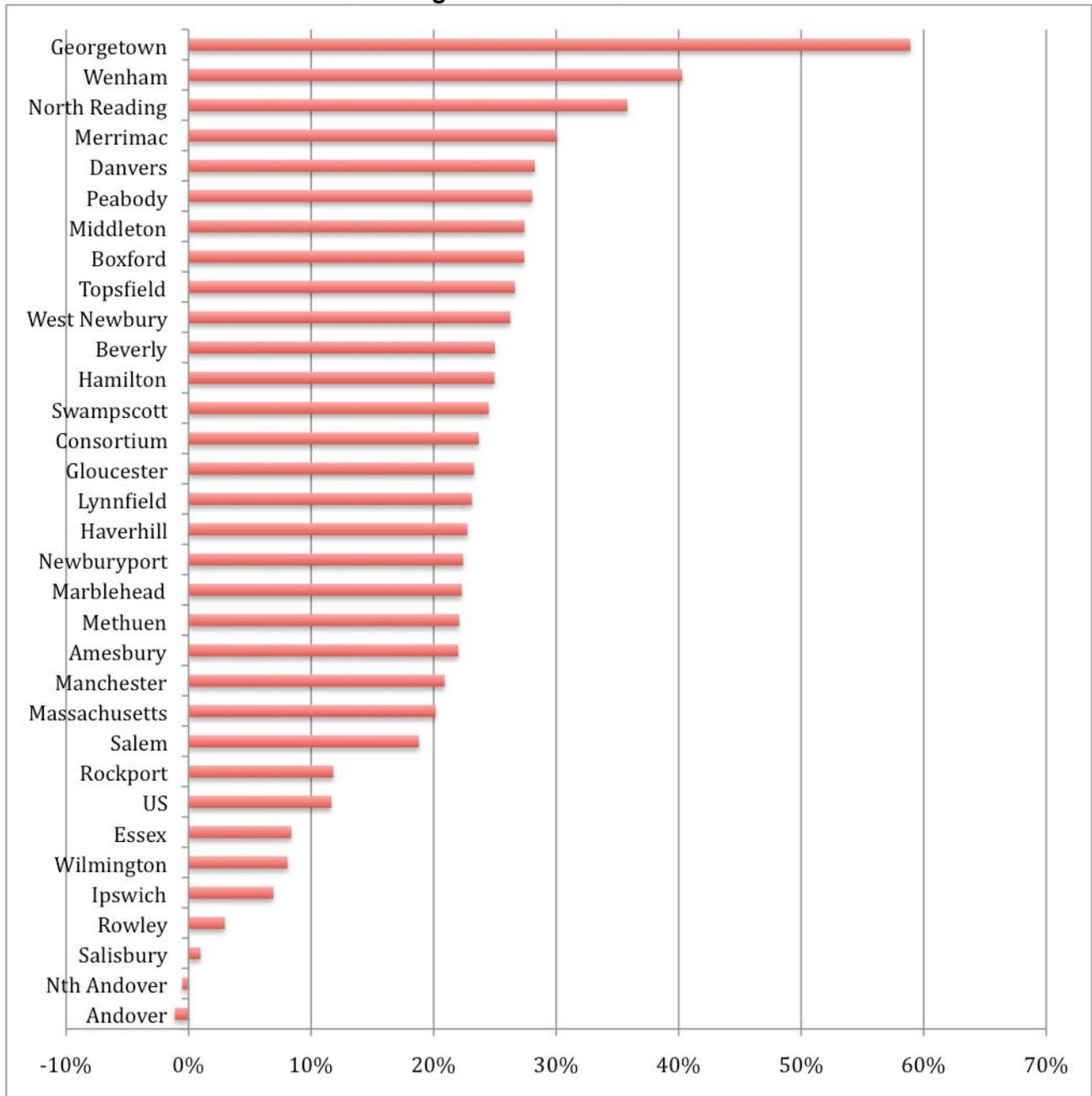
The tables above, show the multiple of household income divided into the value or cost of housing in the Consortium and compares the resultant ratios. Historically the US average has been around 2.75, but after 1980 it rose significantly to a value of 2.97 in 2009. Meanwhile the ratio in the Consortium in 2009 was much higher, at 4.78. The ratio is a better measure of housing affordability, in that it accounts for differences in income and housing costs in any city or town. These ratios illustrate that households entering the homeownership market in 2009 needed substantially more of their income to purchase a home than they did in 2000. Most importantly, it illustrates the higher relative cost of housing in the Consortium.

If the median housing value for the Consortium dropped by about \$141,000, then the ratio would equal that of the US as a whole.

This has and will continue to have significant implications for the future of businesses in the area, which rely on or employ middle and lower income people.

The Chart below shows how the relative cost of housing in terms of income rose substantially between 2000 and 2009 in the communities in the Consortium. In the US the ratio rose 12%, while the Consortium's rose 24%, and Massachusetts's rose 20%. This has severe consequences for homebuyers as home prices are rising steeply whereas the residents' incomes are not.

Chart 13: Income Cost Ratio % Change 2000-2009 NSHC⁴³



When one examines households that are at or below 80% of median income, it becomes clear that the number of affordable housing units (either single-family homes or condominiums) available is seriously limited. For a family of four in the Consortium to pay 31% of its income for housing, the cost of the home cannot exceed \$210,118. Currently, only one third of more than 600 single family homes for sale in the communities in the Consortium meets the criteria.

⁴³ ESRI Ibid.

Approximately 360 of the more than 600 condominiums available are in an acceptable price range, however, only 20% of these have more than two bedrooms.

Table 30: 2009 Monthly Owner Maximums for Low Income HHs⁴⁴

	Median HH Income	Group Median Income	Monthly Max at 31% of Income	HUD Affordable Unit at HUD's 3.36 Income to Value Ratio
ELI	\$78,169	\$23,451	\$606	\$78,794
VLI	\$78,169	\$39,085	\$1,010	\$131,324
LI	\$78,169	\$62,535	\$1,615	\$210,118

In addition, we examined home sales prices in all 30 communities in the Consortium to see what was available as of March 8th, 2010.

Table 31: Home Sales Listings at 3/8/2010⁴⁵

Income Group	Number of Listings below Maximum	Lowest Single Family Home Offered	Lowest Single Family Home as a % of HUD Affordable HU	Affordable to HH with Income of	Percentage of Median
Extremely Low Income (<=30% AMI)	2	\$59,900	76.02%	\$16,102	68.66%
Very Low Income (30.1% -50% AMI)	28	\$79,900	60.84%	\$21,478	54.95%
Low Income (50.1% -80% AMI)	132	\$132,900	63.25%	\$35,726	57.13%

The high cost of housing relative to income led many buyers to take out questionable loans with “teaser” rates and adjustable rate mortgages. This in turn was a key factor in the recent real estate troubles, evidenced by the rising rate of *lis pendens* (mortgages being placed into the process of foreclosure) and in foreclosure.

One of the factors driving these high housing prices over recent years has been the increase in the size of the average house. In 1970 the average home was 1,500 square feet. In 2001 it was 2,527 square feet. Moreover,

⁴⁴ ESRI Ibid

⁴⁵ ESRI Ibid, Raveis Real Estate

the number of bathrooms, kitchen appliances and other amenities has also increased. Construction costs have also escalated, so that the combination of rising land costs, especially in the Consortium, increasing size of homes, multiplication of amenities and the rising cost of construction, were reflected in the rising value of housing.

Table 32: Average Total Square Footage and 1993-2001 Change for U.S.⁴⁶

	Total Square Footage		Percentage Change
	1993	2001	
All Housing Units	1,875	2,066	10.6
Single-Family Housing Units	2,278	2,527	10.9
-Single-Family Detached	2,337	2,553	9.2
-Single-Family Attached	1,799	2,373	31.9
Apartments	972	1,043	7.3
-In 2-4 Unit Buildings	1,198	1,393	16.3
-In 5 or more Unit Buildings	861	847	-1.6
Mobile Homes	975	1,062	8.9

In addition, those who secured their homes prior to 1995 were able to lock in lower housing costs. Purchasers since then have seen (until late 2007), a large growth in housing costs. One of the key factors in this, has been the required revaluation of property by tax assessors to regularly reassess all property at full market value. While the 1980 Proposition 2 1/2 placed restrictions on the increase in property taxes and while some relief was provided through the homestead exemption law, the adjustments made to all housing valuations since 1995 (when courts began forcing cities and towns to go to full market valuation for assessment purposes), have particularly impacted owners whose assessed housing values were artificially low. In general these tended to be older owners, especially elderly.

Any increase in housing valuation would result in an increase in taxes and insurance (which tends to track housing valuations). This impacts poorer households disproportionately, because it increases their cost of housing as a percentage of income and they are less financially able to benefit from income deductions available for those tax payments.

The group most impacted are those on fixed or declining incomes, of which the elderly are the most significant segment. Although in the last year, the recession has caused loss of jobs and in some cases reduction in salaries, wages and benefits. The most recent CHAS/ACS data from 2009 demonstrates that the number of elderly and family households paying more than 30% of their monthly income for housing is high, particularly amongst

⁴⁶ Department of Energy

small families. A significant proportion of the low-income elderly households in the Consortium are also troubled by housing problems.

Rental Affordability

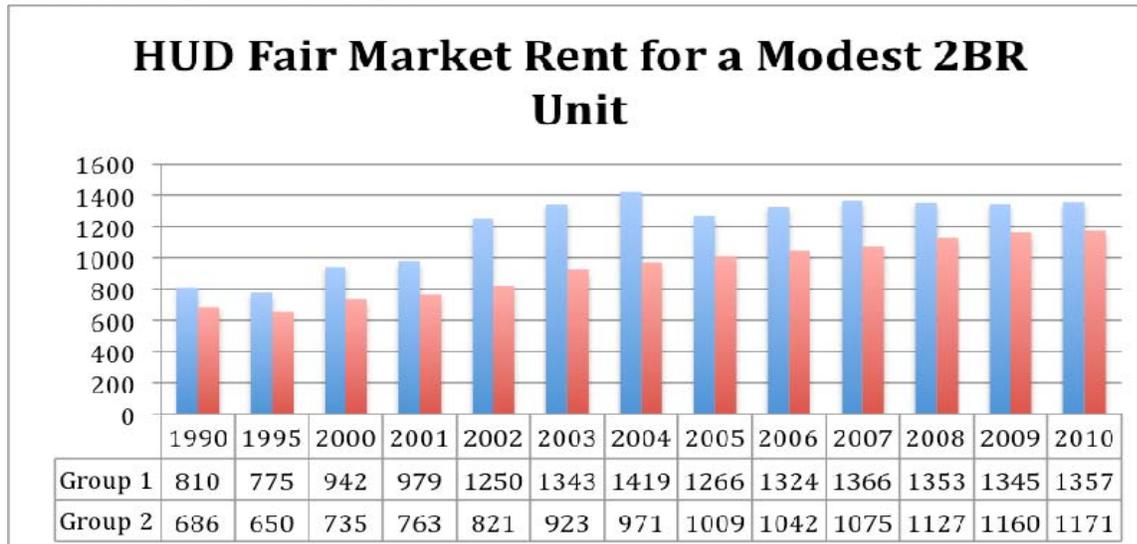
The real estate changes over the past 5 years are also reflected in the rental market. The following table illustrates HUD’s own analysis of rent levels for modest housing affordable to households with incomes at or below 80% of median income.

Table 33: HUD FMRs 1990-2010⁴⁷

Group 1: Amesbury, Beverly, Danvers, Essex, Gloucester, Hamilton, Ipswich, Lynnfield, Manchester, Marblehead, Middleton, Newburyport, North Andover, Peabody, Rockport, Rowley, Salem, Salisbury, Swampscott, Topsfield, Wenham, Wilmington													
Year	1990	1995	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
FMR 2BR	810	775	942	979	1250	1343	1419	1266	1324	1366	1353	1345	1357
Change		35	167	37	271	93	76	153	58	42	13	8	12

Group 2: Andover, Boxford, Georgetown, Haverhill, Merrimac, Methuen, North Reading, West Newbury													
Year	1990	1995	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
FMR 2BR	686	650	735	763	821	923	971	1009	1042	1075	1127	1160	1171
Change		36	85	28	58	102	48	38	33	33	52	33	11

Chart 14: HUD FMRs 1990-2010⁴⁸



⁴⁷ HUD FMR Database. The percentage change is a year on year comparison.

⁴⁸ ?

Table 34: 2009 Monthly Rental Maximums for Low Income HHs⁴⁹

	Median HH Income	80% Median Income	Monthly Max at 30% of Income	HUD FMR 2BR 2009	% Above/Below HUD 2BRFMR
Amesbury	\$71,014	\$56,811	\$1,420	\$1,345	5.60%
Andover	\$116,154	\$92,923	\$2,323	\$1,160	100.27%
Beverly	\$72,885	\$58,308	\$1,458	\$1,345	8.38%
Boxford	\$153,373	\$122,698	\$3,067	\$1,160	164.44%
Danvers	\$76,561	\$61,249	\$1,531	\$1,345	13.85%
Essex	\$83,758	\$67,006	\$1,675	\$1,345	24.55%
Georgetown	\$105,079	\$84,063	\$2,102	\$1,160	81.17%
Gloucester	\$65,370	\$52,296	\$1,307	\$1,345	-2.80%
Hamilton	\$97,318	\$77,854	\$1,946	\$1,345	44.71%
Haverhill	\$65,998	\$52,798	\$1,320	\$1,160	13.79%
Ipswich	\$77,819	\$62,255	\$1,556	\$1,345	15.72%
Lynnfield	\$109,842	\$87,874	\$2,197	\$1,345	63.33%
Manchester	\$104,838	\$83,870	\$2,097	\$1,345	55.89%
Marblehead	\$102,917	\$82,334	\$2,058	\$1,345	53.04%
Merrimac	\$77,171	\$61,737	\$1,543	\$1,160	33.05%
Methuen	\$66,335	\$53,068	\$1,327	\$1,160	14.37%
Middleton	\$106,852	\$85,482	\$2,137	\$1,345	58.89%
Newburyport	\$80,445	\$64,356	\$1,609	\$1,345	19.62%
Nth Andover	\$101,577	\$81,262	\$2,032	\$1,160	75.13%
Nth Reading	\$102,982	\$82,386	\$2,060	\$1,345	53.13%
Peabody	\$72,607	\$58,086	\$1,452	\$1,345	7.97%
Rockport	\$70,347	\$56,278	\$1,407	\$1,345	4.61%
Rowley	\$86,331	\$69,065	\$1,727	\$1,345	28.37%
Salem	\$61,758	\$49,406	\$1,235	\$1,345	-8.17%
Salisbury	\$65,027	\$52,022	\$1,301	\$1,345	-3.31%
Swampscott	\$95,186	\$76,149	\$1,904	\$1,345	41.54%
Topsfield	\$126,683	\$101,346	\$2,534	\$1,345	88.38%
Wenham	\$111,044	\$88,835	\$2,221	\$1,345	65.12%
West Newbury	\$123,332	\$98,666	\$2,467	\$1,160	112.64%
Wilmington	\$99,501	\$79,601	\$1,990	\$1,345	47.96%
NSHC Total	\$78,169	\$62,535	\$1,563	\$1,252	124.84%

**As the largest group of people on PHA Waiting lists in the region are people requiring a 2 bedroom unit, we have used the 2 bedroom as the comparative value.*

In addition, we examined the rental listings in a selection of the communities to see what was available as of March 8th, 2010.

⁴⁹ NSHC Cities ESRI DemographicandIncome.xls

Table 35: Rental Listings at 3/8/2010⁵⁰

	Listings 3-8-10 below Monthly max at 80% Median	Lowest 2 Bedroom Unit Rent Offered	HUD FMR 2BR 2010 ⁵¹	Lowest rent available as a % of HUD FMR	Affordable to HH with Income of —	Percentage of Median
Andover	6	\$999	\$1,171	85.31%	\$39,960	60%
Beverly	6	\$795	\$1,357	58.59%	\$31,800	44%
Danvers	8	\$1,150	\$1,357	84.75%	\$46,000	64%
Gloucester	2	\$925	\$1,357	68.17%	\$37,000	57%
Haverhill	10	\$825	\$1,171	70.45%	\$33,000	50%
Methuen	5	\$925	\$1,171	78.99%	\$37,000	56%
Peabody	10	\$1,199	\$1,357	88.36%	\$47,960	66%
Salem	5	\$1,050	\$1,357	77.38%	\$42,000	68%
Swampscott	4	\$950	\$1,357	70.01%	\$38,000	40%
Wilmington	2	\$1,528	\$1,357	112.60%	\$61,120	61%

**Note that available units had to be within jurisdictional boundaries for this analysis, even though Federal vouchers can be used anywhere in the US.*

The economic climate change which has been sweeping over the area since late 2007, has only exacerbated the ownership and rental difficulties. We should take note of unemployment in the Consortium, as it directly impacts the ability of households to retain or access housing. Three communities, Gloucester, Hamilton, and Methuen, had higher unemployment rates than the US average of 9.26%.

Table 36: Unemployment in the Consortium, 2005-2009⁵²

Community	2005	2005	2007	2008	2009 Average
Amesbury	4.5	4.7	4.3	5.1	8.4
Andover	4.0	4.1	4.1	4.0	6.8
Beverly	4.3	4.2	3.9	4.6	7.6
Boxford	3.4	3.6	3.4	3.8	6.0
Danvers	4.4	4.3	3.8	4.7	8.1
Essex	4.2	4.1	4.1	4.9	7.4
Georgetown	4.1	3.6	3.7	4.4	7.5
Gloucester	6.0	5.9	5.4	6.4	10.0
Hamilton	3.8	3.8	3.5	4.3	6.8
Haverhill	5.3	5.0	4.8	5.9	9.8
Ipswich	4.1	3.9	3.7	4.1	7.0

⁵⁰ ESRI Ibid, MyApartmentMap.

⁵¹ We used an average of the FMR for the two groups

⁵² Mass.gov, Labor and Workforce Development

Community	2005	2005	2007	2008	2009 Average
Lynnfield	4.0	3.9	3.7	4.4	7.1
Manchester	3.4	3.7	3.3	3.8	6.5
Marblehead	3.7	3.4	3.3	3.8	6.5
Merrimac	4.2	3.9	3.8	4.6	7.9
Methuen	6.1	5.8	5.3	6.5	10.9
Middleton	4.4	4.0	4.0	4.7	7.7
Newburyport	4.0	4.0	3.5	4.1	6.9
North Andover	4.3	3.1	3.8	4.5	7.9
North Reading	3.9	3.9	3.5	4.4	7.6
Peabody	4.8	4.8	4.3	5.0	8.2
Rockport	4.7	4.7	4.2	5.2	7.9
Rowley	4.3	4.0	3.7	4.3	7.5
Salem	4.9	4.7	4.5	5.2	8.6
Salisbury	5.8	5.4	4.6	5.8	9.0
Swampscott	4.0	3.8	3.4	4.3	7.3
Topsfield	3.4	3.6	3.3	3.8	6.6
Wenham	4.9	4.3	4.1	5.1	8.2
West Newbury	3.5	3.7	3.2	3.5	6.9
Wilmington	4.2	3.1	3.8	4.5	7.9
NSHC Total	4.4	4.2	3.9	4.7	7.7

2. Describe the number and targeting (income level and type of household served) of units currently assisted by local, state, or federally funded programs, and an assessment of whether any such units are expected to be lost from the assisted housing inventory for any reason, (i.e. expiration of Section 8 contracts).

The following table tabulates the subsidized units at risk of conversion to market rate units, in the next 5 years. These units are in 25 developments.

Table 37: Expiring Use⁵³

Community	Total Units	Original Subsidized Units	Units at risk through 2014	# of Projects at Risk
AMESBURY	27	27	0	0
ANDOVER	304	201	8	1
BEVERLY	788	657	330	2
BOXFORD	0	0	0	0
DANVERS	111	47	0	0
ESSEX	0	0	0	0
GEORGETOWN	0	0	0	0
GLOUCESTER	80	80	80	1
HAMILTON	0	0	0	0

⁵³ CEDAC Expiring Use 9/2009

Community	Total Units	Original Subsidized Units	Units at risk through 2014	# of Projects at Risk
HAVERHILL	1236	1026	502	6
IPSWICH	127	127	0	0
LYNNFIELD	0	0	0	0
MANCHESTER	0	0	0	0
MARBLEHEAD	0	0	0	0
MERRIMAC	29	29	24	1
METHUEN	436	379	255	4
MIDDLETON	58	58	58	2
NEWBURYPORT	200	199	199	2
NORTH ANDOVER	230	230	0	0
NORTH READING	8	8	8	1
PEABODY	1174	817	459	3
ROCKPORT	30	30	30	1
ROWLEY	0	0	0	0
SALEM	1550	1191	72	1
SALISBURY	0	0	0	0
SWAMPSCOTT	0	0	0	0
TOPSFIELD	0	0	0	0
WENHAM	0	0	0	0
WEST NEWBURY	0	0	0	0
WILMINGTON	328	69	0	0
Total NSHC	6716	5175	2025	25

As noted in the Housing supply section above, there are other affordable units in the Consortium due to the supply of Vouchers (HCV, MRVP, VASH), which are being used to occupy housing which, for the most part, is not otherwise subsidized. In that these vouchers are not attached to a property, they are vulnerable to changes in the marketplace and in where households with the vouchers want to live.

Public housing units could be lost through demolition, but generally the State and HUD are careful to only approve revitalization programs which have a strategy of keeping the same number of affordable units.

3. Indicate how the characteristics of the housing market will influence the use of funds made available for rental assistance, production of new units, rehabilitation of old units, or acquisition of existing units. Please note, the goal of affordable housing is not met by beds in nursing homes.

Because of what has been witnessed in the ownership market, the major portion of HOME funds will be committed to the development of NEW affordable rental units. This may include the production of new units using

new construction, as well as the renovations of existing rental housing stock with long-term affordability restrictions as a part of the financial commitment. Currently, a thirty-year period of affordability is the norm for the Consortium and this is compatible (in general) with the policies of the Massachusetts Department of Housing and Community Development (DHCD) and its various programs. .

A portion of funds may be used to assist foreclosed properties in returning to the market. The Consortium's Homebuyer Assistance Programs will continue – but at a reduced rate.

Further, in light of the current crisis of homelessness (both among families and individuals), the Consortium anticipated the need to commit HOME funds to provide short-term rental subsidies to certain target populations – including those who are at risk of becoming homeless. While it is acknowledged that this use of HOME funds does not create new housing units that will be available on a permanent basis, because of the extreme need that currently exists this use of funds is seen to be a viable option in order to prevent homeless or to prevent households from becoming homeless.

Specific Housing Objectives (91.215 (b))

1. *Describe the priorities and specific objectives the jurisdiction hopes to achieve over a specified time period.*
2. *Describe how Federal, State, and local public and private sector resources that are reasonably expected to be available will be used to address identified needs for the period covered by the strategic plan.*

3-5 Year Strategic Plan Specific Housing Objectives response:

- 1 *Describe the priorities and specific objectives the jurisdiction hopes to achieve over a specified time period.*

The priorities, strategies and specific objectives for the 5 Year Plan 2010-2014 are summarized in the table below.

Table 38 Summary of Strategies, Priorities and Goals⁵⁴

OBJECTIVE A: DEVELOP AN ADEQUATE SUPPLY OF SAFE, DECENT RENTAL HOUSING THAT IS AFFORDABLE AND ACCESSIBLE TO RESIDENTS WITH A RANGE OF INCOMES INCLUDING THOSE WITH SPECIAL NEEDS			
Strategies:	Target Population	5 Year Priority	5 Year Goals
1. Assist in creating or preserving 300 affordable rental units	Households below 60% of AMI	HIGH	300
2. Ensure that deep enough subsidies are in place to make a percentage of units truly affordable to very low and extremely low income households and the homeless	Extremely Low Income (<30% AMI), Very Low Income (30%-50% AMI)	HIGH	
3. Ensure that a percentage of the units created are accessible to persons with disabilities	Disabled persons	HIGH	
4. Provide tenant-based rental assistance to 300 low-income households, including those with special needs	Households including those with Special Needs below 60% of AMI	HIGH	300
5. Develop partnerships with housing providers who create housing for special needs populations	Special Needs Households	HIGH	
OBJECTIVE B: REDUCE INDIVIDUAL AND FAMILY HOMELESSNESS			
Strategies:	Target Population	5 Year Priority	5 Year Goals
1. Coordinate a high quality continuum of care system for the region with a focus on ending homelessness	Homeless	HIGH	
2. Channel HOME funds to activities that create permanent and transitional affordable housing units for homeless persons	Homeless	HIGH	
3. Provide tenant based rental assistance to	homeless	HIGH	

⁵⁴ ??

homeless and at risk households			
OBJECTIVE C: PRESERVE, MAINTAIN AND IMPROVE THE EXISTING STOCK OF AFFORDABLE HOUSING, PARTICULARLY UNITS OCCUPIED BY EXTREMELY LOW AND VERY LOW-INCOME HOUSEHOLDS			
Strategies:	Target Population	5 Year Priority	5 Year Goals
. Rehabilitate and/or remove barriers to accessibility for 100 housing units, including units owned by elderly persons, disabled persons, and other special needs groups	Elderly, Disabled and Special Needs at or below 80% AMI	HIGH	100
OBJECTIVE D: EXPAND HOMEOWNERSHIP OPPORTUNITIES FOR LOW-INCOME HOUSEHOLDS			
Strategies:	Target Population	5 Year Priority	5 Year Goals
1. Provide down payment assistance to 200 low to moderate income households to allow them to become homeowners	Extremely Low Income (<30% AMI), Very Low Income (30%-50% AMI) and Low Income (50%-80% AMI)	HIGH	200
2. Create 10 new affordable homeownership units for very low income households	Very Low Income (30%-50% AMI) Households	HIGH	10

2. Describe how Federal, State, and local public and private sector resources that are reasonably expected to be available will be used to address identified needs for the period covered by the strategic plan.

The Peabody Department of Community Development and the Consortium member communities, make special efforts to identify federal and state programs that can be used in conjunction with HOME funds. Although the

Consortium has received other Federal funds in prior years through the American Dream Downpayment initiative [ADDI] Program, no additional federal funding is expected over the next five years.

The NSHC jurisdiction is fortunate to have 3 active Community Housing Development Organizations (CHDOs). These organizations, located in Haverhill, Peabody and Salem can conduct activities anywhere in the Consortium area. They have been active in using HOME funds in conjunction with other sources, especially state housing funds and private funds. The NSHC expects these collaborations to continue in the next five years.

NSHC member community staff work with developers and affordable housing groups to encourage affordable housing through use of HOME funds. These developments typically work with other public and private sources.

However there has been a significant reduction in state and local revenues and programs which in turn has led to a reduction of funding. Moreover the decline of loans from financial institutions, especially for low and moderate income households and developers, makes the next 5 years uncertain and difficult for leveraging resources.

Needs of Public Housing (91.210 (b))

In cooperation with the public housing agency or agencies located within its boundaries, describe the needs of public housing, including the number of public housing units in the jurisdiction, the physical condition of such units, the restoration and revitalization needs of public housing projects within the jurisdiction, and other factors, including the number of families on public housing and tenant-based waiting lists and results from the Section 504 needs assessment of public housing projects located within its boundaries (i.e. assessment of needs of tenants and applicants on waiting list for accessible units as required by 24 CFR 8.25). The public housing agency and jurisdiction can use the optional Priority Public Housing Needs Table (formerly Table 4) of the Consolidated Plan to identify priority public housing needs to assist in this process.

3-5 Year Strategic Plan Needs of Public Housing response:

The housing market analysis of the eleven PHAs(those of the 29 who provided information for this plan) in the Consortium are in the CPMP *needs.xls* file and are also described below.

The following Table summarizes the Federal and State funded public housing and voucher programs for all the PHAs in the jurisdiction as of April 2010.

Table 39: PHA Programs⁵⁵

	Federal Public Housing	Federal HCV	State Public Housing	State MRVP & AHVP
Amesbury		84	263	
Andover		127	282	14
Beverly	161	320	470	93
Boxford	No PHA	No PHA	No PHA	No PHA
Danvers	82	145	193	
Essex			40	
Georgetown			136	
Gloucester	89	573	530	
Hamilton			67	
Haverhill			440	62
Ipswich			250	45
Lynnfield			72	8
Manchester		11	84	
Marblehead			307	
Merrimac			52	
Methuen			411	14
Middleton			66	
Newburyport	50	102	192	35
North Andover	105	133	190	
North Reading		22	44	
Peabody		337	509	150
Rockport		153	104	
Rowley			54	
Salem	39	1088	675	103
Salisbury		58	80	
Swampscott			128	10
Topsfield			60	
Wenham			84	
West Newbury			26	
Wilmington		11	85	
Totals	526	3,164	5,894	534

The 16 PHAs receiving HUD funds are required to submit 5 year and annual PHA Plans to HUD each year after a public planning and hearing process. One of the requirements of the process is that their PHA Plans have to be

⁵⁵ PHA Survey 2010

coordinated with and approved by the local Consolidated Plan agency. Additionally and local Consolidated Plan and this Consortium Consolidated Plan, has to be developed with the assistance of the PHAs.

Not only has data been collected from the PHAs but they have been invited to meetings and to submit proposals for funding. This process included the other 14 housing authorities which receive no HUD funds and thus do not have to submit PHA Plans.

In a survey of Housing Authorities, the capital and operating needs of the agency were documented by the agencies as in the table below. Note that many PHAs did not supply info.

Table 40: PHA Declared Agency Needs⁵⁶

PHA	Category & Description	Needs	Resources Needed
Amesbury	<i>General Physical Improvements</i>	None	\$0
	<i>Section 504 Corrections</i>	None	\$0
	<i>Social Service Needs</i>	None	\$0
	<i>Homeownership Assistance Needs</i>	None	\$0
	<i>Other Critical Needs Including Management and Operations</i>	None	\$0
Andover	<i>General Physical Improvements</i>	None	\$0
	<i>Section 504 Corrections</i>	None	\$0
	<i>Social Service Needs</i>	None	\$0
	<i>Homeownership Assistance Needs</i>	None	\$0
	<i>Other Critical Needs Including Management and Operations</i>	None	\$0
Beverly	<i>General Physical Improvements</i>	None	\$0
	<i>Section 504 Corrections</i>	None	\$0
	<i>Social Service Needs</i>	None	\$0
	<i>Homeownership Assistance Needs</i>	None	\$0
	<i>Other Critical Needs Including Management and Operations</i>	None	\$0
Boxford	<i>General Physical Improvements</i>	None	\$0

⁵⁶ OKM Survey: PHA Declared Agency Needs 2010

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PHA	Category & Description	Needs	Resources Needed
	<i>Section 504 Corrections</i>	None	\$0
	<i>Social Service Needs</i>	None	\$0
	<i>Homeownership Assistance Needs</i>	None	\$0
	<i>Other Critical Needs Including Management and Operations</i>	None	\$0
Danvers	<i>General Physical Improvements</i>	Taple Manor residing/paint	\$95,000
		Upgrade baths Perry Terrace	\$30,000
		Upgrade kitchens Maple Charter	\$90,000
	<i>Section 504 Corrections</i>	None	\$0
	<i>Social Service Needs</i>	Counseling and Support for Families	\$100,000
	<i>Homeownership Assistance Needs</i>	None	\$0
	<i>Other Critical Needs Including Management and Operations</i>	None	\$0
Essex	<i>General Physical Improvements</i>	None	\$0
	<i>Section 504 Corrections</i>	None	\$0
	<i>Social Service Needs</i>	None	\$0
	<i>Homeownership Assistance Needs</i>	None	\$0
	<i>Other Critical Needs Including Management and Operations</i>	None	\$0
Georgetown	<i>General Physical Improvements</i>	None	\$0
	<i>Section 504 Corrections</i>	None	\$0
	<i>Social Service Needs</i>	None	\$0
	<i>Homeownership Assistance Needs</i>	None	\$0
	<i>Other Critical Needs Including Management and Operations</i>	None	\$0
Gloucester	<i>General Physical Improvements</i>	None	\$0
	<i>Section 504 Corrections</i>	None	\$0
	<i>Social Service Needs</i>	None	\$0
	<i>Homeownership Assistance Needs</i>	None	\$0

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PHA	Category & Description	Needs	Resources Needed
	<i>Other Critical Needs Including Management and Operations</i>	None	\$0
Hamilton	<i>General Physical Improvements</i>	None	\$0
	<i>Section 504 Corrections</i>	None	\$0
	<i>Social Service Needs</i>	None	\$0
	<i>Homeownership Assistance Needs</i>	None	\$0
	<i>Other Critical Needs Including Management and Operations</i>	None	\$0
Haverhill	<i>General Physical Improvements</i>		
	667-1	roofs, kitchens & baths	\$0
	667-2	roofs, kitchens & baths	\$0
	667-3	paint	\$0
	667-4	roof, building envelope	\$0
	200-1	building envelope, venting, roof, baths	\$0
	200-2	kitchens & baths	\$0
	705-1	roofs, paint/siding	\$0
	689-1	trim painting/wrapping	\$0
	<i>Section 504 Corrections</i>	None	\$0
	<i>Social Service Needs</i>	None	\$0
	<i>Homeownership Assistance Needs</i>	None	\$0
	<i>Other Critical Needs Including Management and Operations</i>	None	\$0
Ipswich	<i>General Physical Improvements</i>	None	\$0
	<i>Section 504 Corrections</i>	None	\$0
	<i>Social Service Needs</i>	None	\$0
	<i>Homeownership Assistance Needs</i>	None	\$0

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PHA	Category & Description	Needs	Resources Needed
	<i>Other Critical Needs Including Management and Operations</i>	None	\$0
Lynnfield	<i>General Physical Improvements</i>	None	\$0
	<i>Section 504 Corrections</i>	None	\$0
	<i>Social Service Needs</i>	None	\$0
	<i>Homeownership Assistance Needs</i>	None	\$0
	<i>Other Critical Needs Including Management and Operations</i>	None	\$0
Manchester	<i>General Physical Improvements</i>	New Windows - 2 elderly complexes	\$600,000
		New Boilers - 1 elderly complex	\$400,000
		New Boilers - Family Housing	\$50,000
		Storm doors/slider replacement	\$50,000
	<i>Section 504 Corrections</i>	None	\$0
	<i>Social Service Needs</i>	Service Coordinator/Elderly	\$ unknown
	<i>Homeownership Assistance Needs</i>	None	\$0
	<i>Other Critical Needs Including Management and Operations</i>	Office Expansion	\$200,000
Marblehead	<i>General Physical Improvements</i>	None	\$0
	<i>Section 504 Corrections</i>	None	\$0
	<i>Social Service Needs</i>	None	\$0
	<i>Homeownership Assistance Needs</i>	None	\$0
	<i>Other Critical Needs Including Management and Operations</i>	None	\$0
Merrimac	<i>General Physical Improvements</i>	None	\$0
	<i>Section 504 Corrections</i>	None	\$0
	<i>Social Service Needs</i>	None	\$0
	<i>Homeownership Assistance Needs</i>	None	\$0

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PHA	Category & Description	Needs	Resources Needed
	<i>Other Critical Needs Including Management and Operations</i>	None	\$0
Methuen	<i>General Physical Improvements</i>	None	\$0
	<i>Section 504 Corrections</i>	None	\$0
	<i>Social Service Needs</i>	None	\$0
	<i>Homeownership Assistance Needs</i>	None	\$0
	<i>Other Critical Needs Including Management and Operations</i>	None	\$0
Middleton	<i>General Physical Improvements</i>	None	\$0
	<i>Section 504 Corrections</i>	None	\$0
	<i>Social Service Needs</i>	None	\$0
	<i>Homeownership Assistance Needs</i>	None	\$0
	<i>Other Critical Needs Including Management and Operations</i>	None	\$0
Newburyport	<i>General Physical Improvements</i>	None	\$0
	<i>Section 504 Corrections</i>	None	\$0
	<i>Social Service Needs</i>	None	\$0
	<i>Homeownership Assistance Needs</i>	None	\$0
	<i>Other Critical Needs Including Management and Operations</i>	None	\$0
North Andover	<i>General Physical Improvements</i>	None	\$0
	<i>Section 504 Corrections</i>	None	\$0
	<i>Social Service Needs</i>	None	\$0
	<i>Homeownership Assistance Needs</i>	None	\$0
	<i>Other Critical Needs Including Management and Operations</i>	None	\$0
North Reading	<i>General Physical Improvements</i>	None	\$0
	<i>Section 504 Corrections</i>	None	\$0
	<i>Social Service Needs</i>	None	\$0
	<i>Homeownership Assistance Needs</i>	None	\$0

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PHA	Category & Description	Needs	Resources Needed
	<i>Other Critical Needs Including Management and Operations</i>	None	\$0
Peabody	<i>General Physical Improvements</i>	None	\$0
	<i>Section 504 Corrections</i>	None	\$0
	<i>Social Service Needs</i>	None	\$0
	<i>Homeownership Assistance Needs</i>	None	\$0
	<i>Other Critical Needs Including Management and Operations</i>	None	\$0
Rockport	<i>General Physical Improvements</i>	None	\$0
	<i>Section 504 Corrections</i>	None	\$0
	<i>Social Service Needs</i>	None	\$0
	<i>Homeownership Assistance Needs</i>	None	\$0
	<i>Other Critical Needs Including Management and Operations</i>	None	\$0
Rowley	<i>General Physical Improvements</i>	None	\$0
	<i>Section 504 Corrections</i>	None	\$0
	<i>Social Service Needs</i>	None	\$0
	<i>Homeownership Assistance Needs</i>	None	\$0
	<i>Other Critical Needs Including Management and Operations</i>	None	\$0
Salem	<i>General Physical Improvements</i>	None	\$0
	<i>Section 504 Corrections</i>	None	\$0
	<i>Social Service Needs</i>	None	\$0
	<i>Homeownership Assistance Needs</i>	None	\$0
	<i>Other Critical Needs Including Management and Operations</i>	None	\$0
Salisbury	<i>General Physical Improvements</i>	Window replacement	\$300,000
		Kitchens & Baths upgrade	\$500,000
	<i>Section 504 Corrections</i>	None	\$0
	<i>Social Service Needs</i>	None	\$0
	<i>Homeownership Assistance Needs</i>	None	\$0

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PHA	Category & Description	Needs	Resources Needed
	<i>Other Critical Needs Including Management and Operations</i>	None	\$0
Swampscott	<i>General Physical Improvements</i>	None	\$0
	<i>Section 504 Corrections</i>	None	\$0
	<i>Social Service Needs</i>	None	\$0
	<i>Homeownership Assistance Needs</i>	None	\$0
	<i>Other Critical Needs Including Management and Operations</i>	None	\$0
Topsfield	<i>General Physical Improvements</i>	Building Envelope	\$748,137
		Paving	\$234,877
		Kitchen & Bath fans	\$87,321
		Kitchen upgrade	\$27,605
		electrical upgrades	\$133,239
	<i>Section 504 Corrections</i>		
	<i>Social Service Needs</i>	On Site Supportive Services	????
	<i>Homeownership Assistance Needs</i>	None	\$0
	<i>Other Critical Needs Including Management and Operations</i>	None	\$0
Wenham	<i>General Physical Improvements</i>	None	\$0
	<i>Section 504 Corrections</i>	None	\$0
	<i>Social Service Needs</i>	None	\$0
	<i>Homeownership Assistance Needs</i>	None	\$0
	<i>Other Critical Needs Including Management and Operations</i>	None	\$0
West Newbury	<i>General Physical Improvements</i>	None	\$0
	<i>Section 504 Corrections</i>	None	\$0
	<i>Social Service Needs</i>	None	\$0
	<i>Homeownership Assistance Needs</i>	None	\$0

PHA	Category & Description	Needs	Resources Needed
	<i>Other Critical Needs Including Management and Operations</i>	None	\$0
Wilmington	<i>General Physical Improvements</i>	None	\$0
	<i>Section 504 Corrections</i>	None	\$0
	<i>Social Service Needs</i>	None	\$0
	<i>Homeownership Assistance Needs</i>	None	\$0
	<i>Other Critical Needs Including Management and Operations</i>	None	\$0

Note: Only 5 of the PHAs responded with specific needs

In addition, 11 PHAs provided responses on the supportive housing supportive service needs of the populations they serve as follows:

Table 41: Housing Authority Special Needs Survey⁵⁷

Category	Number
Elderly	
Total Elderly Units	853
Est # in Need of SH	111
Est # in Need of SS	498
Est # of these receiving SS	1297
Disabled	
Total Disabled Units	131
Est # in Need of SH	17
Est # in Need of SS	827
Est # of these receiving SS	341
Family	
Total Family Units	628
Est # in Need of SH	140
Est # in Need of SS	198
Est # of these receiving SS	81

Notes: Data from PHA's Responding
 SH = Supportive Housing (as compared with independent living) e.g. an elderly person who should be in congregate housing
 SS = Supportive Services. These could be delivered by the PHA or by some other organization

⁵⁷ OKM Associates Survey: Housing Authority Special Needs, 2009-2010.

Public Housing Strategy (91.210)

1. *Describe the public housing agency's strategy to serve the needs of extremely low-income, low-income, and moderate-income families residing in the jurisdiction served by the public housing agency (including families on the public housing and section 8 tenant-based waiting list), the public housing agency's strategy for addressing the revitalization and restoration needs of public housing projects within the jurisdiction and improving the management and operation of such public housing, and the public housing agency's strategy for improving the living environment of extremely low-income, low-income, and moderate families residing in public housing.*
2. *Describe the manner in which the plan of the jurisdiction will help address the needs of public housing and activities it will undertake to encourage public housing residents to become more involved in management and participate in homeownership. (NAHA Sec. 105 (b)(11) and (91.215 (k))*
3. *If the public housing agency is designated as "troubled" by HUD or otherwise is performing poorly, the jurisdiction shall describe the manner in which it will provide financial or other assistance in improving its operations to remove such designation. (NAHA Sec. 105 (g))*

3-5 Year Strategic Plan Public Housing Strategy response:

1. *Describe the public housing agency's strategy to serve the needs of extremely low-income, low-income, and moderate-income families residing in the jurisdiction served by the public housing agency (including families on the public housing and section 8 tenant-based waiting list), the public housing agency's strategy for addressing the revitalization and restoration needs of public housing projects within the jurisdiction and improving the management and operation of such public housing, and the public housing agency's strategy for improving the living environment of extremely low-income, low-income, and moderate families residing in public housing.*

Needs: The major focus of the agencies has been on quality management of its programs, whether it is properties or vouchers and especially to ensure that turnover time is fast, so that vacancies are reduced and families on the waiting list can be housed quickly. Even so the waiting lists are long and generally are not open to new applicants.

Revitalization: The agencies with federal public housing (Beverly, Danvers, Gloucester, Methuen, Newburyport, North Andover and Salem) have had the

advantage of a regular stream of capital funding and have used this stream to modernize and maintain their 553 units of housing which is competitive in the market place. Where a development has had a concentration of poor families, the agencies have looked to other sources such as HOPE VI. These and the other 28 PHAs which have 5,649 units of state public housing, are only just beginning to see a formula driven modernization program emerge. Even so, they still compete for state modernization funds.

Living Environment: In addition to housing management and modernization, PHAs have also tried to identify needs for specialized housing and services, to support those who have needs which are not easily met in an independent living environment. The survey done of the PHAs identified the needs in the Table above in the prior section.

- 2. Describe the manner in which the plan of the jurisdiction will help address the needs of public housing and activities it will undertake to encourage public housing residents to become more involved in management and participate in homeownership. (NAHA Sec. 105 (b)(11) and (91.215 (k)).*

The NSHC has extremely limited resources to assist the needs of PHAs and their clients, especially when compared with the needs of those who do not have access to affordable housing.

It continues to support the PHAs which have residents and participants who apply for homeownership assistance, focusing on those coming out of Family Self Sufficiency programs. In addition it intends to work closely with the efforts of the 8 PHAs which have HCV Homeownership programs and to encourage those which don't, to amend their PHA Plans to create such a program. In addition, while none of the 7 PHAs with federal public housing, have adopted a Section 32 homeownership program, the NSHC will be working to encourage them to do so, especially as a recent HUD study indicated that one of the more successful homeownership production collaborations, has been between PHAs and HOME PJs.

The NSHC will also work with the State and the 16 PHAs which have HCV allocations, to develop project based Section 8 projects. As the HUD regulations permits up to 20% of the allocation to be used for this purpose, this has the potential for developing more than 770 affordable housing units.

- 3. If the public housing agency is designated as "troubled" by HUD or otherwise is performing poorly, the jurisdiction shall describe the manner in which it will provide financial or other assistance in improving its operations to remove such designation. (NAHA Sec. 105 (g))*

Twenty nine of the thirty NSHC Communities has Public Housing Authorities. None has been designated as troubled. The assessment scores of both federal and state agencies indicate that none are performing poorly.

Barriers to Affordable Housing (91.210 (e) and 91.215 (f))

- 1. Explain whether the cost of housing or the incentives to develop, maintain, or improve affordable housing are affected by public policies, particularly those of the local jurisdiction. Such policies include tax policy affecting land and other property, land use controls, zoning ordinances, building codes, fees and charges, growth limits, and policies that affect the return on residential investment.*
- 2. Describe the strategy to remove or ameliorate negative effects of public policies that serve as barriers to affordable housing, except that, if a State requires a unit of general local government to submit a regulatory barrier assessment that is substantially equivalent to the information required under this part, as determined by HUD, the unit of general local government may submit that assessment to HUD and it shall be considered to have complied with this requirement.*

3-5 Year Strategic Plan Barriers to Affordable Housing response:

- 1. Explain whether the cost of housing or the incentives to develop, maintain, or improve affordable housing are affected by public policies, particularly those of the local jurisdiction. Such policies include tax policy affecting land and other property, land use controls, zoning ordinances, building codes, fees and charges, growth limits, and policies that affect the return on residential investment.*

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:

- 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 continue living in the community);
- overlay districts permit increased density and state funding support and enable affordable units within mixed income developments;
- Chapter 40R is a state law, which encourages and provides incentives for the development of transit related housing;
- 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 Plan] which a local government can use and thus not invoke state override of zoning.

More Consortium communities are utilizing such features as density bonus provisions and inclusionary zoning. Since publication of the last Consolidated Plan several Consortium communities have adopted such provisions and zoning strategies. Other communities have created incentives for the development of affordable housing under a variety of zoning provisions, including but not limited to Planned Unit Development, Flexible Residential Development, Open Space Residential Development, Smart Growth Housing and others that require a percentage of the total development costs to be set aside (generally between 10-20% of the total development cost) for the creation of new affordable housing. Some of these bylaws offer a density bonus which acts as an incentive to produce affordable housing units.

Promising solutions to local affordable housing development include a greater willingness to plan for affordable housing. Consortium Communities have illustrated their readiness to take steps in that direction.

Adopted in 1999, Executive Order 418 provided Massachusetts communities with incentive to develop community development plans and mandated housing certification for participation in Department of Housing and Community Development discretionary grant programs.

In 2008, the state created the Housing Production Plan (HPP). This is a community's proactive strategy for planning and developing affordable housing by: creating a strategy to enable it to meet its affordable housing needs in a manner consistent with the Chapter 40B statute and regulations; and producing housing units in accordance with the HPP. If a community has a DHCD approved HPP and is granted certification of compliance with the plan by DHCD, a decision by the Zoning Board of Appeals (ZBA) relative to a comprehensive permit application will be deemed "consistent with local needs" under MGL Chapter 40B. "Consistent with local needs" means the ZBA's decision will be upheld by the Housing Appeals Committee.

Table 42: Approved 418 and Planned Production Communities⁵⁸

City or Town	Approved HPP	Approved 418
Amesbury	√	√
Andover		√
Beverly		√
Boxford	√	√
Danvers		√
Essex		√
Georgetown		√
Gloucester		√
Hamilton		√
Haverhill		
Ipswich	√	
Lynnfield	√	
Manchester		√
Marblehead		
Merrimac	√	
Methuen		√
Middleton		√
Newburyport		√
North Andover	√	√
North Reading		√
Peabody	√	
Rockport		√
Rowley	√	√
Salem		
Salisbury	√	√
Swampscott		√
Topsfield		√
Wenham	√	
West Newbury	√	√
Wilmington	√	√
Totals		

Local organizing efforts have also had an impact on affordable housing development and advocacy efforts. The passage of the Community Preservation Act (CPA) has proved a valuable local tool in many Consortium communities. Rowley, Rockport, Peabody, North Andover, Newburyport, Middleton, Georgetown, Hamilton, Manchester, Wenham, West Newbury, and Boxford have all passed the CPA. The use of the CPA has presented an effective educational tool around issues of affordable housing. More importantly, it also serves as an important financing tool to stimulate the preservation and creation of affordable housing.

⁵⁸ DHCD.

Perhaps the most encouraging recent development is the passage of Chapter 40R, the Smart Growth Zoning and Housing Production Act. In sum, the Act allows a municipality to adopt a “smart growth zoning district,” in accordance with certain provisions, in any eligible location allowing for primary residential use as-of-right and also permitting businesses, commercial and other uses consistent with primary residential use. The district acts as an overlay providing for a mix of housing with density ranging from eight units per acre for single-family homes, 12 units per acre for two- and three-family buildings, and 20 units per acre for multi-family housing. At least 20% of the housing developed if over 12 units must be affordable to families earning at or below 80% of the area median income. The “smart” element includes allowing infill development, incorporating fair housing, and limiting the impact on available municipal infrastructure. The district as a whole may not be restrictive to a particular age group or have other occupancy restrictions. Prospective developers can elect to either develop a project in accordance with the district requirements or develop a project in accordance with requirements of the underlying zoning district.

The Table below summarizes the current state of such initiatives in the Consortium.

Table 43: Status of Major Initiatives Affecting Affordable Housing⁵⁹

Community	Inclusionary Zoning	Accessory Apartment	Overlay Districts such as 40R	Chapter 40B LIP	Other Affordable Housing Incentive Zoning
Amesbury	Yes, for certain permits, 8 or more units must provide 15% affordable units	Yes	Yes	Yes	Yes, local efforts during permitting process
Andover	No	Yes	Yes	Yes	Yes, local initiatives board with dimensional special permit
Beverly	Yes, 10 or more units, must provide 10%	Yes	Yes	Yes	No

⁵⁹ OKM Associates Barriers to Affordable Housing Survey, 11/2009

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Community	Inclusionary Zoning	Accessory Apartment	Overlay Districts such as 40R	Chapter 40B LIP	Other Affordable Housing Incentive Zoning
	affordable units				
Boxford	No	Yes	No	No	No
Danvers	Inclusionary provision slated for vote in January 2010: multi-family developments only by special permit for 5+ units that developer pays a fee or provides one in 8 units to be affordable	Yes (only for individuals related to family)	No	No	No (only an effort to acquire properties)
Essex	No	Yes, 1 elderly housing complex	No	No	No
Georgetown	Yes, 3 or more units, must provide 10% affordable units	Yes	Only in draft	Yes	Yes, density bonuses
Gloucester	Yes, 8 or more units, must provide 15% affordable units	Yes	Yes, not 40R	Yes	Yes, density bonuses
Hamilton	Yes, 10 or more units or acres in subdivision, then 10th unit has to be affordable housing, and every 7th one thereafter	Yes, temporary in-law apartment and 1) conversion to temp. living space, 2) conversion of a 1 family dwelling into a 2 family	No	Yes, 1 project that created 6 units, 15-20 years ago, 2nd project for 6 units out of 22 units, only 2 built so far, 3rd project: 4	Yes, senior housing by-law allows 25% bonus if affordable

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Community	Inclusionary Zoning	Accessory Apartment	Overlay Districts such as 40R	Chapter 40B LIP	Other Affordable Housing Incentive Zoning
		dwelling		more units	
Haverhill	No	Yes	Yes	Yes	No
Ipswich	Yes, 2 or more single family units must provide 10% affordable units	Yes	No	Yes	Yes, special permit clause that provides for a single family residence with an out building, can convert out building into an affordable housing unit
Lynnfield	No	Yes	Yes	Yes	No
Manchester	No	Yes, only in certain districts	No	Yes (friendly 40B)	Yes, scattered zoning
Marblehead					
Merrimac	Yes, for multifamily units 1 out of 3 units must be affordable	Yes	Yes, not 40R	Yes	Yes, 1) open space residential zone (cluster zoning), developer gives town 2 units of affordable housing, 2) affordable housing trust fund
Methuen	No	Yes	Yes, not 40R	Yes	Yes, density bonuses
Middleton	No	No	Yes, (watershed)	No	Yes, density bonuses
Newburyport	No	Yes, in-laws by special permit, more than 1 residential	Yes, applicant had affordable housing	Yes	No

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Community	Inclusionary Zoning	Accessory Apartment	Overlay Districts such as 4OR	Chapter 40B LIP	Other Affordable Housing Incentive Zoning
		structure on a building	before issuing zoning		
North Andover	No	Yes	Yes	Yes	No
North Reading	No	Yes	Yes	Yes	No
Peabody	Yes, minimum of 8 units in one district and 15 units in another, must provide 15% affordable units	Yes	Yes	Yes	Yes, charitable donations
Rockport	Yes, by special permit, 3 or more units, must provide 10% affordable units	Yes	No	Yes, have had some approved recently, but are not developable	Yes, accepted open space residential design, includes incentive for affordable housing
Rowley	No	Yes	Yes	Yes	No
Salem	No	No, but 1 exception in the reconstruction of a historic carriage house) can be converted into accessory by special	No	Yes	Yes, density bonuses
Salisbury					
Swampscott	No	Yes, by special permit	No	Yes	No
Topsfield	No	Yes	No	No	No
Wenham	No	Yes, by special permit	Yes, senior housing overlay district	Yes, one has been permitted, not built yet	Yes, density bonuses
West					

Community	Inclusionary Zoning	Accessory Apartment	Overlay Districts such as 4OR	Chapter 40B LIP	Other Affordable Housing Incentive Zoning
Newbury					
Wilmington	No (but all over 55 developments must have 10% affordable)	Yes	Yes, not 4OR	No	Yes, density bonuses

In addition to zoning initiatives, many land use policies have a potential effect on housing affordability. For example, lot size and frontage requirements can directly affect the cost of and eventually rents or sales price of housing developments, as high costs increase cost and decrease affordability. The following table provides information on lot size and frontage requirements for the communities of the North Shore HOME Consortium. It was developed as part of the Consortium’s Analysis of Impediments to Fair Housing in 1997. Since then, the Consortium added the communities of Andover, Georgetown, Hamilton, Rowley, and Topsfield. In October 2009, the chart was updated to provide lot size and frontage requirements for these towns. Where the table indicates “n/a” this means that the community either does not have any property zoned for that housing type or the community allows for that type only by a special permit without any specific guidance in the zoning by-laws. The disallowance of certain types of multi-family housing implicates effective barriers to affordable housing.

(“sf” means square feet, and “pu” means per unit.)

Table 44: Lot Size and Frontage Requirements⁶⁰

Community	Minimum lot single family	Minimum lot 2 family	Minimum lot multi-family	Frontage single family	Frontage 2 family	Frontage multi-family
Amesbury	8000 sf	n/a	5-40,000 sf depending on district, allowed only by special permit	80 ft	n/a	50-125 ft depending on district, only by special permit

⁶⁰ OKM Associate Barriers Survey Ibid.

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Community	Minimum lot single family	Minimum lot 2 family	Minimum lot multi-family	Frontage single family	Frontage 2 family	Frontage multi-family
Andover	15 - 1 acre depending on district	n/a	n/a	115 - 180 ft	n/a	n/a
Beverly	10,000 - 90,000 sf depending on district	6,000 sf + 1,000 for one additional unit	6,000-8,000 sf plus 3-4,000 sf for additional units	100-225 ft	65 pu	50-65 ft
Boxford	87,120 sf	n/a	n/a	250 ft	n/a	n/a
Danvers	5,000-10,000 sf depending on district	15,000 sf	30,000 sf	50-150 ft depending on districts	80 ft pu	125 ft
Essex	40,000 sf	40,000 sf	90,000 sf	150 ft	150 ft	n/a
Georgetown	15,000 sf	15,000 sf	10,000 sf	100 ft	100 ft	100-200 ft depending on district
Gloucester	5-80,000 sf depending on district	5-80,000 sf depending on district	10-20,000 sf/ pu	50-150 ft	50-150 ft depending on district	65-125 ft depending on district
Hamilton	20,000 sf 40,000 sf depending on district	40,000 sf depending on district	n/a	125-175 ft	175 ft	n/a
Haverhill	7,500 - 8,000 sf	9,000-9,600 sf	20,000 + 1000 each addl. unit	75-200 ft	80 ft	100 ft

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Community	Minimum lot single family	Minimum lot 2 family	Minimum lot multi-family	Frontage single family	Frontage 2 family	Frontage multi-family
Ipswich	10,000 sf 87,120 sf depending on district	12,000 sf 130,680 sf depending on district	9,000 for first unit 5,000 + bonuses for each addl. Unit, mixed residential/business 3,000 for first unit 2,000 + thereafter, 5,000 for first 2,500 + thereafter in commercial district, highway business 25,000 for first unit 5,000 thereafter depending on district	50-150 ft depending on district, 20 ft for an attached single family house	50-150 ft depending on district	50 ft, 100 ft in some districts
Lynnfield	15-60,000 sf depending on district	n/a	n/a	110-210 ft depending on district	n/a	n/a
Manchester	6-90,000 sf depending on district	6,000 sf	n/a	60-150 ft depending on district	60 ft	n/a
Marblehead	6-35,000 sf depending on district	5-10,000 sf depending on district	10,000 or 5,000 per unit whichever is greater	35 ft	35 ft	35 ft
Merrimac	10,890-43,560-87,120 sf depending on district	10,890 sf depending on district	10,890 sf depending on district	80-150-200 ft	80 ft	80 ft

North Shore HOME Consortium

Community	Minimum lot single family	Minimum lot 2 family	Minimum lot multi-family	Frontage single family	Frontage 2 family	Frontage multi-family
Methuen	8,000-80,000 sf depending on district	12,000 sf	43,560-130,680 sf	80-200 ft	80-100 ft	150 ft
Middleton	20-100,000 sf depending on district	40,000 - 80,000 sf depending on the district	100,000 sf	100-200 ft depending on district	125 ft	200 ft
Newburyport	8-130,000 sf depending on district	12-15,000 sf depending on district	20,000 sf	80-300 ft depending on district	100-120 ft depending on district	120 ft
North Andover	12,500 - 130,680 sf depending on district	12,500 sf	43,560 sf (3000 min townhouse) depending on district	100 ft	100 ft	150 ft
Peabody	5-20,000 sf depending on district	7,500 sf	10-30,000 sf depending on district	50-125 ft depending on district	50 ft	60-75 ft depending on district
Rockport	7,500-40,000 sf depending on district	7,500-40,000 sf depending on district	7,500-15,000 sf depending on district 10,000 sf for each dwelling unit	50-150 ft depending on district	50-150 ft depending on district	50 ft
Rowley	30,000-60,000 sf depending on district	n/a	20,000 sft	125-150 sf depending on district	n/a	150 ft
Salem	6,000-80,000 sf depending on district	6,000-25,000 sf depending on district	6,000-25,000 sf depending on district	60-200 ft depending on district	60-100 ft depending on district	60-100 ft depending on district
Salisbury	10,890 sf	n/a	n/a	40 ft	n/a	n/a
Swampscott	20,000 sf	10,000 sf pu	n/a	100 ft	80 ft	n/a

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Community	Minimum lot single family	Minimum lot 2 family	Minimum lot multi-family	Frontage single family	Frontage 2 family	Frontage multi-family
Topsfield	20,000-87,125 sf depending on district	n/a	n/a	100-350 ft depending on district	n/a	n/a
Wenham	40,000 sf	n/a	n/a	170 ft	n/a	n/a
West Newbury	20-80,000 sf depending on district	20-80,000 sf depending on district	n/a	150-200 ft depending on district	150-200 ft depending on district	n/a
Wilmington	10,000-60,000 sf depending on district	n/a	25,000 sf	100-200 ft depending on district	n/a	40 ft

2. *Describe the strategy to remove or ameliorate negative effects of public policies that serve as barriers to affordable housing, except that, if a State requires a unit of general local government to submit a regulatory barrier assessment that is substantially equivalent to the information required under this part, as determined by HUD, the unit of general local government may submit that assessment to HUD and it shall be considered to have complied with this requirement.*

As noted above, there is a state law [Chapter 40B] that requires local governments to have at least 10% of its housing stock affordable to households below 80% of median in order, to retain full control over the zoning permit process when affordable units are proposed. The nature of that affordability is defined by the state and generally must be for at least 15 years for homeownership and 30 years for rental units. The law gives the state the power to override local decisions regarding affordable housing projects, whether those decisions are based on zoning by-laws, or other arguments such as impact on schools, environmental issues, infrastructure limitations etc. A local community can amend its by-laws and procedures for a specific project and gain exemption from this law under what is known as and what is controlled by state regulations – Local Initiative Plan or LIP. Moreover, as noted above, a community can adopt a Housing Production Plan [HPP] which provides incentives for the development of affordable housing. The current status of each community in terms of the Chapter 40B law is as follows:

The NSHC encourages local communities to pursue any strategy which

enables affordable housing production.

HOMELESS

Homeless Needs (91.205 (b) and 91.215 (c))

*Please also refer to the Homeless Needs Table in the Needs.xls workbook

Homeless Needs— The jurisdiction must provide a concise summary of the nature and extent of homelessness in the jurisdiction, (including rural homelessness and chronic homelessness where applicable), addressing separately the need for facilities and services for homeless persons and homeless families with children, both sheltered and unsheltered, and homeless subpopulations, in accordance with Table 1A. The summary must include the characteristics and needs of low-income individuals and children, (especially extremely low-income) who are currently housed but are at imminent risk of either residing in shelters or becoming unsheltered. In addition, to the extent information is available, the plan must include a description of the nature and extent of homelessness by racial and ethnic group. A quantitative analysis is not required. 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.

3-5 Year Strategic Plan Homeless Needs response:

The City of Peabody, as a result of its work as the Convener of the North Shore HOME Consortium, was also assigned the role of convener of a Continuum of Care Planning Group for homeless providers in the region, and therefore is directly involved in the work being done to help the homeless in the region. Designated by HUD as The **Gloucester/Haverhill/Salem/Essex County Continuum of Care [CoC]**, but referred to locally as the **North Shore Continuum of Care Alliance**. 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.

A major component of the work of the CoC is the submission of a consolidated application to HUD for McKinney-Vento Homeless Assistance funds. These funds are imperative for the continuation of existing Homeless shelter and service programs, and provide a small stream of new funds which are made available for new permanent housing options for the homeless. The planning process associated with this application takes place throughout the entire year, with NSHC/CoC staff convening and facilitating meetings, organizing committees, and coordinating an annual homeless count of persons sheltered and unsheltered with shelter staff and residents, representatives from member communities, and local police forces.

For a copy of the Consortium's most recent McKinney-Vento Application submission, please contact Peabody Department of Community Development.

The problems of homelessness are complex, but the State through its agencies that deal with homeless issues including the 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:

- *structural issues* such as high housing costs and/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, finding 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, the foreclosure crisis, in conjunction with the significant growth in unemployment and underemployment have exacerbated the problems 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. Young families and young adult individuals are living with other family members and are likely to be displaced due to family issues, or to the need of the primary occupant to rent the space that the at-risk household is using in order to meet their own financial burdens. The foreclosure problem, which continues to grow, may also lead to homelessness of families who can no longer afford their ownership costs. It also forces tenants from multi-family homes that are foreclosed or simply abandoned. The increase in unemployment and underemployment has caused a significant rise in the homelessness among individuals and families with long-term work histories. Finally, expiring use properties (for details on units at risk, Table 37) 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 1833 units are in danger of being lost to expiring use over the next five years .

From a financial standpoint, the households most susceptible to becoming homeless are households with incomes that are less than 30% of the area median income level, and who are also severely cost-burdened (paying more than 50% of their income for housing expenses). With severely limited financial resources, they are forced to make choices between housing, food and other basic needs. Based on input from local providers, the number of households facing these choices is significant and growing.

Other populations disproportionately at risk of becoming homeless are those struggling with domestic violence and/or substance abuse issues, those with severe mental health problems and people exiting incarceration. Providers of services to each of these populations list the prevention of homelessness as a priority concern in their work with these clients.

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

On January 27, 2010, The Continuum of Care Alliance in accord with its Continuum of Care planning process, conducted its annual point-in-time

survey of its homeless population. Based on this census, it was determined that the number of homeless persons in the region, including those sheltered, those residing in programs that provide transitional or permanent supported housing for the homeless, and those who were living out of doors or in a place unfit for human habitation, totaled 1195. This is an increase of 211 from the number reported in the previous year (2009), which was 984. Of the persons identified as homeless on the night of this year's homeless count, 362 were also identified as "chronically homeless." A chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for one year or more or has had at least four episodes of homelessness in the past three years. This population is the most difficult to serve successfully, since it frequently has a variety of issues that must be addressed. As a result, as has been documented, this population is also the most expensive to serve. A comprehensive approach in dealing with this group is necessary in order to achieve long term success. In turn, communities and the region will achieve cost savings by permanently reducing the numbers of chronically homeless.

Additional data on the homeless can be found in the CPMP file *needs.xls*.

Priority Homeless Needs

- 1. Using the results of the Continuum of Care planning process, identify the jurisdiction's homeless and homeless prevention priorities specified in Table 1A, the Homeless and Special Needs Populations Chart. The description of the jurisdiction's choice of priority needs and allocation priorities must be based on reliable data meeting HUD standards and should reflect the required consultation with homeless assistance providers, homeless persons, and other concerned citizens regarding the needs of homeless families with children and individuals. The jurisdiction must provide an analysis of how the needs of each category of residents provided the basis for determining the relative priority of each priority homeless need category. A separate brief narrative should be directed to addressing gaps in services and housing for the sheltered and unsheltered chronic homeless.*
- 2. A community should give a high priority to chronically homeless persons, where the jurisdiction identifies sheltered and unsheltered chronic homeless persons in its Homeless Needs Table - Homeless Populations and Subpopulations.*

3-5 Year Strategic Plan Priority Homeless Needs response:

1. *Using the results of the Continuum of Care planning process, identify the jurisdiction's homeless and homeless prevention priorities specified in Table 1A, the Homeless and Special Needs Populations Chart. The description of the jurisdiction's choice of priority needs and allocation priorities must be based on reliable data meeting HUD standards and should reflect the required consultation with homeless assistance providers, homeless persons, and other concerned citizens regarding the needs of homeless families with children and individuals. The jurisdiction must provide an analysis of how the needs of each category of residents provided the basis for determining the relative priority of each priority homeless need category. A separate brief narrative should be directed to addressing gaps in services and housing for the sheltered and unsheltered chronic homeless.*

The annual 'point-in-time' homeless count serves as the data source for completion of the "Current Inventory in 2010" section of the *HsgNeeds* Table in *needs.xls*. This point in time count was coordinated by the CoC's Point in Time Count Committee. The methods used to collect the data were on the ground counting by volunteers and members of local police departments, along with the distribution of surveys to providers. The day of the point-in-time count, January 27, 2010, providers were asked to complete a questionnaire and report on the numbers of units, numbers of people in their units, and a myriad of other questions on the subpopulations and their needs. In the days following the count, the Point in time count committee and staff conducted a follow-up phone survey to verify that all information concerning shelter, transitional and permanent supportive housing inventory was accurate for the night of the count. Follow up calls were also made to law enforcement in any member community that did not report back on their count for unsheltered homeless. Additional information on housing units under development was gathered as part of the PITC survey, through calls, and during reporting done at CoC regular monthly meeting.

The CofC will continue to conduct an annual Point in Time Homeless Count inventory during the last week of January each year from 2010 through 2014. The CoC will use basically the same methodology each year to gather information about the number of homeless persons and the inventory of housing and service for the homeless in the region.

The CPMP *needs.xls* Table documents the status of homeless individuals and families in accord with the annual 'point-in-time' survey and details the choice of priority needs and priorities for allocation based on acceptable HUD standards. The CoC has identified five specific objectives that form the

priorities for addressing the homeless in the Consortium area. These include the following:

- Create new permanent housing for chronically homeless individuals
- Increase percentage of homeless persons remaining in permanent housing for more than six months
- Increase percentage of homeless persons moving from transitional housing to permanent housing
- Increase the percentage of individuals who are employed upon completion of their program/s
- Decrease the number of homeless households with children

The Continuum of Care Alliance identified individuals and families (both sheltered and unsheltered), who were homeless on January 27, 2010 using a one night census of both sheltered and unsheltered homeless people, along with documentation from administrative records.

The Continuum of Care process identified 399 homeless individuals who were sheltered and 86 individuals who were unsheltered. Furthermore, it identified 315 chronically homeless individuals who were sheltered and 47 chronically homeless individuals who were unsheltered at a single point in time based on the one-night census of both sheltered and unsheltered homeless conducted in 2010, with further documentation from administrative records. During the count, 262 families were counted as homeless.

Through that count, the Continuum of Care process identified 399 homeless individuals who were sheltered and 86 individuals who were unsheltered. Of the sheltered individuals, 315 were identified as chronically homeless. 47 of unsheltered individuals were identified as chronically homeless.. Also identified by the count were 258 homeless families, made up of 310 adults and 400 children.

Included in the numbers of homeless persons on reported in the annual point in time count is the number households being sheltered in motels by the state in the Consortium area due to lack of space in the emergency shelter system.. This number has continued to grow. In 2008 there were six homeless families living in state-funded motel rooms within the CoC area. In 2009, this number had risen to 138. Between June and September, 2009 the number of homeless families living in motels increased by 37 percent. It should be noted that the impact on the communities from this practice is great, and while no information was provided to the CoC on where these families most recently resided, it has been reported by DTA that over 75% of those sheltered in motels in this region have been sent here

from other jurisdictions (most often from the Boston area); similarly households originating from this region may also be sheltered in motels outside of the Consortium area and are not included in our figures.

The analysis of the preceding data combined with the comments and input from providers and others has led the CoC to establish relative priorities of need as follows:

- Addressing the chronically homeless due to the high number of individuals identified and the HUD priority to serve this population. This is the highest priority
- The crisis in family homelessness, with a shortage of shelter units leading to sheltering families in hotels, has also led the CoC to prioritize families in its process.

The full results of the census and records analysis are in Tables 1 and 2 of the CPMP file *needs.xls homeless tab/sheet* in the NSHC Consolidated Plan.

2. *A community should give a high priority to chronically homeless persons, where the jurisdiction identifies sheltered and unsheltered chronic homeless persons in its Homeless Needs Table - Homeless Populations and Subpopulations.*

As is evident from the Continuum of Care count of January 27, 2010 as discussed above, there is a significant chronically homeless population in this region. There were 315 chronically homeless sheltered individuals and 47 unsheltered chronically homeless individuals. Additional data are included in the numbers above are in *tables 1 and 2 of the homeless tab/sheet* in the *needs.xls* file.

In addressing the needs of the chronically homeless, there is a multi-pronged approach:

- prevention
- aggressive outreach
- assessment and case management
- connection to mainstream benefits and resources
- access to and assistance for housing.

Housing must be linked to stabilization and community-based services that will ensure successful tenancies. Permanent supportive housing for the chronically homeless individuals is the number one priority for the CoC. It has implemented an assertive strategy to create new permanent housing beds for this population. The CoC expects to provide permanent housing for

homeless disabled veterans during the upcoming year. It also will review its entire inventory of housing to determine if additional units can be set aside for the chronically homeless.

Homeless Inventory (91.210 (c))

The jurisdiction shall provide a concise summary of the existing facilities and services (including a brief inventory) that assist homeless persons and families with children and subpopulations identified in Table 1A. These include outreach and assessment, emergency shelters and services, transitional housing, permanent supportive housing, access to permanent housing, and activities to prevent low-income individuals and families with children (especially extremely low-income) from becoming homeless. The jurisdiction can use the optional Continuum of Care Housing Activity Chart and Service Activity Chart to meet this requirement.

3-5 Year Strategic Plan Homeless Inventory response:

A summary of the existing facilities and services that assist homeless persons and families with children and the subpopulations are provided in the homeless tab in the CPMP *needs.xls* where we have used the *Housing Activity Table 3* and the *Service Activity Table 4*, to meet this requirement.

The NSHC area includes various housing types dedicated to the different groups within the homeless population. These include permanent supported housing, transitional housing, and emergency shelter units.

There has been an increase of close to 100 percent in the need for emergency shelter beds over last year. This has been due mainly to the downturn in the economy, which has forced the Commonwealth of Massachusetts to increase the utilization of local motels funded by the State. At the same time, several local organizations have added additional emergency shelter units to their programs to attempt to reduce the number of families being warehoused in motel rooms.

Additional transitional housing units have also been added by agencies within the region to try to offer additional resources for homeless persons..

The total number of permanent housing beds increased by 13% between 2008 and 2009. Much of this increase was a result of the issuance of VASH vouchers. Additional VASH vouchers have come into play since January 2010. This will have resulted in a further increase in the number of permanent housing beds in 2010.

For additional detail, please see the Housing Activity and Service Activity Charts, as excerpted from the Continuum of Care Submission

Homeless Strategic Plan (91.215 (c))

- 1. Homelessness— Describe the jurisdiction's strategy for developing a system to address homelessness and the priority needs of homeless persons and families (including the subpopulations identified in the needs section). The jurisdiction's strategy must consider the housing and supportive services needed in each stage of the process which includes preventing homelessness, outreach/assessment, emergency shelters and services, transitional housing, and helping homeless persons (especially any persons that are chronically homeless) make the transition to permanent housing and independent living. The jurisdiction must also describe its strategy for helping extremely low- and low-income individuals and families who are at imminent risk of becoming homeless.*
- 2. Chronic homelessness—Describe the jurisdiction's strategy for eliminating chronic homelessness by 2012. This should include the strategy for helping homeless persons make the transition to permanent housing and independent living. This strategy should, to the maximum extent feasible, be coordinated with the strategy presented Exhibit 1 of the Continuum of Care (CoC) application and any other strategy or plan to eliminate chronic homelessness. Also describe, in a narrative, relationships and efforts to coordinate the Conplan, CoC, and any other strategy or plan to address chronic homelessness.*
- 3. Homelessness Prevention—Describe the jurisdiction's strategy to help prevent homelessness for individuals and families with children who are at imminent risk of becoming homeless.*
- 4. Institutional Structure—Briefly describe the institutional structure, including private industry, non-profit organizations, and public institutions, through which the jurisdiction will carry out its homelessness strategy.*
- 5. Discharge Coordination Policy—Every jurisdiction receiving McKinney-Vento Homeless Assistance Act Emergency Shelter Grant (ESG), Supportive Housing, Shelter Plus Care, or Section 8 SRO Program funds must develop and implement a Discharge Coordination Policy, to the maximum extent practicable. Such a policy should include "policies and protocols for the discharge of persons from publicly funded institutions or*

systems of care (such as health care facilities, foster care or other youth facilities, or correction programs and institutions) in order to prevent such discharge from immediately resulting in homelessness for such persons.” The jurisdiction should describe its planned activities to implement a cohesive, community-wide Discharge Coordination Policy, and how the community will move toward such a policy.

3-5 Year Homeless Strategic Plan response:

1. *Homelessness— Describe the jurisdiction's strategy for developing a system to address homelessness and the priority needs of homeless persons and families (including the subpopulations identified in the needs section). The jurisdiction's strategy must consider the housing and supportive services needed in each stage of the process which includes preventing homelessness, outreach/assessment, emergency shelters and services, transitional housing, and helping homeless persons (especially any persons that are chronically homeless) make the transition to permanent housing and independent living. The jurisdiction must also describe its strategy for helping extremely low- and low-income individuals and families who are at imminent risk of becoming homeless.*
1. **Prevention:** Both the federal and state governments have recognized prevention as a key element in the fight against homelessness. At the federal level, The Homeless Prevention and Rapid-Re-housing Program (HPRP) has been developed as a critical tool in this initiative. Although no communities in the Consortium received direct funding, a number of Consortium communities and service organizations are utilizing HPRP funds received and administered by the state. At the state level, based on recommendations from the Commission to End Homelessness, Massachusetts has created and funded 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.
2. **Coordination:** Maximize the cooperation and participation among the communities involved in the Continuum of Care Process. In addition to working closely with its member representatives, the Consortium now has in place two regional housing networks, funded through the Interagency Council on Housing and Homelessness (ICHH). As mentioned above, as one of its primary responsibilities, ICHH has funded regional housing networks as of December, 2008. Their mandate is 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). Please note that Wilmington is part of the MetroBoston Regional Network. Goals and objectives as they relate to specific components of homelessness activities are described in the individual sections below.

3. Data Collection: Improve the accuracy of counting the homeless and their demographic characteristics so that the resulting planning and programming accurately addresses the most critical needs.
4. Housing: Increase the supply of permanent supportive housing option for the homeless through efforts to secure available local, state and federal funding.
5. Services: Improve the system of treatment and services for homeless individuals with multiple diagnoses. Ensure that clients are assessed correctly and connected to appropriate services.

The best practice for eliminating the need shelter for homeless households is to prevent homelessness whenever possible through intervention with at-risk individuals and families. For those who require emergency shelter, the intent is to get them connected with the necessary services and resources to move them from shelters quickly. Ideally that move would be to an independent permanent living situation. However, in many cases the first move may have to be to a transitional housing setting where they can continue to receive services for a longer period if the household is not yet capable of living independently. For those who still are unable to move on to an independent permanent housing situation, the only solution is to provide permanent supported housing so that formerly homeless households will be able to maintain themselves in a traditional housing environment for the long term. In order for this goal to be achieved, there must be an adequate supply of appropriate, affordable housing and the associated stabilization services. In order to create the necessary emergency shelter, transitional housing and permanent supportive housing to meet the needs identified in the region, a combination of resources must be assembled. Actual units must be created and rental subsidies (which include mobile vouchers, project-based subsidies and/or vouchers) must be made available for defined populations.(i.e., VASH, which are typically administered through local PHA's and regional agencies) and funds must be made available for the

necessary services which will allow people to live outside of the shelter system.

- 2. Chronic homelessness—Describe the jurisdiction's strategy for eliminating chronic homelessness by 2012. This should include the strategy for helping homeless persons make the transition to permanent housing and independent living. This strategy should, to the maximum extent feasible, be coordinated with the strategy presented Exhibit 1 of the Continuum of Care (CoC) application and any other strategy or plan to eliminate chronic homelessness. Also describe, in a narrative, relationships and efforts to coordinate the Conplan, CoC, and any other strategy or plan to address chronic homelessness.*

The strategies identified below are central to the focus of addressing chronic homelessness. Chronically homeless individuals may also suffer from the effects of substance abuse and/or mental illness. A national homeless study conducted by the National Coalition for the Homeless indicated that 25 percent of the homeless suffer from mental illness and that 60 percent of homeless individuals are drug dependent.

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 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 are all key in assisting chronically homeless. Members of the CofC 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.

A cornerstone in the eradication of chronic homelessness is the provision of permanent supportive housing. Services required may include personal case management, job training, and life skills preparation. For long term success,

the CofC realizes that it must increase the capacity of current homeless housing providers to create and operate housing for this population. The second way to achieve success is to engage the larger affordable housing community to incorporate chronically homeless housing in their own housing plans. In addition to regular HCV's, there are a number of vouchers limited to special populations. In 2008, HUD provided funding to assist chronically homeless veterans through VASH Vouchers. The funding continues in place. These vouchers combine Section 8 rental assistance for homeless veterans, with case management and clinical services provided through the Veteran's administration. Veterans must already be homeless in accord with HUD's definition of homelessness. CTI administers the VASH vouchers in the Consortium area. According to CTI, as of March 1, 2010, 59 VASH vouchers for formerly homeless veterans are currently active in the area.

3. Homelessness Prevention—Describe the jurisdiction's strategy to help prevent homelessness for individuals and families with children who are at imminent risk of becoming homeless.

The breadth of the population dealing with the potential of homelessness has grown dramatically. Agencies throughout the area have seen a dramatic increase in those with long-term work histories at significant risk of losing their housing, due to unemployment and underemployment. A growing number of households have been at risk of foreclosure, either as part of the sub-prime loan crisis or due to economic hardship. As of March 1, 2010, there are 541 homes in default, 606 are bank owned and 437 are scheduled for auction in the NSHC area.

None of the communities within the North Shore CofC area received its own allocation of HPRP funds from HUD. However, Consortium communities are utilizing State allocated HPRP funds. NSCAP reports that it is currently receiving 500 calls per week from people who believe that their housing is at risk. NSCAP estimates that it has provided homelessness prevention services to 500 households between October, 2009 and January, 2010. Using HPRP funds and other eligible resources, NSCAP is working with the local Housing Court to divert families at risk of eviction, resulting in homelessness. They also assist in paying arrearages or move-in expenses for individuals at risk. They have also used funds for short-term rental assistance. Emmaus, Inc., provider of emergency, transitional and supported housing, has received funds to provide temporary financial assistance and relocation and stabilization services to 10 homeless families. The Merrimack Valley and North Shore Regional Networks, both include diversion and prevention goals and activities in their workplans.

4. Institutional Structure—Briefly describe the institutional structure,

including private industry, non-profit organizations, and public institutions, through which the jurisdiction will carry out its homelessness strategy.

As noted above and repeated here, the Gloucester/Haverhill/Salem/Essex County Continuum of Care, commonly known as The Continuum of Care Alliance, is the primary decision making group. The lead organization which manages the overall planning and submissions to HUD is Peabody Community Development. The communities served by the CofC are the same as those included in the NSHC.

The CofC has done extensive outreach to encourage participation from a wide representation of agencies throughout the geographic area, including stakeholders from the public and private sectors and those agencies providing mainstream services. Any agency that wants to participate in the CoC as a member is welcomed and encouraged to join various CoC committees. When making decisions, the CoC uses a democratic process, with each participating agency having one vote. For membership in the Proposal Review Committee, participants cannot be from agencies that have a vested interest in the outcome; however, that committee's recommendations are ratified by the entire group.

The Proposal Review Committee meets multiple times each month immediately before the submission of the annual NOFA since that is when the decisions have to be made regarding the funding priorities for that years submission. Since the CofC is in Hold Harmless Needs status, the majority of the funding is for renewing effective programs, which are reviewed annually by this Committee. For new projects, if funds are made available, concept papers are requested, proposals are reviewed, and decisions are made by this Committee in the months before the application is due. It would not be feasible or efficient to meet and make any final decisions before HUD issues its NOFA including the criteria for new funding.

For a list of participating groups, please refer to the Continuum of Care approved McKinney-Vento application.

5. *Discharge Coordination Policy—Every jurisdiction receiving McKinney-Vento Homeless Assistance Act Emergency Shelter Grant (ESG), Supportive Housing, Shelter Plus Care, or Section 8 SRO Program funds must develop and implement a Discharge Coordination Policy, to the maximum extent practicable. Such a policy should include “policies and protocols for the discharge of persons from publicly funded institutions or systems of care (such as health care facilities, foster care or other youth*

facilities, or correction programs and institutions) in order to prevent such discharge from immediately resulting in homelessness for such persons.” The jurisdiction should describe its planned activities to implement a cohesive, community-wide Discharge Coordination Policy, and how the community will move toward such a policy.

The Continuum of Care which serves the homeless in the area, has adopted formal discharge protocols for facilities discharging people from foster care, health care, mental health care and correctional facilities.

Foster Care:

It is the responsibility and charge of the State Department of Children and Families to ensure that all youth with a discharge plan are discharged to appropriate and stable housing. There is a formal policy in place and implemented that ensures that youth are not routinely discharged into homelessness (including homeless shelters, the streets, or other homeless assistance programs). The DCF Standards for Independent Living Services specifically state that in no case may youth be placed in inappropriate housing. If appropriate housing is not available, the youth is not eligible for discharge from the States system of care. Appropriate housing is defined as all housing except shelters, hotels/motels, and dwellings that fail to meet government health and building code standards. Youth are routinely discharged through reunification with their families or, for those youth whose age allows, to another age appropriate independent housing option.

Health Care:

The Executive Office of Health and Human Services (EOHHS), the state agency with oversight of publicly-funded health care, has developed and implemented a formal policy in place that ensures that people are not routinely discharged into homelessness (including homeless shelters, the streets, or other homeless assistance programs) from state-funded health care facilities. EOHHS has established Discharge Planning Standards, which are part of every Request for Proposal. These standards are reviewed during monitoring site visits, annual reports, review of the Department of Public Health (DPH) discharge and admission data, analysis of billing data, and Risk Management analysis. Programs that are funded by EOHHS/DPH are required to submit admission and discharge data on all clients, not just clients funded through EOHHS/DPH dollars, as well as billing and invoice data on all clients. EOHHS/DPH funded detoxification programs routinely discharge from their programs to state funded residential recovery programs or to state funded transitional support services.

Mental Health:

The State Department of Mental Health (DMH) has developed and implemented a formal policy in place (see regulation 104 CMR 27.09) that ensures that people are not routinely discharged into homelessness (including homeless shelters, the streets, or other homeless assistance programs) from state-funded mental health facilities. The Department of Mental Health routinely discharges clients to their state-funded system of group homes. All state-funded mental health facilities are required to arrange for the necessary post-discharge support and clinical services needed to facilitate a smooth reentry to the community. Such measures must be documented in the clients medical record. All mental health facilities are required to make every effort to avoid discharge to the streets or shelters. All facilities are required to take steps to identify and offer alternative options to patients and must document such measures, including all competent refusals of alternative options by a patient, in the medical record. In the case of such a discharge the mental health facility must arrange for or, in the case of a competent refusal, identify post-discharge support and clinical services. The facility shall keep a record of all discharges to a shelter or the street in the approved form and submit such information to the Department of Mental Health on a quarterly basis.

Corrections:

The State Department of Corrections (DOC) has taken a proactive approach to discharge planning and has targeted resources towards specialized housing with services to prevent inmates from reentering the corrections system and/or becoming homeless again. There is a formal policy in place and implemented that ensures that ex-offenders are not routinely discharged into homelessness (including homeless shelters, the streets, or other homeless assistance programs). DOC routinely discharges inmates to traditional residential placement in the community. These include reunification with family, rental housing or state funded half way houses. The Department of Corrections issued a new policy in 2002 regarding the release preparation of inmates in their facilities. The policy includes three components:

1. Developing individualized risk reduction plans.
2. Participation in transition workshops (minimum of five per year) initiated as the inmate approaches release which are designed to establish a comprehensive treatment plan.
3. Post-release planning and supervision to promote continuity between reentry plans and supervision and community services accessed upon release. The transition plan includes a Living Arrangements section where s outline the specifics of their housing reentry plan.

Emergency Shelter Grants (ESG)

(States only) Describe the process for awarding grants to State recipients, and a description of how the allocation will be made available to units of local government.

3-5 Year Strategic Plan ESG response:

N/A

COMMUNITY DEVELOPMENT

Community Development (91.215 (e))

*Please also refer to the Community Development Table in the Needs.xls workbook

1. *Identify the jurisdiction's priority non-housing community development needs eligible for assistance by CDBG eligibility category specified in the Community Development Needs Table (formerly Table 2B), – i.e., public facilities, public improvements, public services and economic development.*
2. *Describe the basis for assigning the priority given to each category of priority needs.*
3. *Identify any obstacles to meeting underserved needs.*
4. *Identify specific long-term and short-term community development objectives (including economic development activities that create jobs), developed in accordance with the statutory goals described in section 24 CFR 91.1 and the primary objective of the CDBG program to provide decent housing and a suitable living environment and expand economic opportunities, principally for low- and moderate-income persons.*

NOTE: Each specific objective developed to address a priority need, must be identified by number and contain proposed accomplishments, the time period (i.e., one, two, three, or more years), and annual program year numeric goals the jurisdiction hopes to achieve in quantitative terms, or in other measurable terms as identified and defined by the jurisdiction.

3-5 Year Strategic Plan Community Development response:

N/A

Antipoverty Strategy (91.215 (h))

1. *Describe the jurisdiction's goals, programs, and policies for reducing the number of poverty level families (as defined by the Office of Management and Budget and revised annually). In consultation with other appropriate public and private agencies, (i.e. TANF agency) state how the jurisdiction's goals, programs, and policies for producing and preserving affordable housing set forth in the housing component of the consolidated plan will be coordinated with other programs and services for which the jurisdiction is responsible.*
2. *Identify the extent to which this strategy will reduce (or assist in reducing) the number of poverty level families, taking into consideration factors over which the jurisdiction has control.*

3-5 Year Strategic Plan Antipoverty Strategy response:

As the Consortium is a HOME Participating Jurisdiction, it does not conduct specific economic development programs. However the Consortium does support any municipal efforts which provide housing improvements and preserve or promote affordability and thus enable low-mod households to set aside more resources for education and training.

In addition the Consortium makes itself available to support its member communities when preparing applications for economic development funding especially from the state CDBG program.

The NSHC has been targeting funds which more directly assist families in poverty as follows:

1. The NSHC has provided and plans to continue to provide TBRA. This short term rental assistance program is targeted to families who are being forced into homelessness by major reductions in income and loss of jobs.
2. The NSHC rehab program assists extremely low income families, many of whom are below the poverty level or could fall into that group, due to the costs of operating and maintaining their housing. This program targets repairs and utility efficiency.
3. Organizations which serve extremely low income households actively present projects for funding through the NSHC supplementary RFP process.

In so far as most households being provided housing assistance end up with a reduced level of cost, 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 estimates of poverty for the NSHC

communities based on the 2000 census are as follows:

Table 45: Poverty Percentage [2000]⁶¹

NSHC Community	Total in poverty	Poverty % Census 2000
Amesbury	951	5.93%
Andover	1205	3.89%
Beverly	2163	5.74%
Boxford	108	1.36%
Danvers	711	2.94%
Essex	215	6.58%
Georgetown	309	4.20%
Gloucester	2630	8.80%
Hamilton	409	5.34%
Haverhill	5243	9.10%
Ipswich	921	7.13%
Lynnfield	289	2.50%
Manchester	249	4.79%
Marblehead	863	4.27%
Merrimac	165	2.71%
Methuen	3201	7.38%
Middleton	235	3.70%
Newburyport	877	5.18%
North Andover	739	2.92%
North Reading	204	1.49%
Peabody	2531	5.33%
Rockport	286	3.73%
Rowley	224	4.13%
Salem	3787	9.65%
Salisbury	526	6.79%
Swampscott	517	3.66%
Topsfield	104	1.72%
Wenham	115	3.28%
West Newbury	156	3.76%
Wilmington	410	1.94%
Total	30343	5.61%

The US Census of 2000 table above, documented the communities of Essex, Gloucester, Haverhill, Ipswich and Salem, which all had in excess of 6% of

⁶¹ US Census 2000 SF3

households in poverty. Within any community there would be areas which have significantly higher poverty rates than the community as a whole.

According to ESRI data from 2009, there may have been a small decline in poverty rates.

Table 46: Extremely Low Income Populations⁶²

Year	2000	2009	2014
30% Median	\$13,212	\$17,840	\$25,133
Estimated # of Households below 30% AMI	4,257	3,489	3,018

From ACS data in 2008, we can note that, while it does not have poverty data, it does provide information on households below 20% of AMI, which is close to the poverty level. The percentage of poverty families in the 11 ACS communities is 7.46%.

The table below shows the estimated population in poverty (earning below 20% of median income) for the eleven communities in the Consortium. As can be seen, Beverly, Danvers, Gloucester, Marblehead, Methuen, Peabody and Salem all have an excess of 6% of households in poverty. Communities such as Haverhill and Salem were also estimated to have high poverty rates in 2000. Haverhill's poverty rate has decreased slightly since then, but Salem's rate has increased.

Table 47: Poverty Estimations, 11 Communities 2008⁶³

Community	Total Below 20% AMI	% Below 20% AMI
Andover	420	3.69%
Beverly	1,490	9.82%
Danvers	600	6.33%
Gloucester	995	8.39%
Haverhill	1,710	7.60%
Marblehead	505	6.16%
Methuen	1,575	9.51%
Nth Andover	435	4.39%
Peabody	1,435	7.45%
Salem	1,775	10.25%
Wilmington	180	2.44%
NSHC	11,120	7.46%

⁶² ESRI Data

⁶³ CHAS Table 11

The NSHC programs, while small compared with the need, do provide an opportunity to present information through the consultation and public hearing process.

Low Income Housing Tax Credit (LIHTC) Coordination (91.315 (k))

1. *(States only) Describe the strategy to coordinate the Low-income Housing Tax Credit (LIHTC) with the development of housing that is affordable to low- and moderate-income families.*

3-5 Year Strategic Plan LIHTC Coordination response:

The Consortium will work with the state and developers when and if Low Income Housing Tax Credit funding is issued for projects in this area. It is not known whether any such projects will be funded during this period 2010-2014.

NON-HOMELESS SPECIAL NEEDS

Specific Special Needs Objectives (91.215)

NON-HOMELESS SPECIAL NEEDS

Specific Special Needs Objectives (91.215)

1. *Describe the priorities and specific objectives the jurisdiction hopes to achieve over a specified time period.*
2. *Describe how Federal, State, and local public and private sector resources that are reasonably expected to be available will be used to address identified needs for the period covered by the strategic plan.*

3-5 Year Non-homeless Special Needs Analysis response:

1. *Describe the priorities and specific objectives the jurisdiction hopes to achieve over a specified time period.*

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, victims of domestic violence, persons with HIV/AIDS and veterans.

The NSHC is aware of the needs of special populations and is committed to supporting initiatives which target these populations. NSHC has determined that one of the most effective strategies in assisting these populations is the provision of transitional and permanent affordable housing. In addition, several of these sub-populations' needs are being addressed through the use of Tenant Based Rental Assistance (TBRA).

NSHC has identified as a high priority the need to ensure that a percentage of the units created are accessible to persons with disabilities. NSHC will also continue to provide assistance to non-profit organizations serving these populations by assisting in providing funds for acquisition, the development and rehabilitation of structures designed to house victims of domestic violence, developmentally disabled, persons with mental illness and former substance abusers. NSHC considers all special needs populations. However, priorities are set based on demand from agencies serving these populations. NSHC is prepared to assist any developments proposed, when HOME funds are determined to be an effective source to meet special needs.

2. Describe how Federal, State, and local public and private sector resources that are reasonably expected to be available will be used to address identified needs for the period covered by the strategic 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. The members of these subpopulations frequently require assistance from multiple sources in order to succeed in daily life.

In addition to the availability of federal public housing and other federally assisted housing programs for the elderly (primarily Section 202) and for the disabled (primarily Section 811 and PBA), 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. Monies for development of housing for clients of DMH and DDS are also available to non-profits through the Facilities Consolidation Fund. Other state agencies

serving the elderly within the Consortium include EOEA and the EOHHS. Massachusetts also has a variety of community-based programs serving the elderly. There are local Councils on Aging (COA) within the Consortium which provide elders and families with direct care services. The thirty communities are also serviced by Area Agencies on Aging, which are designated as 'Aging Services Access Points'. Programs implemented to 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 disabled elderly.

In addition to affordability, a key issue for the physically disabled has been the inaccessibility of housing units. Rehab funds available from the HOME Consortium have been used to create accessibility. In the Consortium communities that have entitlement or state CDBG funds available, physical rehabilitation programs are also 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 number 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 DDS, are the primary service systems for providing services and housing (through the use of state and private housing providers), to their respective populations.

At the level of local government, communities have Public Housing Authorities, local Human Services departments, Veteran's Agents and local Councils on Aging, as mentioned above, all of which concentrate at least some of their services on these populations. Communities receiving CDBG funds allocate some of their resources for services and facilities which serve these populations. HOME funds from the Consortium are also available for providing assistance in the acquisition, development and rehabilitation of supported housing. HOME funds also assist through the provision of tenant-based rental assistance. In addition, non-profit organizations, including CHDOs servicing communities within the Consortium typically administer programs targeted to these populations, some of which are funded through the state agencies listed above and others which are funded with federal resources or through public and private grants or a combination of these sources.

Non-homeless Special Needs (91.205 (d) and 91.210 (d)) Analysis (including HOPWA)

*Please also refer to the Non-homeless Special Needs Table in the Needs.xls workbook.

1. *Estimate, to the extent practicable, the number of persons in various subpopulations that are not homeless but may require housing or supportive services, including the elderly, frail elderly, persons with disabilities (mental, physical, developmental, persons with HIV/AIDS and their families), persons with alcohol or other drug addiction, victims of domestic violence, and any other categories the jurisdiction may specify and describe their supportive housing needs. The jurisdiction can use the Non-Homeless Special Needs Table (formerly Table 1B) of their Consolidated Plan to help identify these needs.*

**Note: HOPWA recipients must identify the size and characteristics of the population with HIV/AIDS and their families that will be served in the metropolitan area.*

2. *Identify the priority housing and supportive service needs of persons who are not homeless but may or may not require supportive housing, i.e., elderly, frail elderly, persons with disabilities (mental, physical, developmental, persons with HIV/AIDS and their families), persons with alcohol or other drug addiction by using the Non-homeless Special Needs Table.*

3. *Describe the basis for assigning the priority given to each category of priority needs.*

4. *Identify any obstacles to meeting underserved needs.*

5. *To the extent information is available, describe the facilities and services that assist persons who are not homeless but require supportive housing, and programs for ensuring that persons returning from mental and physical health institutions receive appropriate supportive housing.*

6. *If the jurisdiction plans to use HOME or other tenant based rental assistance to assist one or more of these subpopulations, it must justify the need for such assistance in the plan.*

3-5 Year Non-homeless Special Needs Analysis response:

1. *Estimate, to the extent practicable, the number of persons in various subpopulations that are not homeless but may require housing or supportive services, including the elderly, frail elderly, persons with disabilities (mental, physical, developmental, persons with HIV/AIDS and their families), persons with alcohol or other drug addiction, victims of*

domestic violence, and any other categories the jurisdiction may specify and describe their supportive housing needs. The jurisdiction can use the Non-Homeless Special Needs Table (formerly Table 1B) of their Consolidated Plan to help identify these needs.

Please see the *Needs.xls* Tables in the CPMP for the number of persons in various subpopulations that may require housing or supportive services. In summary, these tables indicate a significant need for a variety of types of housing for various subpopulations. While not an eligible HOME activity, supportive services are also needed to meet the needs of these households. A detailed discussion of specific housing needs follows in the next section.

2. Identify the priority housing and supportive service needs of persons who are not homeless but may or may not require supportive housing, i.e., elderly, frail elderly, persons with disabilities (mental, physical, developmental, persons with HIV/AIDS and their families), persons with alcohol or other drug addiction by using the Non-homeless Special Needs Table.

The data documenting the special needs populations is exhibited in the *Non-homeless tab/sheet in Needs.xls* in the CPMP. The following narrative lists the categories of subpopulations identified by the NSHC as priorities, along with the statistics to illustrate the relative priority of each.

Elderly include persons who are 65 or older, except where noted otherwise. For the purpose of this plan, the elderly with priority need are those at less than 80 percent of median income. From 2000-2014, the elderly population proportionate to the overall population of NSHC is expected to remain stable. At the same time there will have been significant increases in those aged 65-74 and those in the elderly population over age 85, which will have seen an increase of 27% between 2000-2013⁶⁴. This age group is the one most likely to require supportive services from the community. Although many elderly households require no supportive services to live independently, the continuing increase in housing costs has left many elderly severely cost burdened. For detail on cost burden, please see Housing Needs Analysis.

In terms of supportive services, it is more difficult to determine need. It is estimated that approximately 40,000 elders⁶⁵ are currently receiving services. This figure includes frail elders. Communities find it difficult to determine how many elderly who require services are not receiving them. This is in part due to funding limitations which affect their ability to do

⁶⁴ ESRI, 2009.

⁶⁵ Survey of NSHC Councils on Aging.

outreach. Based on those communities who were able to provide estimates, the percentage of people who are not receiving but need supportive services ranges between 10-40%⁶⁶ of the eligible population. These services range from transportation to homecare.

Frail elderly are defined as those elderly with mobility or self-care limitations in the US Census. Typically, this population requires some assistance with daily living. This assistance may include adaptive housing and/or supportive services. The 2009 CHAS/ACS data (which is available for 11 of the 30 NSHC communities) relies on a different definition. Therefore, for this analysis, the NSHC is relying upon 2000 Census data since it is consistent for all communities. Based on this data, there are 14,008 frail elderly households in the NSHC region, with 75% of those households having incomes that are below 80% of the area median income. Of that number, almost half have incomes below thirty-percent of the area median income. It is reasonable to assume that, although elderly at all ages may be frail, it is likely that those who are over 84 are most likely to be frail. Given that ESRI projections indicate that the number of people in that age group will continue to rise through 2014, it is also reasonable to assume that the number of frail elderly will also increase.

Please note that in all communities, except for one, the Councils on Aging were able to provide unduplicated counts. This is important in obtaining an accurate census for the numbers of elderly being served. Agencies conduct multiple programs, providing a range of services which are not mutually exclusive and it is likely that in many cases, an individual utilizes more than one service.

Physically Disabled 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. The Independent Living Center of the North Shore and Cape Ann (ILCNCSA), an advocacy organization for the disabled, reports that it is in contact, on a daily basis, 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. ILCNCSA estimates that during the course of the current year it is likely to be able to place only 6-7% of those seeking housing in appropriate settings.

⁶⁶ Ibid.

Mentally ill persons are typically treated through the State Department of Mental Health (DMH) that currently services adults through its residential programs. As of December, 2009, DMH has determined that within the NSHC communities, 1,085 individuals who have applied for services meet the DMH's clinical criteria and are therefore eligible to receive services. Of that number, 1,042 are currently receiving at least one DMH service⁶⁷. There are approximately 580 units of DMH subsidized or affiliated housing in the area. This includes DMH subsidies, Shelter Plus Care subsidies, Facility Consolidated Funded Housing, CHOICE housing, Chapters 689 and Chapter 811 state-funded housing. In addition, DMH consumers may live in private housing, with the assistance of rental vouchers. Regardless of their housing setting, consumers receive services through DMH to support their tenure in accordance with their individual needs. The continuing shift from institutionalization to community based services and living options has created an increasing need for additional affordable housing in a setting that provides an opportunity for supervision and service provision. Many clients on DMH housing waiting lists are residing in inappropriate living situations. The overwhelming majority of DMH clients are very low income, relying on Supplemental Security Income and/or Social Security. Over 90% of clients on the DMH 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.

Approximately 24% of the individuals who were determined to meet DMH's clinical criteria also had a substance abuse disorder diagnosis.

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. The statewide waiting list for housing continues to grow and is exacerbated by an increasing number of individuals who have lived with parents who are now elderly and no longer able to provide care for them. There are currently 1229 individuals in the Merrimack Valley and 1566 in the North Shore Area who are eligible for services. All eligible, receive services. However, it is not possible to determine who else out there might qualify. The following table provides a summary of housing resources currently available to this population within the Consortium communities. One key provider of services to the developmentally disabled in the region estimates that there are 300 individuals on their waiting list for housing alone.

⁶⁷ Department of Mental Health, MA

Table 48: Housing Resources for the Developmentally Disabled ⁶⁸

Community	Group Home Residents	Private Rent Subsidies	Supported Housing Units
Amesbury	30	3	
Andover	18		
Beverly	20		
Boxford	4		
Danvers	54		
Georgetown	24		
Gloucester	10		
Hamilton	4		
Haverhill	44	22	9
Merrimac	10		5
Methuen	6	1	
Middleton	10		
No. Andover	4	2	
No. Reading	28		
Peabody	106	5	
Salem	50		
Salisbury	8		
Swampscott	17		
Wenham	8		
Wilmington	4		
	459	33	14

Substance Abuse:

Households with substance abuse problems are at a high risk of homelessness. They are often dual diagnosed with Mental Illness, further limiting their ability to successfully access services and shelter independently. 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, there were 5,876 admissions for substance abuse within the Consortium in 2007⁶⁹.. This number indicates a critical substance abuse problem in the region. (Please note: The Department of Public Health uses number of admissions rather than number of unduplicated individuals in reporting its data.)

⁶⁸ Department of Developmental Services, MA.

⁶⁹ Department of Public Health, MA. Substance Abuse Admissions Count

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). In a national survey of homeless people, domestic violence was the second most frequently stated cause of homelessness for families. (National Alliance to End Homelessness, 2007). Emergency shelters are an important safe haven for domestic violence victims. Ultimately, these victims and their families need safe, sanitary affordable 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 (formerly the Women's Resource Center). In 2009, the Jeanne Geiger Crisis Center served a total of 1,022 victims of domestic violence. There were 3,928 hotline calls. Direct services include support groups, legal advocacy, case management, a variety of counseling, and emergency housing. There were 7,198 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. In 2008, a total of 3701 individuals received support through their hotline, Short-term counseling was provided to 651 individuals and support groups services 321 people. Legal advocacy was provided to 2,166 individuals. Emergency shelter was provided to 6 households, and HOME funded temporary Tenant-based Rental Assistance was provided to 3 NSHC households.

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. The Massachusetts Department of Public Health maintains reports on all communities with more than five cases of HIV/AIDS. As of

July, 2008, there are there are 705 individuals living with HIV/AIDS in our region. Of these individuals, 14% reside in Salem and 14% in Haverhill. There is limited affordable housing available for persons with AIDS. Two AIDS specific programs are in place. *Serenity Housing* in Topsfield provides permanent or transitional housing for twelve 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. Action, Inc., the community action agency in Gloucester has 10 HOPWA vouchers available to assist persons with AIDS.

Veterans:

The last ten 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. NSHC has supported several housing programs for veterans in the past (one which is transitional housing and two which are permanent supported housing), all of which have considerable waiting lists. As discussed in the Homeless section, VASH vouchers, which combine rental assistance and counseling (provided through the VA) have been made available through CTI. The entire allocation of VASH has been expended to assist 59 households,.

3. Describe the basis for assigning the priority given to each category of priority needs.

Each of the subpopulations listed above have been determined to have a high need and therefore have been designated as a priority for the work of the NSHC. These priorities were identified using data from the HUD CHAS/ACS data set, from state databases, from recent data generated from NSHC surveys and from comments of service providers at public hearings (as detailed more thoroughly in the Priority Housing Needs Section of this Plan). The needs in the region are so overwhelming in relation to the HOME resources that almost any eligible project is justified. As noted above, service needs, while critical, cannot be addressed with HOME funds.

4. Identify any obstacles to meeting underserved needs.

Adequately serving the needs of elderly and frail elderly is a substantial challenge. Affordability is an issue for both owners and renters. Based on market rents throughout the consortium, there are a limited number of apartments available for households at less than 80% of area median income. Many elderly homeowners are on fixed incomes and, although the

asset value of their homes may be significant, they are unable to make necessary repairs, pay utilities or taxes. In addition, their housing is no longer appropriate for an aging household. The availability of supportive services is increasingly limited, both in scope and in the population served. In most communities in the Consortium, transportation is noted as a serious problem. Some communities work with the regional transit authority. Some have limited locally funded programs. In all cases, the demand for transportation, in terms of frequency and locations served, is greater than the programs can meet. Transport to medical appointments is a critical problem. Assistance in navigating the health benefits network is a significant need that has increased with changes in the prescription program. There is insufficient staff available to service this need and the result is that outreach workers assigned other responsibilities, are being used to assist in working on health forms. The limited availability of outreach workers has also prevented identification of all those who might benefit from services.

Disabled households face many obstacles in their efforts to access adequate housing and supportive services. Affordability is a key barrier, since the majority of these households are low and very low income. Their dependence on rental assistance and its limited availability exacerbates this problem. Availability of accessible housing units poses a further challenge. The stigma attached to a range of disabilities also impacts the ability of this population to secure housing in locations which are safe and convenient to the services that are required. The services themselves have continued to be reduced because of funding cutbacks and are inadequate to meet the needs of this population.

Consistent across each of the priority needs groups is the fact that its greatest problem is a lack of appropriate, affordable housing. Therefore the main obstacle to meeting the underserved housing needs in this region is the lack of funding to create the appropriate units to serve these subpopulations. The NSHC continues to reach out to potential developers of special needs housing, recognizing that there is a need to further develop the capacity of this group.

5. To the extent information is available, describe the facilities and services that assist persons who are not homeless but require supportive housing, and programs for ensuring that persons returning from mental and physical health institutions receive appropriate supportive housing.

There are a variety of governmental and non-profit agencies which service the housing and supportive needs of the non-homeless populations described above.

At the state level, the key agencies are Department of Mental Health, Department of Public Health, Department of Developmental Services, Department of Children and Families and the Executive Office of Elder Affairs. At the level of local government, communities have Public Housing Authorities, municipal Human Services departments and local Councils on Aging. Communities receiving CDBG funds may also allocate some of these resources for services and facilities which serve these populations. HOME funds from the Consortium are also available for development of supported housing and to provide tenant-based rental subsidies. Non-profit organizations (including CHDOs) servicing communities within the Consortium region typically administer programs for special needs populations, some of which are funded through the state agencies listed above and others which are funded with federal resources or through public and private grants. Key service providers include:

Action, Inc., serves over 3,000 households as a community action agency, working with families regarding access to public benefits, housing assistance and crisis intervention.

Association for Retarded Citizens (ARC), is a grass roots non-profit association, serving individuals with developmental disabilities and their families. They are a local affiliate of a statewide and national advocacy organization formed in 1959 by a small group of parents concerned about the quality of life for their family members with disabilities. The ARC services are flexible and varied to meet each individual's and family needs. ARC of North Shore, ARC of Greater Lawrence, ARC of Northern Essex and ARC of Eastern Middlesex, together serve all the communities within NSHC.

Bridgewell, Inc., provides services to adults with disabilities in the North Shore and Merrimac Valley, including supportive social services and housing assistance (both actual units and housing vouchers) in seven of the consortium communities.

Citizens for Adequate Housing, provides shelter, transitional and affordable housing.

Community Action, Inc. provides services for children and families, fuel assistance, assistance to 1st time homebuyers, educational and workforce development, and job training.

Councils on Aging (COA). All thirty communities have active COA's, which provide numerous programs that may include nutrition, fuel assistance, transportation, recreation, assistance in preparation of taxes and health

benefits forms. The majority also have senior centers, which serve as a focal point for activities.

Elder Services of Merrimack Valley, is the Aging Services Access Point and the Area Agency on Aging for Amesbury, Andover, Boxford, Georgetown, Methuen, Newburyport, North Andover, Salisbury and West Newbury. It provides multiple services to seniors including: personal care, legal assistance, home repair, nutritional assistance, transportation and emergency assistance.

Eliot Community Human Services, serves all of the NSHC communities, providing adult mental health services, child and family services, services to those with developmental disabilities and elder services.

Emmaus, Inc., provides housing and services to homeless adults and families.

Greater Lynn Senior Services, is the Aging Services Access Point and the Area Agency on Aging for Lynnfield and Swampscott. It provides multiple services to seniors ranging from personal care to legal to home repair, nutrition, transportation and emergency assistance.

Healing Abuse, Working for Change (HAWC), works with victims of domestic violence and their families, providing support, outreach and shelter services.

Independent Living Center of the North Shore and Cape Ann, is a service and advocacy center run by and for people with disabilities. It provides self-advocacy services and community action.

Jeanne Geiger Crisis Center, Inc., provides direct services, shelter and educational programs to victims of domestic violence in communities on the North Shore. (formerly Women's Resource Center of Newburyport).

Lifebridge, provides shelter and supported housing including case management, meals and a health clinic, food pantry and a thrift store.

Minuteman Senior Services, is the Aging Services Access Point and Area Agency on Aging for Wilmington. It provides multiple services to seniors ranging from personal care to legal to home repair, nutrition, transportation and emergency assistance.

Mystic Valley Elder Services, is the Aging Services Access Point and Area Agency on Aging for North Reading. It provides multiple services to seniors

ranging from personal care to legal to home repair, nutrition, transportation and emergency assistance.

North Shore Community Action Program is a designated anti-poverty agency, providing housing assistance services and shelter, education and training programs, fuel assistance and homecare services.

North Shore Elder Services, is an aging service access point and area agency on aging servicing Danvers, Marblehead, Middleton, Peabody and Salem. It provides multiple services to seniors ranging from personal care to legal to home repair, nutrition, transportation and emergency assistance.

Public Housing Agencies [PHAs]. The 29 PHAs in the Consortium area provide housing for the elderly and disabled and in some cases have some, albeit limited, supportive services funds.

Senior Care, Gloucester, is the Aging Services Access Point and Area Agency on Aging for Beverly, Danvers, Essex, Gloucester, Hamilton, Ipswich, Manchester, Marblehead, Peabody, Rockport, Salem, Topsfield and Wenham. It provides multiple services to seniors ranging from personal care to legal to home repair, nutrition, transportation and emergency assistance.

Strongest Link meets the needs of individual infected with and affected by HIV/AIDS in Essex County through case management, wellness program and related services.

Turning Point, Inc., Newburyport, provides human services program for a variety of populations including adults with mental retardation, women and their children who are victims of domestic violence and/or substance abuse, and individuals in need of substance abuse counseling.

Veterans Northeast Outreach Center, provides services to Veterans in the Merrimack Valley. Services include transitional housing, advocacy, education, training, support service programming.

6. If the jurisdiction plans to use HOME or other tenant based rental assistance to assist one or more of these subpopulations, it must justify the need for such assistance in the plan.

The North Shore HOME Consortium has from its inception been in support of the use of Tenant Based Rental Assistance (TBRA) Programs to support and house specific groups of very low- income households. While the use of HOME funds for the creation of "bricks and mortar" housing units is the

primary objective of the Consortium, there still exists a segment of the population who are facing critical life circumstances and require a flexible, immediate affordable housing option. TBRA is able to assist those at risk within a short time frame. The program provides relief from the stress that these households are in. Furthermore, it reduces the cost to the Commonwealth, which would bear the financial burden of sheltering them. Therefore, the Consortium provides funds for short term TBRA to assist households in crisis.

While rents in the Consortium region are comparable to those in Boston, wages and salaries are considerably lower. This has been a historical problem. With the added problem of dramatically increasing underemployment and unemployment rates, the ability of many households to afford market rating housing continues to be reduced. As has been discussed previously in this plan, providers report an increase in the number of their at risk clients, who have long steady work histories. Deep subsidies are needed, yet Public Housing waiting lists are long and Vouchers are in high demand.

As has been discussed in the Homeless and Non-Homeless Special Needs sections, a stable housing environment is a high priority for populations with other difficulties. TBRA assistance has been utilized to assist victims of domestic violence to transition out of short term emergency shelter programs into permanent, safe and affordable housing units while service providers help to stabilize the family. TBRA has also been used to assist persons disabled due to their HIV/AIDS condition who were unable to work and who were homeless or at-risk, to locate a rental unit to provide a stable environment in which to address their medical needs while awaiting a permanent HOPWA voucher. These and other successful HOME TBRA programs are examples of the benefits of these short term programs to help to get people through an immediate crisis while working toward a permanent solution.

Housing Opportunities for People with AIDS (HOPWA)

*Please also refer to the HOPWA Table in the Needs.xls workbook.

- 1. The Plan includes a description of the activities to be undertaken with its HOPWA Program funds to address priority unmet housing needs for the eligible population. Activities will assist persons who are not homeless but require supportive housing, such as efforts to prevent low-income individuals and families from becoming homeless and may address the housing needs of persons who are homeless in order to help homeless*

persons make the transition to permanent housing and independent living. The plan would identify any obstacles to meeting underserved needs and summarize the priorities and specific objectives, describing how funds made available will be used to address identified needs.

- 2. The Plan must establish annual HOPWA output goals for the planned number of households to be assisted during the year in: (1) short-term rent, mortgage and utility payments to avoid homelessness; (2) rental assistance programs; and (3) in housing facilities, such as community residences and SRO dwellings, where funds are used to develop and/or operate these facilities. The plan can also describe the special features or needs being addressed, such as support for persons who are homeless or chronically homeless. These outputs are to be used in connection with an assessment of client outcomes for achieving housing stability, reduced risks of homelessness and improved access to care.*
- 3. For housing facility projects being developed, a target date for the completion of each development activity must be included and information on the continued use of these units for the eligible population based on their stewardship requirements (e.g. within the ten-year use periods for projects involving acquisition, new construction or substantial rehabilitation).*
- 4. The Plan includes an explanation of how the funds will be allocated including a description of the geographic area in which assistance will be directed and the rationale for these geographic allocations and priorities. Include the name of each project sponsor, the zip code for the primary area(s) of planned activities, amounts committed to that sponsor, and whether the sponsor is a faith-based and/or grassroots organization.*
- 5. The Plan describes the role of the lead jurisdiction in the eligible metropolitan statistical area (EMSA), involving (a) consultation to develop a metropolitan-wide strategy for addressing the needs of persons with HIV/AIDS and their families living throughout the EMSA with the other jurisdictions within the EMSA; (b) the standards and procedures to be used to monitor HOPWA Program activities in order to ensure compliance by project sponsors of the requirements of the program.*
6. The Plan includes the certifications relevant to the HOPWA Program.

3-5 Year Strategic Plan HOPWA response:

Not Applicable. The Consortium does not receive HOPWA funds.

Specific HOPWA Objectives

- 1. Describe how Federal, State, and local public and private sector resources that are reasonably expected to be available will be used to address identified needs for the period covered by the strategic plan.*

3-5 Year Specific HOPWA Objectives response:

Not Applicable. The Consortium does not receive HOPWA funds.

OTHER NARRATIVE

Include any Strategic Plan information that was not covered by a narrative in any other section.



ATTACHMENTS

ATTACHMENT A: FINANCIAL SOURCES

Federal

- HUD CDBG funds from the state Department of Housing and Community Development (DHCD) for the “mini-entitlement” communities.
- HUD CDBG funds from the state for non-entitlement communities.
- HUD CDBG funds from the state under its Housing Development Support Program.
- Federal Low-Income Housing Tax Credit Program
- HUD HOME funds administered by the state Department of Housing and Community Development (DHCD).
- Federal HUD Section 8 Moderate Rehabilitation Program for SRO’s.
- Federal Housing Administration (FHA) Insured Rehabilitation Loans (Section 203k)
- HUD’s Lead Paint Demonstration Program
- Federal Veteran’s Affairs Specially Adapted Housing Programs
- HUD’s Supportive Housing for the Elderly Program (Section 202)
- HUD’s Section 811 Supportive Housing Program for Persons with Disabilities
- Federal Department of Energy/DHCD Weatherization Assistance Program
- Federal National Mortgage Association (Fannie Mae) Community Homebuyer’s Programs
- Federal Home Loan Mortgage Corporation (Freddie Mac) Mortgage and Rehabilitation Programs
- Freddie Mac’s Affordable Housing Program
- Freddie Mac’s Community Investment Program and New England Fund
- McKinney-Vento Homeless Assistance Funds (Apply for Competitive funds)
- American Recovery & Reinvestment Act (ARRA) Funds
 - Neighborhood Stabilization Program (NSPI) Funds
 - HPRP Funds
- Federal Public Housing Operating Funds
- Federal Public Housing Capital Fund Program
- Federal HC Vouchers
- State Public Housing Operating Funds
- State Public Housing Modernization Funds
- State MRVP Vouchers

State and Other Resources

- State (DHCD) Housing Innovation Funds
- State DHCD Housing Stabilization Funds
- State DHCD Local Initiative Program
- State DHCD Municipal Incentive Grant Program

- State DHCD Community Action Grant
- Massachusetts Housing Partnership (MHP) Permanent Rental Housing Financing Program
- State MHP's Bridge Financing Program
- State MHP's Technical Assistance and Pre-development Assistance Programs
- State MHP's Lead Paint Abatement Loan Guaranty and interest Subsidy Program
- State DHCD/MPH Soft Second Homebuyer Program
- State DHCD Purchaser Assistance Program
- State DHCD Project-Based Homebuyer Assistance Program
- Massachusetts Home of Your Own Program for People with Disabilities
- MassHousing (formerly Massachusetts Housing Finance Agency (MHFA) - Tax Exempt Bonds for Multi-Family Housing Program
- State MHFA Elder 80/20 Rental Housing program
- DHCD/MHFA's "Get the Lead Out" Loan Program
- DHCD/HUD's Gap filler Lead Abatement Program
- MassHousing (formerly MHFA) First-Time Homebuyer Mortgage Program
- MassHousing Purchase and Rehabilitation Mortgage Program
- MassHousing Home Improvement Loan Program
- MassHousing Septic Repair Program
- State Community Economic Development Assistance Corporation (CEDAC) Pre-development Loan Program
- CEDAC Acquisition Loan Fund
 - CEDAC's Capacity Building Program
 - Massachusetts Rehabilitation Commission (MRC) Home Modification Grant and Loan Programs
- MRC's Vocational Rehabilitation Program
- MRC's Housing Program through Independent Living Division
- Massachusetts Department of Mental Health (DMH) Housing and Service Programs
 - Massachusetts Department of Mental Retardation (DMR) Housing and Service Programs
 - State MHFA/Facilities Consolidation Fund – Options for Independence Program which funds DMR and DMH facility development
- Massachusetts Department of Public Health Housing Programs
- Massachusetts Commission for the Blind Home Modification Program

Local Resources

These vary from year to year as each community reviews the HOME allocations received from NSHC and accepts proposals from local agencies for the use of the HOME funds. These proposals sometimes request or received local funds, particularly if the community has a CPA program.

ATTACHMENT B: STAKEHOLDER ATTENDANCE AND MEETING MINUTES AND PUBLIC COMMENTS

Public Hearings

Following the release of the DRAFT Consolidated Plan on April 6th, 2010 four Public Hearings were held to solicit comments and suggestions on the document.

The public hearings were advertised in five (5) local newspapers – also on April 6th – to allow for the requisite fourteen-day advance notice as outlined in the Citizen Participation component of the Consolidated Plan. The publications included the *Salem Evening News*, the *Gloucester Daily Times*, the *Newburyport Daily News*, the *Lawrence Eagle Tribune* (serving several communities in the Merrimack Valley) and the *Woburn Chronicle*. The advertisements of these meetings were also placed in two publications which are recognized as being well-established in serving the minority population of this region. These included the *Bay State Banner* and *El Mundo*. In addition to the advertisements, a copy of the newspaper advertisement was forwarded electronically to every representative member of each of the Consortium's thirty communities (and other interested parties) and to every participant in the North Shore Continuum of Care Alliance. This constitutes a direct mailing (e-mail) to a total of approximately 185 individuals.

The first Public Hearing was held at Haverhill City Hall – Room 309 – on Thursday, April 22nd, 2010 – starting at 10:00 A.M. Although the two staff persons from the North Shore HOME Consortium were in attendance, no other parties appeared.

The second Public Hearing was held at Peabody City Hall also on Thursday, April 22nd – in a conference room large enough to accommodate twenty to thirty people. Other than the two staff persons (one from the North Shore HOME Consortium and one from the City of Peabody's Community Development Office) who were in attendance, no other parties appeared. This meeting had been scheduled for 5:00 P.M. to accommodate those who may have been unable to attend a daytime meeting.

The third Public Hearing was held at the Sawyer Free Public Library in Gloucester on Tuesday, April 27th – starting at 2:00 P.M. In addition to the two staff persons from the North Shore HOME Consortium, the Executive Director of the Gloucester Housing Authority, Mr. William Dugan, was in attendance. The programs provided by the Gloucester Housing Authority serves the greater Cape Ann area, and this office is seen to be one of the more innovative and progressive in this region.

Mr. Dugan indicated that he had *read* the DRAFT Consolidated Plan and that he was generally in support of its proposed priorities and actions. He expressed particular interest in the use of HOME funds to support the development of a GHA-owned site in the downtown area of Gloucester. It would be the authority's intention to sell this property to a local developer for the purpose of creating three units of affordable housing – one to be accessible to a person with physical disabilities. The goal is to create new ownership opportunities, with each of these units being sold to an income-eligible buyer. Mr. Dugan acknowledged the difficulties in dealing with a market that is currently somewhat depressed and more competitive for sellers, however he felt that the local (financial) support and the convenient location would make these units more desirable; they are within walking distance of the downtown and to public transportation.

Changes in the local housing market as well as changes currently in progress for a local nonprofit provider serving homeless families were also discussed.

The fourth Public Hearing was held at the Torigian Community Life Center in Peabody on Thursday, April 29th – starting at 2:00 P.M. In addition to the two staff persons from the North Shore HOME Consortium, a local housing development consultant, Mr. James Haskell was in attendance. Mr. Haskell brought his interests and those of some of his clients to the discussion. He has been working in Salem, Haverhill, Newburyport, Ipswich, Marblehead, Danvers and other communities through the Consortium's service area. He commented briefly of the projected goals as stated in the DRAFT Consolidated Plan – an excerpt describing projected spending priorities being available for review at this meeting. He also expressed interest in the Consortium's next *Competitive Pool* of funds that would be anticipated as being available to the general public within the next several weeks.

He also spoke about his experiences in obtaining and using project-based Section 8 subsidies to support the ongoing operational costs of an affordable housing development. He commented on the likelihood of local housing authorities – particular some of the smaller authorities that are found in the North Shore area – to commit such subsidies, or to commit subsidies that may be come available though the state's Rental Voucher Program (the MVRP) to support the development of affordable housing. It was concluded that the likelihood of a local authority committing vouchers to support a particular development would not be great.

This concluded the Public Hearing component of the Public Review and Comment period. Written comments were accepted until May 7th, 2010.

ATTACHMENT C: COMPOSITE 2000 AND 2009 PRIORITY TABLE

The large check marks √ indicate priorities which were the same as in 2000.

The triangle marks Δ indicate priorities in 2009 which were not in 2000 for the 11 communities in the CHAS 2009 dataset. The X marks where there were priorities in 2000 which don't appear in 2009.

High		Medium			Low		
% in category >=65%		% in category 50%-64%			% in category <50%		
Priority Color Key	High	Medium	Low	Income Color Key			
	65+	50-65	40-49	<=30%	31-50%	51-80%	

Table: Housing Needs Ranked by Housing Problems and Cost Burdens⁷⁰

NSHC Objective: Preserve Current Housing and Increase Availability of Affordable Housing									
	HIGH			MEDIUM			LOW		
% of Median Income	≤30	30-≤50	50-≤80	≤30	30-≤50	50-≤80	≤30	30-≤50	50-≤80
Elderly Rental Housing Problems							√		
Elderly Rental Burden >30%							√		
Elderly Rental Burden >50%									
Small Rental Housing Problems	√				Δ				
Small Rental Burden >30%	√				Δ				
Small Rental Burden				√					

⁷⁰ CHAS Databook 2000

NSHC Objective: Preserve Current Housing and Increase Availability of Affordable Housing									
	HIGH			MEDIUM			LOW		
% of Median Income	≤30	30-≤50	50-≤80	≤30	30-≤50	50-≤80	≤30	30-≤50	50-≤80
>50%									
Large Rental Housing Problems	√	X			Δ				Δ
Large Rental Burden >30%	X			Δ	Δ				
Large Rental Burden >50%									
Other Rental Housing Problems		√		√					
Other Rental Burden >30%		√		√					
Other Rental Burden >50%									
Elderly Owner Housing Problems	√							X	
Elderly Owner Burden >30%	√							√	
Elderly Owner Burden >50%				√				X	

NSHC Objective: Preserve Current Housing and Increase Availability of Affordable Housing									
	HIGH			MEDIUM			LOW		
% of Median Income	≤30	30-≤50	50-≤80	≤30	30-≤50	50-≤80	≤30	30-≤50	50-≤80
Small Owner Housing Problems	√	√	X			X			
Small Owner Burden >30%	√	√	Δ			X			
Small Owner Burden >50%	√				√				
Large Owner Housing Problems	√	√				√			
Large Owner Burden >30%	√	√				√			
Large Owner Burden >50%	√				√				
Other Owner Housing Problems	√	√				√			
Other Owner Burden >30%	√	√				√			
Other Owner Burden >50%	√	Δ							

Note: Priorities were assigned by selecting the CHAS data for 2009, comparing it with the CHAS data for 2000 and then selecting priorities based on the percentage of households in the specific type and income category

ATTACHMENT D: SURVEY RESULTS

Specific Priorities	Priorities 1 & 2 as a % of Respondents
<i>Unmet Needs of the Homeless</i>	
Unable to Judge Relative Needs	30%
Emergency Shelter	93%
Mental Health Care	86%
Transitional Housing	79%
Substance Abuse Treatment	79%
Housing Search & Placement	79%
Job Training	71%
Case Management	64%
Life Skills Training	64%
Child Care	50%
<i>Homeless Needs by Population and Sub-population</i>	
Unable to Judge Relative Needs	40%
Individuals	92%
Families with Children	83%
Dually Diagnosed (Substance Abuse & Mentally Ill)	83%
Seriously Mentally Ill	75%
Chronic Substance Abuse	58%
Victims of Domestic Violence	50%
Elderly (all)	42%
Frail Elderly	42%
Developmentally Disable	42%
Physically Disable	42%
Youth (<18 yrs. Old)	33%
Veterans	33%
Persons with HIV/AIDS	25%
<i>Non-Homeless Special Needs Populations</i>	
Unable to Judge Relative Needs	35%
Seriously Mentally Ill	77%
Chronic Substance Abuse	69%
Dually Diagnosed (Substance Abuse & Mentally Ill)	69%
Physically Disable	62%
Victims of Domestic Violence	62%
Developmentally Disable	62%
Elderly (all)	54%
Frail Elderly	54%
Youth (<18 yrs. Old)	15%
Veterans	15%
Persons with HIV/AIDS	15%

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Specific Priorities	Priorities 1 & 2 as a % of Respondents
<i>Rental Housing Needs by Household Type</i>	
Unable to Judge Relative Needs	30%
Non-Elderly 1-person households	86%
Small Families (2-4 persons)	79%
Elderly (1 or 2-person households)	71%
Large Families (5+ persons)	57%
Other renters (e.g. unrented 2+ person households)	50%
Large Families with lead poisoned child	14%
Small Families with lead Poisoned child	7%
<i>Rental Housing Needs by Income Level</i>	
Unable to Judge Relative Needs	15%
Extremely low income (0\$- \$20,350)	100%
Very low income (\$20,350-\$33,950)	100%
Low income (\$33,950-\$40,750)	71%
Moderate income (\$40,750-\$54,300)	35%
Middle income (\$54,301-\$81,450)	12%
Upper income (over \$81,450)	0%
<i>Homeownership Housing Needs by Household Type</i>	
Unable to Judge Relative Needs	55%
First-time Homebuyers (all)	78%
Families (2+ related persons)	67%
Elderly Homeowners	56%
Non-Elderly (1-person household)	33%
Other homeowners (unrelated 2+ person households)	33%
Families with lead poisoned child	22%
<i>Homeownership Housing Needs by Income Level</i>	
Unable to Judge Relative Needs	50%
Extremely low income (0\$- \$20,350)	100%
Very low income (\$20,350-\$33,950)	90%
Low income (\$33,950-\$40,750)	80%
Moderate income (\$40,750-\$54,300)	50%
Middle income (\$54,301-\$81,450)	30%
Upper income (over \$81,450)	10%

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Specific Priorities	Priorities 1 & 2 as a % of Respondents
<i>Non-Housing Needs: Economic Development</i>	
Unable to Judge Relative Needs	80%
Business Technical Assistance	75%
Commercial/Industrial Acquisition Rehabilitation/New Construction	50%
Direct Financial Assistance (Business Loans)	50%
Brownfields Remediation (Clean-up of Contaminated Sites)	25%
Micro-Enterprise Assistance	25%
<i>Non-Housing Needs: Public Facilities</i>	
Unable to Judge Relative Needs	40%
Senior Centers	50%
Neighborhood Facilities	50%
Youth Centers	50%
Child Care Centers	50%
Health Facilities	42%
Parks/Recreational Facilities	25%
Parking Facilities	25%
Historic Preservation (Non-Residential Buildings)	25%
<i>Non-Housing Needs: Public Services</i>	
Unable to Judge Relative Needs	30%
Mental Health Services	100%
Transportation Services	86%
Legal Services	86%
Health Services	71%
Substance Abuse Services	71%
Employment Services	71%
Senior Services	71%
Child Care Services	64%
Handicapped Services	64%
Youth Services	43%
Crime Awareness	29%
Lead Paint/Lead Hazard Screening	21%
<i>Non-Housing Needs: Infrastructure</i>	
Unable to Judge Relative Needs	65%
Infrastructure for Econ. Development	71%
Street Improvements	71%
Sidewalk Improvements	43%
Water/Sewer Improvements	43%
Flood Drain Improvements	43%
Removal of Architectural Barriers	43%
Solid Waste Disposal	29%
<i>Non-Housing Needs: Planning & Administration</i>	
Unable to Judge Relative Needs	55%
Fair Housing Activities	89%
Neighborhood Planning	67%
CHDO/(Community Development Corporation) Operating Assistance	67%

ATTACHMENT E: SUPPLEMENTARY TABLES FOR NEEDS ANALYSIS

Important Note: For the CPMP needs.xls which is the file containing the Tables required by the HOME Consolidated Plan, it is only possible to use 2000 data due to a number of mismatches and changed definitions in the ACS survey which was used by HUD for the CHAS dataset issued in 2009. However, using that data from HUD, we have developed a number of tables similar to those in the CHAS 2000 dataset.

Table E1: Housing Problems by Income Level⁷¹

Housing Problems	<=30% AMI		30.1-50% AMI		50.1%-80% AMI		Total <=80% AMI		Total <=80% AMI
	Owner	Renter	Owner	Renter	Owner	Renter	Owner	Renter	
HHs with Housing Problems	6,000	9,085	5,790	5,995	7,980	4,450	19,770	19,530	39,300
HHs without Housing Problems	550	2,480	3,025	1,465	6,930	4,550	10,505	8,495	19,000
HHs N/A ⁷²	460	1,055	0	295	0	304	460	1,654	2,114
Total	7,010	12,620	8,815	7,755	14,910	9,304	30,735	29,679	60,414

Table E2: Housing Problems by Income Level⁷³

Housing Problems	80.1%-95% AMI		95.1%-120% AMI		120.1%+ AMI		Total
	Owner	Renter	Owner	Renter	Owner	Renter	
HHs with Housing Problems	4,070	689	5,475	230	5,795	235	55,794
HHs without Housing Problems	4,420	3,180	8,755	4,125	44,865	5,960	90,305
HHs N/A	0	185	0	300	0	290	2,889
Total	8,490	4,054	14,230	4,655	50,660	6,485	148,988

⁷¹ CHAS/ACS 2009 Table 11

⁷² N/A means that the status of these households could not be determined

⁷³ CHAS/ACS 2009 Table 11

Table E3: Housing Problems by Income <20% AMI Level⁷⁴

Housing Problems	<20% AMI		% of ELI Group	
	Owner	Renter	Owner	Renter
HHs with Housing Problems	2,780	5,740	46%	63%
HHs without Housing Problems	120	1,150	22%	46%
HHs N/A	460	870	100%	82%

Table E4: Housing Problems of the Low Income Disabled, 2000⁷⁵

CHAS 2000	<=30% AMI		30.1-50% AMI		50.1%-80% AMI		80.1%+ AMI	
With housing problems	Owner	Renter	Owner	Renter	Owner	Renter	Owner	Renter
Total	4896	7705	4118	4677	5537	3387	9847	1445
%	25.72%	40.48%	27.16%	30.84%	25.14%	15.38%	10.51%	1.54%

Table E5: Housing Problems of the Low Income Disabled⁷⁶

CHAS/ACS 2009	<=30% AMI		30.1-50% AMI		50.1%-80% AMI		Total <=80% AMI		Total
Housing Problems	Owner	Renter	Owner	Renter	Owner	Renter	Owner	Renter	<=80% AMI
Disabled	1,180	1,870	730	575	760	350	2,670	2,795	5,465
Not-Disabled	4,820	7,210	5,085	5,440	7,220	4,100	17,125	16,750	33,875
Total	6,000	9,080	5,815	6,015	7,980	4,450	19,795	19,545	39,340
No Housing Problems	Owner	Renter	Owner	Renter	Owner	Renter	Owner	Renter	<=80% AMI
Disabled	110	955	805	535	900	295	1,815	1,785	3,600
Not-Disabled	440	1,530	2,240	940	6,035	4,255	8,715	6,725	15,440
Total	550	2,485	3,045	1,475	6,935	4,550	10,530	8,510	19,040
ALL DISABLED HHs	1,345	3,115	1,535	1,170	1,660	665	4,540	4,950	9,490
% of Disabled HHs with Housing Problems	88%	60%	48%	49%	46%	53%	59%	56%	58%

⁷⁴ CHAS/ACS 2009 Table 11

⁷⁵ CHAS 2000

⁷⁶ CHAS/ACS 2009 Table 6

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CHAS/ACS 2009	<=30% AMI		30.1-50% AMI		50.1%-80% AMI		Total <=80% AMI		Total
Disabled with Housing Problems as a % of Owner or Rental Population	17%	15%	8%	7%	5%	4%	9%	9%	9%

Table E6: Housing Problems of the Disabled above 80% AMI⁷⁷

CHAS/ACS 2009	80.1%+ AMI		Total
Housing Problems	Owner	Renter	All
Disabled	845	224	5,465
Not-Disabled	14,480	920	33,875
Total	15,325	1,144	39,340
No Housing Problems	Owner	Renter	All
Disabled	2,715	680	3,600
Not-Disabled	55,320	12,595	15,440
Total	58,035	13,275	19,040
TOTAL ALL DISABLED HHs	3,560	1,679	11,179
% of Disabled HHs with Housing Problems	24%	13%	49%

Table E7: Profile of Elderly in the NSHC.⁷⁸

Elderly Profile – 11 Consortium Communities		% of Elderly Group	% of Elderly group <=80%
Total Elderly (62-74)	24,047		
Total Elderly (62-74) <80%	11,644		
Total Elderly (62-74) <80% With Housing Problems	6,470	27%	56%
Total Elderly (62-74) <30%	3,550	15%	30%
Total Extra-Elderly (75+)	21,005		
Total Extra-Elderly (75+) <80%	15,085		
Total Extra-Elderly (75+) <80% with Housing Problems	8,245	39%	55%
Total Extra-Elderly (75+) <30%	6,425	31%	43%
Total all Elderly (62+)	45,052		
Total all Elderly <=80% Median	26,729	59%	
Total all elderly <80% with housing problems	14,715	33%	

⁷⁷ CHAS/ACS 2009 Table 6

⁷⁸ CHAS/ACS 2009 Table 5

Table E8: Housing Problems for the Elderly and Extra-Elderly⁷⁹

	Extremely Low-Income (<=30% AMI)		Very Low-Income (30.1-50% AMI)		Low-Income (50.1%-80% AMI)		Moderate Income (80.1%-95% AMI)		Mid-Level Income(95.1%-120% AMI)		Total
	Own	Rent	Own	Rent	Own	Rent	Own	Rent	Own	Rent	
With Housing Problems											All
Elderly 62-74	1345	1075	1440	740	1435	435	524	104	1305	95	8498
Extra Elderly75+	2580	2150	1690	845	635	345	165	95	395	180	9080
Total Elderly with Housing Problems by Income Level	2420		2180		1870		628		1400		8498
Total Extra-Elderly with Housing Problems by Income Level	4730		2535		980		260		575		9080

Table E9: Housing Problems by Family Type⁸⁰

	Family, 1 Parent		Family, 2 Parents		Non-Family		Total Family		Total
Family Size with Housing Problems									
	Own	Rent	Own	Rent	Own	Rent	Own	Rent	All
Small - 4 or fewer	5,025	5,505	14,020	2,715	12,750	11,430	19,045	8,220	51,445
Large - 5 or more	420	315	2,925	635	0	75	3,345	950	4,370
Total	5,445	5,820	16,945	3,350	12,750	11,505	22,390	9,170	55,815
Family Size with No Housing Problems									
	6,520	3,145	41,180	6,305	13,590	11,685	47,700	9,450	82,425
Small - 4 or fewer	665	200	6,590	420	0	45	7,255	620	7,920
Large - 5 or more	7,185	3,345	47,770	6,725	13,590	11,730	54,955	10,070	90,345
Total	5,025	5,505	14,020	2,715	12,750	11,430	19,045	8,220	51,445
Family Size with Housing Problems as a % of All Families in Type									
	Own	Rent	Own	Rent	Own	Rent	Own	Rent	All
Small - 4 or fewer	22.66%	24.82%	18.60%	3.60%	24.76%	22.19%	19.52%	8.43%	34.51%
Large - 5 or more	1.89%	1.42%	3.88%	0.84%	0.00%	0.15%	3.43%	0.97%	2.93%

⁷⁹ CHAS/ACS 2009 Table 5

⁸⁰ CHAS/ACS 2009 Table 4

Table E10: Housing Problem Severity⁸¹

Severe Housing Problems	Extremely Low Income <=30% AMI			Very Low Income 30.1-50% AMI			Low Income 50.1%-80% AMI			Total <=80% AMI			Total All <=80% AMI
	Sub-standard	Severely Over-crowded	Severely Cost Burdened	Sub-standard	Severely Over-crowded	Severely Cost Burdened	Sub-standard	Severely Over-crowded	Severely Cost Burdened	Sub-standard	Severely Over-crowded	Severely Cost Burdened	
Owner	125	0	4,355	55	0	3,445	0	0	3,275	180	0	11,075	11,255
Renter	205	0	6,530	70	0	2,275	115	25	510	390	25	9,315	9,730
Total	330	0	10,885	125	0	5,720	115	25	3,785	570	25	20,390	20,985

Table E11: Housing Problem Severity⁸²

Severe Housing Problems	Moderate Income (80.1%-95% AMI)			Mid-Level Income (>95.1% AMI)			Total All >80.1% AMI	Total All HHs with Severe Housing Problems
	Sub-standard	Severely Over-crowded	Severely Cost Burdened	Sub-standard	Severely Over-crowded	Severely Cost Burdened		
Owner	0	0	985	365	40	1,155	2,140	13,215
Renter	0	10	30	0	0	60	90	9,405
Total	0	10	1,015	365	40	1,215	2,230	22,620

Table E12: Cost-Burden by Household Type⁸³

Cost Burden	Small Family, elderly		Small Family, Non-Elderly		Large Family		All Other HHs		Total		Total All
	Own	Rent	Own	Rent	Own	Rent	Own	Rent	Own	Rent	
Severe Cost Burden	1,565	545	5,070	3,625	960	220	5,800	5,335	13,395	9,725	23,120
Moderate Cost Burden	2,410	630	9,955	3,425	2,040	425	6,805	6,055	21,210	10,535	31,745
No Cost Burden	11,880	905	36,285	8,745	7,205	705	13,750	11,835	69,120	22,190	91,310
Total	15,895	2,159	51,475	16,425	10,205	1,449	26,615	24,920	104,190	44,953	149,143

⁸¹ CHAS/ACS 2009 Table 3

⁸² CHAS/ACS 2009 Table 3

⁸³ CHAS/ACS 2009 Table 7

Table E13: Moderate Cost Burden by Tenure⁸⁴

	Own	%	Rent	%	All	%
All HH	104,145		44,925		149,070	
All Moderate Cost Burden (30-50% of HH Income)	20,975	20.14%	10,435	23.23%	31,410	21.07%
ELI (<=30% AMI)	1,505	7.18%	2,250	21.56%	3,755	2.52%
VLI (30.1-50% AMI)	2,265	10.80%	3,610	34.60%	5,875	3.94%
HVLI (50.1-60% AMI)	890	4.24%	1,850	17.73%	2,740	1.84%
LI (60.1-80% AMI)	3,760	17.93%	1,810	17.35%	5,570	3.74%
Mod (80.1-95% AMI)	2,990	14.26%	584	5.60%	3,574	2.40%
Mid (95.1+%)	9,560	45.58%	325	3.11%	9,885	6.63%

Table E14: Severe Cost Burden by Tenure⁸⁵

	Own	%	Rent	%	All	%
All HH	104,145		44,925		149,070	
All Severe Cost Burden (>50% of HH Income)	13,215	12.69%	9,425	20.98%	22,640	15.19%
ELI (<=30% AMI)	4,355	32.95%	6,530	69.28%	10,885	7.30%
VLI (30.1-50% AMI)	3,445	26.07%	2,275	24.14%	5,720	3.84%
HVLI (50.1-60% AMI)	1,265	9.57%	370	3.93%	1,635	1.10%
LI (60.1-80% AMI)	2,010	15.21%	140	1.49%	2,150	1.44%
Mod (80.1-95% AMI)	985	7.45%	30	0.32%	1,015	0.68%
Mid (95.1+% AMI) as a % of all Moderate Cost HHs	1,155	8.74%	60	0.64%	1,215	0.82%

Table E15: Cost Burden by Income, 2000⁸⁶

CHAS 2000	<=30% AMI		30.1-50% AMI		50.1%-80% AMI		80.1%+ AMI	
	Own	Rent	Own	Rent	Own	Rent	Own	Rent
HHS with Moderate Cost Burden								
Total	4827	7518	4091	4424	5416	3048	9292	855
% of Income Group	25.36%	39.49%	26.98%	29.18%	24.59%	24.59%	9.92%	0.91%

CHAS 2000	<=30% AMI		30.1-50% AMI		50.1%-80% AMI		80.1%+ AMI	
	Own	Rent	Own	Rent	Own	Rent	Own	Rent
HHS with Severe Cost Burden								
Total	3416	5668	2347	1251	1757	512	1014	133

⁸⁴ Ibid Table 3

⁸⁵ Ibid Table 3

⁸⁶ CHAS 2000

CHAS 2000	<=30% AMI		30.1-50% AMI		50.1%-80% AMI		80.1%+ AMI	
HHs with Severe Cost Burden	Own	Rent	Own	Rent	Own	Rent	Own	Rent
%	17.95%	29.78%	15.48%	8.25%	7.98%	7.98%	1.08%	0.14%

Table E16: Cost Burden by Income and Physical Condition of Unit⁸⁷

Substandard	<=30% AMI		30.1-50% AMI		50.1%-80% AMI		Total <=80% AMI		Total
	Own	Rent	Own	Rent	Own	Rent	Own	Rent	
Severe Cost Burden	35	205	30	35	0	0	65	240	305
Moderate Cost Burden	215	50	290	145	305	25	810	220	1,030
No Cost Burden	20	0	130	150	410	135	560	285	845
Total	845	560	1,640	605	1,245	180	3,730	1,345	5,075
Standard	Own	Rent	Own	Rent	Own	Rent	Own	Rent	<=80% AMI
Severe Cost Burden	4,250	6,520	3,170	2,155	3,015	545	10,435	9,220	19,655
Moderate Cost Burden	1,485	2,270	2,185	3,515	4,255	3,635	7,925	9,420	17,345
No Cost Burden	510	2,515	2,860	1,755	6,470	4,735	9,840	9,005	18,845
Total	6,880	12,370	8,685	7,650	14,060	8,915	29,625	28,935	58,560

CHAS/ACS 2009	80.1%-95% AMI		95.1% + AMI		Total
Substandard	Owner	Renter	Owner	Renter	All
Severe Cost Burden	0	0	30	0	335
Moderate Cost Burden	45	0	120	0	1,195

⁸⁷ CHAS/ACS 2009 Table 8

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No Cost Burden	165	20	625	15	1,670
Total	4,180	280	1,700	15	11,250
Standard					
Severe Cost Burden	940	30	1,095	60	21,780
Moderate Cost Burden	2,860	564	9,210	310	30,289
No Cost Burden	4,150	3,450	50,250	10,520	87,215
Total	11,510	4,294	60,640	10,890	145,894

Table E17: Overcrowding⁸⁸

CHAS/ACS 2009	<=30% AMI		30.1-50% AMI		50.1%-80% AMI		Total <=80% AMI		Total <=80% AMI
	Owner	Renter	Owner	Renter	Owner	Renter	Owner	Renter	
1 Family HH									
No Overcrowding	2,275	4,245	4,680	3,270	9,880	4,380	16,835	11,895	28,730
Moderate Overcrowding	25	50	40	60	50	105	115	215	330
Severe Overcrowding	0	0	0	0	0	0	0	0	0
Total	2,300	4,295	4,720	3,330	9,930	4,485	16,950	12,110	29,060
2+ Family HH									
No Overcrowding	15	35	15	115	295	45	325	195	520
Moderate Overcrowding	0	15	0	0	0	25	0	40	40
Severe Overcrowding	0	0	0	0	0	0	0	0	0
Total	15	50	15	115	295	70	325	235	560
Non-Family HH									
No Overcrowding	4,690	8,245	4,095	4,330	4,690	4,735	13,475	17,310	30,785
Moderate Overcrowding	0	35	0	0	0	0	0	35	35
Severe Overcrowding	0	0	0	0	0	25	0	25	25
Total	4,690	8,280	4,095	4,330	4,690	4,760	13,475	17,370	30,845

80.1%-95% AMI		95.1% +AMI	
Owner	Renter	Owner	Renter
5,920	1,615	52,055	5,715
60	70	75	55
0	10	40	0
5,980	1,695	52,170	5,770

⁸⁸ CHAS/ACS 2009 Table 10

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200	50	1,815	95
80	0	30	15
0	0	0	0
280	50	1,845	110
2,285	2,320	10,825	5,270
0	0	0	0
0	0	0	0
2,285	2,320	10,825	5,270

Table E18: Race and Ethnicity in the NSHC 2000, 2009, 2014⁸⁹

	2000	2009	2014	Change 2000-2014
White Alone	94.1%	91.4%	89.5%	-1.63%
Black Alone	1.1%	1.4%	1.6%	58.84%
American Indian Alone	0.1%	0.2%	0.2%	38.93%
Asian Alone	1.7%	2.7%	3.5%	111.17%
Pacific Islander Alone	0.0%	0.0%	0.0%	72.44%
Some Other Race Alone	1.8%	2.7%	3.3%	96.55%
Two or More Races	1.2%	1.6%	1.8%	56.90%
Hispanic Origin (Any Race)	3.7%	5.7%	7.1%	101.29%

Table E19: Housing Needs by Race⁹⁰

	<=30% AMI		30.1-50% AMI		50.1%-80% AMI		Total <=80% AMI		Total
Race with Housing Problems									
	Own	Rent	Own	Rent	Own	Rent	Own	Rent	<=80% AMI
White	5,675	6,855	5,350	4,590	7,220	3,850	18,245	15,295	33,540
Black	0	180	120	85	120	95	240	360	600
Asian	30	125	45	180	155	60	230	365	595
American Indian	0	15	0	0	0	0	0	15	15
Pacific Islander	0	0	0	0	0	0	0	0	0
Hispanic	305	1,745	275	1,060	490	445	1,070	3,250	4,320
Other	0	165	0	110	0	0	0	275	275
Total	6,010	9,085	5,790	6,025	7,985	4,450	19,785	19,560	39,345
Race with No Housing Problems									

⁸⁹ ESRI Ibid

⁹⁰ CHAS/ACS 2009 Table 1

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	<=30% AMI		30.1-50% AMI		50.1%-80% AMI		Total <=80% AMI		Total
	555	2,075	2,975	1,320	6,810	3,680	10,340	7,075	17,415
White	0	0	0	20	0	70	0	90	90
Black	0	15	54	15	70	0	124	30	154
Asian	0	0	10	0	20	65	30	65	95
American Indian	0	0	0	0	0	0	0	0	0
Pacific Islander	0	355	0	75	45	545	45	975	1,020
Hispanic	0	40	0	40	0	190	0	270	270
Other	555	2,485	3,039	1,470	6,945	4,550	10,539	8,505	19,044
Total	5,675	6,855	5,350	4,590	7,220	3,850	18,245	15,295	33,540
Total All	7,025	12,640	8,829	7,790	14,930	9,299	30,784	29,729	60,513
% of Owner or Renter Population									
	Own	Rent	Own	Rent	Own	Rent	Own	Rent	<=80% AMI
	6.75%	28.14%	8.48%	17.34%	14.34%	20.70%	29.56%	66.17%	40.59%

CHAS/ACS 2009	80.1%-95%AMI		95.1%+ AMI		Total
Race with Housing Problems	Owner	Renter	Owner	Renter	All HHs
White	3,715	579	10,430	365	48,629
Black	35	0	95	50	780
Asian	160	0	310	25	1,090
American Indian	0	0	0	0	15
Pacific Islander	0	0	0	0	0
Hispanic	155	110	340	15	4,940
Other	0	0	105	0	380
Total	4,065	689	11,280	455	55,834
Race with No Housing Problems	Owner	Renter	Owner	Renter	All HHs
White	4,300	2,735	50,270	8,715	83,435
Black	15	0	535	230	870
Asian	20	120	1,400	515	2,209
American Indian	0	0	60	0	155
Pacific Islander	0	0	30	0	30
Hispanic	0	275	940	530	2,765
Other	80	55	385	115	905

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CHAS/ACS 2009	80.1%-95%AMI		95.1%+ AMI		Total
Race with Housing Problems	Owner	Renter	Owner	Renter	All HHs
Total	4,415	3,185	53,620	10,105	90,369
Race N/A					
White	0	0	185	595	2,724
Black	0	0	0	0	0
Asian	0	0	0	0	25
American Indian	0	0	0	0	0
Pacific Islander	0	0	0	0	0
Hispanic	0	0	0	0	155
Other	0	0	0	0	0
Total	0	0	185	595	2,904
Total All	8,480	3,874	65,085	11,155	149,107
% of Owner or Renter Population	8.14%	8.62%	62.49%	24.83%	100.02%

Table E20: Percentage of HHs with Housing Problems by Race⁹¹

Race with Housing Problems	<=30% AMI		30.1-50% AMI		50.1%-80% AMI		Total <=80% AMI		Total <=80% AMI
	Owner	Renter	Owner	Renter	Owner	Renter	Owner	Renter	
White	80.78%	54.23%	60.60%	58.92%	48.36%	41.40%	59.27%	51.45%	55.43%
Black	0.00%	1.42%	1.36%	1.09%	0.80%	1.02%	0.78%	1.21%	0.99%
Asian	0.43%	0.99%	0.51%	2.31%	1.04%	0.65%	0.75%	1.23%	0.98%
American Indian	0.00%	0.12%	0.00%	0.00%	0.00%	0.00%	0.00%	0.05%	0.02%
Pacific Islander	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Hispanic	4.34%	13.81%	3.11%	13.61%	3.28%	4.79%	3.48%	10.93%	7.14%
Other	0.00%	1.31%	0.00%	1.41%	0.00%	0.00%	0.00%	0.93%	0.45%

80.1%-95% AMI	95.1%+ AMI		Total
Owner	Renter	Owner	Renter
			All

⁹¹ HUD CHAS/ACS Table 1

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80.1%- 95% AMI		95.1%+ AMI		Total
Owner	Renter	Owner	Renter	All
43.81%	14.95%	16.03%	3.27%	32.61%
0.41%	0.00%	0.15%	0.45%	0.52%
1.89%	0.00%	0.48%	0.22%	0.73%
0.00%	0.00%	0.00%	0.00%	0.01%
0.00%	0.00%	0.00%	0.00%	0.00%
1.83%	2.84%	0.52%	0.13%	3.31%
0.00%	0.00%	0.16%	0.00%	0.25%

Table E21: Severe Housing Needs by Race⁹²

Race with Housing Problems	<=30% AMI		30.1-50% AMI		50.1%-80% AMI		Total <=80% AMI		Total
	Own	Rent	Own	Rent	Own	Rent	Own	Rent	<=80% AMI
White	60.21%	40.08%	35.64%	24.58%	19.65%	6.51%	33.50%	25.51%	29.58%
Black	0.00%	1.23%	1.36%	0.90%	0.37%	0.00%	0.57%	0.76%	0.66%
Asian	0.43%	0.20%	0.11%	1.48%	0.37%	0.22%	0.31%	0.54%	0.42%
American Indian	0.00%	0.12%	0.00%	0.00%	0.00%	0.00%	0.00%	0.05%	0.02%
Pacific Islander	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Hispanic	3.49%	11.09%	2.55%	3.35%	1.84%	0.59%	2.42%	5.78%	4.07%
Other	0.00%	0.83%	0.00%	0.00%	0.00%	0.00%	0.00%	0.35%	0.17%

80.1%- 95% AMI		95.1%+ AMI		Total
Owner	Renter	Owner	Renter	All
10.62%	1.03%	2.07%	0.54%	13.57%
0.00%	0.00%	0.05%	0.00%	0.29%
0.65%	0.00%	0.11%	0.00%	0.25%
0.00%	0.00%	0.00%	0.00%	0.01%
0.00%	0.00%	0.00%	0.00%	0.00%
0.29%	0.00%	0.18%	0.00%	1.74%
0.00%	0.00%	0.00%	0.00%	0.07%

⁹² CHAS/ACS Table 2

Table E22: Cost Burden by Race (Numbers)⁹³

Race	Severe Cost Burden		Moderate Cost Burden		No Cost Burden		Total Moderate and Severe		Total
	Owner	Renter	Owner	Renter	Owner	Renter	Owner	Renter	
White	12,095	7,500	19,870	8,420	65,335	18,805	31,965	15,920	134,795
Black	205	225	170	170	550	335	375	395	1,655
Asian	220	160	405	205	1,610	690	625	365	3,315
American Indian	0	15	0	0	90	65	0	15	170
Pacific Islander	0	0	0	0	30	0	0	0	30
Hispanic	860	1,700	650	1,575	1,030	1,860	1,510	3,275	7,830
Other	0	105	105	175	465	440	105	280	1,290
Total	12,095	7,500	19,870	8,420	65,335	18,805	31,965	15,920	134,795

Table E23: Cost Burden by Race (Percentages)⁹⁴

Race with Housing Problems	Severe Cost Burden		Moderate Cost Burden		No Cost Burden		Total Moderate and Severe		Total
	Owner	Renter	Owner	Renter	Owner	Renter	Owner	Renter	
White	90.40%	77.28%	93.73%	79.85%	94.54%	84.73%	92.44%	78.62%	90.41%
Black	1.53%	2.32%	0.80%	1.61%	0.80%	1.51%	1.08%	1.95%	1.11%
Asian	1.64%	1.65%	1.91%	1.94%	2.33%	3.11%	1.81%	1.80%	2.22%
American Indian	0.00%	0.15%	0.00%	0.00%	0.13%	0.29%	0.00%	0.07%	0.11%
Pacific Islander	0.00%	0.00%	0.00%	0.00%	0.04%	0.00%	0.00%	0.00%	0.02%
Hispanic	6.43%	17.52%	3.07%	14.94%	1.49%	8.38%	4.37%	16.17%	5.25%
Other	0.00%	1.08%	0.50%	1.66%	0.67%	1.98%	0.30%	1.38%	0.87%

Table E24: Housing Problems by Race, 2000⁹⁵

CHAS/ACS 2009	<=30% AMI		30.1-50% AMI		50.1%-80% AMI		Total
Race with Housing Problems	Owner	Renter	Owner	Renter	Owner	Renter	
White							
Black	23	80	20	50	30	91	

⁹³ CHAS/ACS Table 9

⁹⁴ CHAS/ACS Table 9

⁹⁵ CHAS 2000

CHAS/ACS 2009	<= 30% AMI		30.1-50% AMI		50.1%-80% AMI		To
	Owner	Renter	Owner	Renter	Owner	Renter	
Race with Housing Problems							
Asian							
American Indian							
Pacific Islander							
Hispanic	45	926	75	469	112	174	
Other							
Total	68	1,006	95	519	142	265	

**ATTACHMENT F: 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 North Shore HOME Consortium involve citizens in the process of developing the 5-year Consolidated Plan and will also serve as a guide for involving citizens in the developing future Annual Action Plans and future Consolidated Plans. The Citizen Participation Plan utilizes a multi-prong approach to reach and include the community and stakeholders. Particular emphasis is placed on encouraging effective involvement by citizens, particularly those who reside in low and moderate income neighborhoods, public officials (including municipal and public housing officers), and the interests of the private sector- particularly those involved in real estate development, and the nonprofit sector, including social service providers and advocacy organizations.

The North Shore HOME Consortium believes that the importance of citizen participation in programs goes far beyond simply meeting HUD’s requirements. The Consortium encourages 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.

2. 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:

- Advertisements or notices will be placed in the major newspapers serving the Consortium 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 all major press outlets serving the Consortium.
- The Consortium will maintain and continuously 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 are 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:

- 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 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 Consortium will make a good faith effort to coordinate with the community co-sponsor to provide childcare services during the meeting or hearing.
- With advanced notice, translators will be provided for citizens who do not speak English or who require sign-language translation.

C. Availability of Documents

- The Consortium will make information pertaining to the Consolidated Plan

- process available to any citizen within three (3) working days.
- The draft version of the Consolidated Plan, 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 Consortium area
 - The draft version of the 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 Plan, 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 reviewed and, as deemed appropriate, will be incorporated into the Consolidated Plan and Action Plans.

D. Citizen Participation Opportunities

Stage 1: Development of the Citizen Participation Plan

- Every five years, the North Shore HOME Consortium will evaluate its Citizen Participation Plan and re-submit it with the Consolidated Plan.
- When deemed appropriate by 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 Consortium will encourage written suggestions from citizens. All written suggestions are to be sent to the Director of the North Shore HOME Consortium 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 Consortium will notify citizens that a Draft of the Consolidated or Annual Action Plan is 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 Consortium expects to receive, priority tables, and an account of all proposed uses of expected funding (type of activity and amount of allocated funds).
- The Draft Plan and a summary of the Draft Plan will be provided to the public within three (3) working days of request.
- Written suggestions will be encouraged from citizens. All written suggestions are to be sent to the Director of the Consortium at Peabody City Hall.

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 three (3) working days of the request.

Stage 5: Amendments to the Consolidated Plan and Action Plan

- The Consortium is 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 e-mail member communities, and will undergo a 30-day comment period before the Consortium holds a public hearing. The hearing will

be held no less than 10 days before the amendment is submitted to HUD. The 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 Consortium will give a 30 day comment period for the CAPER.
- 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 three (3) working days of the request.
- 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: Director of the North Shore HOME Consortium, Department of Community Development, Peabody City Hall, 24 Lowell Street, Peabody, MA 01960. Written complaints will receive a written response within 15 working days.