

# MTW Supplement to the Annual PHA Plan

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

OMB No. 2577-0226  
Expires: XX/XX/2021

**Purpose.** The Moving to Work (MTW) Supplement to the Annual PHA Plan informs HUD, families served by the PHA, and members of the public, of the MTW activities that the PHA seeks to implement in the coming fiscal year and an update on the status of MTW activities that have been previously approved. Also provided is Agency-specific waiver request information, data to satisfy MTW statutory requirements, public housing Operating Subsidy grant reporting information, and third-party evaluation information. The MTW Supplement does not replace the PHA Plan. MTW agencies must continue to submit the applicable PHA Plan template. MTW agencies that are not required to submit annual PHA Plans under the Housing and Economic Recovery Act of 2008 (HERA) must submit the MTW Supplement annually, in addition to holding public hearings, obtaining board approval, and consulting with Resident Advisory Boards (RABs) on planned MTW activities.

**Applicability.** Form HUD-50075-MTW is to be completed annually by all MTW agencies brought onto the Demonstration under the 2016 Consolidated Appropriations Act.

**Definitions.**

- (1) **Local, Non-traditional Activities** – Those activities which use MTW funding flexibility for activities outside of the Housing Choice Voucher and public housing programs established in Sections 8 and 9 of the U.S. Housing Act of 1937.
- (2) **Safe Harbors** – The additional requirements, beyond those specified in the activity description found in the MTW Operations Notice, that the agency must follow in implementing activities without further HUD approval.

<b>A.</b>	<b>PHA Information.</b>
A.1	<b>PHA Name:</b> _____ <b>PHA Code:</b> _____ <b>PHA Plan for Fiscal Year Beginning:</b> (MM/YYYY): _____ <b>MTW Cohort Number:</b> _____ <b>MTW Supplement Submission Type:</b> <input type="checkbox"/> Annual Submission <input type="checkbox"/> Revised Annual Submission
<b>B.</b>	<b>Narrative.</b>
B.1	<b>MTW Supplement Narrative.</b>  The narrative provides the PHA an opportunity to explain to the public, and the families that it serves, its MTW plans and goals for the coming fiscal year.  Provide a description of how the MTW agency seeks to address the three statutory objectives during the coming fiscal year. Those three statutory objectives are: 1) to reduce cost and achieve greater cost effectiveness in Federal expenditures; 2) to give incentives to families with children whose heads of household are either working, seeking work, or are participating in job training, educational or other programs that assist in obtaining employment and becoming economically self-sufficient; and 3) to increase housing choices for low-income families.
<b>C.</b>	<b>MTW Waivers.</b>
C.1	<b>Tenant Rent Policies.</b> <b>Activity 1.a. Income Bands (PH).</b>  <input type="checkbox"/> Implemented <input type="checkbox"/> Implemented and Making Changes in Plan FY <input type="checkbox"/> Planning to Implement in Plan FY <input type="checkbox"/> Not Yet Implemented <input type="checkbox"/> Discontinued Year of Implementation: _____  State whether the activity will result in any cost implications for the MTW PHA: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> N/A  If the proposed activity does result in cost implications, provide an estimate of the amount and discuss how the MTW PHA will manage the anticipated surplus or deficit: _____  Type of households activity applies to: <input type="checkbox"/> New Admissions Only <input type="checkbox"/> Previously Admitted Only <input type="checkbox"/> All (New Admissions and Previously Admitted)  Does activity apply to certain PH developments or to its entire portfolio (excluding elderly/disabled developments)? <input type="checkbox"/> Site-based <input type="checkbox"/> Entire Portfolio If site-based, please list sites by PIC development number: _____  What is the dollar amount for each band? \$ _____ Please describe how the bands are structured or include as an attachment: _____

What is the income basis for assigning households to bands?  Gross Income  Adjusted Income

How is rent established in each band?  Based on percent of income  Other

If other, please provide a brief description: \_\_\_\_\_

How is rent set in each band?  Bottom  Middle  Other

If other, please describe: \_\_\_\_\_

What percentage of income is used? \_\_\_\_\_ %

What is the minimum rent for this policy? \$ \_\_\_\_\_

Describe the hardship policy for the income band rent policy: \_\_\_\_\_

**Activity 1b. Income Bands (HCV).**

Implemented  Implemented and Making Changes in Plan FY  Planning to Implement in Plan FY  Not Yet Implemented  Discontinued  
Year of Implementation: \_\_\_\_\_

State whether the activity will result in any cost implications for the MTW PHA:  Positive  Negative  N/A

If the proposed activity does result in cost implications, provide an estimate of the amount and discuss how the MTW PHA will manage the anticipated surplus or deficit: \_\_\_\_\_

Type of households activity applies to:  New Admissions Only  Previously Admitted Only  All (New Admissions and Previously Admitted)

Does activity apply to certain project-based voucher developments or to the entire voucher portfolio (excluding elderly/disabled developments)?

Site-based  Entire Portfolio

If site-based, please list sites: \_\_\_\_\_

What is the dollar amount for each band? \$ \_\_\_\_\_

Please describe how the bands are structured or include as an attachment: \_\_\_\_\_

What is the income basis for assigning households to bands?  Gross Income  Adjusted Income

How is rent established in each band?  Based on percent of income  Other

If other, please provide a brief description: \_\_\_\_\_

How is rent set in each band?  Bottom  Middle  Other

If other, please describe: \_\_\_\_\_

What percentage of income is used? \_\_\_\_\_ %

What is the minimum rent for this policy: \$ \_\_\_\_\_

Describe the hardship policy for the income band rent policy: \_\_\_\_\_

**Activity 1c. Stepped Rent (PH).**

Implemented  Implemented and Making Changes in Plan FY  Planning to Implement in Plan FY  Not Yet Implemented  Discontinued  
Year of Implementation: \_\_\_\_\_

State whether the activity will result in any cost implications for the MTW PHA:  Positive  Negative  N/A

If the proposed activity does result in cost implications, provide an estimate of the amount and discuss how the MTW PHA will manage the anticipated surplus or deficit: \_\_\_\_\_

Type of households activity applies to:  New Admissions Only  Previously Admitted Only  All (New Admissions and Previously Admitted)

When a household starts the stepped rent policy, how will its rent be determined in year 1?

Minimum rent  Rent based on household income  Rent based on FMR, SAFMR, payment standard, or something similar  Other

If other, please describe: \_\_\_\_\_

How frequently will rents increase (i.e., at what frequency will households advance to the next step in the rent schedule)?

Annually  Biennially  Triennially  Other

If other, please describe: \_\_\_\_\_

What will be the basis for the rent increases, or steps?

Fixed dollar amount  Fixed percentage increase  Percentage of FMR, SAFMR, or something similar

Percentage of tenant income  Other

If other, please describe: \_\_\_\_\_

Will rent increase until the household receives zero subsidy?

Yes  No  Other

If other, please describe: \_\_\_\_\_

What is the minimum rent for this policy? \$ \_\_\_\_\_

Describe the hardship policy for the stepped rent policy: \_\_\_\_\_

**Activity 1d. Stepped Rent (HCV).**

Implemented  Implemented and Making Changes in Plan FY  Planning to Implement in Plan FY  Not Yet Implemented  Discontinued  
Year of Implementation: \_\_\_\_\_

State whether the activity will result in any cost implications for the MTW PHA:  Positive  Negative  N/A

If the proposed activity does result in cost implications, provide an estimate of the amount and discuss how the MTW PHA will manage the anticipated surplus or deficit: \_\_\_\_\_

Type of households activity applies to:  New Admissions Only  Previously Admitted Only  All (New Admissions and Previously Admitted)

When a household starts the stepped rent policy, how will its rent be determined in year 1?

Minimum rent  Rent based on household income  Rent based on FMR, SAFMR, payment standard, or something similar  Other

If other, please describe: \_\_\_\_\_

How frequently will rents increase (i.e., at what frequency will households advance to the next step in the rent schedule)?

Annually  Biennially  Triennially  Other

If other, please describe: \_\_\_\_\_

What will be the basis for the rent increases, or steps?

Fixed dollar amount  Fixed percentage increase  Percentage of FMR, SAFMR, or something similar  
 Percentage of tenant income  Other

If other, please describe: \_\_\_\_\_

Is this policy intended to serve as a de facto time limit? Will rent increase until the household receives zero subsidy?

Yes  No  Other

If other, please describe: \_\_\_\_\_

What is the minimum rent for this policy? \$ \_\_\_\_\_

Describe the hardship policy for the stepped rent policy: \_\_\_\_\_

**Activity 1e. Minimum Rent (PH).**

Implemented  Implemented and Making Changes in Plan FY  Planning to Implement in Plan FY  Not Yet Implemented  Discontinued  
Year of Implementation: \_\_\_\_\_

State whether the activity will result in any cost implications for the MTW PHA:  Positive  Negative  N/A

If the proposed activity does result in cost implications, provide an estimate of the amount and discuss how the MTW PHA will manage the anticipated surplus or deficit: \_\_\_\_\_

Type of households activity applies to:  New Admissions Only  Previously Admitted Only  All (New Admissions and Previously Admitted)

If Implemented, Implemented and Making Changes in Plan FY, or Will be Implemented in Plan FY, what is the minimum rent for:

a) non-elderly/non-disabled families? \$ \_\_\_\_\_  
b) elderly and disabled families? \$ \_\_\_\_\_

Describe the hardship policy for the minimum rent policy: \_\_\_\_\_

**Activity 1f. Minimum Rent (HCV).**

Implemented  Implemented and Making Changes in Plan FY  Planning to Implement in Plan FY  Not Yet Implemented  Discontinued  
Year of Implementation: \_\_\_\_\_

State whether the activity will result in any cost implications for the MTW PHA:  Positive  Negative  N/A

If the proposed activity does result in cost implications, provide an estimate of the amount and discuss how the MTW PHA will manage the anticipated surplus or deficit: \_\_\_\_\_

Type of households activity applies to:  New Admissions Only  Previously Admitted Only  All (New Admissions and Previously Admitted)

If Implemented, Implemented and Making Changes in Plan FY, or Will be Implemented in Plan FY, what is the minimum rent for:

a) non-elderly/non-disabled families? \$ \_\_\_\_\_  
b) elderly and disabled families? \$ \_\_\_\_\_

Describe the hardship policy for the minimum rent policy: \_\_\_\_\_

**Activity 1g. Rent as a Percentage of Gross Income (PH).**

Implemented  Implemented and Making Changes in Plan FY  Planning to Implement in Plan FY  Not Yet Implemented  Discontinued  
Year of Implementation: \_\_\_\_\_

State whether the activity will result in any cost implications for the MTW PHA:  Positive  Negative  N/A

If the proposed activity does result in cost implications, provide an estimate of the amount and discuss how the MTW PHA will manage the anticipated surplus or deficit: \_\_\_\_\_

How is gross rent defined? \_\_\_\_\_

If Implemented, Implemented and Making Changes in Plan FY, or Will be Implemented in Plan FY, what is the rent as a percentage of income for:

a) non-elderly/non-disabled families? \_\_\_\_\_ %  
b) elderly and disabled families? \_\_\_\_\_ %

Describe the hardship policy for the gross income rent policy: \_\_\_\_\_

**Activity 1h. Total Tenant Payment as a Percentage of Gross Income (HCV).**

Implemented  Implemented and Making Changes in Plan FY  Planning to Implement in Plan FY  Not Yet Implemented  Discontinued  
Year of Implementation: \_\_\_\_\_

State whether the activity will result in any cost implications for the MTW PHA:  Positive  Negative  N/A

If the proposed activity does result in cost implications, provide an estimate of the amount and discuss how the MTW PHA will manage the anticipated surplus or deficit: \_\_\_\_\_

How is gross rent defined? \_\_\_\_\_

If Implemented, Implemented and Making Changes in Plan FY, or Will be Implemented in Plan FY, what is the TTP as a percentage of income for:

a) non-elderly/non-disabled families? \_\_\_\_\_ %  
b) elderly and disabled families? \_\_\_\_\_ %

Describe the hardship policy for the gross income rent policy: \_\_\_\_\_

**Activity 1i. Alternative Utility Allowance (PH).**

Implemented  Implemented and Making Changes in Plan FY  Planning to Implement in Plan FY  Not Yet Implemented  Discontinued  
Year of Implementation: \_\_\_\_\_

State whether the activity will result in any cost implications for the MTW PHA:  Positive  Negative  N/A

If the proposed activity does result in cost implications, provide an estimate of the amount and discuss how the MTW PHA will manage the anticipated surplus or deficit: \_\_\_\_\_

Type of households activity applies to:  New Admissions Only  Previously Admitted Only  All (New Admissions and Previously Admitted)  
 Elderly  Disabled  Non-elderly, non-disabled

Describe the methodology used to establish the new utility allowance: \_\_\_\_\_

**Activity 1j. Alternative Utility Allowance (HCV).**

Implemented  Implemented and Making Changes in Plan FY  Planning to Implement in Plan FY  Not Yet Implemented  Discontinued  
Year of Implementation: \_\_\_\_\_

State whether the activity will result in any cost implications for the MTW PHA:  Positive  Negative  N/A

If the proposed activity does result in cost implications, provide an estimate of the amount and discuss how the MTW PHA will manage the anticipated surplus or deficit: \_\_\_\_\_

Type of households activity applies to:  New Admissions Only  Previously Admitted Only  All (New Admissions and Previously Admitted)  
 Elderly  Disabled  Non-elderly, non-disabled

Describe the methodology used to establish the new utility allowance: \_\_\_\_\_

**Activity 1k. Fixed Rents (PH).**

Implemented  Implemented and Making Changes in Plan FY  Planning to Implement in Plan FY  Not Yet Implemented  Discontinued  
Year of Implementation: \_\_\_\_\_

State whether the activity will result in any cost implications for the MTW PHA:  Positive  Negative  N/A

If the proposed activity does result in cost implications, provide an estimate of the amount and discuss how the MTW PHA will manage the anticipated surplus or deficit: \_\_\_\_\_

Type of households activity applies to:  New Admissions Only  Previously Admitted Only  All (New Admissions and Previously Admitted)  
 Elderly  Disabled  Non-elderly, non-disabled

Do the same fixed rents apply across the public housing portfolio, or do they vary by development?

Entire PH portfolio  Varied by development  Other

If other, please describe: \_\_\_\_\_

If the same fixed rents apply across the entire PH portfolio, what are the rents?

Studio/Efficiency: \$ \_\_\_\_\_

One-bedroom: \$ \_\_\_\_\_

Two-bedroom: \$ \_\_\_\_\_

Three-bedroom: \$ \_\_\_\_\_

Four or more bedrooms: \$ \_\_\_\_\_

Describe the methodology used to establish the fixed rents: \_\_\_\_\_

Describe the hardship policy for the fixed rents: \_\_\_\_\_

**Activity 1l. Fixed Subsidy (HCV).**

Implemented  Implemented and Making Changes in Plan FY  Planning to Implement in Plan FY  Not Yet Implemented  Discontinued  
Year of Implementation: \_\_\_\_\_

State whether the activity will result in any cost implications for the MTW PHA:  Positive  Negative  N/A

If the proposed activity does result in cost implications, provide an estimate of the amount and discuss how the MTW PHA will manage the anticipated surplus or deficit: \_\_\_\_\_

Type of households activity applies to:  New Admissions Only  Previously Admitted Only  All (New Admissions and Previously Admitted)  
 Elderly  Disabled  Non-elderly, non-disabled

Does the same fixed subsidy apply across the voucher portfolio, or does it vary?

Entire voucher portfolio  Varied

If varied, please describe: \_\_\_\_\_

If the same fixed subsidy applies across the entire voucher portfolio, what is the subsidy?

Studio/Efficiency: \$ \_\_\_\_\_

One-bedroom: \$ \_\_\_\_\_

Two-bedroom: \$ \_\_\_\_\_

Three-bedroom: \$ \_\_\_\_\_

Four or more bedrooms: \$ \_\_\_\_\_

Describe the methodology used to establish the fixed subsidy: \_\_\_\_\_

Describe the hardship policy for the fixed subsidy: \_\_\_\_\_

**Activity 1m. Utility Reimbursements (PH).**

Implemented  Implemented and Making Changes in Plan FY  Planning to Implement in Plan FY  Not Yet Implemented  Discontinued  
Year of Implementation: \_\_\_\_\_

State whether the activity will result in any cost implications for the MTW PHA:  Positive  Negative  N/A

If the proposed activity does result in cost implications, provide an estimate of the amount and discuss how the MTW PHA will manage the anticipated surplus or deficit: \_\_\_\_\_

Type of households activity applies to:  New Admissions Only  Previously Admitted Only  All (New Admissions and Previously Admitted)  
 Elderly  Disabled  Non-elderly, non-disabled

Describe the hardship policy for the utility reimbursement policy: \_\_\_\_\_

**Activity 1n. Utility Reimbursements (HCV).**

Implemented  Implemented and Making Changes in Plan FY  Planning to Implement in Plan FY  Not Yet Implemented  Discontinued  
Year of Implementation: \_\_\_\_\_

State whether the activity will result in any cost implications for the MTW PHA:  Positive  Negative  N/A

If the proposed activity does result in cost implications, provide an estimate of the amount and discuss how the MTW PHA will manage the anticipated surplus or deficit: \_\_\_\_\_

Type of households activity applies to:  New Admissions Only  Previously Admitted Only  All (New Admissions and Previously Admitted)  
 Elderly  Disabled  Non-elderly, non-disabled

Describe the hardship policy for the utility reimbursement policy: \_\_\_\_\_

**Activity 1o. Initial Rent Burden (HCV).**

Implemented  Implemented and Making Changes in Plan FY  Planning to Implement in Plan FY  Not Yet Implemented  Discontinued  
Year of Implementation: \_\_\_\_\_

State whether the activity will result in any cost implications for the MTW PHA:  Positive  Negative  N/A

If the proposed activity does result in cost implications, provide an estimate of the amount and discuss how the MTW PHA will manage the anticipated surplus or deficit: \_\_\_\_\_

Type of households activity applies to:  New Admissions Only  Previously Admitted Only  All (New Admissions and Previously Admitted)  
 Elderly  Disabled  Non-elderly, non-disabled

Describe the hardship policy for the initial rent burden policy: \_\_\_\_\_

**Activity 1p. Imputed Income (PH).**

Implemented  Implemented and Making Changes in Plan FY  Planning to Implement in Plan FY  Not Yet Implemented  Discontinued  
Year of Implementation: \_\_\_\_\_

State whether the activity will result in any cost implications for the MTW PHA:  Positive  Negative  N/A

If the proposed activity does result in cost implications, provide an estimate of the amount and discuss how the MTW PHA will manage the anticipated surplus or deficit: \_\_\_\_\_

Type of households activity applies to:  New Admissions Only  Previously Admitted Only  All (New Admissions and Previously Admitted)

Does the same imputed income rent apply across the public housing portfolio, or do they vary by development?

Entire PH portfolio  Varied by development  Other

If other, please describe: \_\_\_\_\_

If Implemented, Implemented and Making Changes in Plan FY, Implemented and Making Changes in Plan FY, or Will be Implemented in Plan FY, what is the assumed number of hours worked per week?  
\_\_\_\_\_ Hours

What is the assumed wage rate? \$ \_\_\_\_\_

Please describe any other variation (for example, if the imputed rent varies by household size): \_\_\_\_\_

**Activity 1q. Imputed Income (HCV).**

Implemented  Implemented and Making Changes in Plan FY  Planning to Implement in Plan FY  Not Yet Implemented  Discontinued  
Year of Implementation: \_\_\_\_\_

State whether the activity will result in any cost implications for the MTW PHA:  Positive  Negative  N/A

If the proposed activity does result in cost implications, provide an estimate of the amount and discuss how the MTW PHA will manage the anticipated surplus or deficit: \_\_\_\_\_

Type of households activity applies to:  New Admissions Only  Previously Admitted Only  All (New Admissions and Previously Admitted)

Does the same imputed income rent apply across the voucher portfolio, or does it vary?

Entire voucher portfolio  Varied

If varied, please describe: \_\_\_\_\_

If Implemented, Implemented and Making Changes in Plan FY, or Will be Implemented in Plan FY, what is the assumed number of hours worked per week?  
\_\_\_\_\_ Hours

What is the assumed wage rate? \$ \_\_\_\_\_

Please describe any other variation (for example, if the imputed rent varies by household size): \_\_\_\_\_

**Activity 1r. Elimination of Deduction(s) (PH).**

Implemented  Implemented and Making Changes in Plan FY  Planning to Implement in Plan FY  Not Yet Implemented  Discontinued  
Year of Implementation: \_\_\_\_\_

State whether the activity will result in any cost implications for the MTW PHA:  Positive  Negative  N/A

If the proposed activity does result in cost implications, provide an estimate of the amount and discuss how the MTW PHA will manage the anticipated surplus or deficit: \_\_\_\_\_

Type of households activity applies to:  New Admissions Only  Previously Admitted Only  All (New Admissions and Previously Admitted)  
 Elderly  Disabled  Non-elderly, non-disabled

Which deductions will be eliminated?

Elderly/disability  Dependents  Childcare  Other

If other, please describe: \_\_\_\_\_

**Activity 1s. Elimination of Deduction(s) (HCV).**

Implemented  Implemented and Making Changes in Plan FY  Planning to Implement in Plan FY  Not Yet Implemented  Discontinued  
Year of Implementation: \_\_\_\_\_

State whether the activity will result in any cost implications for the MTW PHA:  Positive  Negative  N/A

If the proposed activity does result in cost implications, provide an estimate of the amount and discuss how the MTW PHA will manage the anticipated surplus or deficit: \_\_\_\_\_

Type of households activity applies to:  New Admissions Only  Previously Admitted Only  All (New Admissions and Previously Admitted)  
 Elderly  Disabled  Non-elderly, non-disabled

Which deductions will be eliminated?

Elderly/disability  Dependents  Childcare  Other

If other, please describe: \_\_\_\_\_

**Activity 1t. Standard Deductions (PH).**

Implemented  Implemented and Making Changes in Plan FY  Planning to Implement in Plan FY  Not Yet Implemented  Discontinued  
Year of Implementation: \_\_\_\_\_

State whether the activity will result in any cost implications for the MTW PHA:  Positive  Negative  N/A

If the proposed activity does result in cost implications, provide an estimate of the amount and discuss how the MTW PHA will manage the anticipated surplus or deficit: \_\_\_\_\_

Type of households activity applies to:  New Admissions Only  Previously Admitted Only  All (New Admissions and Previously Admitted)  
 Elderly  Disabled  Non-elderly, non-disabled

Amount of standard deduction: \$ \_\_\_\_\_

**Activity 1u. Standard Deductions (HCV).**

Implemented  Implemented and Making Changes in Plan FY  Planning to Implement in Plan FY  Not Yet Implemented  Discontinued

Year of Implementation: \_\_\_\_\_

State whether the activity will result in any cost implications for the MTW PHA:  Positive  Negative  N/A

If the proposed activity does result in cost implications, provide an estimate of the amount and discuss how the MTW PHA will manage the anticipated surplus or deficit: \_\_\_\_\_

Type of households activity applies to:  New Admissions Only  Previously Admitted Only  All (New Admissions and Previously Admitted)  
 Elderly  Disabled  Non-elderly, non-disabled

Amount of standard deduction: \$ \_\_\_\_\_

**Activity 1v. Alternate Income Inclusions/Exclusions (PH).**

Implemented  Implemented and Making Changes in Plan FY  Planning to Implement in Plan FY  Not Yet Implemented  Discontinued

Year of Implementation: \_\_\_\_\_

State whether the activity will result in any cost implications for the MTW PHA:  Positive  Negative  N/A

If the proposed activity does result in cost implications, provide an estimate of the amount and discuss how the MTW PHA will manage the anticipated surplus or deficit: \_\_\_\_\_

Type of households activity applies to:  New Admissions Only  Previously Admitted Only  All (New Admissions and Previously Admitted)  
 Elderly  Disabled  Non-elderly, non-disabled

Please describe alternate exclusions: \_\_\_\_\_

**Activity 1w. Alternate Income Inclusions/Exclusions (HCV).**

Implemented  Implemented and Making Changes in Plan FY  Planning to Implement in Plan FY  Not Yet Implemented  Discontinued

Year of Implementation: \_\_\_\_\_

State whether the activity will result in any cost implications for the MTW PHA:  Positive  Negative  N/A

If the proposed activity does result in cost implications, provide an estimate of the amount and discuss how the MTW PHA will manage the anticipated surplus or deficit: \_\_\_\_\_

Type of households activity applies to:  New Admissions Only  Previously Admitted Only  All (New Admissions and Previously Admitted)  
 Elderly  Disabled  Non-elderly, non-disabled

Please describe alternate exclusions: \_\_\_\_\_

**C.2 Payment Standards and Rent Reasonableness.**

**Activity 2a. Payment Standards (HCV).**

Implemented  Implemented and Making Changes in Plan FY  Planning to Implement in Plan FY  Not Yet Implemented  Discontinued

Year of Implementation: \_\_\_\_\_

State whether the activity will result in any cost implications for the MTW PHA:  Positive  Negative  N/A

If the proposed activity does result in cost implications, provide an estimate of the amount and discuss how the MTW PHA will manage the anticipated surplus or deficit: \_\_\_\_\_

If Implemented, Implemented and Making Changes in Plan FY, or Will be Implemented in Plan FY, please describe the revised payment standard policy. \_\_\_\_\_

If payment standards will be calculated as a fixed percentage of the Small Area Fair Market Rent, what is the percentage? \_\_\_\_\_%

**Activity 2b. Rent Reasonableness (HCV).**

Implemented  Implemented and Making Changes in Plan FY  Planning to Implement in Plan FY  Not Yet Implemented  Discontinued

Year of Implementation: \_\_\_\_\_

State whether the activity will result in any cost implications for the MTW PHA:  Positive  Negative  N/A

If the proposed activity does result in cost implications, provide an estimate of the amount and discuss how the MTW PHA will manage the anticipated surplus or deficit: \_\_\_\_\_



C.3	<p><b>Activity 3. Increase PBV Rent to Owner</b>  <input type="checkbox"/> Implemented <input type="checkbox"/> Implemented and Making Changes in Plan FY <input type="checkbox"/> Planning to Implement in Plan FY <input type="checkbox"/> Not Yet Implemented <input type="checkbox"/> Discontinued  Year of Implementation: _____</p> <p>State whether the activity will result in any cost implications for the MTW PHA: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> N/A</p> <p>If the proposed activity does result in cost implications, provide an estimate of the amount and discuss how the MTW PHA will manage the anticipated surplus or deficit: _____  _____</p>
C.4	<p><b>Reexaminations</b></p> <p><b>Activity 4a. Alt Reexamination Schedule for Households (PH).</b>  <input type="checkbox"/> Implemented <input type="checkbox"/> Implemented and Making Changes in Plan FY <input type="checkbox"/> Planning to Implement in Plan FY <input type="checkbox"/> Not Yet Implemented <input type="checkbox"/> Discontinued  Year of Implementation: _____</p> <p>State whether the activity will result in any cost implications for the MTW PHA: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> N/A</p> <p>If the proposed activity does result in cost implications, provide an estimate of the amount and discuss how the MTW PHA will manage the anticipated surplus or deficit: _____  _____</p> <p>If Implemented, Implemented and Making Changes in Plan FY, or Will be Implemented in Plan FY, what is the alternate reexamination schedule?  _____  _____</p> <p><b>Activity 4b. Alt Reexamination Schedule for Households (HCV).</b>  <input type="checkbox"/> Implemented <input type="checkbox"/> Implemented and Making Changes in Plan FY <input type="checkbox"/> Planning to Implement in Plan FY <input type="checkbox"/> Not Yet Implemented <input type="checkbox"/> Discontinued  Year of Implementation: _____</p> <p>State whether the activity will result in any cost implications for the MTW PHA: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> N/A</p> <p>If the proposed activity does result in cost implications, provide an estimate of the amount and discuss how the MTW PHA will manage the anticipated surplus or deficit: _____  _____</p> <p>If Implemented, Implemented and Making Changes in Plan FY, or Will be Implemented in Plan FY, what is the alternate reexamination schedule?  _____  _____</p> <p><b>Activity 4c. Self-Certification of Assets (PH).</b>  <input type="checkbox"/> Implemented <input type="checkbox"/> Implemented and Making Changes in Plan FY <input type="checkbox"/> Planning to Implement in Plan FY <input type="checkbox"/> Not Yet Implemented <input type="checkbox"/> Discontinued  Year of Implementation: _____</p> <p>State whether the activity will result in any cost implications for the MTW PHA: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> N/A</p> <p>If the proposed activity does result in cost implications, provide an estimate of the amount and discuss how the MTW PHA will manage the anticipated surplus or deficit: _____  _____</p> <p>If Implemented, Implemented and Making Changes in Plan FY, Implemented and Making Changes in Plan FY, or Planning to Implement in Plan FY, please state the dollar threshold for the self-certification of assets (i.e., \$10,000 or another lesser value): \$ _____</p> <p><b>Activity 4d. Self-Certification of Assets (HCV).</b>  <input type="checkbox"/> Implemented <input type="checkbox"/> Implemented and Making Changes in Plan FY <input type="checkbox"/> Planning to Implement in Plan FY <input type="checkbox"/> Not Yet Implemented <input type="checkbox"/> Discontinued  Year of Implementation: _____</p> <p>State whether the activity will result in any cost implications for the MTW PHA: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> N/A</p> <p>If the proposed activity does result in cost implications, provide an estimate of the amount and discuss how the MTW PHA will manage the anticipated surplus or deficit: _____  _____</p> <p>If Implemented, Implemented and Making Changes in Plan FY, Implemented and Making Changes in Plan FY, or Planning to Implement in Plan FY, please state the dollar threshold for the self-certification of assets (i.e., \$10,000 or another lesser value): \$ _____</p>

C.5

**Voucher Leasing Incentives.**

**Activity 5a. Vacancy Loss (Tenant-Based Assistance).**

Implemented  Implemented and Making Changes in Plan FY  Planning to Implement in Plan FY  Not Yet Implemented  Discontinued  
Year of Implementation: \_\_\_\_\_

State whether the activity will result in any cost implications for the MTW PHA:  Positive  Negative  N/A

If the proposed activity does result in cost implications, provide an estimate of the amount and discuss how the MTW PHA will manage the anticipated surplus or deficit: \_\_\_\_\_  
\_\_\_\_\_

If Implemented, Implemented and Making Changes in Plan FY, or Planning to Implement in Plan FY, please indicate the vacancy loss payment amount (i.e., one month of contract rent or a set dollar amount)? \$ \_\_\_\_\_

**Activity 5b. Damage Claims (Tenant-Based Assistance).**

Implemented  Implemented and Making Changes in Plan FY  Planning to Implement in Plan FY  Not Yet Implemented  Discontinued  
Year of Implementation: \_\_\_\_\_

State whether the activity will result in any cost implications for the MTW PHA:  Positive  Negative  N/A

If the proposed activity does result in cost implications, provide an estimate of the amount and discuss how the MTW PHA will manage the anticipated surplus or deficit: \_\_\_\_\_  
\_\_\_\_\_

**Activity 5c. Other Landlord Incentives (Tenant-Based Assistance).**

Implemented  Implemented and Making Changes in Plan FY  Planning to Implement in Plan FY  Not Yet Implemented  Discontinued  
Year of Implementation: \_\_\_\_\_

State whether the activity will result in any cost implications for the MTW PHA:  Positive  Negative  N/A

If the proposed activity does result in cost implications, provide an estimate of the amount and discuss how the MTW PHA will manage the anticipated surplus or deficit: \_\_\_\_\_  
\_\_\_\_\_

Please describe the other incentives: \_\_\_\_\_  
\_\_\_\_\_

C.6

**Public Housing Leases.**

**Activity 6a. Establish Community Rules through Local Lease (PH).**

Implemented  Implemented and Making Changes in Plan FY  Planning to Implement in Plan FY  Not Yet Implemented  Discontinued  
Year of Implementation: \_\_\_\_\_

State whether the activity will result in any cost implications for the MTW PHA:  Positive  Negative  N/A

If the proposed activity does result in cost implications, provide an estimate of the amount and discuss how the MTW PHA will manage the anticipated surplus or deficit: \_\_\_\_\_  
\_\_\_\_\_

Does the activity apply to certain PH developments or to the entire portfolio?  Site-based  Entire Portfolio

If site-based, please list sites by PIC development number: \_\_\_\_\_

Briefly describe the activity: \_\_\_\_\_  
\_\_\_\_\_

**Activity 6b. Establish Reasonable Fees through Local Lease (PH).**

Implemented  Implemented and Making Changes in Plan FY  Planning to Implement in Plan FY  Not Yet Implemented  Discontinued  
Year of Implementation: \_\_\_\_\_

State whether the activity will result in any cost implications for the MTW PHA:  Positive  Negative  N/A

If the proposed activity does result in cost implications, provide an estimate of the amount and discuss how the MTW PHA will manage the anticipated surplus or deficit: \_\_\_\_\_  
\_\_\_\_\_

Does the activity apply to certain PH developments or to the entire portfolio?  Site-based  Entire Portfolio

If site-based, please list sites by PIC development number: \_\_\_\_\_

Briefly describe the activity and include fee amounts: \_\_\_\_\_  
\_\_\_\_\_

**C.7 Short-Term Assistance.**  
**Activity 7a. Short-Term Assistance (PH).**  
 Implemented  Implemented and Making Changes in Plan FY  Planning to Implement in Plan FY  Not Yet Implemented  Discontinued  
Year of Implementation: \_\_\_\_\_

State whether the activity will result in any cost implications for the MTW PHA:  Positive  Negative  N/A

If the proposed activity does result in cost implications, provide an estimate of the amount and discuss how the MTW PHA will manage the anticipated surplus or deficit: \_\_\_\_\_  
\_\_\_\_\_

If Implemented, Implemented and Making Changes in Plan FY, or Will be Implemented in Plan FY, what is the term of assistance? \_\_\_\_\_

How is tenant contribution established for this program?  Based on percent of income  Other

If other, please provide a brief description: \_\_\_\_\_

If based on income, what percentage of income is used? \_\_\_\_\_%

Please provide a brief description of the activity and how the agency or partner organization is providing services: \_\_\_\_\_  
\_\_\_\_\_

**Activity 7a. Short-Term Assistance (HCV).**  
 Implemented  Implemented and Making Changes in Plan FY  Planning to Implement in Plan FY  Not Yet Implemented  Discontinued  
Year of Implementation: \_\_\_\_\_

State whether the activity will result in any cost implications for the MTW PHA:  Positive  Negative  N/A

If the proposed activity does result in cost implications, provide an estimate of the amount and discuss how the MTW PHA will manage the anticipated surplus or deficit: \_\_\_\_\_  
\_\_\_\_\_

If Implemented, Implemented and Making Changes in Plan FY, or Will be Implemented in Plan FY, what is the term of assistance? \_\_\_\_\_

How is tenant contribution established for this program?  Based on percent of income  Other

If other, please provide a brief description: \_\_\_\_\_

If based on income, what percentage of income is used? \_\_\_\_\_%

Please provide a brief description of the activity and how the agency or partner organization is providing services: \_\_\_\_\_  
\_\_\_\_\_

**C.8 Term-Limited Assistance.**  
**Activity 8a. Term-Limited Assistance (PH).**  
 Implemented  Implemented and Making Changes in Plan FY  Planning to Implement in Plan FY  Not Yet Implemented  Discontinued  
Year of Implementation: \_\_\_\_\_

State whether the activity will result in any cost implications for the MTW PHA:  Positive  Negative  N/A

If the proposed activity does result in cost implications, provide an estimate of the amount and discuss how the MTW PHA will manage the anticipated surplus or deficit: \_\_\_\_\_  
\_\_\_\_\_

If Implemented, Implemented and Making Changes in Plan FY, or Will be Implemented in Plan FY, what is the term of assistance? \_\_\_\_\_

Type of household's activity applies to:  New Admissions Only  Previously Admitted Only  All (New Admissions and Previously Admitted)  Special populations

If "Special Populations," please describe: \_\_\_\_\_

Does activity apply to certain PH developments or to its entire portfolio (excluding elderly/disabled developments)?  Site-based  Entire Portfolio

If site-based, please list sites by PIC development number: \_\_\_\_\_

Is the rent policy that is used for term-limited assistance already described under any Tenant Rent Policies (section C.1) above?  Yes  No

If Yes, which activity(ies) is it: \_\_\_\_\_

If No, what type of rent policy is used in this program?  Income-based  Income Bands  Stepped Rents  Fixed Rents  Other

If other, please provide a brief description: \_\_\_\_\_

Please provide a brief description of the activity and how the agency or partner organization is providing services: \_\_\_\_\_

**Activity 8a. Term-Limited Assistance (HCV).**

Implemented  Implemented and Making Changes in Plan FY  Planning to Implement in Plan FY  Not Yet Implemented  Discontinued  
Year of Implementation: \_\_\_\_\_

State whether the activity will result in any cost implications for the MTW PHA:  Positive  Negative  N/A

If the proposed activity does result in cost implications, provide an estimate of the amount and discuss how the MTW PHA will manage the anticipated surplus or deficit: \_\_\_\_\_

If Implemented, Implemented and Making Changes in Plan FY, or Will be Implemented in Plan FY, what is the term of assistance? \_\_\_\_\_

Type of household's activity applies to:  New Admissions Only  Previously Admitted Only  All (New Admissions and Previously Admitted)  Special populations

If "Special Populations", please describe: \_\_\_\_\_

Does activity apply to certain developments (e.g., PBV properties) or to all HCV households in the portfolio (excluding elderly/disabled households)?  
 Site-based  Entire Portfolio

If site-based, please list sites: \_\_\_\_\_

Is the rent policy that is used for term-limited assistance described under Waiver 1 above?  Yes  No

If Yes, which activity(ies) is it: \_\_\_\_\_

If No, what type of rent policy is used in this program?  Percentage of Income  Income Bands  Stepped Rents  Fixed Rents  Imputed Income  Other

If other, please provide a brief description: \_\_\_\_\_

Please provide a brief description of the activity and how the agency or partner organization is providing services: \_\_\_\_\_

Does the term-limited assistance activity apply to families also under a Tenant Rent Policy activity?  Yes  No

If Yes, please identify the activity(ies) from Section C.1: \_\_\_\_\_

If the term is completed and the household is not self-sufficient, what options do they have? \_\_\_\_\_

Must Exit  Hardship Extension Available  Other

Please describe briefly: \_\_\_\_\_

---

**C.9 Work Requirements.**

**Activity 9a. Work Requirements (PH).**

Implemented  Implemented and Making Changes in Plan FY  Planning to Implement in Plan FY  Not Yet Implemented  Discontinued  
Year of Implementation: \_\_\_\_\_

State whether the activity will result in any cost implications for the MTW PHA:  Positive  Negative  N/A

If the proposed activity does result in cost implications, provide an estimate of the amount and discuss how the MTW PHA will manage the anticipated surplus or deficit: \_\_\_\_\_

Does the work requirement activity apply to families also under a Tenant Rent Policy activity?  Yes  No

If Yes, please identify the activity(ies) from Section C.1: \_\_\_\_\_

If Implemented, Implemented and Making Changes in Plan FY, or Will be Implemented in Plan FY, type of households activity applies to:

New Admissions Only  Previously Admitted Only  All (New Admissions and Previously Admitted)

Does activity apply to certain developments or to all developments in the portfolio (excluding elderly/disabled households)?

Site-based  Entire Portfolio

If site-based, please list sites by PIC development number: \_\_\_\_\_

Is the work requirement defined in terms of hours that must be worked in a given time period?  Yes  No

If Yes, please fill in the hours and the time period: \_\_\_\_\_ Hours per  Week  Month  Other Time Period: \_\_\_\_\_

If No, what does the requirement consist of? \_\_\_\_\_

Does the work requirement apply to the household or to each individual member?  Household  Each individual member

If it applies to each individual member, are there different requirements for youth (up to age 24) who are continuing their education?  Yes  No

If Yes, briefly describe: \_\_\_\_\_

What kind of activities can fulfill the work requirement?

Formal Paid Employment  Other Employment  Volunteer Work/Service  Education  Other

If education counts, please describe any special conditions (such as age group allowed to use this exemption, or the type of education allowed):

If applicable, please provide a brief description of how the agency or partner organization is providing services: \_\_\_\_\_

If the household does not fulfill the work requirement, what options do they have?

They will be evicted  A hardship policy is possible  Other

Please describe briefly: \_\_\_\_\_

**Activity 9b. Work Requirements (HCV).**

Implemented  Implemented and Making Changes in Plan FY  Planning to Implement in Plan FY  Not Yet Implemented  Discontinued  
Year of Implementation: \_\_\_\_\_

State whether the activity will result in any cost implications for the MTW PHA:  Positive  Negative  N/A

If the proposed activity does result in cost implications, provide an estimate of the amount and discuss how the MTW PHA will manage the anticipated surplus or deficit: \_\_\_\_\_

If Implemented, Implemented and Making Changes in Plan FY, or Will be Implemented in Plan FY, type of households activity applies to:

New Admissions Only  Previously Admitted Only  All (New Admissions and Previously Admitted)

Does activity apply to certain developments (e.g., PBV buildings) or to all HCV units in the portfolio (excluding elderly/disabled households)?

Site-based  Entire Portfolio

If site-based, please list sites: \_\_\_\_\_

Is the work requirement defined in terms of hours that must be worked in a given time period?  Yes  No

If Yes, please fill in the hours and the time period: \_\_\_\_\_ Hours per  Week  Month  Other Time Period: \_\_\_\_\_

If No, what does the requirement consist of? \_\_\_\_\_

Does the work requirement apply to the household or to each individual member?  Household  Each individual member

	<p>If it applies to each individual member, are there different requirements for youth (up to age 24) who are continuing their education? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, briefly describe: _____</p> <p>What kind of activities can fulfill the work requirement? _____</p> <p><input type="checkbox"/> Formal Paid Employment <input type="checkbox"/> Other Employment <input type="checkbox"/> Volunteer Work/Service <input type="checkbox"/> Education <input type="checkbox"/> Other</p> <p>If education counts, please describe any special conditions (such as age group allowed to use this exemption, or the type of education allowed): _____</p> <p>If applicable, please provide a brief description of how the agency or partner organization is providing services: _____</p> <p>If the household does not fulfill the work requirement, what options do they have?</p> <p><input type="checkbox"/> They will be evicted <input type="checkbox"/> A hardship policy is possible <input type="checkbox"/> Other</p> <p>Please describe briefly: _____</p>
<p><b>C.10</b></p>	<p><b>Activity 10. Increase Elderly Age.</b></p> <p><input type="checkbox"/> Implemented <input type="checkbox"/> Implemented and Making Changes in Plan FY <input type="checkbox"/> Planning to Implement in Plan FY <input type="checkbox"/> Not Yet Implemented <input type="checkbox"/> Discontinued</p> <p>Year of Implementation: _____</p> <p>State whether the activity will result in any cost implications for the MTW PHA: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> N/A</p> <p>If the proposed activity does result in cost implications, provide an estimate of the amount and discuss how the MTW PHA will manage the anticipated surplus or deficit: _____</p> <p>If Implemented, Implemented and Making Changes in Plan FY, Implemented and Making Changes in Plan FY, or Planning to Implement in Plan FY, please provide the Agency's definition of an elderly person in years: _____ years</p>
<p><b>C.11</b></p>	<p><b>Activity 11. Increase Total PBV Cap.</b></p> <p><input type="checkbox"/> Implemented <input type="checkbox"/> Implemented and Making Changes in Plan FY <input type="checkbox"/> Planning to Implement in Plan FY <input type="checkbox"/> Not Yet Implemented <input type="checkbox"/> Discontinued</p> <p>Year of Implementation: _____</p> <p>State whether the activity will result in any cost implications for the MTW PHA: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> N/A</p> <p>If the proposed activity does result in cost implications, provide an estimate of the amount and discuss how the MTW PHA will manage the anticipated surplus or deficit: _____</p> <p>If Implemented, Implemented and Making Changes in Plan FY, or Will be Implemented in Plan FY, what percentage of authorized voucher units will be project-based: _____ %</p>
<p><b>C.12</b></p>	<p><b>Activity 12. Increase PBV Development Cap.</b></p> <p><input type="checkbox"/> Implemented <input type="checkbox"/> Implemented and Making Changes in Plan FY <input type="checkbox"/> Planning to Implement in Plan FY <input type="checkbox"/> Not Yet Implemented <input type="checkbox"/> Discontinued</p> <p>Year of Implementation: _____</p> <p>State whether the activity will result in any cost implications for the MTW PHA: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> N/A</p> <p>If the proposed activity does result in cost implications, provide an estimate of the amount and discuss how the MTW PHA will manage the anticipated surplus or deficit: _____</p> <p>If Implemented, Implemented and Making Changes in Plan FY, or Will be Implemented in Plan FY, what is the percentage of units within a project that are project-based: _____ %</p>
<p><b>C.13</b></p>	<p><b>Activity 13. PBV – Elimination of Competitive Process.</b></p> <p><input type="checkbox"/> Implemented <input type="checkbox"/> Implemented and Making Changes in Plan FY <input type="checkbox"/> Planning to Implement in Plan FY <input type="checkbox"/> Not Yet Implemented <input type="checkbox"/> Discontinued</p> <p>Year of Implementation: _____</p> <p>State whether the activity will result in any cost implications for the MTW PHA: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> N/A</p> <p>If the proposed activity does result in cost implications, provide an estimate of the amount and discuss how the MTW PHA will manage the anticipated surplus or deficit: _____</p>

<p>C.14</p>	<p><b>Activity 14. PBV – Alternate Competitive Process.</b>  <input type="checkbox"/> Implemented <input type="checkbox"/> Implemented and Making Changes in Plan FY <input type="checkbox"/> Planning to Implement in Plan FY <input type="checkbox"/> Not Yet Implemented <input type="checkbox"/> Discontinued  Year of Implementation: _____</p> <p>State whether the activity will result in any cost implications for the MTW PHA: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> N/A</p> <p>If the proposed activity does result in cost implications, provide an estimate of the amount and discuss how the MTW PHA will manage the anticipated surplus or deficit: _____  _____</p> <p>Please describe the alternate competitive process: _____  _____  _____</p>
<p>C.15</p>	<p><b>Activity 15. PBV – Unit Types.</b>  <input type="checkbox"/> Implemented <input type="checkbox"/> Implemented and Making Changes in Plan FY <input type="checkbox"/> Planning to Implement in Plan FY <input type="checkbox"/> Not Yet Implemented <input type="checkbox"/> Discontinued  Year of Implementation: _____</p> <p>State whether the activity will result in any cost implications for the MTW PHA: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> N/A</p> <p>If the proposed activity does result in cost implications, provide an estimate of the amount and discuss how the MTW PHA will manage the anticipated surplus or deficit: _____  _____</p>
<p>C.16</p>	<p><b>MTW Self-Sufficiency Program.</b></p> <p><b>Activity 16a. Waive Operating a Required FSS Program (PH &amp; HCV).</b>  <input type="checkbox"/> Implemented <input type="checkbox"/> Implemented and Making Changes in Plan FY <input type="checkbox"/> Planning to Implement in Plan FY <input type="checkbox"/> Not Yet Implemented <input type="checkbox"/> Discontinued  Year of Implementation: _____</p> <p>State whether the activity will result in any cost implications for the MTW PHA: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> N/A</p> <p>If the proposed activity does result in cost implications, provide an estimate of the amount and discuss how the MTW PHA will manage the anticipated surplus or deficit: _____  _____</p> <p><b>Activity 16b. Alternative Program Coordinating Committee (PH &amp; HCV).</b>  <input type="checkbox"/> Implemented <input type="checkbox"/> Implemented and Making Changes in Plan FY <input type="checkbox"/> Planning to Implement in Plan FY <input type="checkbox"/> Not Yet Implemented <input type="checkbox"/> Discontinued  Year of Implementation: _____</p> <p>State whether the activity will result in any cost implications for the MTW PHA: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> N/A</p> <p>If the proposed activity does result in cost implications, provide an estimate of the amount and discuss how the MTW PHA will manage the anticipated surplus or deficit: _____  _____</p> <p><b>Activity 16c. Alternative Family Selection Procedures (PH &amp; HCV).</b>  <input type="checkbox"/> Implemented <input type="checkbox"/> Implemented and Making Changes in Plan FY <input type="checkbox"/> Planning to Implement in Plan FY <input type="checkbox"/> Not Yet Implemented <input type="checkbox"/> Discontinued  Year of Implementation: _____</p> <p>State whether the activity will result in any cost implications for the MTW PHA: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> N/A</p> <p>If the proposed activity does result in cost implications, provide an estimate of the amount and discuss how the MTW PHA will manage the anticipated surplus or deficit: _____  _____</p> <p><b>Activity 16d. Modify or Eliminate the Contract of Participation (PH &amp; HCV).</b>  <input type="checkbox"/> Implemented <input type="checkbox"/> Implemented and Making Changes in Plan FY <input type="checkbox"/> Planning to Implement in Plan FY <input type="checkbox"/> Not Yet Implemented <input type="checkbox"/> Discontinued  Year of Implementation: _____</p> <p>State whether the activity will result in any cost implications for the MTW PHA: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> N/A</p> <p>If the proposed activity does result in cost implications, provide an estimate of the amount and discuss how the MTW PHA will manage the anticipated surplus or deficit: _____  _____</p> <p><b>Activity 16e. Policies for Addressing Increases in Family Income (PH &amp; HCV).</b></p>

	<input type="checkbox"/> Implemented <input type="checkbox"/> Implemented and Making Changes in Plan FY <input type="checkbox"/> Planning to Implement in Plan FY <input type="checkbox"/> Not Yet Implemented <input type="checkbox"/> Discontinued Implementing Year of Implementation: _____  State whether the activity will result in any cost implications for the MTW PHA: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> N/A  If the proposed activity does result in cost implications, provide an estimate of the amount and discuss how the MTW PHA will manage the anticipated surplus or deficit: _____ _____
C.17	<p><b>Local, Non-Traditional Activities.</b></p> <p><b>Activity 17a. Rental Subsidy Programs.</b>  <input type="checkbox"/> Implemented <input type="checkbox"/> Implemented and Making Changes in Plan FY <input type="checkbox"/> Planning to Implement in Plan FY <input type="checkbox"/> Not Yet Implemented <input type="checkbox"/> Discontinued          Year of Implementation: _____</p> <p>State whether the activity will result in any cost implications for the MTW PHA: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> N/A</p> <p>If the proposed activity does result in cost implications, provide an estimate of the amount and discuss how the MTW PHA will manage the anticipated surplus or deficit: _____          _____</p> <p>If Implemented, Implemented and Making Changes in Plan FY, or Will be Implemented in Plan FY, please provide a description of the activity: _____          _____</p> <p>How many total local, non-traditional units are in the agency's current portfolio? _____ Local, non-traditional units</p> <p>How many new local, non-traditional units are projected to be added the fiscal year? _____ New local, non-traditional units</p> <p><b>Activity 17b. Housing Development Programs.</b>  <input type="checkbox"/> Implemented <input type="checkbox"/> Implemented and Making Changes in Plan FY <input type="checkbox"/> Planning to Implement in Plan FY <input type="checkbox"/> Not Yet Implemented <input type="checkbox"/> Discontinued          Year of Implementation: _____</p> <p>State whether the activity will result in any cost implications for the MTW PHA: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> N/A</p> <p>If the proposed activity does result in cost implications, provide an estimate of the amount and discuss how the MTW PHA will manage the anticipated surplus or deficit: _____          _____</p> <p>If Implemented, Implemented and Making Changes in Plan FY, or Will be Implemented in Plan FY, please provide a description of the activity: _____          _____</p> <p>How many new local, non-traditional units are projected to be developed during the fiscal year? _____ New local, non-traditional units to be developed</p> <p><b>Activity 17c. Service Provision.</b>  <input type="checkbox"/> Implemented <input type="checkbox"/> Implemented and Making Changes in Plan FY <input type="checkbox"/> Planning to Implement in Plan FY <input type="checkbox"/> Not Yet Implemented <input type="checkbox"/> Discontinued          Year of Implementation: _____</p> <p>State whether the activity will result in any cost implications for the MTW PHA: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> N/A</p> <p>If the proposed activity does result in cost implications, provide an estimate of the amount and discuss how the MTW PHA will manage the anticipated surplus or deficit: _____          _____</p> <p>If Implemented, Implemented and Making Changes in Plan FY, or Will be Implemented in Plan FY, please provide a description of the activity: _____          _____</p> <p style="text-align: center;"><b>DISCLAIMER: Agencies are reminded that all MTW Waivers activities must be implemented in accordance with the MTW Operations Notice and within its safe harbors.</b></p>
D.	<b>Agency-Specific Waiver Requests.</b>
D.1	<b>Agency-Specific Waiver Requests for Future HUD Approval:</b>



HUD aims to create as much flexibility as possible for MTW PHAs. Should the required flexibility not be provided in the MTW Waivers found in the MTW Operations Notice, PHAs may request additional flexibilities in the form of Agency-Specific Waiver Requests from HUD in order to implement locally designed initiatives.

For the initiative that the MTW agency will seek to implement, please include: a) a full description of the activity, b) the category of waiver (see instructions), c) what the agency seeks to waive (i.e., statute, regulation, and/or Operations Notice), d) an implementation timeline for the initiative, e) a brief description of the hardship policy for the initiative, and f) how the initiative will achieve one or more of the 3 MTW statutory objectives.

Note: The above narrative serves to notify the public of the Agency’s intent to request an Agency-Specific Waiver from HUD. Agency-Specific Waiver Requests, described in detail in the MTW Operations Notice, are submitted to the HUD local office and final approval to implement an Agency-Specific Waiver Request must be granted by HUD prior to implementation.

**D.2 Agency-Specific Waiver Requests for which HUD Approval has been Received:**  
 For the approved Agency-Specific Request, please include: a) a full description of the activity, b) the category of waiver (see instructions), c) what the agency waived (i.e., statute, regulation, and/or Operations Notice), d) an implementation timeline for the initiative; e) a brief description of the hardship policy for the initiative, f) how the initiative achieves one or more of the 3 MTW statutory objectives, and g) the date of HUD’s approval letter of the waiver.\*

\* HUD may request additional data reporting information regarding HUD-approved Agency Specific Waiver Request initiatives.

**E. Public Housing Operating Subsidy Grant Reporting.**

**E.1** Please provide the public housing Operating Subsidy grant information in the table below for Operating Subsidy grants appropriated in each Federal Fiscal Year the PHA is designated an MTW PHA.

Federal Fiscal Year (FFY)	Total Operating Subsidy Authorized Amount	How Much PHA Disbursed by 9/30 reporting period	Remaining Not Yet Disbursed	Deadline
2018	\$	\$	\$	9/30/2024
2019	\$	\$	\$	9/30/2025
2020	\$	\$	\$	9/30/2026

**F. Statutory Requirements.**

**F.1 75% Very Low Income – Local, Non-Traditional.**  
 HUD will verify compliance with the statutory requirement that at least 75% of the households assisted by the MTW PHA are very low income for MTW public housing units and MTW HCVs through HUD systems. The MTW PHA must provide data for the actual families housed upon admission during the PHA’s most recently completed Plan Year for its Local, Non-Traditional program households.

Income Level	Number of Local, Non-Traditional Households Admitted in the Plan Year*
80%-50% Area Median Income	#

<b>49%-30% Area Median Income</b>	#
<b>Below 30% Area Median Income</b>	#

**Total Local, Non-Traditional Households Admitted**

#

\*Local, non-traditional income data must be provided in the MTW Supplement form until such time that it can be submitted in IMS-PIC or other HUD system.

**F.2 Establishing Reasonable Rent Policy.**

Has the PHA established a rent reform policy to encourage employment and self-sufficiency:  Yes  No

If No, please describe the PHA's plans for its future rent reform activity and the implementation timeline: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**F.3 Substantially the Same (STS) – Local, Non-Traditional.**

Please provide the number of local, non-traditional families served by month for the most recently completed Plan Year.

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	TOTAL
<b>Month Name</b>													N/A
<b>Local, Non-Traditional: Tenant-Based</b>													
<b>Local, Non-Traditional: Property-Based</b>													

**F.4 Comparable Mix (by Family Size) – Local, Non-Traditional.**

In order to demonstrate that the statutory objective of “maintaining a comparable mix of families (by family size) are served, as would have been provided had the amounts not been used under the demonstration” is being achieved, the PHA will provide information for its most recently completed Plan Year in the following format:

<b>Family Size:</b>	<b>Occupied Number of Local, Non-Traditional units by Household Size*</b>
<b>1 Person</b>	#
<b>2 Person</b>	#
<b>3 Person</b>	#
<b>4 Person</b>	#
<b>5 Person</b>	#
<b>6+ Person</b>	#
<b>Totals</b>	#

	*Local, non-traditional family size data must be provided in the MTW Supplement form until such time that it can be submitted in IMS-PIC or other HUD system.
<b>F.5</b>	<b>Housing Quality Standards.</b> Certification included in MTW Certifications of Compliance for HCV and local, non-traditional program. Public housing program monitored through the PHAS Physical Subsystem.
<b>G.</b>	<b>Third-Party Evaluations.</b>
<b>G.1</b>	If the MTW policies of your PHA are being evaluated by a third party (i.e., university, nonprofit, consultant, etc.), then please provide a brief description of the evaluation and the entity that is conducting it: _____ _____
<b>H.</b>	<b>MTW Certification.</b>
<b>H.1</b>	The MTW agency must execute the MTW Certifications of Compliance form and submit as part of the MTW Supplement submission to HUD. Certification is provided below.

## MTW CERTIFICATIONS OF COMPLIANCE

### ***U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT OFFICE OF PUBLIC AND INDIAN HOUSING***

#### **Certifications of Compliance with Regulations: Board Resolution to Accompany the MTW Supplement to the Annual PHA Plan**

Acting on behalf of the Board of Commissioners of the Moving to Work Public Housing Agency (MTW PHA) listed below, as its Chairman or other authorized MTW PHA official if there is no Board of Commissioners, I approve the submission of the MTW Supplement to the Annual PHA Plan for the MTW PHA Plan Year beginning (DD/MM/YYYY), hereinafter referred to as "the MTW Supplement", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the MTW Supplement and implementation thereof:

- (1) The PHA made the proposed MTW Supplement and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the MTW Supplement and invited public comment.
- (2) The MTW PHA took into consideration public and resident comments (including those of its Resident Advisory Board or Boards) before approval of the MTW Supplement by the Board of Commissioners or Board of Directors in order to incorporate any public comments into the annual MTW Supplement.
- (3) The MTW PHA certifies that the Board of Directors has reviewed and approved the budget for the Capital Fund Program grants contained in the Capital Fund Program Annual Statement/Performance and Evaluation Report, form HUD-50075.1 (or successor form as required by HUD).
- (4) The MTW PHA will carry out the MTW Supplement in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
- (5) The MTW Supplement is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
- (6) The MTW Supplement contains a certification by the appropriate state or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the MTW PHA's jurisdiction and a description of the manner in which the MTW Supplement is consistent with the applicable Consolidated Plan.
- (7) The MTW PHA will affirmatively further fair housing by fulfilling the requirements at 24 CFR 903.7(o) and 24 CFR 903.15(d), which means that it will take meaningful actions to further the goals identified in the Assessment of Fair Housing (AFH) conducted in accordance with the requirements of 24 CFR 5.150 through 5.180, that it will take no action that is materially inconsistent with its obligation to affirmatively further fair housing, and that it will address fair housing issues and contributing factors in its programs, in accordance with 24 CFR 903.7(o)(3). Until such time as the MTW PHA is required to submit an AFH, and that AFH has been accepted by HUD, the MTW PHA will address impediments to fair housing choice identified in the Analysis of Impediments to fair housing choice associated with any applicable Consolidated or Annual Action Plan under 24 CFR Part 91.
- (8) The MTW PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
- (9) In accordance with 24 CFR 5.105(a)(2), HUD's Equal Access Rule, the MTW PHA will not make a determination of eligibility for housing based on sexual orientation, gender identify, or marital status and will make no inquiries concerning the gender identification or sexual orientation of an applicant for or occupant of HUD-assisted housing.
- (10) The MTW PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
- (11) The MTW PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.
- (12) The MTW PHA will comply with requirements with regard to a drug free workplace required by 24 CFR Part 24, Subpart F.
- (13) The MTW PHA will comply with requirements with regard to compliance with restrictions on lobbying required by 24 CFR Part 87, together with disclosure forms if required by this Part, and with restrictions on payments to influence Federal Transactions, in accordance with the Byrd Amendment and implementing regulations at 49 CFR Part 24.
- (14) The MTW PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
- (15) The MTW PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
- (16) The MTW PHA will provide HUD or the responsible entity any documentation needed to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58. Regardless of who acts as the responsible

entity, the MTW PHA will maintain documentation that verifies compliance with environmental requirements pursuant to 24 Part 58 and 24 CFR Part 50 and will make this documentation available to HUD upon its request.

- (17) With respect to public housing and applicable local, non-traditional development the MTW PHA will comply with Davis-Bacon or HUD determined wage rate requirements under section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
- (18) The MTW PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
- (19) The MTW PHA will comply with the Lead-Based Paint Poisoning Prevention Act and 24 CFR Part 35.
- (20) The MTW PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments) and 24 CFR Part 200.
- (21) The MTW PHA must fulfill its responsibilities to comply with and ensure enforcement of housing quality standards as required in PIH Notice 2011-45, or successor notice, for any local, non-traditional program units. The MTW PHA must fulfill its responsibilities to comply with and sure enforcement of Housing Quality Standards, as defined in 24 CFR Part 982, for any Housing Choice Voucher units under administration.
- (22) The MTW PHA will undertake only activities and programs covered by the Moving to Work Operations Notice in a manner consistent with its MTW Supplement and will utilize covered grant funds only for activities that are approvable under the Moving to Work Operations Notice and included in its MTW Supplement. MTW Waivers activities being implemented by the agency must fall within the safe harbors outlined in the Appendix of the Moving to Work Operations Notice.
- (23) All attachments to the MTW Supplement have been and will continue to be available at all times and all locations that the MTW Supplement is available for public inspection. All required supporting documents have been made available for public inspection along with the MTW Supplement and additional requirements at the primary business office of the PHA and at all other times and locations identified by the MTW PHA in its MTW Supplement and will continue to be made available at least at the primary business office of the MTW PHA.

---

***MTW PHA NAME***

---

***MTW PHA NUMBER/HA CODE***

***I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802).***

---

***NAME OF AUTHORIZED OFFICIAL***

---

***TITLE***

---

***SIGNATURE***

---

***DATE***

***\* Must be signed by either the Chairman or Secretary of the Board of the MTW PHA's legislative body. This certification cannot be signed by an employee unless authorized by the MTW PHA Board to do so. If this document is not signed by the Chairman or Secretary, documentation such as the by-laws or authorizing board resolution must accompany this certification.***

# Instructions for Preparation of Form HUD-50075-MTW

## MTW Supplement to the Annual PHA Plan

**A. PHA Information.** All PHAs must complete this section.

**A.1** Include the full **PHA Name**, **PHA Code**, **PHA Fiscal Year Beginning** (MM/YYYY), **MTW Cohort Number**, and **MTW Supplement Submission Type**.

**B. Narrative.** All PHAs must complete this section.

**B.1 MTW Supplement Narrative.** PHAs must:

Provide a written description of how the MTW agency seeks to address the three statutory objectives during the coming year. Those three statutory objectives are: 1) to reduce cost and achieve greater cost effectiveness in federal expenditures; 2) to give incentives to families with children whose heads of household are either working, seeking work, or are participating in job training, educational or other programs that assist in obtaining employment and becoming economically self-sufficient; 3) and to increase housing choices for low-income families.

The narrative provides the PHA an opportunity to explain to the public, and the families that it serves, its MTW plans and goals for the coming fiscal year.

**C. MTW Waivers.**

**General.** All MTW activities found in section C contain the same four (4) questions.

*Activity Status.* PHAs must check the appropriate check box regarding whether an activity is Implemented, Implemented and Making Changes in Plan FY, Planning to Implement in Plan FY, Not Yet Implemented, or Discontinued. Implemented means that the activity is ongoing and was approved in a prior MTW Supplement submission. Implemented and Making Changes is defined as an activity that is ongoing and was approved in a prior MTW Supplement submission, and it is being changed/revised in the coming Plan FY. Planning to Implement in Plan FY means an activity that was not implemented in the prior year and that the agency is planning to implement in the coming Plan FY. Not Yet Implemented means an activity that the PHA has never implemented before and does not plan on implementing in the coming Plan FY. Discontinued means an activity that the agency implemented in a prior year and has since ceased to implement the activity.

*Year of Implementation.* PHAs must input the PHA fiscal year in which the activity was initially implemented.

*Cost Implications.* PHAs must state whether each activity has any cost implications that are either positive (i.e., cost savings), negative (i.e., costs expensed), or have no cost implications which should be denoted by entering "N/A." For activities being implemented for the first time, PHAs are expected to make a reasonable estimate based on projected estimates of positive/negative cost implications.

*Cost Implications Estimate.* PHAs must provide the dollar amount (positive or negative) associated with each activity, if there are cost implications, and briefly describe how the PHA will managed the anticipated surplus or deficit.

**C.1 Tenant Rent Policies.** If activity is Implemented, Implemented and Making Changes in Plan FY, or Planning to Implement in Plan FY, then the reporting fields in section C.1 must be filled out. For those text or narrative fields that are not applicable, the MTW PHA should insert an "N/A." For those numerical fields that are not applicable or have no value, the MTW PHA should insert a "0" (zero).

**C.2 Payment Standards and Rent Reasonableness.** If activity is Implemented, Implemented and Making Changes in Plan FY, or Planning to Implement in Plan FY, then the reporting fields in section C.2 must be filled out. For those text or narrative fields that are not applicable, the MTW PHA should insert an "N/A." For those numerical fields that are not applicable or have no value, the MTW PHA should insert a "0" (zero).

**C.3 Increase PBV Rent to Owner.** If activity is Implemented, Implemented and Making Changes in Plan FY, or Planning to Implement in Plan FY, then the reporting fields in section C.3 must be filled out. For those text or narrative fields that are not applicable, the MTW PHA should insert an "N/A." For those numerical fields that are not applicable or have no value, the MTW PHA should insert a "0" (zero).

**C.4 Reexaminations.** If activity is Implemented, Implemented and Making Changes in Plan FY, or Planning to Implement in Plan FY, then the reporting fields in section C.4 must be filled out. For those text or narrative fields that are not applicable, the MTW PHA should insert an "N/A." For those numerical fields that are not applicable or have no value, the MTW PHA should insert a "0" (zero).

**C.5 Voucher Leasing Incentives.** If activity is Implemented, Implemented and Making Changes in Plan FY, or Planning to Implement in Plan FY, then the reporting fields in section C.5 must be filled out. For those text or narrative fields that are not applicable, the MTW PHA should insert an "N/A." For those numerical fields that are not applicable or have no value, the MTW PHA should insert a "0" (zero).

**C.6 Public Housing Leases.** If activity is Implemented, Implemented and Making Changes in Plan FY, or Planning to Implement in Plan FY, then the reporting fields in section C.6 must be filled out. For those text or narrative fields that are not applicable, the MTW PHA should insert an "N/A." For those numerical fields that are not applicable or have no value, the MTW PHA should insert a "0" (zero).

**C.7 Short-Term Assistance.** If activity is Implemented, Implemented and Making Changes in Plan FY, or Planning to Implement in Plan FY, then the reporting fields in section C.7 must be filled out. For those text or narrative fields that are not applicable, the MTW PHA should insert an "N/A." For those numerical fields that are not applicable or have no value, the MTW PHA should insert a "0" (zero).

**C.8 Term-Limited Assistance.** If activity is Implemented, Implemented and Making Changes in Plan FY, or Planning to Implement in Plan FY, then the reporting fields in section C.8 must be filled out. For those text or narrative fields that are not applicable, the MTW PHA should insert an "N/A." For those numerical fields that are not applicable or have no value, the MTW PHA should insert a "0" (zero).

- C.9 Work Requirements.** If activity is Implemented, Implemented and Making Changes in Plan FY, or Planning to Implement in Plan FY, then the reporting fields in section C.9 must be filled out. For those text or narrative fields that are not applicable, the MTW PHA should insert an “N/A.” For those numerical fields that are not applicable or have no value, the MTW PHA should insert a “0” (zero).
- C.10 Increase Elderly Age.** If activity is Implemented, Implemented and Making Changes in Plan FY, or Planning to Implement in Plan FY, then the reporting fields in section C.10 must be filled out. For those text or narrative fields that are not applicable, the MTW PHA should insert an “N/A.” For those numerical fields that are not applicable or have no value, the MTW PHA should insert a “0” (zero).
- C.11 Increase Total PBV Cap.** If activity is Implemented, Implemented and Making Changes in Plan FY, or Planning to Implement in Plan FY, then the reporting fields in section C.11 must be filled out. For those text or narrative fields that are not applicable, the MTW PHA should insert an “N/A.” For those numerical fields that are not applicable or have no value, the MTW PHA should insert a “0” (zero).
- C.12 Increase PBV Development Cap.** If activity is Implemented, Implemented and Making Changes in Plan FY, or Planning to Implement in Plan FY, then the reporting fields in section C.12 must be filled out. For those text or narrative fields that are not applicable, the MTW PHA should insert an “N/A.” For those numerical fields that are not applicable or have no value, the MTW PHA should insert a “0” (zero).
- C.13 PBV – Elimination of Competitive Process.** If activity is Implemented, Implemented and Making Changes in Plan FY, or Planning to Implement in Plan FY, then the reporting fields in section C.13 must be filled out. For those text or narrative fields that are not applicable, the MTW PHA should insert an “N/A.” For those numerical fields that are not applicable or have no value, the MTW PHA should insert a “0” (zero).
- C.14 Alternate Competitive Process.** If activity is Implemented, Implemented and Making Changes in Plan FY, or Planning to Implement in Plan FY, then the reporting fields in section C.14 must be filled out. For those text or narrative fields that are not applicable, the MTW PHA should insert an “N/A.” For those numerical fields that are not applicable or have no value, the MTW PHA should insert a “0” (zero).
- C.15 PBV – Unit Types.** If activity is Implemented, Implemented and Making Changes in Plan FY, or Planning to Implement in Plan FY, then the reporting fields in section C.15 must be filled out. For those text or narrative fields that are not applicable, the MTW PHA should insert an “N/A.” For those numerical fields that are not applicable or have no value, the MTW PHA should insert a “0” (zero).
- C.16 MTW Self-Sufficiency Program.** If activity is Implemented, Implemented and Making Changes in Plan FY, or Planning to Implement in Plan FY, then the reporting fields in section C.16 must be filled out. For those text or narrative fields that are not applicable, the MTW PHA should insert an “N/A.” For those numerical fields that are not applicable or have no value, the MTW PHA should insert a “0” (zero).
- C.17 Local, Non-Traditional Activities.** If activity is Implemented, Implemented and Making Changes in Plan FY, or Planning to Implement in Plan FY, then the reporting fields in section C.17 must be filled out. For those text or narrative fields that are not applicable, the MTW PHA should insert an “N/A.” For those numerical fields that are not applicable or have no value, the MTW PHA should insert a “0” (zero).

#### **D. Agency-Specific Waiver Requests.**

**D.1 Agency-Specific Waiver Requests for Future HUD Approval.** Agency-Specific Waiver Requests are optional and made at the discretion of the MTW agency. HUD aims to create as much flexibility as possible for MTW PHAs. Should the required flexibility not be provided in the MTW Waivers found in the MTW Operations Notice, PHAs may request additional flexibilities in the form of Agency-Specific Waiver Requests from HUD in order to implement locally designed initiatives. If a PHA is planning to submit an Agency-Specific Waiver Request to HUD in the coming fiscal year then it must fill out this section of the form. If it is not planning to submit an Agency-Specific Waiver Request, then please denote this by entering “N/A” for this section.

A PHA planning to pursue an Agency-Specific Waiver Request is encouraged to read Section 2.b. of the MTW Operations Notice prior to filling out this section of the MTW Supplement.

For the initiative that the MTW agency will seek to implement, please include: a) a full description of the activity, b) the category of waiver (see below), c) what the agency seeks to waive (i.e., statute, regulation, and/or Operations Notice), d) an implementation timeline for the initiative, e) a brief description of the hardship policy for the initiative, and f) how the initiative will achieve one or more of the 3 MTW statutory objectives.

There are two categories of Agency-Specific Waiver Requests: 1) a request to waive a statutory or regulatory requirement, or to implement an activity, not provided for in the Appendix; and 2) a request to expand an activity that is in the Appendix outside of the listed safe harbor (or multiple safe harbors).

Please note, following approval of the MTW Supplement, the PHA may submit the Agency-Specific Waiver Request to its local HUD office.

**D.2 Agency-Specific Waiver Requests for which HUD Approval has been Received.** If a PHA has received a written approval from HUD for its Agency-Specific Waiver request, then it must fill out this section of the form. If it has not received a written letter of approval from HUD for its Agency-Specific Waiver Request, then please denote this by entering “N/A” for this section.

For the approved Agency-Specific Request, please include: a) a full description of the activity, b) the category of waiver (below), c) what the agency waived (i.e., statute, regulation, and/or Operations Notice), d) an implementation timeline for the initiative; e) a brief description of the hardship policy for the initiative, f) how the initiative achieves one or more of the 3 MTW statutory objectives, and g) the date of HUD’s approval letter of the waiver.

There are two categories of Agency-Specific Waiver Requests: 1) a request to waive a statutory or regulatory requirement, or to implement an activity, not provided for in the Appendix; and 2) a request to expand an activity that is in the Appendix outside of the listed safe harbor (or multiple safe harbors).

The MTW agency must obtain explicit written approval from HUD for each Agency-Specific Waiver Request prior to implementation.

#### **E. Public Housing Operating Subsidy Grant Reporting.**

**E.1 Public Housing Operating Subsidy Grant Reporting.** PHAs must fill out this table if it receives public housing Operating Subsidy grant funding from HUD. Only public housing Operating Subsidy grant funding awarded in the year the PHA is designated an MTW agency and beyond must be reported in this table. Additional rows must be added for Federal fiscal years beyond 2020, as applicable.

The Federal account closing law applicable to time-limited funds provides that Federal funds are available for expenditure for no more than five (5) years after the period of availability for obligation expires. After this 5-year period, the account closes, and the funds are no longer available for any purpose. For public housing Operating Subsidy grant funding, the period of availability for obligation ends at the end of the second Federal fiscal year (i.e., the period of availability for obligation of FY2017 funds ends 9/30/2018). Pursuant to the account closing law, PHAs must expend all Operating Subsidy grant amounts within five years of this date (i.e., for FY2017 funds, the account will close, and funds will no longer be legally available for any purpose on 9/30/2023).

## F. Statutory Requirements.

**General.** HUD will verify compliance with the statutory requirements F.1, F.3, and F.4 for public housing units and HCV units through HUD systems. In addition, agencies are to report compliance with the same requirements for Local, Non-Traditional Households in the tables provided in this section. Once HUD systems are capable of capturing this data then this will no longer need to be reported through the MTW Supplement.

**F.1 75% Very Low Income.** All PHAs must fill out the table in F.1. The MTW PHA must provide data for the actual families housed upon admission during the PHA's most recently completed Plan Year for its local, non-traditional program households. For instance, a PHA submitting its MTW Supplement to the FY2020 Annual PHA Plan should include its FY2018 local, non-traditional data since this is the most recently completed Plan Year. Only local, non-traditional new admissions should be included in the table. If a PHA houses no local, non-traditional households, then zeros must be inputted into the table.

HUD will verify compliance with the statutory requirement that at least 75% of the households assisted by the MTW PHA are very low income for public housing and HCV programs through existing HUD systems.

**F.2 Establishing Reasonable Rent Policy.** All PHAs must fill out section F.2. Per the MTW Operations Notice, all activities falling under the Tenant Rent Policies category (Section C.1 of the MTW Supplement), detailed in the Appendix of the MTW Operations Notice, meet the definition of a reasonable rent policy.

MTW Agencies are reminded that the Rent Determination section of the PHA Plan should be reflective of MTW reasonable rent policies where applicable. From the PHA Plan: "Rent Determination. A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units, including applicable public housing flat rents, minimum rents, voucher family rent contributions, and payment standard policies. ([24 CFR §903.7\(d\)](#)).

**F.3 Substantially the Same (STS).** All PHAs must fill out section F.3. The number of local, non-traditional families served must be provided by month for the most recently completed Plan Year. For instance, a PHA submitting its MTW Supplement to the FY2020 Annual PHA Plan should include its FY2018 local, non-traditional data since this is the most recently completed Plan Year. If a PHA houses no local, non-traditional families, then zeros must be inputted into the table.

HUD will verify compliance with the STS statutory requirement for public housing and HCV programs through existing HUD systems.

**F.4 Comparable Mix (by Family Size).** All PHAs must fill out section F.4. In order to demonstrate that the statutory objective of "maintaining a comparable mix of families (by family size) are served, as would have been provided had the amounts not been used under the demonstration" is being achieved, the PHA will provide family size (i.e., not bedroom size) data in the table for the most recently completed Plan Year. For instance, a PHA submitting its MTW Supplement to the FY2020 Annual PHA Plan should include its FY2018 local, non-traditional data since this is the most recently completed Plan Year. If a PHA houses no local, non-traditional household, then zeros must be inputted into the table.

HUD will verify compliance with the comparable mix statutory requirement for public housing and HCV programs through existing HUD systems.

**F.5 Housing Quality Standards.** PHAs are not required to enter any information into section F.5. This statutory requirement is certified to in the MTW Certifications of Compliance form for the HCV and local, non-traditional housing programs. The public housing program is monitored by HUD through the Public Housing Assessment System (PHAS) Physical Subsystem despite the MTW PHA being exempt from an overall designation.

## G. Third-Party Evaluations.

**G.1 Third Party Evaluations.** The PHA will use the answer block in item G.1 to provide a brief description of any third-party evaluations of its MTW policies. Third parties may include universities, nonprofits, consultants, etc.

## H. MTW Certification.

**H.1 MTW Certifications of Compliance Form.** The format for submission of the required MTW Certifications of Compliance is provided in this Form MTW Supplement. The preamble to the MTW Certifications of Compliance directs the MTW PHA to fill in the beginning of the Plan Year for which the certification is being made. This should be provided as the first day of the Plan Year to be covered by the Annual PHA Plan (for example, for a FY2019 Annual MTW Plan for an MTW PHA with a Plan Year of January 1 – December 31, this would be January 1, 2019).

The MTW Certifications of Compliance must be signed by either the Chairman or Secretary of the Board of the MTW PHA's legislative body. This certification cannot be signed by an employee unless authorized by the MTW PHA Board to do so. If this document is not signed by the Chairman or Secretary, documentation such as the by-laws or authorizing board resolution must accompany this certification.

The MTW Certifications of Compliance must be submitted to HUD as part of the MTW Supplement for each annual submission and each revised annual submission