Town of Niskayuna
Housing Choice Voucher PHA 5 Year Plan
2010-2014
NY430

Joseph E. Mastrianni, Inc.
11 Federal Street
Saratoga Springs, NY 12866

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011

1.0 PHA Information
PHA Name: **Town of Niskayuna**
PHA Code: **NY430**
PHA Type: ☐ Small ☐ High Performing ☐ Standard ☒ HCV (Section 8)
PHA Fiscal Year Beginning: (MM/YYYY): **10/2010**

2.0 Inventory (based on ACC units at time of FY beginning in 1.0 above)
Number of PH units: _____ Number of HCV units: **46**

3.0 Submission Type
☒ 5-Year and Annual Plan ☐ Annual Plan Only ☐ 5-Year Plan Only

4.0 PHA Consortia ☐ PHA Consortia: (Check box if submitting a joint Plan and complete table below.)

Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program	
				PH	HCV
PHA 1:					
PHA 2:					
PHA 3:					

5.0 5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.

5.1 Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years (Complete only at 5-Year Plan update).

- **Provide affordable, decent, safe, and sanitary housing to elderly and disabled low-income families, as well as other low-income families, dictated by local needs.**

5.2 Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan (Complete only at 5-Year Plan update).

- **Improve the quality of service through better process and information systems.**
- **Promote self-sufficiency and asset development of families and individuals.**
- **Ensure equal opportunity in housing.**
- **Reduce fraud and program abuse.**

Prior Goals Identified in Five Year Plan:

- **Expand Supply of Assisted Housing**
  - **Apply for Additional Rental Vouchers**
- **Improve Quality of Assisted Housing**
  - **Increase Customer Satisfaction**
  - **Improve Management Functions**
- **Promote Self Sufficiency and Asset Development of Assisted Households**
  - **Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion, national origin, sex, familial status, and disability**
  - **Undertake affirmative measures to provide a suitable living environment for families living in assisted housing regardless of race, color, religion, national origin, sex, familial status, and disability**
  - **Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required.**

Progress in Meeting Goals:

- **Expand Supply of Assisted Housing: Management has applied as notices of funding of availability have been announced. Management has requested for funding as other sources of HCV funding has become available.**

- **Improve Quality of Assisted Housing: Management has instituted improvements to policy and procedure to increase customer satisfaction. Management has surveyed participants for improvements to the program.**

- **Promote Self Sufficiency and Asset Development of Assisted Households: Management has developed in-house providers for Budget, Credit, Employment and Homeownership coordination.**

6.0	**PHA Plan Update** (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: • **No change in any plan elements has been made from prior year's plan.** (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. • **Town of Niskayuna; One Niskayuna Circle; Niskayuna, NY 12309** • **Joseph E. Mastrianni, Inc.; 11 Federal Street; Saratoga Springs, NY 12866**
7.0	**Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.** *Include statements related to these programs as applicable.* • **PHA offers homeownership option to HCV program participants. HCV participants must actively participate in the Family Self Sufficiency program before becoming eligible for the homeownership option. The limit to participation is a total of fifty participants for all HCV programs administered by Joseph E. Mastrianni, Inc representing approximately 2% of the total HCV population administered by Joseph E. Mastrianni, Inc.**
8.0	**Capital Improvements.** Please complete Parts 8.1 through 8.3, as applicable. • **Not Applicable for the Housing Choice Voucher Program.**
8.1	**Capital Fund Program Annual Statement/Performance and Evaluation Report.** As part of the PHA 5-Year and Annual Plan, annually complete and submit the *Capital Fund Program Annual Statement/Performance and Evaluation Report,* form HUD-50075.1, for each current and open CFP grant and CFFP financing. • **Not Applicable for the Housing Choice Voucher Program.**
8.2	**Capital Fund Program Five-Year Action Plan.** As part of the submission of the Annual Plan, PHAs must complete and submit the *Capital Fund Program Five-Year Action Plan,* form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. • **Not Applicable for the Housing Choice Voucher Program.**
8.3	**Capital Fund Financing Program (CFFP).** ☐ Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements. • **Not Applicable for the Housing Choice Voucher Program.**
9.0	**Housing Needs**. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location (Complete only at 5-Year Plan update). • **The most recent New York State Consolidated Plan (2006 through 2010) states there is a need for Affordable Housing in New York State. An analysis of available demographic and economic data indicates that:** - **many households still struggle to live on low or very low incomes;** - **housing is often hard to find and difficult to afford; and** - **housing problems are most frequently experienced by extremely low-income households.** • **Local housing needs have been developed directly from the waiting list. See attached waiting list reports: Income Characteristic Report; Family Composition Report; Average Wait Report.**

9.1	**Strategy for Addressing Housing Needs**. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. **Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.** • **Advertising program in variety of publications and with affordable housing websites to reach elderly, disabled and low income populations.** • **Direct mail to owners of multi-family properties encouraging program participation, if necessary.** • **Coordinate with FSS PCC to expand knowledge of program to network of human service providers.** • **Printed pamphlets made available at municipal office.**

10.0	**Additional Information**. Describe the following, as well as any additional information HUD has requested. **Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.** (a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. • **PHA is in the process of completing new goals identified in this plan.** (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" • **A change in the PHA mission or a strategic goal will be considered a substantial deviation from the five year plan.** • **Changes in or additions to the PHA mission; strategic goals; strategy for addressing needs; or policies governing eligibility, selection, and admission will be considered a significant amendment or modification to the PHA's five year and annual plan.** **Violence Against Women Act** The intent of the provisions of the Violence Against Women Act to protect certain victims of criminal domestic violence, dating violence, sexual assault, or stalking (as well as members of victims' immediate families) from losing their HUD assisted housing as a consequence of the abuse of which they were the victim has always been the policy followed in programs administered by Joseph E. Mastrianni, Inc, and will continue to be the policy in the future. In this respect we have recognized the needs addressed in the Act and have always taken steps to address those needs. Both tenants and owners are informed of our policy as the need arises and both are thoroughly advised of their options. In determining if tenants are victims of criminal domestic violence, dating violence, sexual assault, or stalking and in danger off losing their HUD assisted housing as a consequence of such abuse, we accept appropriate documentation from local police reports, social service agency statements, and other reliable corroborative evidence before taking action. Unless eviction is imminent, we place no time limit on tenant's reporting and the development of reliable evidence.

11.0	**Required Submission for HUD Field Office Review**. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. **Note:** Faxed copies of these documents will not be accepted by the Field Office. (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations* (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, *Certification for a Drug-Free Workplace* (PHAs receiving CFP grants only) **Not Applicable** (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions* (PHAs receiving CFP grants only) **Not Applicable** (d) Form SF-LLL, *Disclosure of Lobbying Activities* (PHAs receiving CFP grants only) **Not Applicable** (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet* (PHAs receiving CFP grants only) **Not Applicable** (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. (g) Challenged Elements **See Attached** (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report* (PHAs receiving CFP grants only*)* **Not Applicable** (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan* (PHAs receiving CFP grants only) **Not Applicable**

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, as amended, which introduced 5-Year and Annual PHA Plans. The 5-Year and Annual PHA plans provide 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 is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.68 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 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. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality

Instructions form HUD-50075

Applicability. This form is to be used by all Public Housing Agencies (PHAs) with Fiscal Year beginning April 1, 2008 for the submission of their 5-Year and Annual Plan in accordance with 24 CFR Part 903. The previous version may be used only through April 30, 2008.

1.0 PHA Information
Include the full PHA name, PHA code, PHA type, and PHA Fiscal Year Beginning (MM/YYYY).

2.0 Inventory
Under each program, enter the number of Annual Contributions Contract (ACC) Public Housing (PH) and Section 8 units (HCV).

3.0 Submission Type
Indicate whether this submission is for an Annual and Five Year Plan, Annual Plan only, or 5-Year Plan only.

4.0 PHA Consortia
Check box if submitting a Joint PHA Plan and complete the table.

5.0 Five-Year Plan
Identify the PHA's Mission, Goals and/or Objectives (24 CFR 903.6). Complete only at 5-Year update.

5.1 Mission. A statement of the mission of the public housing agency for serving the needs of low-income, very low-income, and extremely low-income families in the jurisdiction of the PHA during the years covered under the plan**.**

5.2 Goals and Objectives. Identify quantifiable goals and objectives that will enable the PHA to serve the needs of low income, very low-income, and extremely low-income families.

6.0 PHA Plan Update. In addition to the items captured in the Plan template, PHAs must have the elements listed below readily available to the public. Additionally, a PHA must:

(a) Identify specifically which plan elements have been revised since the PHA's prior plan submission.

(b) Identify where the 5-Year and Annual Plan may be obtained by the public. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central off ice of the PHA. PHAs are strongly encouraged to post complete PHA Plans on its official website. PHAs are also encouraged to provide each resident council a copy of its 5-Year and Annual Plan.

PHA Plan Elements. (24 CFR 903.7)

1. **Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.** Describe the PHA's policies that govern resident or tenant eligibility, selection and admission including admission preferences for both public housing and HCV and unit assignment policies for public housing; and procedures for maintaining waiting lists for admission to public housing and address any site-based waiting lists.

2. **Financial Resources.** A statement of financial resources, including a listing by general categories, of the PHA's anticipated resources, such as PHA Operating, Capital and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support public housing or tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned use for the resources.

3. **Rent Determination.** A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units.

4. **Operation and Management.** A statement of the rules, standards, and policies of the PHA governing maintenance management of housing owned, assisted, or operated by the public housing agency (which shall include measures necessary for the prevention or eradication of pest infestation, including cockroaches), and management of the PHA and programs of the PHA.

5. **Grievance Procedures.** A description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.

6. **Designated Housing for Elderly and Disabled Families.** With respect to public housing projects owned, assisted, or operated by the PHA, describe any projects (or portions thereof), in the upcoming fiscal year, that the PHA has designated or will apply for designation for occupancy by elderly and disabled families. The description shall include the following information: **1**) development name and number; **2**) designation type; **3**) application status; **4**) date the designation was approved, submitted, or planned for submission, and; **5**) the number of units affected.

7. **Community Service and Self-Sufficiency.** A description of: (**1**) Any programs relating to services and amenities provided or offered to assisted families; (**2**) Any policies or programs of the PHA for the enhancement of the economic and social self-sufficiency of assisted families, including programs under Section 3 and FSS; **(3)** How the PHA will comply with the requirements of community service and treatment of income changes resulting from welfare program requirements. **(Note: applies to only public housing).**

8. **Safety and Crime Prevention.** For public housing only, describe the PHA's plan for safety and crime prevention to ensure the safety of the public housing residents. The statement must include: (i) A description of the need for measures to ensure the safety of public housing residents; (ii) A description of any crime prevention activities conducted or to be conducted by the PHA; and (iii) A description of the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities.

9. **Pets.** A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.

10. **Civil Rights Certification.** A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.

11. **Fiscal Year Audit.** The results of the most recent fiscal year audit for the PHA.

12. **Asset Management.** A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.

13. **Violence Against Women Act (VAWA).** A description of: **1)** Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; **2)** Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and **3)** Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers

(a) Hope VI or Mixed Finance Modernization or Development. **1)** A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and **2)** A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at: http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm

(b) Demolition and/or Disposition. With respect to public housing projects owned by the PHA and subject to ACCs under the Act: **(1)** A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and **(2)** A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at: http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm
Note: This statement must be submitted to the extent **that approved and/or pending** demolition and/or disposition has changed.

(c) Conversion of Public Housing. With respect to public housing owned by a PHA: **1)** A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or that the public housing agency plans to voluntarily convert; **2)** An analysis of the projects or buildings required to be converted; and **3)** A statement of the amount of assistance received under this chapter to be used for rental assistance or other housing assistance in connection with such conversion. See guidance on HUD's website at: http://www.hud.gov/offices/pih/centers/sac/conversion.cfm

(d) Homeownership. A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.

(e) Project-based Vouchers. If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.

8.0 Capital Improvements. This section provides information on a PHA's Capital Fund Program. With respect to public housing projects owned, assisted, or operated by the public housing agency, a plan describing the capital improvements necessary to ensure long-term physical and social viability of the projects must be completed along with the required forms. Items identified in 8.1 through 8.3, must be signed where directed and transmitted electronically along with the PHA's Annual Plan submission.

8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report. PHAs must complete the *Capital Fund Program Annual Statement/Performance and Evaluation Report* (form HUD-50075.1), for each Capital Fund Program (CFP) to be undertaken with the current year's CFP funds or with CFFP proceeds. Additionally, the form shall be used for the following purposes:

(a) To submit the initial budget for a new grant or CFFP;

(b) To report on the Performance and Evaluation Report progress on any open grants previously funded or CFFP; and

(c) To record a budget revision on a previously approved open grant or CFFP, e.g., additions or deletions of work items, modification of budgeted amounts that have been undertaken since the submission of the last Annual Plan. The Capital Fund Program Annual Statement/Performance and Evaluation Report must be submitted annually.

Additionally, PHAs shall complete the Performance and Evaluation Report section (see footnote 2) of the *Capital Fund Program Annual Statement/Performance and Evaluation* (form HUD-50075.1), at the following times:

1. At the end of the program year; until the program is completed or all funds are expended;

2. When revisions to the Annual Statement are made, which do not require prior HUD approval, (e.g., expenditures for emergency work, revisions resulting from the PHAs application of fungibility); and

3. Upon completion or termination of the activities funded in a specific capital fund program year.

8.2 Capital Fund Program Five-Year Action Plan

PHAs must submit the *Capital Fund Program Five-Year Action Plan* (form HUD-50075.2) for the entire PHA portfolio for the first year of participation in the CFP and annual update thereafter to eliminate the previous year and to add a new fifth year (rolling basis) so that the form always covers the present five-year period beginning with the current year.

8.3 Capital Fund Financing Program (CFFP). Separate, written HUD approval is required if the PHA proposes to pledge any

portion of its CFP/RHF funds to repay debt incurred to finance capital improvements. The PHA must identify in its Annual and 5-year capital plans the amount of the annual payments required to service the debt. The PHA must also submit an annual statement detailing the use of the CFFP proceeds. See guidance on HUD's website at: http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm

9.0 Housing Needs. Provide a statement of the housing needs of families residing in the jurisdiction served by the PHA and the means by which the PHA intends, to the maximum extent practicable, to address those needs. **(Note:** Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).

9.1 Strategy for Addressing Housing Needs. Provide a description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. **(Note:** Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).

10.0 Additional Information. Describe the following, as well as any additional information requested by HUD:

(a) Progress in Meeting Mission and Goals. PHAs must include (i) a statement of the PHAs progress in meeting the mission and goals described in the 5-Year Plan; (ii) the basic criteria the PHA will use for determining a significant amendment from its 5-year Plan; and a significant amendment or modification to its 5-Year Plan and Annual Plan**. (Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

(b) Significant Amendment and Substantial Deviation/Modification. PHA must provide the definition of "significant amendment" and "substantial deviation/modification". **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan.)**

(c) PHAs must include or reference any applicable memorandum of agreement with HUD or any plan to improve performance. **(Note: Standard and Troubled PHAs complete annually).**

11.0 Required Submission for HUD Field Office Review. In order to be a complete package, PHAs must submit items (a) through (g), with signature by mail or electronically with scanned signatures. Items (h) and (i) shall be submitted electronically as an attachment to the PHA Plan.

(a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations*

(b) Form HUD-50070, *Certification for a Drug-Free Workplace* **(PHAs receiving CFP grants only)**

(c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions* **(PHAs receiving CFP grants only)**

(d) Form SF-LLL, *Disclosure of Lobbying Activities* **(PHAs receiving CFP grants only)**

(e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet* **(PHAs receiving CFP grants only)**

(f) Resident Advisory Board (RAB) comments.

(g) Challenged Elements. Include any element(s) of the PHA Plan that is challenged.

(h) Form HUD-50075.1**, *Capital Fund Program Annual Statement/Performance and Evaluation Report* (Must be attached electronically for PHAs receiving CFP grants only).** See instructions in 8.1.

(i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan* **(Must be attached electronically for PHAs receiving CFP grants only).** See instructions in 8.2.

Family Composition Report

Waiting List: 13 - Town of Niskayuna Section 8 Program
Status: Active

13 - Town of Niskayuna Section 8 Program

Families With Children	70	Elderly	12	Disabled	25

Race:			
Ethnicity:	1	25.00%	
Ethnicity: Hispanic or Latino	3	75.00%	
	4		**3.54%**
Race: White			
Ethnicity:	3	5.26%	
Ethnicity: Hispanic or Latino	5	8.77%	
Ethnicity: Not Hispanic or Latino	49	85.96%	
	57		**50.44%**
Race: Black/African American			
Ethnicity: Hispanic or Latino	2	4.44%	
Ethnicity: Not Hispanic or Latino	43	95.56%	
	45		**39.82%**
Race: American Indian/Alaska Native			
Ethnicity: Hispanic or Latino	1	33.33%	
Ethnicity: Not Hispanic or Latino	2	66.67%	
	3		**2.65%**
Race: Asian			
Ethnicity: Not Hispanic or Latino	4	100.00%	
	4		**3.54%**

Total for Town of Niskayuna Section 8 Program **113**

Grand Total **113**

Income Characteristics Report

Waiting List: 13 - Town of Niskayuna Section 8 Program
Status: Active

13 - Town of Niskayuna Section 8 Program

Extremely Low Income	76	67.26%
Very Low Income	33	29.20%
Incomplete Income Data	4	3.54%
Total for Town of Niskayuna Section 8 Program	**113**	

Average Wait Report

Waiting List: 13 - Town of Niskayuna Section 8 Program
Status: Active

13 - Town of Niskayuna Section 8 Program	Average Days	Applicants
Status: Active		
Application Approved	846	113
	846	**113**

Section 8 Housing Choice Voucher Program
2010 Five Year Annual Plan
Resident Advisory Board Survey Results and Comments

1. Program Mission

Agree: 99% | Disagree: 1%

The program's mission should be to provide affordable, decent, safe, and sanitary housing to elderly and disabled low-income families, as well as to other low-income families, as dictated by local needs.

·So much so. [Agree]

·It's mission give those folks status and support their interests to be active in their communities. [Agree]

·I couldn't afford to live here if not for Section 8. Thanks. [Agree]

·And start penalizing the slum lords. [Agree]

·All minorities should live in decent housing. [Agree]

Section 8 Housing Choice Voucher Program
2010 Five Year Annual Plan
Resident Advisory Board Survey Results and Comments

2. Program Size

Agree: 39% | Disagree: 61%

There is no need to increase the size of the program beyond its current size by applying for additional funding from the Federal Government.

·We could use more benefits [Agree]

·Waiting lists are for a long period of time. [Disagree]

·Today's economics demand it should be increased. [Disagree]

·This program is very important to the poor and low income. Where would we be without it? [Disagree]

·This program can use additional funding to help more people. [Disagree]

·The increase is necessary to balance the inflation and permanent increase of living expense. [Disagree]

·The economy is horrible some people may temp need help. [Disagree]

·Since there are more and more unemployed and indigent, they probably need to increase. [Disagree]

·People's needs and circumstances change daily and enough funding should be readily available to help. [Disagree]

·Other existing programs should be utilized. Avoid duplication of services. [Agree]

·More people need larger amounts [added] to their rent. [Disagree]

·More people are losing their jobs. Rents are high, pay is low. [Disagree]

·More money more rent to be paid. [Disagree]

·I think they should increase the size because of how the economy is today. Affordable housing is hard to come by and so many need the help. [Disagree]

·I think the Federal Government should help Section 8 more. [Disagree]

·I think more people can help more [Disagree]

·I think benefits could be increased. [Disagree]

·I know good people who have been waiting for a very long time. [Disagree]

·Fulton County is a very depressed area with limited job availability, more people need more help, and many may be eligible for assistance but not aware. [Disagree]

·Absent landowners need to be investigated. Our place is very dirty at times. Especially the laundry room. [Agree]

Section 8 Housing Choice Voucher Program
2010 Five Year Annual Plan
Resident Advisory Board Survey Results and Comments

3. Quality of Service

Agree: 83% | Disagree: 17%

Over the next five years there should be an emphasis on increasing tenant satisfaction with the program and improving management functions.

·We are very satisfied with the program and everyone who's helped us. [Disagree]

·There is always room for improvement. [Agree]

·Speaking only for myself, I have been very satisfied. [Agree]

·Myself as a tenant am very satisfied and management is wonderful. [Disagree]

·More security [Agree]

·I've been very satisfied with my contact for the last three years. [Disagree]

·I think management functions are fine. [Agree]

·I believe the program is excellent and the management is excellent. [Disagree]

·I am very happy. [Disagree]

·Happy tenants makes happy customers. [Agree]

·Doing a good job for the elderly and low income families. [Disagree]

·Cheating tenants should be checked on more. [Agree]

·Although you do a great job, some landlords out there need a push. [Agree]

Section 8 Housing Choice Voucher Program
2010 Five Year Annual Plan
Resident Advisory Board Survey Results and Comments

4. Self-Sufficiency

Agree: 92% | Disagree: 8%

Promoting self-sufficiency by increasing the percentage of employed persons in the program, providing supportive services to assist tenant in gaining employment, and attracting supportive services to increase

·Section 8 is not an employment agency. [Agree]

·People need new skills, college, and vocational training schools, help getting proper paperwork and financing, follow-up and liaisons to assist with problems that arise , such as transportation, child care, etc. [Agree]

·Only for the people who can work. [Agree]

·I am now 88 years old. I find very hard filling out the forms. [Agree]

·I am always in pain and I walk with a walker. I can't work, I wish I could. [Disagree]

·Definitely, if the unemployed becomes employed, it means that the program will be able to help others who need to get in the program. [Agree]

·But sometimes people don't get a raise for ten years or more (my case). [Agree]

·And helped by the community as well. [Agree]

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5. Fair Housing

Agree: 93% | Disagree: 7%

Staff should take extra measures to ensure access to assisted housing regardless of race, color, religion, national origin, sex, familial status, or disability.

·Yes, it's so important to a human being. [Agree]

·Limiting to US Citizens Only. [Agree]

·I never had any problems. [Disagree]

·Everyone should be treated equally. [Agree]

·Don't you do this anyway? [Agree]

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6. Preferences

Agree: 97% | Disagree: 3%

In providing assistance to applicants, preferences should be given to residents of the community, the elderly, and the disabled.

·Elderly and disabled should come first. [Agree]

·But I'm in the middle with this question. Because every one should have an equal chance. [Agree]

·Also single moms struggling and trying to provide for children alone. [Agree]

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7. Home Ownership

Agree: 68% | Disagree: 32%

Consideration should be given to allowing Section 8 tenants to use rental subsidies to purchase the house they rent, another house they wish to purchase, or to build a new house.

·*Within reason. [Agree]*

·*Section 8 should not go into loans, housing or construction venues. [Disagree]*

·*It should be all over. No just in the city but in the country (rural areas). [Agree]*

·*It is enough we have section 8 to help us pay our rent. [Disagree]*

·*If this leads them to step forward and free themselves from the program. [Agree]*

·*If they can afford it. [Agree]*

·*If they can afford homeownership then they shouldn't get help! Give it to someone who needs sec. 8. Owning a home is a privilege, not a given. [Disagree]*

·*I would love to own my own home but I can't afford it and I couldn't maintain due to my health. [Disagree]*

·*I myself am trying to work towards homeownership. [Agree]*

·*Agree, but unsure. [Agree]*

·*? [Agree]*

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8. Fraud Prevention and Reduction

Agree: 94% | Disagree: 6%

Additional measures should be taken to prevent and reduce fraud in the program.

·*This should always be the case. [Agree]*

·*There should be more follow up. [Agree]*

·*There is much what I'd consider fraud. [Agree]*

·*It is very much out there. [Agree]*

·*If you make $50,000 or more, no lie, you should not get help. It takes away from those that gross $30,000 on DSS. [Agree]*

·*I believe fraud is limited if HUD is aware of income, then person is either eligible or ineligible. [Agree]*

·*But if the person didn't know all the rules and now is paying bak for sanctions all ready made. So people should be made to know the rules. [Agree]*

·*Always a good idea. [Agree]*

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9. Additional Comments

·We're very thankful for the assistance.

·We wouldn't make it without it.

·This program is wonderful. Allowing disabled and elderly people to be more independent, able to have a home of their own or apartment.

It would be nice if the allowed amount to individuals was higher $$ for rent cost / housing so they could get better apartments in nicer areas of town. Why do so many landlords [state] "not accepting HUD". I've seen this advertised in local newspapers.

·Thank you for this program, I am very grateful for the help I am getting. Thank you again!

·Thank you for helping me to purchase a house of my own. I am becoming active in my community and want to give back.

·Thank you for being interested in my opinion.

·Section 8 subsidy helps me tremendously with my low income status. Thanks for all you do for me!

·It help[s] people that don't have too much and [have] been sick a lot with their health.

·If I didn't have my section 8 grant I would be a street person because of finances. God bless you all.

·I truly appreciate my ability to receive Section 8 at my age. I able to live and enjoy a normal lifestyle.

·I think you are doing a good job.

·I thank you very much for helping me throughout the years.

·I really thank you for providing a rent that I can afford on SSI. The office staff and inspectors have been very helpful and thoughtful.

·I hope you can understand my handwriting. My fingers are full of arthritis. I'm sorry.

·I answered the best I could.

·Disabled and low income should get more with new president.