

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

OMB No. 2577-0226  
(exp. 08/31/2009)

# **PHA Plans**

## **Streamlined Annual Version**

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This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937 that introduced 5-year and annual PHA Plans. The full PHA plan provides a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form allows eligible PHAs to make a streamlined annual Plan submission to HUD consistent with HUD's efforts to provide regulatory relief for certain types of PHAs. Public reporting burden for this information collection is estimated to average 11.7 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

**Privacy Act Notice.** The United States Department of Housing and Urban Development, Federal Housing Administration, is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Information in PHA plans is publicly available.

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# **Streamlined Annual PHA Plan for Fiscal Year: 2009**

## **PHA Name: Newton Housing Authority**

**NOTE: This PHA Plan template (HUD-50075-SA) is to be completed in accordance with instructions contained in previous Notices PIH 99-33 (HA), 99-51 (HA), 2000-22 (HA), 2000-36 (HA), 2000-43 (HA), 2001-4 (HA), 2001-26 (HA), 2003-7 (HA), and any related notices HUD may subsequently issue.**

## Streamlined Annual PHA Plan Agency Identification

**PHA Name:** Newton Housing Authority

**PHA Number:** MA036

**PHA Fiscal Year Beginning:** (mm/yyyy) 01/2009

**PHA Programs Administered:**

**Public Housing and Section 8**     **Section 8 Only**     **Public Housing Only**

Number of public housing units: 226

Number of S8 units:

Number of public housing units:

Number of S8 units: 441

**PHA Consortia:** (check box if submitting a joint PHA Plan and complete table)

Participating PHAs	PHA Code	Program(s) Included in the Consortium	Programs Not in the Consortium	# of Units Each Program
Participating PHA 1:				
Participating PHA 2:				
Participating PHA 3:				

**PHA Plan Contact Information:**

Name: Jonathan Hacker, Executive Director

Phone: 617-552-5501

TDD: 617-964-1741

Email (if available):

jhacker@newtonhousing.org

**Public Access to Information**

**Information regarding any activities outlined in this plan can be obtained by contacting:**  
(select all that apply)

PHA's main administrative office     PHA's development management offices

**Display Locations For PHA Plans and Supporting Documents**

The PHA Plan revised policies or program changes (including attachments) are available for public review and inspection.     Yes     No.

If yes, select all that apply:

- Main administrative office of the PHA
- PHA development management offices
- Main administrative office of the local, county or State government
- Public library     PHA website     Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- Main business office of the PHA       PHA development management offices  
 Other (list below)

## Streamlined Annual PHA Plan

**Fiscal Year 2009**

[24 CFR Part 903.12(c)]

### Table of Contents

[24 CFR 903.7(r)]

Provide a table of contents for the Plan, including applicable additional requirements, and a list of supporting documents available for public inspection.

#### A. PHA PLAN COMPONENTS

1. Site-Based Waiting List Policies  
**903.7(b)(2) Policies on Eligibility, Selection, and Admissions**
2. Capital Improvement Needs  
**903.7(g) Statement of Capital Improvements Needed**
3. Section 8(y) Homeownership  
**903.7(k)(1)(i) Statement of Homeownership Programs**
4. Project-Based Voucher Programs
5. PHA Statement of Consistency with Consolidated Plan. Complete only if PHA has changed any policies, programs, or plan components from its last Annual Plan.
6. Supporting Documents Available for Review
7. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance and Evaluation Report
8. Capital Fund Program 5-Year Action Plan

#### B. SEPARATE HARD COPY SUBMISSIONS TO LOCAL HUD FIELD OFFICE

**Form HUD-50076, PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the Streamlined Annual Plan** identifying policies or programs the PHA has revised since submission of its last Annual Plan, and including Civil Rights certifications and assurances the changed policies were presented to the Resident Advisory Board for review and comment, approved by the PHA governing board, and made available for review and inspection at the PHA's principal office;

For PHAs Applying for Formula Capital Fund Program (CFP) Grants:

**Form HUD-50070, Certification for a Drug-Free Workplace;**

**Form HUD-50071, Certification of Payments to Influence Federal Transactions;** and

**Form SF-LLL & SF-LLL a, Disclosure of Lobbying Activities.**

**1. Site-Based Waiting Lists (Eligibility, Selection, Admissions Policies)**

[24 CFR Part 903.12(c), 903.7(b)(2)]

Exemptions: Section 8 only PHAs are not required to complete this component.

**A. Site-Based Waiting Lists-Previous Year**

1. Has the PHA operated one or more site-based waiting lists in the previous year? If yes, complete the following table; if not skip to B.

Site-Based Waiting Lists				
Development Information: (Name, number, location)	Date Initiated	Initial mix of Racial, Ethnic or Disability Demographics	Current mix of Racial, Ethnic or Disability Demographics since Initiation of SBWL	Percent change between initial and current mix of Racial, Ethnic, or Disability demographics

2. What is the number of site based waiting list developments to which families may apply at one time?
3. How many unit offers may an applicant turn down before being removed from the site-based waiting list?
4.  Yes  No: Is the PHA the subject of any pending fair housing complaint by HUD or any court order or settlement agreement? If yes, describe the order, agreement or complaint and describe how use of a site-based waiting list will not violate or be inconsistent with the order, agreement or complaint below:

**B. Site-Based Waiting Lists – Coming Year**

If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to next component.

1. How many site-based waiting lists will the PHA operate in the coming year?

2.  Yes  No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?  
If yes, how many lists?
3.  Yes  No: May families be on more than one list simultaneously?  
If yes, how many lists?
4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?
- PHA main administrative office
  - All PHA development management offices
  - Management offices at developments with site-based waiting lists
  - At the development to which they would like to apply
  - Other (list below)

## **2. Capital Improvement Needs**

[24 CFR Part 903.12 (c), 903.7 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

### **A. Capital Fund Program**

1.  Yes  No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete items 7 and 8 of this template (Capital Fund Program tables). If no, skip to B.
2.  Yes  No: Does the PHA propose to use any portion of its CFP funds to repay debt incurred to finance capital improvements? If so, the PHA must identify in its annual and 5-year capital plans the development(s) where such improvements will be made and show both how the proceeds of the financing will be used and the amount of the annual payments required to service the debt. (Note that separate HUD approval is required for such financing activities.).

### **B. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund)**

Applicability: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

1.  Yes  No: Has the PHA received a HOPE VI revitalization grant? (if no, skip to #3; if yes, provide responses to the items on the chart located on the next page, copying and completing as many times as necessary).
2. Status of HOPE VI revitalization grant(s):

<b>HOPE VI Revitalization Grant Status</b>	
a. Development Name:	
b. Development Number:	
c. Status of Grant:	
<input type="checkbox"/>	Revitalization Plan under development
<input type="checkbox"/>	Revitalization Plan submitted, pending approval
<input type="checkbox"/>	Revitalization Plan approved
<input type="checkbox"/>	Activities pursuant to an approved Revitalization Plan underway

3.  Yes  No: Does the PHA expect to apply for a HOPE VI Revitalization grant in the Plan year?  
If yes, list development name(s) below:

4.  Yes  No: Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year? If yes, list developments or activities below:

5.  Yes  No: Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement? If yes, list developments or activities below:

**3. Section 8 Tenant Based Assistance--Section 8(y) Homeownership Program**  
(if applicable) [24 CFR Part 903.12(c), 903.7(k)(1)(i)]

1.  Yes  No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If "No", skip to the next component; if "yes", complete each program description below (copy and complete questions for each program identified.)

2. Program Description:

a. Size of Program

Yes  No: Will the PHA limit the number of families participating in the Section 8 homeownership option?

If the answer to the question above was yes, what is the maximum number of participants this fiscal year?

b. PHA-established eligibility criteria

Yes  No: Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria? If yes, list criteria:

c. What actions will the PHA undertake to implement the program this year (list)?

3. Capacity of the PHA to Administer a Section 8 Homeownership Program:

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- Establishing a minimum homeowner downpayment requirement of at least 3 percent of purchase price and requiring that at least 1 percent of the purchase price comes from the family's resources.
- Requiring that financing for purchase of a home under its Section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards.
- Partnering with a qualified agency or agencies to administer the program (list name(s) and years of experience below):
- Demonstrating that it has other relevant experience (list experience below):

#### **4. Use of the Project-Based Voucher Program**

##### **Intent to Use Project-Based Assistance**

Yes  No: Does the PHA plan to "project-base" any tenant-based Section 8 vouchers in the coming year? If the answer is "no," go to the next component. If yes, answer the following questions.

1.  Yes  No: Are there circumstances indicating that the project basing of the units, rather than tenant-basing of the same amount of assistance is an appropriate option? If yes, check which circumstances apply:

- low utilization rate for vouchers due to lack of suitable rental units
- access to neighborhoods outside of high poverty areas
- other (describe below:)

NHA will continue with the existing "Project-Based" commitments, and, may be through an RFP process, increasing it's obligation by 1 to 3 vouchers per year. The Newton Housing Authority has found that this type of use and obligation of vouchers in a development adds to the preservation of affordable housing.

The present commitment include 12 of the 20 Set-a-Side vouchers for Victims of Domestic Violence, and 6 Vouchers for a Project-based Single Room Occupancy Program at the Webster Street Residence, a residential home established for the housing and care of developmentally disabled individuals. These programs are

representative of programs outlined as needed in the City of Newton Consolidated Plan.

In addition to these programs, the Newton Housing Authority is considering the use of project-based vouchers at some in our existing management units and the use of project-based vouchers as a tool to assist NHA in increasing the feasibility of additional management units, thereby increasing the number of affordable units in the City. If the NHA did decide to make vouchers available through an RFP, the NHA would need to be one of the respondents to the public process.

2. Indicate the number of units and general location of units (e.g. eligible census tracts or smaller areas within eligible census tracts):

NHA is reviewing whether or not to place an ad for RFPs for 1-3 vouchers per year, with the NHA being a respondent for use of the vouchers in some of the NHA's owned management units.

The vouchers to be use City wide.

## **5. PHA Statement of Consistency with the Consolidated Plan**

[24 CFR Part 903.15]

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary) only if the PHA has provided a certification listing program or policy changes from its last Annual Plan submission.

1. Consolidated Plan jurisdiction: City of Newton
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- The PHA has based its statement of needs of families on its waiting lists on the needs expressed in the Consolidated Plan/s.
- The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)

As is expressed in the City of Newton Consolidated Plan, the Newton Housing Authority recognizes that there is a lack of affordable rental and purchase housing in the City of Newton for low and lower income families. Inclusive in this is the lack of affordable housing for seniors, especially seniors with need of supportive services. The Newton Housing Authority will

continue to address these needs through its various programs in general, and more specifically with programming that targets some of these issues.

1. The Newton Housing Authority will continue its relationship with Habitat For Humanities in the development of 2 affordable 1<sup>st</sup> time homebuyer units. One 3 bedroom rental unit for low income families, located on the same site, has been occupied.
2. The Newton Housing Authority has, through the use of local linkage funds, purchased a total of seventeen 2 and 3 bedroom apartments over the past 3 ½ years. These apartments are to remain as part of the affordable rental stock for perpetuity. The Newton Housing Authority will continue to use the funds generated through the linkage ordinance to create and purchase additional housing units for low income individuals and families.

In 2008 NHA purchased 2 additional properties, bringing our total count of management units to 45. These properties were previously owned by a local not-for-profit agency who used federal, state and local funds to rehab the buildings and initiate 2 affordable housing programs. This local agency chose to no longer be involved in the management of these apartments and sought a credible buyer who could keep the two buildings as affordable apartments. The Newton Housing Authority used linkage funds to purchase these buildings and pay-off some of the hard debt. By doing this NHA will continue these apartments as affordable units. As expressed elsewhere in this plan, it is our goal to create a more affordable and stable rental situation for these buildings. We are looking into the possibility of using project-based subsidy and/or some programming that will enhance their affordability.

3. The Consolidated Plan also points out that there have been a number of local initiatives aimed at assisting seniors in need of services. The Newton Housing Authority has been involved with and continues to work with local elder care agencies regarding the care of seniors in our developments and the community at large.

The Newton Housing Authority is presently involved in a pilot program regarding the use of one of our Senior Congregate units. The Newton Housing Authority and Springwell, the local elder care service provider, are working jointly to manage a four bedroom supportive unit for people either at imminent risk of nursing home placement or in a nursing home and seeking to return to the community.

4. In addition to our 30 modified apartments for those with physical disabilities, the Newton Housing Authority manages 6 additional apartments with modified baths for 1 bedroom tenants who may need to use walkers. Within our 1 bedroom population in both our HUD and State sponsored public housing units we presently have 64 non-elderly disabled individuals in addition to those residents in modified apartments. The Newton Housing Authority through subsidy assists 70 units listed in the Consolidated Plan, which are occupied by individuals with non-physical disabilities, ie. Individuals with Developmental or Mental Disabilities.

5. As sited in item # 4 of the Annual PHA Plan, the Newton Housing Authority will continue its obligation to those existing project-based contracts using our vouchers. These include 12 of the 20 Set-a-Side vouchers for Victims of Domestic Violence, and 6 Vouchers for a Project-based Single Room Occupancy Program at the Webster Street Residence, a residential home established for the housing and care of developmentally disabled individuals. In addition to these programs, the Newton Housing Authority is considering the use of project-based vouchers at some of our existing management units and the use of project-based vouchers as a tool to assist NHA in increasing the feasibility of additional management units, thereby increasing the number of affordable units in the City,
6. For our tenant selection to our 1 bedroom public housing the Newton Housing Authority will continue to maintain those priority and preference criteria such as assisting elderly, disabled, and displaced individuals before singles, as a means of addressing the needs of the elderly and non-elderly disabled as expressed in the Consolidated Plan.

Other:

The Newton Housing Authority has included as attachment a Statement of Housing Needs to coincide with the 2006-2010 City of Newton Consolidated Plan

3. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

## **6. Supporting Documents Available for Review for Streamlined Annual PHA Plans**

PHAs are to indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
*	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans;</i>	5 Year and Annual Plans
*	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Streamlined Annual Plan</i>	Streamlined Annual Plans
*	<i>Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan.</i>	5 Year and standard Annual Plans
*	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
*	Housing Needs Statement of the Consolidated Plan for the jurisdiction(s) in which the PHA is located and any additional backup data to support statement of housing needs for families on the PHA’s public housing and Section 8 tenant-based waiting lists.	Annual Plan: Housing Needs
*	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
*	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP] and the Site-Based Waiting List Procedure.	Annual Plan: Eligibility, Selection, and Admissions Policies
	Deconcentration Income Analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
*	Any policy governing occupancy of Police Officers and Over-Income Tenants in Public Housing. <input checked="" type="checkbox"/> Check here if included in the public housing A&O Policy.	Annual Plan: Eligibility, Selection, and Admissions Policies
*	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
*	Public housing rent determination policies, including the method for setting public housing flat rents. <input type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
*	Schedule of flat rents offered at each public housing development. <input type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
*	Section 8 rent determination (payment standard) policies (if included in plan, not necessary as a supporting document) and written analysis of Section 8 payment standard policies. <input checked="" type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Rent Determination
*	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation).	Annual Plan: Operations and Maintenance
*	Results of latest Public Housing Assessment System (PHAS) Assessment (or other applicable assessment).	Annual Plan: Management and Operations
*	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
		Sufficiency
*	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
*	Any policies governing any Section 8 special housing types <input checked="" type="checkbox"/> Check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
*	Public housing grievance procedures <input type="checkbox"/> Check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
*	Section 8 informal review and hearing procedures. <input type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Grievance Procedures
*	The Capital Fund/Comprehensive Grant Program Annual Statement /Performance and Evaluation Report for any active grant year.	Annual Plan: Capital Needs
*	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants.	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing.	Annual Plan: Capital Needs
*	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. See PIH Notice 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing.	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans).	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937.	Annual Plan: Conversion of Public Housing
	Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion.	Annual Plan: Voluntary Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans.	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (Section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
*	Public Housing Community Service Policy/Programs <input type="checkbox"/> Check here if included in Public Housing A & O Policy	Annual Plan: Community Service & Self-Sufficiency
	Cooperative agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies.	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan(s) for public housing and/or Section 8.	Annual Plan: Community Service & Self-Sufficiency
*	Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing.	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports for public housing.	Annual Plan: Community Service & Self-Sufficiency
*	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G). <input type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Pet Policy
*	The results of the most recent fiscal year audit of the PHA conducted under the Single Audit Act as implemented by OMB Circular A-133, the results of that audit and the PHA's response to any findings.	Annual Plan: Annual Audit
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)
	Consortium agreement(s) and for Consortium Joint PHA Plans <u>Only</u> : Certification that consortium agreement is in compliance with 24 CFR Part 943 pursuant to an opinion of counsel on file and available for inspection.	Joint Annual PHA Plan for Consortia: Agency Identification and Annual Management and Operations

## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: NEWTON HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: <b>MA06P03650106</b> Replacement Housing Factor Grant No:		Federal FY of Grant: <b>2006</b>
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    )					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 10/15/2008 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	\$ 25,000		\$ 25,000	\$ 25,000
3	1408 Management Improvements	33,497		33,497	33,497
4	1410 Administration	25,000		25,000	25,000
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	25,000		25,000	25,000
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable	187,620	234,683	187,620	37,400
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$ 296,177		\$ 296,177	\$ 146,646
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				





**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

<b>Capital Fund Program Five-Year Action Plan</b>					
<b>Part I: Summary</b>					
PHA Name				<input type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>	
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2	Work Statement for Year 3	Work Statement for Year 4	Work Statement for Year 5
		FFY Grant: PHA FY:	FFY Grant: PHA FY:	FFY Grant: PHA FY:	FFY Grant: PHA FY:
	Annual Statement				
CFP Funds Listed for 5-year planning					
Replacement Housing Factor Funds					

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

<b>Capital Fund Program Five-Year Action Plan</b>						
<b>Part II: Supporting Pages—Work Activities</b>						
Activities for Year 1	Activities for Year : ____ FFY Grant: PHA FY:			Activities for Year: ____ FFY Grant: PHA FY:		
	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>
<b>See</b>						
<b>Annual</b>						
<b>Statement</b>						
Total CFP Estimated Cost			\$			\$



## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: <b>NEWTON HOUSING AUTHORITY</b>			Grant Type and Number Capital Fund Program Grant No: <b>MA06P03650107</b> Replacement Housing Factor Grant No:		Federal FY of Grant: <b>2007</b>
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    )					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <b>10/15/2008</b> <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	\$ 25,000		25,000	
3	1408 Management Improvements	25,000		25,000	
4	1410 Administration	25,000		25,000	
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	25,000		25,000	5,649
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$ 196,163		\$ 196,163	
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$ 296,163		\$ 296,163	\$ 5,649
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: <b>Newton Housing Authority</b>			Grant Type and Number Capital Fund Program Grant No: <b>MA06P03650107</b> placement Housing Factor Grant No:			Federal FY of Grant: <b>2007</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
MA036- 002 & 003	Operations	1406		\$ 25,000		\$ 25,000		On-going
MA036- 002 & 003	Management Improvements	1408		25,000		25,000		On-going
MA036- 002 & 003	Administration	1410		25,000		25,000		On-going
MA036- 002 & 003	Fees & Costs	1430		25,000		25,000	5,649	On-going
MA036- 002 & 003	Fire Alarm Upgrade	1460		196,163		196,163		On-going

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: <b>Newton Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: <b>MA06P03650107</b> placement Housing Factor Grant No:				Federal FY of Grant: <b>2007</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	



**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

**Capital Fund Program Five-Year Action Plan**

**Part I: Summary**

PHA Name						<input type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2	Work Statement for Year 3	Work Statement for Year 4	Work Statement for Year 5	
		FFY Grant: PHA FY:	FFY Grant: PHA FY:	FFY Grant: PHA FY:	FFY Grant: PHA FY:	
	Annual Statement					
CFP Funds Listed for 5-year planning						
Replacement Housing Factor Funds						

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

<b>Capital Fund Program Five-Year Action Plan</b>						
<b>Part II: Supporting Pages—Work Activities</b>						
Activities for Year 1	Activities for Year : ____ FFY Grant: PHA FY:			Activities for Year: ____ FFY Grant: PHA FY:		
	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>
<b>See</b>						
<b>Annual</b>						
<b>Statement</b>						
Total CFP Estimated Cost			\$			\$



## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: <b>NEWTON HOUSING AUTHORITY</b>			Grant Type and Number Capital Fund Program Grant No: <b>MA06P03650108</b> Replacement Housing Factor Grant No:		Federal FY of Grant: <b>2008</b>
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:   )					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <b>10/15/2008</b> <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	\$25,000			
4	1410 Administration	25,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	25,000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	228,781			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$ 303,781			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard				

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary						
PHA Name: NEWTON HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: <b>MA06P03650108</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2008</b>	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 10/15/2008 <input type="checkbox"/> Final Performance and Evaluation Report						
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
		Original	Revised	Obligated	Expended	
	Costs					
26	Amount of line 21 Related to Energy Conservation Measures					

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: <b>Newton Housing Authority</b>			Grant Type and Number Capital Fund Program Grant No: <b>MA06P03650108</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2008</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
MA036-002, 003, 004	Operation	1406						
MA036-002, 003, 004	Management Improvements	1408		25,000				
MA036-002, 003, 004	Administration	1410		25,000				
MA036-002, 003, 004	Fees & Costs	1430		25,000				
MA036-002, 003, 004	Heating System & Control Replacement; Fire Alarm Upgrade	1460		228,781				



**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

**Capital Fund Program Five-Year Action Plan**

**Part I: Summary**

PHA Name						<input type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2	Work Statement for Year 3	Work Statement for Year 4	Work Statement for Year 5	
		FFY Grant: PHA FY:	FFY Grant: PHA FY:	FFY Grant: PHA FY:	FFY Grant: PHA FY:	
	Annual Statement					
CFP Funds Listed for 5-year planning						
Replacement Housing Factor Funds						





## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: NEWTON HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: <b>MA06P03650109</b> Replacement Housing Factor Grant No:		Federal FY of Grant: <b>2009</b>
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	25,000			
3	1408 Management Improvements	25,000			
4	1410 Administration	25,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	25,000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	203,781			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$ 303,781			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: <b>Newton Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: <b>MA06P03650109</b> Replacement Housing Factor Grant No:				Federal FY of Grant: <b>2009</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
MA036-003	Operation	1406		25,000				
MA036-003	Management Improvements	1408		25,000				
MA036-003	Administration	1410		25,000				
MA036-003	Fees & Costs	1430		25,000				
MA036-003	Replace Front & Rear Entrance Ways Including Doors/ Glass Panels & along with Associated Masonry	1460		203,781				

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

<b>Annual Statement/Performance and Evaluation Report                      Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)                      Part III: Implementation Schedule</b>							
PHA Name: <b>Newton Housing Authority</b>			Grant Type and Number Capital Fund Program No: <b>MA06P03650109</b> Replacement Housing Factor No:				Federal FY of Grant: <b>2009</b>
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
MA036 - 003							

## 7. Capital Fund Program – Five-Year Action Plan

Part I: Summary						
PHA Name/Number NEWTON HOUSING AUTHORITY			Locality (City/County & State) NEWTON, MASSACHUSETTS		<input type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY __2009__ -	Work Statement for Year 2 FFY ____2010____	Work Statement for Year 3 FFY ____2011____	Work Statement for Year 4 FFY____2012____	Work Statement for Year 5 FFY ____2013____
<b>B.</b>	Physical Improvements Subtotal	<b>Annual Statement</b>	\$ 203,781	\$ 203,781	\$ 203,781	\$ 203,781
C.	Management Improvements		25,000	25,000	25,000	25,000
D.	PHA-Wide Non-dwelling Structures and Equipment					
<b>E.</b>	<b>Administration</b>		25,000	25,000	25,000	25,000
F.	Other		25,000	25,000	25,000	25,000
G.	Operations		25,000	25,000	25,000	25,000
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		\$ 303,781	\$ 303,781	\$ 303,781	\$ 303,781
L.	Total Non-CFP Funds					
M.	Grand Total		\$ 303,781	\$ 303,781	\$ 303,781	\$ 303,781



## 7. Capital Fund Program – Five-Year Action Plan

Year 1 FFY _____	Development Number/ Name  General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
<b>See</b>						
<b>Annual</b>	Replace / Repair			Heating System &		
<b>Statement</b>	<b>Concrete Sidewalks</b>		\$ 228,781			\$ 228,781
	& Along with Associate Site Work @ MA036- 003			Control Replacement @ MA036-001		
	Subtotal of Estimated Cost		\$ 228,781	Subtotal of Estimated Cost		\$ 228,781

## 7. Capital Fund Program – Five-Year Action Plan

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY _____	Work Statement for Year _____2012_____ FFY _____			Work Statement for Year: _____2013_____ FFY _____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
<b>See</b>						
<b>Annual</b>						
<b>Statement</b>	<i>Heating System &amp;</i>			<i>Masonry Repair,</i>		
	Control Replacement		\$ 228,781	Pointing, Waterproofing & Balcony Resurfacing		\$ 228,781
	@ MA036-002			@ MA036-004		
	Subtotal of Estimated Cost		\$ 228,781	Subtotal of Estimated Cost		\$ 228,781

## 7. Capital Fund Program – Five-Year Action Plan

<b>Part III: Supporting Pages – Management Needs Work Statement(s)</b>				
Work Statement for Year 1 FFY _____	Work Statement for Year ____2010_____ FFY _____		Work Statement for Year: ____2011_____ FFY _____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
<b>See</b>				
<b>Annual</b>				
<b>Statement</b>	Operations, Administration & Management		<b><i>Operations, Administration &amp; Management</i></b>	
	Improvements Cost Relating to the Replacement / Repair Concrete Sidewalks Along with Associated Site Work @ MA036-003	\$ 75,000	Improvements Cost Relating to the Heating & Control Replacement & MA036-001	\$ 75,000
	Subtotal of Estimated Cost	\$ 75,000	Subtotal of Estimated Cost	\$ 75,000

## 7. Capital Fund Program – Five-Year Action Plan

<b>Part III: Supporting Pages – Management Needs Work Statement(s)</b>				
Work Statement for Year 1 FFY _____	Work Statement for Year _____ 2012 _____ FFY _____		Work Statement for Year: _____ 2013 _____ FFY _____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
<b>See</b>				
<b>Annual</b>				
<b>Statement</b>	Operations, Administration & Management		<b><i>Operations, Administration &amp; Management</i></b>	
	Improvements Cost Relating to the Heating System & Control Replacement @ MA036-002	\$ 75,000	Improvements Cost Relating to the Masonry Repair, Pointing, Waterproofing & Balcony Resurfacing @ MA036-004	\$ 75,000
	Subtotal of Estimated Cost	\$ 75,000	Subtotal of Estimated Cost	\$ 75,000

## **7. Capital Fund Program – Five-Year Action Plan**

<b>CAPITAL FUND PROGRAM SCOPE OF WORK</b>	
<b>CFP</b>	<b>SCOPE OF WORKS</b>
<b>2003</b>	<b>Bathroom Upgrades @ 36-4</b>
	<b>Bathroom Upgrades @ 36-1 (Fungibility)</b>
	<b>Bathroom Upgrades @ 36-2 (Fungibility)</b>
<b>2004 &amp; 2003S</b>	<b>Bathroom Upgrades @ 36-2</b>
	<b>Fire Stop @ 36-1</b>
<b>2005</b>	<b>Heating Controls @ 36-2</b>
	<b>Fire Stop @ 36-1 (Fungibility)</b>
	<b>Balcony &amp; Canopy Repairs @ 36-3 (Fungibility)</b>
<b>2006</b>	<b>Balcony &amp; Canopy Repairs @ 36-3</b>
	<b>Fire Alarms Upgrade @ 36-2 &amp; 36-3 (Fungibility)</b>
<b>2007</b>	<b>Fire Alarms Upgrade @ 36-3 &amp; 36-2</b>
<b>2008</b>	<b>Heating System &amp; Control Replacement @36-3</b>
	<b>Fire Alarms Upgrade @ 36-2 &amp; 36-3 (Fungibility if needed)</b>
<b>2009</b>	<b>Replace Front &amp; Rear Entrance Ways Including</b>
	<b>Doors/Glass Panels &amp; Along w/ Associated with Masonry @ 36-3</b>
<b>2010</b>	<b>Replace / Repair Concrete Sidewalks &amp; Along with Associated Site Works @ 36-3</b>

## **7. Capital Fund Program – Five-Year Action Plan**

<b>2011</b>	<b>Heating System &amp; Control Replacements @ 36-1</b>
<b>2012</b>	<b>Heating System &amp; Control Replacement @ 36-2</b>
<b>2013</b>	<b>Masonry Repair, Repointing, Waterproofing, Balcony Resurfacing @ 36-4</b>

# 1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

## A. Housing Needs of Families in the Jurisdiction/s Served by the PHA

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the “Overall” Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being “no impact” and 5 being “severe impact.” Use N/A to indicate that no information is available upon which the PHA can make this assessment.

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	1604	5	5	3	2	2	1
Income >30% but <=50% of AMI	791	5	5	3	2	2	1
Income >50% but <80% of AMI	1178	5	5	3	2	2	1
Elderly	1540	5	5	1	2	1	1
Families with Disabilities	250	3	3	2	2	2	1
White Non-Hispanic	2471	5	5	3	2	2	1
Black Non-Hispanic	69	5	5	3	2	2	1
Hispanic	89	5	5	3	2	2	1
Native Amer. Non-Hispanic	14	5	5	3	2	2	1
Asian Non-Hispanic	245	5	5	3	2	2	1

What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

- Consolidated Plan of the Jurisdiction/s  
Indicate year: 2006-2010
- U.S. Census data: the Comprehensive Housing Affordability Strategy (“CHAS”) dataset
- American Housing Survey data  
Indicate year:
- Other housing market study  
Indicate year:
- Other sources: (list and indicate year of information)

**1. Statement of Housing Needs** [24 CFR Part 903.12 (b), 903.7(a)]

**A. Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists**

State the housing needs of the families on the PHA’s waiting list/s. **Complete one table for each type of PHA-wide waiting list administered by the PHA.** PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

Housing Needs of Families on the PHA’s Waiting Lists			
Waiting list type: (select one)			
<input checked="" type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	141		12
Extremely low income <=30% AMI	107	75.9	
Very low income (>30% but <=50% AMI)	30	21.3	
Low income (>50% but <80% AMI)	4	2.8	
Families with children	73	51.8	
Elderly families	17	12.1	
Families with Disabilities	20	14.18	
Race/ethnicity - Af. Am.	44	31.2	
Race/ethnicity - Hisp.	33	23.4	
Race/ethnicity – Asian	13	9.2	
Race/ethnicity – Nat. Am.	1	.70	
Race/ethnicity – White	50	35.5	
Characteristics by Bedroom Size (Public Housing Only)			
1BR			
2 BR			
3 BR			
4 BR			
5 BR			
5+ BR			
Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)? 60			
Does the PHA expect to reopen the list in the PHA Plan year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed?			
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			

**Housing Needs of Families on the PHA's Waiting Lists**

Waiting list type: (select one)

Section 8 tenant-based assistance

Public Housing

Combined Section 8 and Public Housing

Public Housing Site-Based or sub-jurisdictional waiting list (optional)

If used, identify which development/subjurisdiction:

	# of families	% of total families	Annual Turnover
Waiting list total	101		
Extremely low income <=30% AMI	77	76	
Very low income (>30% but <=50% AMI)	18	18	
Low income (>50% but <80% AMI)	6	6	
Singles	10	10	
Elderly families	69	69	
Families with Disabilities	22	22	
Race/ethnicity - Af. Am.	6	6	
Race/ethnicity - Asian	8	8	
Race/ethnicity - White	87	86	
Race/ethnicity - Hisp.	0	0	

Characteristics by Bedroom Size (Public Housing Only)			
1BR	83	82	
2 BR	18	18	
3 BR			
4 BR			
5 BR			
5+ BR			

Is the waiting list closed (select one)?  No  Yes

If yes:

How long has it been closed (# of months)?

Does the PHA expect to reopen the list in the PHA Plan year?  No  Yes

Does the PHA permit specific categories of families onto the waiting list, even if generally closed?

No  Yes

## Victim of Domestic Violence Programs

The Newton Housing Authority (NHA) operates a multilevel program dedicated to assist Victims of Domestic Violence. The program consists of a cooperative arrangement with several local service organizations dealing with domestic violence clients.

In cooperation with the Woman's Institute, the NHA assisted with the development of a mixed income condominium project. With local linkage funds the NHA purchased the four low-income affordable units in this development and assigned them for occupancy by victims of domestic violence. These four units, along with eight other privately owned apartments in two other developments make up twelve Section 8 Project-Based units, which are part of our twenty voucher Section 8 Voucher Set-a-Side Program for Victims of Domestic Violence.

In addition to the above outlined program, NHA has a number of additional Management Program apartments purchased with local linkage funds. These apartments are available for rental to families with Section 8 Vouchers. Victims of Domestic Violence clients who are participants in the above-mentioned programs may also apply to the waiting lists for these units once they have completed their year in the Project-Based units that are managed by the local service organizations.