

## Comments and Responses to BHA Proposed Designated Housing Plan

### Exhibit A

## Comments and Responses to the BHA Proposed Designated Housing Plan

The following document contains the comments and responses received on the Boston Housing Authority's (BHA) proposed Designated Housing Plan (DHP or Plan). The plan was made public for comment on November 8, 2014 and the comment period closed on February 6, 2015, with a public hearing held on December 15, 2014 at 125 Amory Street, Training Center, Boston, MA 02119.

BHA took several steps to notify the public of the proposed Designated Housing Plan. BHA placed an advertisement in the *Boston Globe* and mailed notices to all Resident Advisory Board members and Task Force presidents notifying them of the Public Hearing and the proposed Plan. BHA also sent letters to many local officials and advocacy groups. BHA presented the Policy to the Resident Advisory Board on November 13, 2014. In addition, the DHP was posted on the BHA's website, along with video presentations by Valadus Consulting, and individuals on the BHA online mailing list were twice notified of the public comment period. In addition, the public comment period for the DHP was extended from December 23, 2014 to February 6, 2015. The DHP was also made available for review in the BHA Planning Department at 52 Chauncy St., Boston, MA 02111.

In the interest of readability and efficiency, this document begins with answers to commonly raised questions and concerns. BHA received over 50 letters, petitions, and other written comments from the public. This document presents the letters by: **1) elected officials** (pgs. 6-7), **2) advocates** (pgs. 7-48), **3) residents and others** (pgs. 48-54), followed by **oral comments** in the order they were made at the December 15, 2014 hearing (pgs. 54-61).

*Please note:*

**BHA** means Boston Housing Authority

**DHCD** refers to the Massachusetts' Department of Housing & Community Development

**HUD** refers to the U.S. Department of Housing & Urban Development

**PHA** means Public Housing Authority

**Plan** means Designated Housing Plan. Some page numbers may change in the final Plan.

### BHA Responses to Commonly Raised Questions and Concerns about the DHP

- a. *The proposed Plan conflicts with the City of Boston's plan to end veterans' and chronic homelessness in the non-elderly disabled population.*

The Boston City Council provided unanimous support for the DHP on February 25, 2015 (see pgs. 6-7, below).

In terms of the big picture, it is important to note that the proposed changes to the DHP would affect 1% of BHA's federally subsidized units in the Boston area. Between its federal public housing, Section 8, and HOPE VI programs, BHA administers over 23,000 subsidized units, of which it proposes to provide 300 additional hard units for elderly applicants while providing Section 8 subsidies for 300 non-elderly disabled applicants. One of the key features of the proposed Plan is that it provides for both the elderly and non-elderly disabled. By committing to provide 300 DHP mitigation vouchers, BHA will ensure that there will be no net loss of affordable housing for the non-elderly disabled.

## **Comments and Responses to BHA Proposed Designated Housing Plan**

In addition, BHA offers Priority 1 status to homeless applicants, awarding 30 points to such applicants for Family Public Housing, Elderly/Disabled Housing, and the Housing Choice Voucher Program (HCVP). BHA awards 3 preference points to disabled and non-disabled Veteran applicants for Family Public Housing, Elderly/Disabled Housing, and HCVP. Both veterans and chronically homeless will continue to receive these priority and preference points and thereby be housed more rapidly.

BHA also administers the following programs that address the needs of veterans and the chronically homeless:

### **HUD-VASH**

The HUD-VASH program combines the HCVP for homeless Veterans with case management and clinical services provided by the Department of Veterans Affairs (“VA”) at its medical centers and in the community. Ongoing VA case management, health, and other supportive services will be made available to homeless Veterans through the Boston Veterans Affairs Medical Center (“VAMC”).

### **LEADING THE WAY HOME**

The Leading the Way Home Program is a form of supported housing designed to permanently solve homelessness amongst a subset of Boston homeless families residing in family emergency shelters funded by the State of Massachusetts. Households fitting this profile will be offered the following supports: (1) 18 months of support services focused on stabilization and self-sufficiency, and (2) Section 8 rental assistance for those participating households that are willing to participate in stabilization and economic self-sufficiency activities.

The BHA will provide no less than five-hundred (500) tenant based housing vouchers to qualified participants in this program. The State of Massachusetts will provide funding for the stabilization and supportive services for participants. The Massachusetts Department of Housing and Community Development (DHCD) or its subcontractor will identify and refer qualified Leading the Way Home applicants to the BHA.

### **HUES**

The HUES to Home Program (High Utilizers of Emergency Services), a collaboration between The Boston Public Health Commission and Boston Health Care For the Homeless, works to identify those homeless individuals who use Boston hospital emergency rooms more than 10 times in a 6- month period and provide them intensive health care services, case management, substance abuse and mental health support. The “Housing First” intervention has endeavored to place homeless adults in permanent low-barrier housing with intensive recovery supports and other wrap around services. The primary goals have to demonstrate a reduced utilization of high cost healthcare services by clients placed in permanent supportive housing while supporting them in retaining their tenancies.

In addition, BHA’s Administrative Plan also identifies the following preference points afforded applicants meeting the criteria:

Preference points will be added to Priority points as follows for Applicants for Admission only:

Preference Under Olmstead	7 Points
Homeless Service Organizations Preference	7 Points

## Comments and Responses to BHA Proposed Designated Housing Plan

Single, Elderly or Disabled	5 Points
Veterans Preference	3 points
Displaced Boston Tenant Preference	2 points

*b. The proposed DHP conflicts with BHA's obligation to affirmatively further fair housing.*

The changes proposed by BHA affect only 1% of its federally subsidized housing. Further, BHA is providing 300 Mitigation Vouchers to non-elderly disabled applicants, who will be able to select the neighborhood where they would like to live. In this way, the proposed Plan actually promotes affirmatively furthering fair housing by offering broader housing choices. Not only is there no net loss of affordable housing to the non-elderly disabled under the proposed Plan, but also those non-elderly disabled applicants who elect to receive Mitigation Vouchers will be able to select the area they would like to live in rather than be limited to the first available unit at a particular BHA public housing development. Finally, HUD DHP guidance supports providing vouchers: PIH 2005-2 (HA) states that "a PHA's demonstration that it will make reasonable efforts to provide housing choice voucher assistance or other appropriate resources to the non-designated group is sufficient basis for designation."

In addition, BHA has revised the proposed DHP to exempt all wheelchair units (Uniform Federal Accessibility Standard or "UFAS" units). BHA made this change because of concerns raised about the difficulty of finding wheelchair accessible units in the City of Boston. Exempting these units from the DHP means that the 165 wheelchair units (131 1-bedroom and 34 2-bedroom) in federal elderly-disabled housing will be available to elderly and non-elderly disabled applicants based on date of application and priority/preference points. The elderly/non-elderly disabled status of the occupants of UFAS units will not affect the DHP percentages (i.e., 80/20) as these units will not be included in the counts.

*c. Inaccurate number cited for elderly and non-elderly disabled applicants on BHA waiting list.*

A number of commenters cited out-of-date data from BHA's Annual Plan on the number of non-elderly disabled and elderly applicants for public housing (7,800 non-elderly disabled, 2,900 elderly). As stated in Exhibit E1, the then-current numbers for public housing are as follows:

6,784 Non-elderly disabled applicants  
4,341 Elderly applicants

The Plan also contains a presentation (Exhibit B) on the barriers facing elderly applicants. It is worth noting that the total number and overall percentage of elderly applicants is increasing despite these barriers. One of the most significant barriers to increasing the number of elderly applicants is the sad belief they may not live long enough to receive a housing offer. One of the goals of the proposed Plan is to counter that perception by offering additional units to the increasing elderly population.

*d. Concerns with Mitigation Vouchers*

*1) The Mitigation Vouchers are not a new resource.*

## Comments and Responses to BHA Proposed Designated Housing Plan

The Mitigation Vouchers are a newly targeted resource for non-elderly disabled applicants to federal elderly-disabled public housing. While the Mitigation Vouchers do come from an existing pool of Housing Choice Vouchers, these vouchers will now be dedicated specifically to those non-elderly disabled applicants who were bypassed due to a development of their choice becoming temporarily “designated” by having less than 80% elderly occupants. As noted in the Plan, for many years BHA has administered 200 DHP vouchers and 300 Mainstream vouchers, both exclusively serving the non-elderly disabled. With the creation of 300 Mitigation Vouchers, the non-elderly disabled will have a pool of 800 Section 8 vouchers. No even remotely comparable resource exists for elderly applicants. In addition, if HUD makes more designated housing vouchers available, BHA will certainly apply for them in order to meet the high demand among the non-elderly disabled population.

While BHA’s public comment draft Plan proposed creating 330 mitigation vouchers, the proposal BHA is submitting to HUD changes that figure to 300 mitigation vouchers. The number dropped from 330 to 300 for two reasons: 1) BHA exempted 165 wheelchair units from the Plan submitted to HUD. The wheelchair units are subject to the Plan currently in place at a 70/30 ratio. Exempting these units led to a 5% reduction of total units subject to the proposed Plan, which equates to a loss of 17 DHP vouchers ( $330 \times .05 = 16.5$ ). 2) With the wheelchair units now exempted from the DHP, BHA expects the wheelchair unit population to shift to approximately 50% elderly/50% non-elderly disabled based on current waitlist numbers. Over the past three years, the unit turnover rate for wheelchair units has been approximately 10 per year. Therefore, over the 5-year period of the DHP, BHA estimates approximately 10-15 wheelchair units will go to non-elderly disabled applicants that may otherwise have gone to elderly applicants under the current DHP. Adding the 17 vouchers lost due to the reduction in the scope of the DHP to the approximately 13 additional wheelchair units that will likely go to the non-elderly disabled applicants, BHA reduced the number of mitigation vouchers by a total of 30. In other words, BHA expects approximately 300 non-elderly disabled applicants to be affected by the proposed changes to the DHP, rather than 330 as originally anticipated.

### *2) Accessible units are not available on the private market.*

In direct response to this concern, BHA proposes to exempt all federal elderly-disabled wheelchair units from the proposed DHP. Under the current DHP, wheelchair units are included in the 70/30 count and distributed according to date of application and Designated Housing preference, as applicable. By excluding the UFAS units from the DHP, BHA will ensure that the non-elderly disabled population in need of wheelchair units will not be adversely affected by the Plan. If the Plan is approved, the 165 federal elderly-disabled UFAS units will be distributed according to date of application and other priority and preference points. BHA will create a separate waiting list for these units.

Furthermore, BHA Section 8 program data indicates that households with a disabled family member experience no statistical disadvantage when seeking apartments on the private market. In 2014, households with a disabled family member<sup>1</sup> were just as likely to obtain housing through the Section 8 program as households without a disabled family member. Among households already in the Section 8 program, households with a disabled family member *transferred* to new apartments at a higher rate

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<sup>1</sup> BHA is prohibited from tracking the type of disability and therefore does not have specific disability-related data.

## Comments and Responses to BHA Proposed Designated Housing Plan

than the non-disabled household population. The table below illustrates three things: 1) percentage of non-elderly disabled households who did not sign a lease (“lease up”) within the specified timeline, 2) percentage of non-elderly disabled applicants who successfully leased up, 3) percentage of non-elderly disabled households who transferred to a new apartment.

	Total	Non-Elderly/ Disabled	%
Current HCV Portfolio (including PBV)	12782	3844	30.07%
2014 Issued Vouchers (not housed)	493	126	25.56%
2014 New Admissions	688	170	24.71%
2014 Other Changes of Units	1383	459	33.19%

The chart above shows that households with a non-elderly disabled family member comprised 25.56% of the total number of households issued vouchers in 2014. Over the course of 2014, households with a non-elderly disabled family member accounted for 24.71% of new admissions, a number roughly in line with percentage of vouchers issued to non-elderly disabled. It is worth noting that these numbers do not line up perfectly as a number of households admitted in 2014 may have been issued vouchers in 2013. The 2014 transfer rate may offer the best indicator of the ability of households with a disabled family member to find suitable housing: these households accounted for 33.19% of all transfers in 2014 even though these households account for only 30.07% of program participants. The fact that households with a disabled family member are transferring at a greater rate than families without a disabled family member indicates that there are suitable units available in the private market.

*3) A full security deposit is required for a Section 8 lease.*

While the maximum allowable security deposit is one month’s contract rent, a number of property owners opt to collect less than that amount or no security deposit at all. Other property owners allow tenants to pay the security deposit over a period of months rather than up front. Based on the table above, BHA believes that households provided with a DHP mitigation voucher will be able to successfully lease up.

*4) BHA is not making money available to eliminate mobility barriers in private housing.*

Unfortunately, BHA does not have funds available to address eliminating mobility barriers in conjunction with issuing DHP vouchers. BHA would be very willing to investigate partnerships within the disability advocacy community to leverage funds to mitigate mobility barriers.

## Comments and Responses to BHA Proposed Designated Housing Plan

- 5) *The median advertised rent in Boston is \$2,250, and even tenants who successfully lease up may be displaced due to rising rents.*

BHA is aware of the volatile rental market faced by all program participants and we are committed to pursuing remedies. On June 18, 2013 BHA notified HUD that it would be adopting a streamlining option to allow this agency the ability to approve and grant up to 120% of the FMR without HUD approval, as a reasonable accommodation, for those families that include a person with a disability as described in PIH Notice 2013-03. BHA subsequently modified its Administrative Plan effective July 1, 2013. In addition, we are submitting a "Regulatory Waiver Request" to allow us the ability to extend this streamlining option that is due to expire on March 31, 2015. The granting of this waiver request will allow BHA to continue to review and approve an exception payment standard, when deemed a reasonable rent, as a reasonable accommodation on not only an initial lease, but also in instances when an owner requests a rent increase substantially above the payment standard.

- 6) *Mitigation vouchers subject to budget cuts*

Currently all public housing, whether voucher-based or hard units, is subject to budget cuts. Hard units at certain developments may actually be less secure than voucher-based subsidies due to steady cuts in funding for capital improvements to BHA's aging housing. In fact, federal public housing has experienced greater budget cuts than the Housing Choice Voucher program in recent years. BHA will make every effort to sustain its commitment to provide 300 mitigation vouchers for non-elderly disabled applicants.

### Letters from Government Officials

1. **Boston City Council Resolution in Support of the Boston Housing Authority's Designated Housing Plan to Increase the Percentage of Public Housing Units Dedicated to Seniors**  
(February 25, 2015)

*Offered by Councilors Ayanna Pressley and Frank Baker, supported unanimously by the Boston City Council*

WHEREAS, Seniors in every neighborhood across Boston are in need of affordable housing units near service providers, family, and friends where they can spend their later years; and,

WHEREAS, Seniors represent the fastest growing population in Boston, and by 2030 one in five households will be headed by a senior; and

WHEREAS, According to the 2014 report by the UMass Center for Social and Demographic Research on Aging Gerontology Institute, between 2000 and 2010, Boston saw an increase of 11% seniors age 60 and older, far outpacing the general population growth of 5% during the same period.

WHEREAS, Despite this rapid increase, the Boston Housing Authority has not been authorized to increase its elderly designation from 70% since its first federal Department of Housing and Urban Development (HUD)-approved Designated Housing Plan in 1999; and

## Comments and Responses to BHA Proposed Designated Housing Plan

WHEREAS, The BHA’s proposed Designated Housing Plan, submitted to HUD on February 5<sup>th</sup>, will designate 80% of housing for seniors over the age of 62 years old, and 20% of housing for non-elderly disabled individuals; and,

WHEREAS, This housing allocation will bring Boston in line with other cities and towns here in the Commonwealth of Massachusetts and around the country who have HUD-approved designated housing plans at the same or higher percentages; and,

WHEREAS, Both populations are in need of affordable housing and the BHA offers hundreds of vouchers as an alternative affordable housing resource for the non-elderly disabled.

THEREFORE BE IT

RESOLVED, That the Boston City Council, in meeting assembled, goes on record in support of the Boston Housing Authority’s Designated Housing Plan to increase the number of public housing units dedicated to seniors, and; THEREFORE BE IT FURTHER

RESOLVED, That the Clerk of the City of Boston is directed to transmit a copy of this resolution to the Boston Housing Authority and to the Department of Housing and Urban Development.

**BHA Response:** [Thank you for your support of the proposed Plan.](#)

### **2. Letter from the Honorable Ayanna Pressley, Boston City Councilor At-Large**

I would like to express my strong support for the Boston Housing Authority’s (BHA) proposed Designated Housing Plan. As an At-Large Councilor, I regularly hear from elderly applicants in every neighborhood of the city who are desperately in need of affordable housing. They are looking for locations in Boston so they can stay close to their families and service providers and spend their later years in dignity. The BHA’s new plan will give elderly applicants greater opportunities to find such housing.

The proposed plan will designate 80% of housing for seniors over the age of 62 and 20% of housing for non-elderly disabled. I know that both populations are in need of affordable housing. However, with the rapid increase in the elderly population and the BHA’s offering hundreds of vouchers as an alternative housing resource for the non-elderly disabled, I fully support this allocation of a precious and limited resource.

The BHA’s proposed designated housing allocation will bring the City of Boston in line with public housing authorities around the country, as well as with other cities and towns here in Massachusetts who have HUD-approved designated housing plans at the same—or even higher—percentages of elderly designated units.

As Chair of the Council’s Committee on Healthy Women, Families, and Communities, I know how critical it is for us to provide resources for our rapidly growing and aging elderly population, many of whom are living in difficult housing situations or paying more than they can afford for the housing that they do have. The Boston Housing Authority should be commended for targeting their limited resources to maximize housing opportunities for our seniors. I fully support the BHA’s Designated Housing Plan.

## **Comments and Responses to BHA Proposed Designated Housing Plan**

**BHA Response:** Thank you for your support of the proposed Plan.

### **3. Letter from the Honorable Linda Dorcena Forry, Massachusetts State Senator**

I would like to express my strong support for the Boston Housing Authority's proposed Designated Housing Plan. Many of the seniors in my own district are in need of affordable housing and are looking for locations in Boston near their service providers. The BHA's new plan will give elderly applicants greater opportunities to find such housing.

The proposed plan will designate 80% of housing for seniors over the age of 62 and 20% of housing for non-elderly disabled. Both populations are in need of affordable housing. However, with the rapid increase in the elderly population and the BHA's proposal to offer hundreds of vouchers as alternative housing for the non-elderly disabled, we fully support this re-allocation method.

The BHA's proposed designated housing allocation will bring them closer in line with peers around the country as well as with other cities and towns here in the Commonwealth. These cities and towns have HUD-approved designated housing plans at the same percentages or even higher. It is important that we provide resources for our rapidly growing and aging elderly population, many of whom are living in difficult living situations or paying more than they can afford for their current housing. I commend Boston Housing Authority for targeting their limited resources to maximize housing opportunities for our seniors.

Thank you for your time and consideration of this proposal. If you have any questions, please feel free to contact my office.

**BHA Response:** Thank you for your support of the proposed Plan.

### **4. Letter from Emily Shea, Commissioner, City of Boston Commission on Affairs of the Elderly**

I would like to express my strong support for the Boston Housing Authority's new Designated Housing Plan. Older adults are the fastest growing population in Boston. In 2010, Boston had 88,000 residents over 60, and the projected number for this population in 2030 will be close to 130,000. In addition, a full 38% of our elderly population is living on less than \$25,000 a year, making it difficult if not impossible to pay basic living expenses including housing costs. The older adult population is desperately in need of affordable housing, with many of them homeless or at risk of becoming homeless. The BHA's new plan will give elderly applicants greater opportunity to find such housing.

In my office, we assist seniors in need of affordable housing. Finding housing, though, is a significant challenge. Both public and private affordable senior housing in Boston have significant waiting lists that often require years of wait time. Far too often, our only solution for a senior who is without a home is to accompany them to a shelter to stand in line in the hopes of getting a bed.

Given the rapid growth of Boston's older population and the high percentage of this population that is low income, we strongly support the proposed plan designating 80% of housing for seniors over the age of 62 and 20% for the non-elderly disabled population. We also appreciate that the proposed plan includes offering hundreds of alternative housing vouchers for the non-elderly disabled population, as we know both populations are in need of housing. Thank you for your attention to this important issue.

## Comments and Responses to BHA Proposed Designated Housing Plan

**BHA Response:** Thank you for your support of the proposed Plan.

### 5. Letter from Heather Watkins, Chairperson, Boston Disability Commission Advisory Board

We are writing regarding the proposed allocation plan being proposed by the BHA for HUD-funded developments for elders and people with disabilities.

Finding affordable, accessible, and integrated housing is becoming an increasingly huge challenge for people with disabilities in the city and, in fact, across Massachusetts. We therefore are pleased with the recent proposal by the authority to give an Olmstead preference to those people with disabilities leaving a nursing facility. Too many younger people with disabilities languish in nursing homes across the city. We also are pleased with the BHA's longstanding leadership in providing housing for a range of low-income constituencies-- simply stated; the BHA is an invaluable resource for many people in our city.

But we must comment that the proposed allocation plan, which would alter the balance in elderly-disabled developments from a 70-30 ratio to 80-20, causes us great concern, even with the plan to target 330 Sections 8 vouchers for younger people with disabilities to compensate for lost units. Please consider the following points.

1. Figures released by the BHA indicate that there are over 7,800 younger people with disabilities on the public housing waiting list, compared to just over 2,900 elders. Decreasing slots in consideration of this statistic is not sensible.

**BHA response:** Please see c., above.

2. The Section 8 vouchers may not actually be of benefit for many individuals. Many people need an accessible unit (such as exist in the elderly-disabled developments), which can be extremely difficult to find in the private market where a voucher would be used. The rents for private units are also significantly escalating, so the difference between a voucher's value and the actual rent may be too great for a low-income person to pay. And should a person actually rent a unit, the landlord may increase the rent and the renter would become displaced, perhaps homeless. Many people are well served by vouchers-- but many need the accessibility, affordability, and stability that exists in the elderly-disabled housing developments.

**BHA response:** Please see d., above. It is also worth noting that many of BHA's family public housing properties have similar accessibility features found in the elderly/disabled public housing developments and the non-elderly disabled are given higher preference on those waiting lists than the elderly or the not disabled individuals.

3. The proposed 330 compensatory vouchers would come from an existing pot at the BHA, as they are not a new resource. It's thus likely that some people with disabilities on the waiting list would have received one of these vouchers anyway, which means the 330 vouchers do not equally compensate for units lost by decreasing the disability occupancy rate in the elderly-disabled developments.

**BHA response:** Please see d. 1), above.

Because of these concerns, we cannot support the plan in its current form.

## Comments and Responses to BHA Proposed Designated Housing Plan

**BHA Response:** Thank you for providing feedback on the proposed Plan.

### Letters from Advocates

#### **6. Letter from Linda Moore, Boston Chapter President, and Carolyn Villers, Executive Director, Massachusetts Senior Action Council**

The Boston Chapter of Massachusetts Senior Action Council would like to express its strong support for the Boston Housing Authority's proposed Designated Housing Plan. Boston's growing low-income elderly population is in great need of increased access to affordable housing. The BHA's proposed plan is an important step to help address this unmet need and we urge its implementation.

Massachusetts Senior Action Council (MSAC) is a grassroots, senior-run membership organization that works to empower low income seniors to have a voice on policies and issues that affect their health and economic security. With over 250 active members in the Boston chapter and more than 1,200 members statewide, MSAC provides an important voice to improve the quality of life for all Massachusetts residents, but in particular vulnerable seniors. A significant number of Mass Senior Action's Boston membership are in fact residents of the Boston Housing Authority; many other are low-income seniors who struggle affording basic necessities, some of whom have been on the BHA waiting list for a time.

As outlined in the BHA's proposed plan the elderly population in the City of Boston is rapidly growing as is the need for access to affordable housing. Meeting the affordable housing needs of this growing population will be a challenge for our entire community, particularly as the City faces the loss of some of its privately owned affordable housing and faces challenges in developing new affordable housing stock. While we recognize the need for affordable housing of both seniors and younger people with disabilities we strongly believe that the rapid population growth and increased need for elderly housing requires a change in the current policy. The BHA's proposal to designate 80% of housing for seniors over the age of 62 and 20% of housing for non-elderly disabled while providing hundreds of vouchers to non-elderly disabled is a reasonable approach to addressing the needs of both of these communities.

The BHA's proposed designated housing allocation is an important step towards meeting the housing needs of Boston's growing elder population and will bring the BHA closer in line with peers around the country as well as with other cities and towns here in the Commonwealth of Massachusetts who have HUD-approved designated housing plans at the same percentages or even higher.

Mass Senior Action applauds the Boston Housing Authority for identifying ways that they can help increase housing opportunities for low income seniors while providing alternative to continue to provide much need[ed] housing to the disabled non-elderly community.

**BHA Response:** Thank you for your support of the proposed Plan.

#### **7. Letter from Eileen O'Brien, Director, Boston Medical Center Elders Living at Home Program (ELAP)**

As a longtime advocate for homeless elders in Boston, I would like to express my strong support for the Boston Housing Authority's proposed Designated Housing Plan. Elderly applicants in the City of Boston

## Comments and Responses to BHA Proposed Designated Housing Plan

are desperately in need of affordable housing. The BHA's new plan will give elderly applicants greater opportunities to find such housing.

The proposed plan will designate 80% of housing for seniors over the age of 62 and 20% of housing for non-elderly disabled whereas the current plan designates 70% for seniors and 30% for the non-elderly disabled. Both populations are in need of affordable housing. However, with the rapid increase in the elderly population and the BHA's offering hundreds of vouchers as an alternative housing resource for the non-elderly disabled, we fully support this allocation of a precious and limited resource.

The BHA's proposed designated housing allocation will bring them closer in line with peers around the country as well as with other cities and towns here in the Commonwealth of Massachusetts who have HUD-approved designated housing plans at the same percentages or even higher.

The Boston Housing Authority should be commended for targeting their limited resources to maximize housing opportunities for our seniors.

**BHA Response:** Thank you for your support of the proposed Plan.

### **8. Letter from Chet Jakubiak, Executive Director, Massachusetts Association of Older Americans (MAOA)**

I am writing on behalf of the Massachusetts Association of Older Americans (MAOA) to express strong support for the Boston Housing Authority's proposed Designated Housing Plan.

MAOA's advocacy agenda focuses largely on efforts to achieve elder economic security – that is, sufficient income to meet basic daily needs as measured by the Massachusetts Elder Economic Security Standard Index (EESI) – among Massachusetts' elders. A recent analysis of elder economic security in MA found that housing costs are a major factor contributing to the risk of economic insecurity. It also found that elder renters are more vulnerable to economic insecurity than homeowners. Only 9% of Suffolk County elder renters had income sufficient to meet their most basic needs.<sup>2</sup> In proposing to designate 80% of DHP housing for seniors, rather than the current 70%, the plan makes an important contribution to efforts to address the critical need for affordable housing by older adults in Boston. It will mitigate the crushing cost housing can have upon elders who participate in the program.

A second important consideration supporting the proposed change is that while Boston currently has the lowest proportion of DHP units available for elders among Massachusetts housing authorities, the City of Boston has the highest proportion of elders living in economic insecurity than any other entity in the state. These factors contribute to the growth in the public housing wait list discussed in the plan. The proposed change to 80% designated elder units acknowledges both today's needs and powerful demographic and economic trends affecting Boston's growing elderly population.

MAOA commends the BHA's efforts to address the vital need for affordable and safe housing for Boston's vulnerable elders. Feel free to contact us should we be able to help in any way.

**BHA Response:** Thank you for your support of the proposed Plan.

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<sup>2</sup> *Living Below the Line: Economic Insecurity Among Massachusetts Elders, Jessica Horning & Shawn McMahon, Wider Opportunities for Women & MA Association of Older Americans, Spring, 2014*

## **Comments and Responses to BHA Proposed Designated Housing Plan**

### **9. Letter from Catherine Hardaway, Executive Director, Central Boston Elder Services**

I would like to express my strong support for the Boston Housing Authority's proposed Designated Housing Plan. Elderly applicants in the City of Boston are desperately in need of affordable housing. The BHA's new plan will give elderly applicants greater opportunities to find such housing.

The proposed plan will designate 80% of housing for seniors over the age of 62 and 20% of housing for non-elderly disabled whereas the current plan designates 70% for seniors and 30% for the non-elderly disabled. Both populations are in need of affordable housing. However, with the rapid increase in the elderly population and the BHA's offering hundreds of vouchers as an alternative housing resource for the non-elderly disabled, we fully support this allocation of a precious and limited resource.

The BHA's proposed designated housing allocation will bring them closer in line with peers around the country as well as with other cities and towns here in the Commonwealth of Massachusetts who have HUD-approved designated housing plans at the same percentages or even higher.

The Boston Housing Authority should be commended for targeting their limited resources to maximize housing opportunities for our seniors.

**BHA Response:** [Thank you for your support of the proposed Plan.](#)

### **10. Letter from Ruth Moy, Executive Director, Greater Boston Chinese Golden Age Center, Inc.**

I would like to express my strong support for the Boston Housing Authority's proposed Designated Housing Plan. Elderly applicants in the City of Boston are desperately in need of affordable housing. The BHA's new plan will give elderly applicants greater opportunities to find such housing.

The proposed plan will designate 80% of housing for seniors over the age of 62 and 20% of housing for non-elderly disabled whereas the current plan designates 70% for seniors and 30% for the non-elderly disabled. Both populations are in need of affordable housing. However, with the rapid increase in the elderly population and the BHA's offering hundreds of vouchers as an alternative housing resource for the non-elderly disabled, we fully support this allocation of a precious and limited resource.

The BHA's proposed designated housing allocation will bring them closer in line with peers around the country as well as with other cities and towns here in the Commonwealth of Massachusetts who have HUD-approved designated housing plans at the same percentages or even higher.

The Boston Housing Authority should be commended for targeting their limited resources to maximize housing opportunities for our seniors.

**BHA Response:** [Thank you for your support of the proposed Plan.](#)

### **11. Letter from Mark Hinderlie, President & CEO, Hearth**

I would like to express my strong support for the Boston Housing Authority's proposed Designated Housing Plan. As you know, elderly applicants in the City of Boston are desperately in need of affordable housing. Hearth's Outreach Program is currently working with nearly three hundred homeless older

## **Comments and Responses to BHA Proposed Designated Housing Plan**

adults whose biggest single barrier to housing is the City's lack of enough affordable housing to meet the need. The BHA's new plan will give elderly applicants greater opportunities to find such housing.

The proposed plan will designate 80% of housing for seniors over the age of 62 and 20% of housing for non-elderly disabled whereas the current plan designates 70% for seniors and 30% for the non-elderly disabled. Both populations are in need of affordable housing. However, with the rapid increase in the elderly population and the BHA's offering hundreds of vouchers as an alternative housing resource for the non-elderly disabled, we fully support this allocation of a precious and limited resource.

The BHA's proposed designated housing allocation will bring them closer in line with peers around the country as well as with other cities and towns here in the Commonwealth of Massachusetts who have HUD-approved designated housing plans at the same percentages or even higher.

We strongly commend the Boston Housing Authority for targeting their limited resources to maximize housing opportunities for our seniors. Thank you for your attention.

**BHA Response:** Thank you for your support of the proposed Plan.

### **12. Letter from Leanne Bragdon, Vice President, Kit Clark Senior Service, Bay Cove Human Services**

I would like to express my strong support for the Boston Housing Authority's proposed Designated Housing Plan. Elderly applicants in the City of Boston are desperately in need of affordable housing. The BHA's new plan will give elderly applicants greater opportunities to find such housing.

Several times a week seniors come to our Dorchester sites requesting information on senior housing. It is heartbreaking to hear the stories of the crowded and unsafe living situations so many older adults in our City are living in knowing that there are not adequate options available for so many of them.

The proposed plan will designate 80% of housing for seniors over the age of 62 and 20% of housing for non-elderly disabled whereas the current plan designates 70% for seniors and 30% for the non-elderly disabled. Both populations are in need of affordable housing. However, with the rapid increase in the elderly population and the BHA's offering hundreds of vouchers as an alternative housing resource for the non-elderly disabled, we fully support this allocation of a precious and limited resource.

The BHA's proposed designated housing allocation will bring them closer in line with peers around the country as well as with other cities and towns here in the Commonwealth of Massachusetts who have HUD-approved designated housing plans at the same percentages or even higher.

The Boston Housing Authority should be commended for targeting their limited resources to maximize housing opportunities for our seniors.

**BHA Response:** Thank you for your support of the proposed Plan.

### **13. Letter from John Drew, President/CEO, Action for Community Development, Inc. (ABCD)**

On behalf of Action for Boston Community Development, Inc. (ABCD), I would like to express my support for support for the Boston Housing Authority's proposed Designated Housing Plan. Elderly applicants in

## Comments and Responses to BHA Proposed Designated Housing Plan

the City of Boston are desperately in need of affordable housing. The BHA's new plan will give elderly applicants greater opportunities to find such housing.

Your proposed plan will designate 80% of housing for seniors over the age of 62 and 20% of housing for non-elderly disabled whereas the current plan designates 70% for seniors and 30% for the non-elderly disabled. Both populations are in need of affordable housing. However, with the steady increase in Boston's elderly population, we fully support this allocation of a precious and limited resource.

The BHA's proposed designated housing allocation will bring them closer in line with peers around the country as well as with other cities and towns here in the Commonwealth of Massachusetts who have HUD-approved designated housing plans at the same percentages or even higher.

The Boston Housing Authority should be commended for targeting their limited resources to maximize housing opportunities for our seniors.

**BHA Response:** Thank you for your support of the proposed Plan.

### 14. Letter from Bill Henning, Director, Boston Center for Independent Living

I am writing regarding the proposed allocation plan being proposed by the Boston Housing Authority for HUD-funded developments for elders and people with disabilities. This statement complements the testimony I gave at the BHA public hearing on this matter on December 15, as well as a letter submitted by our membership to BHA Director William McGonagle and comments submitted on our behalf by Attorney Mac McCreight of Greater Boston Legal Services.

I will emphasize that finding affordable, accessible, and integrated housing is becoming an increasingly huge challenge for people with disabilities in Boston and across Massachusetts. We therefore are pleased with the recent proposal by the BHA to give an Olmstead preference to those people with disabilities leaving a nursing facility. Too many younger people with disabilities are forced to reside in spirit-killing nursing homes across the city simply because there's no alternative because of the lack of affordable and accessible housing. We also feel it important to mention the BHA's longstanding leadership in providing housing for a range of low-income people. There is no doubt of the vital role the authority plays in our city.

However, BCIL must state that the proposed allocation plan, which would alter the balance in elderly-disabled developments from a 70-30 ratio to 80-20, causes us tremendous concern, even with the plan to target 330 Section 8 vouchers for younger people with disabilities to compensate for lost units. Please consider the following points.

1. Figures released by the BHA indicate that there are over 7,800 younger people with disabilities on the public housing waiting list, compared to just over 2,900 elders. Decreasing slots in consideration of this statistic is not sensible.

**BHA Response:** Please see a., above.

2. The Section 8 vouchers may not actually be of benefit for many individuals. Many people need an accessible unit (such as exist in the elderly-disabled developments), which can be extremely difficult to find in the private market where a voucher would be used. The rents for private units are also

## Comments and Responses to BHA Proposed Designated Housing Plan

significantly escalating, so the difference between a voucher's value and the actual rent may be too great for a low-income person to pay. Should a person actually rent a unit, the landlord may increase the rent and the renter would become displaced, perhaps homeless. Many people are well served by vouchers— but many need the accessibility, affordability, and stability that exists in the elderly-disabled housing developments.

**BHA Response:** Please see d., above.

3. The proposed 330 compensatory vouchers would come from an existing pot at the BHA, as they are not a new resource. It's thus likely that some people with disabilities on the waiting list would have received one of these vouchers anyway, which means the 330 vouchers do not equally compensate for units lost by decreasing the disability occupancy rate in the elderly-disabled developments.

**BHA Response:** Please see d., above.

Because of these concerns, and those enunciated by Greater Boston Legal Services and the Disability Law Center, among others, we cannot support the proposal in its current form. We are willing to engage in discussions around possible alterations to the submission. But we cannot accept anything that would reduce housing options for people with disabilities. The majority of the thousands of people annually using our services— which includes assisting people to obtain an education, secure healthcare, get a job, or enroll in a benefit program such as Social Security— present housing concerns as their number-one need! Please consider these four case profiles of people seeking our help just last week:

*A 53-year-old woman has osteoarthritis and a plate in her knee which causes constant pain. She had been living in a basement in Dorchester but was not able to continue to afford rent; she is now homeless and has been staying on the streets or occasionally with friends. She doesn't want to stay in shelters because it is too difficult for her to start moving in the morning due to her disability. She is attempting to apply to BHA and for subsidized housing units, but is having trouble finding someone to authorize that she is "homeless" so that she can get priority status because she does not stay in a shelter.*

*A 35-year-old man has multiple disabilities including hearing and vision impairments. He currently lives in an apartment in Brighton that is not subsidized. Since he only receives SSI his parents pay the rest of the rent, but when his parents lost their jobs he started looking for subsidized housing. He applied to BHA over a year ago with priority status for being a Boston resident and rent burden. At that time, they told him it would be a 1-2 year wait. He called again several months ago and they said it would still be 1-2 years; when he called recently they said it would be 2-3 years.*

*A 31-year-old woman had a stroke which has affected her speech, right-side mobility, and ability to follow-through on tasks. She is currently living in Jamaica Plain with 3-year-old daughter but will not be able to stay in the apartment because the landlord chose not to renew the lease. She has a mobile housing choice voucher and is interested in living in Jamaica Plain, Roxbury, Roslindale, or Hyde Park. The consumer has been looking for an apartment since June (seven months) but has not been able to find one. When she has been able to find apartments that meet the income limits set by the voucher, she has not been chosen by the landlord to receive tenancy.*

## Comments and Responses to BHA Proposed Designated Housing Plan

*A 51-year-old homeless woman has severe edema in her legs which caused her to lose her job. She has been living in various homeless shelters and staying with friends since 2013. While she has filled out numerous housing applications she has not received any housing and bad credit has become a major barrier in trying receive subsidized housing.*

These scenarios, unfortunately, are not unique. BCIL believes the city faces an absolute crisis in housing people with disabilities now—so altering policies to accommodate prospective needs of another group does not seem prudent.

Thank you for consideration of these points.

**BHA Response:** Thank you for providing feedback on the proposed Plan.

### 15. Letter from Members and Friends of the Boston Center for Independent Living (BCIL)

We are writing regarding the Boston Housing Authority’s proposal to reduce occupancy for people with disabilities under age 60 in elderly-disabled housing in HUD-funded developments from 30% to 20%. While we appreciate the BHA’s dedicated work to support affordable housing for nearly 60,000 people, we believe this plan would actually create a loss of units for people with disabilities. Significantly, the planned allocation of 330 Section 8 vouchers is an insufficient compensatory plan for these reasons:

- For those needing an accessible unit, such as exist in the elderly-disabled developments, the private market can be extremely challenging. The difference between a voucher’s value and rapidly increasing rents may be too great for a low-income person to pay. And should a person find a unit, the landlord may increase the rent, displacing the tenant and possibly resulting in homelessness. Many people are well served by vouchers—but many need the accessibility, affordability, and stability that exists in the elderly-disabled housing developments.
- The proposed 330 compensatory vouchers would come from an existing pot at the BHA, as they do not appear to be a new resource. It’s thus likely that some people on the waiting list would have received one of these vouchers anyway, which means the 330 vouchers do not equally compensate for units lost by decreasing the disability occupancy rate in the elderly-disabled developments.

Because of these concerns, we cannot support the plan. We ask that you withdraw the proposal and also enter this correspondence into the official BHA submission to HUD on the allocation proposal.

Thank you.

**BHA Response:** Please see d., above. Thank you for providing feedback on the proposed Plan.

### 16. Letter from Mac McCreight, Senior Attorney, Greater Boston Legal Services, submitted on behalf of the Boston Center for Independent Living (BCIL)

#### 1. Summary

These comments are being submitted in conjunction with proposed Amendment #4 to the FY 2014 Boston Housing Authority (BHA), consisting of a proposed new Designated Housing Plan (DHP) and

## Comments and Responses to BHA Proposed Designated Housing Plan

certain amendments to the BHA's public housing Admissions and Continued Occupancy Policy (ACOP).<sup>3</sup> These comments are submitted to you on behalf of our client, the Boston Center for Independent Living (BCIL), as well as many non-elderly disabled applicants and tenants applying for or residing in BHA's federal elderly/disabled housing portfolio who are likely to be disadvantaged by the proposed DHP.

BHA has 3293 units of elderly/disabled public housing (see p. 17, BHA DHP proposal of November 2014).<sup>4</sup> From 1999 through the present, BHA has had an approved DHP in which 70% of units in its federal elderly/disabled public housing portfolio have been targeted to the elderly and 30% are targeted to the non-elderly disabled (NED). If a development has a larger percentage of NED tenants than called for by the allocation, elder preference points take effect for elderly applicants selecting that site until it achieves the 70/30 balance. Between 1999 and the present, BHA enhanced the elder preference points so that if there is an insufficient number of elderly applicants with needs-based preferences, standard elderly applicants will also be reached before NED applicants, regardless of the severity of the need of the NED applicant.

BHA's proposal is to change the percentage set-aside for the elderly from 70% to 80%, and to decrease the NED allocation from 30% to 20%. 2,634 units will be allocated for the elderly, and 659 will be allocated for the non-elderly disabled. As a practical matter, this will mean that: (a) about 330 public housing units will no longer be available to NED applicants; and (b) NED applicants on federal elderly/disabled public housing waiting lists are unlikely to get into units that turn over for some time, until the allocation percentages are achieved.<sup>5</sup>

We are asking that BHA not submit the DHP as proposed. Instead, we would ask that BHA engage in further dialogue and discussion with affected groups. If, however, BHA insists on proceeding with the proposed DHP, it is our position that BHA has not shown the necessary justification for the DHP, and that therefore the new DHP should not be approved. It is also not clear what conversations the BHA has had with DND regarding the impact of the loss of public housing turnover units may have on the City's plan to end veterans' and chronic homelessness in the NED population.

**BHA Response:** BHA met with representatives from Boston Center for Independent Living, Greater Boston Legal Services, and the Disability Law Center on January 12, 2015. As a result of this meeting and

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<sup>3</sup> The ACOP changes do not require separate comment. They would merely implement the changed allocation formulate (from 70% elderly, 30% NED to 80% elderly, 20% NED) and when elder preference points would be applied and "turned off" at sites affected by the DHP.

<sup>4</sup> This number is lower than that in BHA's prior DHP plans. At one point, BHA had roughly 4,000 units in this portfolio. However, a few years ago, BHA successfully converted most of the units at its Heritage and Lower Mills sites to the Section 8 Project-Based Voucher (PBV) program; a small percentage of the units were retained as public housing at these sites under "mixed finance" development. GBLS understands that BHA obtained HUD approval to continue designation for the PBV units at these sites in accordance with the prior DHP. It is not clear whether BHA will be proposing a change in the designation at these PBV sites to match the revised DHP; that is not part of the current submission.

<sup>5</sup> BHA was assisted in developing its presentation by Valadus Consulting,, and a number of the charts and power point items in BHA's proposal were prepared by Valadus. On its website, Valadus refers to its action as making "a business case" for the revised DHP. Use of the term "business case" seems inappropriate here when referring to a fair housing and housing needs assessment for vulnerable low-income persons.

## Comments and Responses to BHA Proposed Designated Housing Plan

public comments received, BHA revised the proposed DHP to exempt all wheelchair units in its federal elderly-disabled developments.

Regarding concerns about veterans' and chronic homelessness, please see a., above.

BHA's proposal claims to be "zero sum", in that 330 additional Section 8 "mitigation" vouchers<sup>6</sup> will be set aside for NED public housing applicants whose housing opportunities will be reduced by the new DHP. It is not clear that BHA has the available Section 8 vouchers to offset lost housing opportunities for non-elderly disabled applicants for BHA's federal elderly/disabled public housing, nor when such vouchers would actually be available.<sup>7</sup> If a compensatory program to shift Section 8 tenant-based voucher resources to non-elderly disabled applicants is to be seriously considered, there are also a number of other concerns that would need to be addressed, as discussed below.

**BHA Response:** Please see d., above. The mitigation vouchers are a new set-aside from BHA's existing voucher portfolio, which averaged a turnover of about 50 vouchers per month in 2014. BHA anticipates that the normal turnover of vouchers, approximately 600/year, will be more than adequate to meet the demand for DHP vouchers. It is important to note that the transition from 70/30 to 80/20 would take place gradually over the next two years. In 2014, a total of 231 units turned over in the federal elderly-disabled developments. As developments move from 70% elderly to 80% elderly on a unit-by-unit basis, non-elderly disabled applicants will be offered DHP Mitigation Vouchers. With less than 20 elderly-disabled unit turnovers per month, BHA's Section 8 voucher supply exceeds the potential demand.

### 2. Background

Under 42 U.S.C. § 1437e (a) (1), a PHA can seek HUD approval for a DHP for federally assisted public housing developments (or portions of developments) designated for occupancy by only elderly

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**BHA Response:** Valadus' project descriptions are designed to attract volunteers in the consulting field and therefore at times use business-oriented language. BHA notes that Valadus conducted every aspect of its volunteer work with great sensitivity to all involved.

<sup>6</sup> As noted below, BHA was granted 200 Section 8 vouchers as part of the original DHP in 1999, and another 300 vouchers are targeted to the NED population under the Mainstream program. As discussed on p. 19 of BHA's proposed DHP, 830 mobile vouchers would be targeted to the NED population between the existing Designated Housing and Mainstream allocations and the 330 new "mitigation" vouchers.

<sup>7</sup> Federal law makes clear that at PHA may not embargo or refuse to use Section 8 vouchers pending HUD approval of proposed PHA action; the PHA has a duty to fully utilize the assistance that has been made available by HUD, subject to fiscal constraints so that it will be able to live up to all of its Section 8 commitments. See 42 U.S.C. 1439(a)(1). See Cuyahoga Metropolitan Hous. Auth., v. Harmody, 474 F.2d 1102 (6<sup>th</sup> Cir. 1973); Hous. Auth. v. City of Los Angeles, 38 Cal.2d 853, 243 P.2d 515 (1952); Silva v. East Providence Hous. Auth., 423 F.Supp. 453 (D. R.I. 1976). While BHA can establish new set-asides and priorities for its Section 8 program, normally speaking a voucher supply of this magnitude would have to be built up over time from turn-over resources that become available; immediate availability of this number of vouchers would call into question what the PHA had been doing with the vouchers prior to that time. This is not a situation, as occurred with the first approved DHPs, where HUD itself has made additional resources available; BHA obtained that set-aside of vouchers at the time of its initial DHP Plan in 1999.

## Comments and Responses to BHA Proposed Designated Housing Plan

families, only disabled families, or elderly and disabled families<sup>8</sup>. If a PHA wishes to administer its elderly/disabled housing developments purely as “mixed population” housing, i.e., without applying any different policies to elderly families and disabled families, no DHP is necessary.<sup>9</sup> If a PHA has an approved DHP, it can determine priority for admission for the types of families for whom the project is designated. 42 U.S.C. § 1437e (a) (2). If a DHP designates all or a portion of the development for elderly families only and there is an insufficient number of elderly families, the PHA may provide that “near-elderly” families (those between 50 and 62) may occupy units in the development. 42 U.S.C. § 1437e (a) (3).<sup>10</sup> Both the statute and HUD notices (PIH Notice 2005-2, extended through the mid-2011, see PIH Notice 2010-28)<sup>11</sup> spell out in greater detail what is required for a DHP. In 2007, HUD issued “Review of Designated Housing Plans: A HUD Processing Guidebook for Public Housing Headquarters and Field Staff”. HUD’s Public Housing Occupancy Guidebook, at §§ 3.9 through 3.11, also provides some guidance regarding Designated Housing.

In 1999, BHA obtained HUD approval for a DHP to promote a particular elderly/disabled mix in its federal elderly/disabled portfolio.<sup>12</sup> If 70% or more of the families in a development were elderly, the BHA would operate the development as a mixed population development, without any admissions preference between elderly and non-elderly disabled families. If, on the other hand, less than 70% of the families in the development were elderly, an admission preference (“elderly preference”) would be provided to elderly families over non-elderly disabled families on that development’s waiting list. Under the original point system used in 1999, elderly preference would not be a factor in admission of applicants with Priority 1 status (i.e., non-elderly disabled applicants with Priority 1 status would continue to have priority over a elderly applicant without Priority 1 status in an elderly preference development), but it would be a significant factor in the priority and rate of placement for all other priority categories and for standard applicants. BHA’s DHP further provided, as required by federal law, that units would not be kept vacant, and that if there an insufficient number of elderly applicants for a development with an elderly preference, non-elderly disabled applicants could fill vacancies. As HUD and Congress had authorized for PHAs establishing DHPs as an additional resource, BHA sought and was granted 200 Section 8 Designated Housing Vouchers designed to improve housing options for non-elderly disabled applicants who might have to wait longer for public housing units as a result of the DHP. BHA also agreed, as part of the DHP,

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<sup>8</sup> Under 42 U.S.C. § 1437a (b) (3), an “elderly family” is one in which the head of household or spouse, or the sole household member, is 62 years of age or older; a “disabled family” is one in which the head of household or spouse, or the sole household member, is a person with disabilities.

<sup>9</sup> See Section VII of Notice PIH 2005-2.

<sup>10</sup> BHA has not elected to establish this near-elderly preference in its current or proposed DHP, and we support BHA’s decision.

<sup>11</sup> It’s not clear whether HUD’s failure to issue a notice extending its prior notices (or indicating that such notices would remain in effect indefinitely until revised) has any impact on BHA’s or other PHAs’ efforts to have new DHPs. PIH Notices issued after 2005 only made relative minor changes. See PIH Notice 2008-20 and PIH Notice 2009-23.

<sup>12</sup> BHA had proposed that a DHP be approved with an 80% elderly, 20% non-elderly disabled mix. HUD rejected this as being inconsistent with data that it had regarding need, and indicated that it would only approve the DHP if the mix were 70%/30%. BHA did not propose that particular buildings, or parts of buildings, be designated for one population or the other, but just that the overall mix be achieved for each development through occupancy policies. (Advocates did not object to this aspect of BHA’s proposal, and favored having a mix of populations in all sites.)

## Comments and Responses to BHA Proposed Designated Housing Plan

to give a preference for disabled applicants who wished to apply for 1-BR units in the BHA's family public housing portfolio (BHA has a significant number of such units). In 2004, BHA sought, and HUD granted, a 2-year extension on this initial DHP.

In late 2006, BHA proposed a new DHP with a revised allocation plan of 80% elderly and 20% nonelderly/disabled, but given issues with the timing of BHA's submission, HUD did not approve this. Instead, the existing 70% elderly, 30% non-elderly disabled allocation was retained. BHA, however, revamped its system for elder preference, and increased the number of points assigned to elderly applicants at developments qualifying for elder preference. The effect of the new system was to permit elderly applicants who did not qualify for a high "emergency needs" based preference (Priority 1 status) to skip over non-elderly disabled applicants with such preferences at those sites. This rejiggering of the point system meant that BHA was finally able to have enough qualified (but in many cases, non-priority or standard) elderly applicants at those sites to fill vacancies and achieve the 70/30 mix. This current DHP has subsequently been extended and, unless replaced, remains in effect until 2016.

### 3. Boston Housing Authority's Proposed New DHP for 2015

BHA has proposed a new DHP to replace the one which would otherwise remain in effect until 2016, and has distributed it for notice and comment as Amendment #4 to its FY 2014 PHA Plan. This DHP, if approved by HUD, would be effective from 2015 until some date in 2019. The sole change from the prior DHP and ACOP would be the shift in the elderly/disabled mix from 70% elderly/30% non-elderly disabled to 80% elderly/20% non-elderly disabled. Any development that has less than 80% elderly families would get elderly preference.

BHA indicates in the new DHP (p 2) that the decision to seek a new DHP is based on "three broad factors":

- ✓ Serving the growing need for affordable, age-appropriate housing among Boston's low-income elderly population;
- ✓ Balancing the needs of the elderly with the non-elderly disabled;
- ✓ Aligning BHA's allocations for the elderly and NED with HUD-approved designations elsewhere in the region and nationally.

BHA states, at p. 2, that the City's Consolidated Plan has limited data on the City's elderly population and almost no data on the city's NED population, and for that reason it has relied on two "City-affiliated" reports, "Housing a Changing City" and "Aging in Boston" for data. It does not appear, however, that either of these reports did a comprehensive analysis of the needs of NED households in Boston.

In its data (p. 3), BHA points that the elderly population in Boston is due to expand from 88,000 in 2010 to 110,000 by 2020, increasing from 14% to 17% of the population. For comparison purposes, however, BHA must focus on the population eligible for public housing, which would be those with incomes of 80% of Area Median Income (AMI) or below. This data is in the PHA Plan, and the current figure listed there is 35,280. The same chart indicates that the number of income-eligible families with disabilities is 18,485. The income eligible elderly population makes up about 30.7% of the overall public housing eligible population, while the income eligible disabled population makes up 16.1%. These breakouts aren't precise indicators, as they don't indicate overlaps—i.e., how many of the disabled households also include elders. They also don't indicate, for either population, what portion may require bedroom sizes larger than are available in BHA's elderly/disabled public housing portfolio. BHA indicates

## Comments and Responses to BHA Proposed Designated Housing Plan

that there has been a very small rate of growth in the disabled population based on a state-wide study (p. 4 of the DHP), but does not provide any basis for the conclusion that Boston's trends would be the same as the state-wide trend. BHA's report properly points out that many income-eligible elders have significant rent burdens, are disabled, and are in need of accessible housing (pp. 5-7). BHA points out that not all NED applicants need universal design features and a number of them can be appropriately housed in public housing without these features or in the private market with rental subsidies. The same, however, is true with elders—not all elders require the universal design features. Moreover, a number of BHA's elderly/disabled public housing sites lack the universal design features, and require steps for entry, or may not have elevators to access upper floor units.

The DHP relies on a U. Mass study indicating that there will be an increase in elderly demand, it shows that the change in balance projected to 2024 would go from 66% elderly, 33% non-elderly to 69% elderly, 31% non-elderly disabled (pp. 7-8). This would indicate that the current allocation of 70/30 is in fact close to what's needed to meet the relative needs of the two groups.

BHA indicates (at pp. 8-9 of the DHP) that there is growing demand among the elderly for its elderly/disabled portfolio. However, it still shows that the overwhelming number applicants on its waiting list are NED applicants. While the percentage has dropped from 87% in 2000 to 73% in 2014 (and the elderly applicants have increased from 13% to 27%), the main explanation for this change was the massive boost in elder preference points in the 2007 DHP. The intent of the 2007 DHP was to increase elder demand, through the trumping of all other preferences, in developments that were below the 70% allocation. In fact, it appears that elder demand is now somewhat lower than it was at the time of the 2007 DHP—it was 33% in 2007, but has consistently been in the 26-27% range since 2009.<sup>13</sup>

**BHA Response:** Elderly demand is at its highest since the implementation of designated housing in 1999. As noted above and in Exhibit E1, the waitlist for public housing has 4,341 elderly applicants (39%) and 6,784 non-elderly disabled applicants (61%). As noted elsewhere, the demand for affordable housing among the elderly so far exceeds the available supply that waitlist data alone is not a reliable indicator of relative need.

BHA has indicated, on pp. 9-10 of the DHP, that there was a loss of 343 units designated for the elderly between 2007 and 2014. It is not clear how these resources were lost. If BHA is referring to the mixed finance conversion of the majority of units at Lower Mills and Heritage to Section 8 PBV assistance, it's GBLS' understanding that BHA at the same time had asked for and obtained HUD approval for retaining designation similar to DHP for these PBV units—so there should have been no net loss of designated housing for the elderly. Instead, the designation was shifted to PBV.

**BHA Response:** This reference was in error and has been removed from the Plan. Some of the unit loss was due the conversion of standard units to wheelchair accessible units where studio and one-bedroom

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<sup>13</sup> BHA is incorrect in saying that a high percentage of NED applicants are required to apply to BHA per shelter rules. This is true for the EA shelter program for families with children, but there is no similar mandate on the single adult side. It is true that the City of Boston wants to maximize the placement of the homeless, and particularly those who are chronically homeless or veterans, in permanent affordable housing, and that BHA's elderly/disabled public housing is one of those resources. This goal, however, is also that of the Con Plan and HUD.

**BHA Response:** The DHP has been revised to clarify that only some non-elderly disabled applicants would be required to apply to BHA per shelter program rules (see pg. 9).

## Comments and Responses to BHA Proposed Designated Housing Plan

units had to be combined. With the conversion of Lower Mills and Heritage units to Section 8 Project Based Voucher units and regardless of the elderly designation most elderly did not meet the priority one status and therefore could not apply for those sites. However, these sites were recently opened to standard elderly applicants in order to allow elderly applicants access to those waiting lists.

BHA has identified certain reasons why the elderly do not apply to its programs, including difficulties in the application process (p. 10 of DHP). Hopefully the new Senior Housing Assistance Network (referenced on p. 12) will help ease these barriers. Moreover, certain reasons given for why elders do not choose to live in certain developments (safety and illegal drug activity)—see pp. 11-12 of the DHP—are common concerns for NED applicants as well. All applicants—elderly and NED alike—are and should be subject to rigorous screening about criminal history and patterns of substance abuse, and all are expected to be lease compliant.

BHA notes that there is a growing trend of near-elderly individuals in emergency housing (pp. 12-13). However, it is unlikely that a revised DHP is needed to address this. BHA's existing preference system prioritizes those with emergency needs.<sup>14</sup> Instead, these may be a question whether BHA should permit those who are already on its regular public housing waiting lists as priority applicants, but who are under the age of 62, to carry the original date of application over to any elderly/disabled application at the time they turn 62 and become eligible for elderly/disabled public housing. This would be a better way to insure that the time those individuals have been on the waiting list is factored in for both elderly/disabled and other BHA housing programs. See discussion below on possible changes in occupancy practices.

Several pages of the DHP (pp. 13-14) compare BHA's allocation with that at other PHAs with DHPs either in New England or elsewhere in the country. However, it should be noted that not all PHAs have chosen to establish DHPs for their elderly/disabled housing, and some that have done DHPs have only done them for a portion of their portion. Moreover, comparison across PHAs is not the proper approach: as HUD has indicated, each DHP must be analyzed in terms of local needs, demand, and resources.

There appear to be some discrepancies in BHA data about how many households in its federal elderly/disabled portfolio are elderly versus NED. The charts on p. 15 of the DHP indicate that the elderly make up 73% of the current population, and that NED households make up 27%. This is higher than the current allocation, and it is not clear why the mix is not 70/30 if the elderly preference points "switch off" at the point that a development hits the allocation point. Similarly, Exhibit E to the DHP shows ratios of the elderly at well above the 70% level at a number of sites, including over 75% at Pond Street, Annapolis, Ashmont, and Peabody-Englewood; the figure is at 87.5% for the remaining elderly/disabled public housing at Lower Mills. This raises a question how this occurred, as well as whether the BHA system will in fact self-police itself.

**BHA Response:** The elderly/non-elderly disabled percentages fluctuate on a daily basis and should not be a cause for concern. The current DHP allows for elderly applicants to receive 100 points when the site is under 70% occupied and the 100 points are removed once the site is 70% or higher elderly occupied. As required by HUD, BHA closely monitors the elderly/non-elderly disabled percentages prior to each

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<sup>14</sup> As noted above, BHA has not proposed a near-elderly preference. GBLS has explained in its comments on the 2006-2007 DHP why such a preference does not make sense. Whether a preference for near-elderly disabled persons should be considered is another matter. It may be worth exploration, but in the past the parties believed HUD would not consider such a preference.

## Comments and Responses to BHA Proposed Designated Housing Plan

housing offer and the waiting lists are re-ranked when the sites become 70% elderly occupied. The client with the highest number of points who is screened approved and qualified will receive the next housing offer at the site. Under current practice, when the 100 points are removed, all applicants are re-ranked based solely on application date and approved priority/preferences. This means that elderly with approved priorities may still rank higher on the waiting lists based solely on the application date and priority/preference points. The 70/30 ratio does not exclude elderly from being housed at a site that is over 70% elderly occupied if the elderly applicant is the highest ranking applicant on the waiting lists. However, BHA will modify the current practice by applying the 100 DHP preference points to non-elderly disabled applicants when a development exceeds 80% elderly. This fix has been added to the proposed DHP and forthcoming revisions to the ACOP (see Exhibit L).

Additionally, the phenomenon of “aging in place” contributes to ever-increasing numbers of elderly as 61-year-old non-elderly disabled residents turn 62 and are reclassified as elderly. For example, a development with 100 units may begin the year at 70/30 and if three non-elderly disabled residents turn 62 during the year, the occupancy percentage moves to 73/27 *without a single unit turnover*. As noted in the proposed Plan (pgs. 15-16), over 5% of the BHA’s non-elderly disabled households will age in place over the next 1-2 years and thereby be reclassified as elderly. Of course, reclassifying a “non-elderly disabled” resident as “elderly” affects both sides of the percentages as HUD categorizations do not allow for a third designation, such as “disabled elderly.”

Both the Heritage and Lower Mills sites as a whole are under 70% elderly occupied. When the conversion was completed in 2011 for these sites, the 27 Heritage and 16 Lower Mills public housing units were mostly elderly occupied and a number of non-elderly/disabled residents have aged in place. The public housing portion of the sites have been at 100% occupancy for quite some time. It is also worth noting that for a small site that is under 70% elderly occupancy, a single elderly move-in will bring the site to 75% or higher. Using Lower Mills (16 units) as an example, if 11 units are elderly occupied and 5 are non-elderly disabled occupied, the occupancy rate is 68.75/31.25%. If either a non-elderly disabled resident turns 62 or an elderly resident moves in, the site will become 75% elderly occupied.

The DHP (at p. 18 and various exhibits) includes data on available units in its family, elderly/disabled, and HOPE VI sites, as well as Section 8 Housing Choice Voucher Program (HCVP) and its Section 8 Moderate Rehabilitation (Mod Rehab) and Project-Based Voucher (PBV) programs. It also includes data on supportive services, design features, and resources/programs in its elderly/disabled portfolio, as well as on the number of accessible units.<sup>15</sup>

On pp. 19-22 of the DHP, BHA discusses alternative housing resources for the NED population that will be adversely affected by the designation (through the loss of 330 elderly/disabled public housing units currently available to them). It states, on p. 19:

“One of the core components of this Plan is the commitment of three hundred and thirty (330) new Housing Choice Vouchers (hereinafter referred to as ‘mitigation vouchers’) to non-elderly disabled applicants...BHA already operates 200 Designated Housing Vouchers for the non-elderly disabled, as well as 300 Mainstream Housing Vouchers for the non-

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<sup>15</sup> There are questions about whether all of the information requested by HUD for evaluation of a DHP has been included. See comments below.

## Comments and Responses to BHA Proposed Designated Housing Plan

elderly disabled. With the addition of 330 mitigation vouchers, BHA will provide up to 830 mobile vouchers specifically to the disabled.” (Emphasis in original.)

The DHP says, on p. 19, that mitigation vouchers will be awarded “pursuant to revised procedures to its Administrative Plan.” The DHP is not accompanied by any amendment to the Administrative Plan, and the current Section 8 Administrative Plan does not have any procedures that would allocate vouchers based on NED applicants’ bypassed status on the BHA federal elderly/disabled public housing waiting list. BHA indicates that it has analyzed its voucher turnover rates, budget authority utilization, and the turnover rate for its federal elderly/disabled portfolio and has determined that it can sustain this set-aside. Id. However, BHA does not currently have a supply of 300 vouchers that would immediately be made available, nor is HUD making additional assistance available (unlike what occurred in 1999, when HUD did provide 200 vouchers). It is likely that this is a supply that would have to be built up over time.

**BHA Response:** The proposed Administrative Plan changes are now contained in Exhibit L and will be submitted upon the approval of the Designated Housing Plan. Please see d., above, for more on DHP mitigation vouchers.

The DHP, on p. 20, includes information on how many NED households are currently housed in BHA’s federal family public housing units; however, as noted in Exhibit E2, there are a sizable number of elderly households in this portfolio (1,010 elderly and 1,297 NED households). It is true that use of the Priority 1 preference (which is heavily targeted toward homeless and at-risk households) as the precondition for PBV, HCVP, and Mod Rehab, and that generally more NED applicants qualify for Priority 1 than do elderly applicants; however, this is consistent with BHA and City of Boston policies targeting resources toward those with the greatest acuity of need.<sup>16</sup> BHA also notes (at p. 21) that, as was done with the prior DHPs, it will continue to offer NED applicants some limited preference points for its family public housing (as an incentive to pursue options at those sites).<sup>17</sup> It will also offer limited priority transfer status to NED households within its federal elderly/disabled portfolio who wish to voluntarily transfer at BHA expense to family public housing.<sup>18</sup>

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<sup>16</sup> On p. 20 of the DHP, at n. 35, BHA notes that there are six PBV sites that have elderly designations: Heritage and Lower Mills (which were formerly elderly/disabled public housing sites), Morville House, Building 104, Central Boston Elder Service, and Quincy Commons. The DHP does not describe whether all units at these complexes are designated for the elderly, or only a percentage, and how many units in total are involved. Presumably HUD approval was obtained for these designations. As noted above, presumably the designations at Heritage and Lower Mills were similar to those under the DHP; if so, it is not clear if BHA will at the same time be seeking HUD approval to change the percentage allocations at these sites to correspond to the proposed DHP.

<sup>17</sup> The preference points are limited in the sense that these are not nearly at the level of margin created by the elder preference points. The bold heading on p. 21 makes it appear that NED applicants get preference points that elderly applicants would not get for the HCVP, PBV, and Mod Rehab programs. This is not the case—as it noted in the text, both elders and NED applicants get preference over other single applicants for these programs. As noted below, BHA is silent about whether these preference points exist in the HOPE VI or Mixed Finance sites which are not directly operated by the BHA. As noted below, BHA should ensure that NED preference points also exist in its HOPE VI and mixed finance portfolio.

<sup>18</sup> While this transfer category exists, because of how the overall system of assignments and transfers works under the ACOP, these transfer applicants will not be reached very soon. It is our understanding that these ordinarily would not fit within the Administrative Transfer category. (The reference on p. 22 to Emergency Transfer status is likely not correct, and Emergency Transfer status is significantly slower than Administrative

## Comments and Responses to BHA Proposed Designated Housing Plan

**BHA Response:** The non-elderly disabled preference gives an advantage to the non-elderly disabled over the elderly on all state and federal family public housing waiting lists. Therefore, a larger number of non-elderly disabled households will always be housed ahead of the elderly applicants with same bedroom size needs, application date, and priority status. In addition, the BHA has 15 units for the JRI (Groveland) and 15 HOPWA units (Ruth Barkley/Cathedral) with supported housing programs for the disabled.

The DHP includes information about resources outside of the BHA in terms of assisted housing in the Greater Boston area (see pp. 21-22 and Exhibit J). However, the information provided does not include any information as to what extent subsidized units in these complexes are designated as “elderly only” and does not include any information about accessibility features in these complexes. A number of these complexes, from a quick review, may be Low Income Housing Tax Credit units but not have any project-based subsidies, and very low-income tenants would have to acquire their own Section 8 vouchers from BHA or other sources in order to be able to afford units at these complexes.

#### 4. Criteria for Approval and How BHA’s Proposal Does Not Meet the Criteria

Under 42 U.S.C. § 1437e (d) (1), a DHP must establish “that the designation of the project is necessary: (A) to achieve housing goals for the jurisdiction under the comprehensive housing affordability strategy under [42 U.S.C. § 12705]19 and (B) to meet the housing needs of the low income population of the jurisdiction.” As HUD notes in PIH Notice 2005-2, “The statute focuses on the total housing needs of the low-income population of the community, and not one group in particular. Successful Plans strike a balance between the needs of, and resources available to, designated and non-designated populations.” HUD’s checklist for review of new DHPs also indicates information that should be supplied in evaluating need/demand for housing, including the number of elderly and non-elderly applicants on the waiting list who have requested units with accessible features (including bedroom size requested), information on the number of elderly and non-elderly disabled families who live in the PHA’s other remaining projects (in both portfolios), information on the number of elderly and non-elderly disabled families who currently receive Housing Choice Voucher assistance (as opposed to those on the waiting list), and information on the status of any vacant units in the PHA’s inventory. Checklist, Sections III and IV.20

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Transfer, since only one out of every four turnovers is assigned to Emergency Transfers.) If that is not the case, BHA should clarify.

19 As is noted in Question & Answer #3 of HUD’s FAQs on Designated Housing, the Comprehensive Housing Affordability Strategy (CHAS) is no longer referred to as this in most official documents, but instead as the Consolidated Plan. In Section 3.10 of its Public Housing Occupancy Guidebook (June 2003), HUD states: “PHAs must show that the Plan supports the housing goals for the jurisdiction. PHAs in communities with local consolidated plans (population is greater than 50,000) must demonstrate that the designation is consistent with the goals and priority of the plan, that is, the designation is necessary to meet the housing needs of the jurisdiction. For PHAs in communities under 50,000, the designation plan must support the State consolidated plan.”

20 Much of this data is not contained in BHA’s proposal. There is no indication how many elderly and non-elderly applicants have requested units with particular accessibility features and what bedroom sizes are required. BHA has not complied with 24 C.F.R. § 903.7(b)(2)(v)(A) in providing disability-related data for waiting list and current tenant composition on all of its waiting lists; the data in the PHA plan only contains cumulative racial and ethnic information on waiting lists and current populations. (While there is information on the number of applicants with

## Comments and Responses to BHA Proposed Designated Housing Plan

The data provided by the BHA does not justify a change in the allocation plan, as it does not show that the needs of Boston's elderly population cannot be adequately met within the existing allocation of 70%/30%. Moreover, the data shows that the number of elderly and non-elderly disabled public housing eligible renters are virtually the same, that the housing needs of the non-elderly disabled are greater, and that the demand (as reflected on the BHA's waiting list) is greater for non-elderly disabled applicants than for elderly applicants. Whether the balance arrived at in 1999 was the ideal one or not, there is no showing that the balance needs to be changed.

**BHA Response:** BHA is taking steps to address a well-documented demographic shift without causing a net loss of affordable housing for non-elderly disabled. While BHA alone cannot address the needs of everyone in need of affordable housing, we will continue to make housing opportunities available to all populations served through various housing programs. A fair analysis of the proposed DHP should consider all of the housing opportunities available to the non-elderly disabled, as detailed in the "Alternative Resources" section of the DHP (pg. 19-22).

a. *Consolidated Plan Information and Consistency with City/HUD Housing Initiatives:* The City of Boston's Consolidated Plan (Con Plan) from 2013-2018 unfortunately contains very little data on the needs of persons with disabilities in the City of Boston. The data in the Con Plan also differs from what BHA has presented about the current supply of special purpose vouchers dedicated to the non-elderly disabled through Mainstream or the prior DHP; it says (at p. 33) that there are 152 such vouchers, as opposed to the 500 listed in the DHP. The Con Plan indicates, at p. 34, that roughly similar numbers of elderly and disabled households utilize the BHA's PBV program (409 elderly and 427 disabled). It should be noted that the number of requests for accessibility features is very high for the voucher program (10,991) as well as in the public housing program (9,419). Id.

The Con Plan has certain information comparing the elderly and non-elderly populations with independent living difficulty (ILD) or ambulatory barriers, taken from the 2009-2011 American Community Housing Survey (p. 42). It indicates there are 10,000 frail elderly households with ILD, as opposed to 13,678 NED households; 15,622 elderly households have ambulatory barriers, as opposed to 20,772 NED households. (See also discussion below.)

The Con Plan (at p. 127) notes that there should be a goal of 3.7% of all housing units in the City of Boston to be fully accessible, and for 4.8% of the units in the Greater Boston area, based on a 2002 needs assessment done in conjunction with the BHA/HUD Voluntary Compliance Agreement (VCA). Based on this, BHA established a goal of making at least 690 of its public housing units fully accessible. The Plan, however, lacks data about how many accessible unit are in the private market, or how the City or other partners are faring in getting more accessible housing in the private market. Data in the Con Plan on BHA's own accessible units was so flawed in what HUD collected for the Con Plan that the City said it should be rejected (Con Plan, p. 57—only 12 accessible units in BHA's federal public housing portfolio).

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disabilities, it is only for all of the public housing waiting lists combined and all of the Section 8 waiting lists combined, and is not broken out by site.). There is no data on the number of elderly and NED tenants in BHA's various family public housing and HOPE VI developments or in the BHA's Section 8 portfolio generally or for particularized subprograms.

## Comments and Responses to BHA Proposed Designated Housing Plan

The Con Plan also points out (at pp. 50 and 106) the immense difficulties Section 8 voucher holders have in finding and obtaining units in the private market, particularly since the median advertised rent of \$2,250/month is far higher than the HUD Fair Market Rent (FMR). The City notes that it has devoted CDBG funds to help prevent eviction for persons with disabilities (p. 131 of the Con Plan), but there is no discussion of use of CDBG funds to help Section 8 voucher holders eliminate accessibility barriers in private housing or to help them deal with the high costs of placement, such as security deposits which equal to the full contract rent.

**BHA Response:** Please see d., above.

The City of Boston and HUD have also embarked on ambitious initiatives to address veterans' homelessness by the end of 2015, and chronic homelessness by the end of 2016. BHA has taken a number of recent initiatives in this area (see Amendment 3 to the FY 2014 PHA Plan, as well as the proposed FY 2015 PHA Plan). While BHA and the City are utilizing PBV and Section 8 voucher resources to help achieve these goals, BHA's elderly/disabled public housing portfolio is an important resource in this strategy to target resources to discrete groups with acute housing needs.<sup>21</sup> There will need to be a periodic evaluation whether the DHP is having adverse consequences on the ability of the City and the BHA to achieve these goals, and a "step at a time" approach, evaluating outcomes and implications in discrete stages, would make the most sense if HUD believes a revised DHP is warranted.

**BHA Response:** As note elsewhere, the Boston City Council unanimously supports the proposed Plan.

b. *PHA Plan Information:* The PHA Plan charts accompanying Amendment #4 to the FY 2014 PHA Plan indicate that elderly families make up 2,944 of those on the waiting list of 32,119 applicants<sup>22</sup>, or 9%, but that families with disabilities make up 7,884 of those on the waiting list, or almost 25%. The number of disabled applicants, then, is over double that of elderly applicants. PHA Plan, p. 18.<sup>23</sup> Even using the more refined figures in the DHP for just the applicants to one and two bedroom public housing units (DHP, Exhibit E1), non-elderly disabled applicants outnumber elderly applicants (65% to 35%). Clearly there is something remarkable going on: comparing the PHA Plan charts, the demand by families with disabilities is an extremely high percentage of the overall number of families with disabilities in the jurisdiction (7,884 in comparison with 18,485, or 42.6%), while the demand among elderly families is much lower (2,944 in comparison with 35,280, or 8.4%). This is consistent with the inference that eligible elderly families either do not yet see the need to apply to BHA for public housing, or have more choices and/or are electing options other than BHA public housing, while NED applicants vigorously pursue BHA options because their choices are very limited.

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<sup>21</sup> In our comments on Amendment #3 to the FY 2014 PHA Plan, which included establishing an Olmstead preference for BHA's Section 8 programs, we suggested that BHA consider a similar preference for its public housing program.

<sup>22</sup> The PHA Plan's presentation of data here is not as helpful as it could be in making a detailed analysis, because it does not provide separate waiting list data for its family and its elderly/disabled portfolios. Exhibit E to the DHP similarly does not break out waiting list data for the elderly/disabled portfolio separate from general occupancy sites. Cumulative summaries for each of these portfolios would be helpful.

<sup>23</sup> BHA indicates that it has 8,253 single applicants on its public housing waiting lists, and there were 1,197 instances in which a family might fit into more than one category (i.e., be both elderly and disabled, be elderly and have a child, or be disabled and have a child).

## Comments and Responses to BHA Proposed Designated Housing Plan

**BHA Response:** Please see c., above. The PHA Plan charts include data from 2012.

c. *Other Sources of Information:* One other source of information which neither the Con Plan nor the PHA Plan references, but which was a source of data about the housing needs of elderly and non-elderly disabled households in the City of Boston, was found in HUD's State of the City Data System (SOCDS) CHAS Date: See <http://socds.huduser.org/chas/reportsmin.odb>. This included a report, "Housing Problems Output for Mobility & Self Care Limitation." The chart was taken from 2000 Census data, and includes a breakdown on "extra-elderly" households (1 or 2-member households where one of the individuals is age 75 or older), "elderly" households (1 or 2 member households where one of the individuals is age 62 to 74 years), and all others with mobility or self care limitations, which the chart indicates "includes all households where one or more persons has; (1) a long-lasting condition that substantially limits one or more basic physical activities, such as walking, climbing stairs, reaching, lifting, or carrying; and/or (2) a physical, mental or emotional condition lasting more than 6 months that creates difficulty with dressing bathing, or getting around inside the home."<sup>24</sup> This chart showed:

--There are 6,955 elderly or extra-elderly renter ELI households, and 6,900 other renter ELI households with mobility and self-care limitations in the City of Boston.

--There are 8,845 elderly or extra-elderly renter VLI households, and 9,660 other renter VLI households with mobility and self-care limitations in the City of Boston.

--There are 9,730 elderly or extra elderly renter LI households, and 11,990 other renter LI households with mobility and self-care limitations in the City of Boston.

Taking this data, it appeared that the ELI renter populations was virtually equal between the elderly and NED households, and the public housing eligible (LI) NED rental population was in fact larger than the comparable elderly renter population with mobility or self-care limitations. Moreover, the chart indicates that the percentage of non-elderly households with mobility/self-care limitations with housing problems was significantly greater than the percentage of elderly and extra-elderly households with such limitations, across all of the income-eligible groups: 67.2% of the non-elderly ELI group, 59.8% of the non-elderly between ELI and VLI, and 40.4% of non-elderly between VLI and LI. (Percentages for the elderly and extra-elderly range from 53.6% for the ELI elderly group to 22.7% for the extra-elderly group between VLI and LI.)

There is no similar chart currently in effect. However, as noted above, the Con Plan includes ACHS data which also tracks ILD, self-care, and ambulatory barriers and provides comparisons between the NED and elderly populations.<sup>25</sup> This data also appears in the 2010 census, updated for the period of 2009-2013. The following figures appear there (copies of Census pages attached):

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<sup>24</sup> GBLS included this data in its comments on the 2006 DHP proposal, and BHA referred tangentially to the data in its 2006 proposal.

<sup>25</sup> The data does not precisely match up with the prior SOCDS, nor with the definitions of elderly and non-elderly disabled used for HUD housing programs, since they measure for households which are 65 years of age and older. However, the basic point is the same—there are roughly similar proportionate needs between the two population groups. While the different age grouping used for federal elderly housing would therefore justify some adjustment, it would not be to the level proposed in BHA's allocation plan.

## Comments and Responses to BHA Proposed Designated Housing Plan

- There are 14,273 NED persons in Boston with independent living difficulties, as opposed to 12,367 elderly persons with such difficulties.
- There are 6,296 NED persons in Boston with self-care difficulties, as opposed to 6,299 elders with such difficulties.
- There are 20,747 NED persons in Boston with ambulatory difficulties, as opposed to 17,069 elders with such difficulties.

**BHA Response:** By and large, individuals must be able to live independently in order to qualify for public housing. BHA has four units at the Summer House (Malone Development) and PACE (Amory Street) of supported housing programs where services are provided to clients who have independent living and self-care difficulties. In addition, the elderly and non-elderly disabled with independent living difficulties and/or self-care limitations who require a live-in Personal Care Attendant (PCA) also need a 2-bedroom unit. The elderly/disabled portfolio consists of very limited two-bedroom units and unit turnover for 2-bedroom units is very low. In calendar year 2014, a total of 8 two-bedroom units became available in the entire elderly/disabled housing programs.

*d. Inadequacy of Plan for Alternative Resources; Additional Elements Needed For Successful Outcomes:* Under 42 U.S.C. § 1437e (d) (2) (E), the DHP must include a description of “any plans to secure additional resources or housing assistance to provide assistance to families that may have been housed if occupancy in the project were not restricted”. The Public Housing Occupancy Guidebook states that the DHP “should outline the procedures the PHA will use to advise affected applicants and residents of the availability of alternate resources and options for accessing such resources.” It notes that “it is helpful to show the impact of the designation in terms of units removed from the market and the ‘offset’ of resources available to the PHA to help mitigate the impact of designation”, and gives the example of showing that sufficient vouchers would be available to meet the housing needs of non-elderly disabled applicants who would otherwise be admitted to a property due to ordinary turnover. § 3.10, p. 43. Sections VI and VII(A) of HUD’s DHP Checklist asks that the PHA provide information on any preferences it gives to non-elderly disabled applicants on the public housing and/or the Housing Choice Voucher waiting list, whether any vouchers are specifically designated for persons with disabilities in the voucher inventory, whether there are any federal or state subsidized rental units actually available in the community to low-income persons in the non-designated groups at comparable rentals and sizes, and any preferences proposed for comparable units/vouchers for non-designated groups, including the number of units affected.

Through its mitigation vouchers, BHA appears to be providing housing assistance to offset the loss of 330 units in its federal elderly/disabled portfolio to NED households. However, there are a number of reasons why this is not an adequate response:

- BHA does not have 330 vouchers available now to offer NED applicants. Instead, this supply would have to be built up gradually as Section 8 vouchers turn over. BHA has not supplied data to show how long it would take for this supply to be accrued. Moreover, there is a call on turnover vouchers for other prioritized purposes—such as for the new Heavy Users of Emergency Services (HUES) pilot which will use 20 new vouchers a year, or 60 over 3 years, to help reduce health care costs (see BHA’s proposed FY 2015 PHA Plan), as well as the priority assigned to PBV participants who’ve been in occupancy for over a year and who wish to have mobile vouchers. The changed

## Comments and Responses to BHA Proposed Designated Housing Plan

allocation, on the other hand, will immediately bump up elderly residents on elderly/disabled public housing lists for immediate placement in turnover units until the 80% cap is achieved.

**BHA Response:** Please see d., above.

- BHA has not provided a draft Section 8 Administrative Plan change to accompany the DHP. The new system would be very different than pre-existing priorities, as it would be targeted to those on BHA's elderly/disabled public housing lists who have to wait longer. (It would operate in a number of ways similar to the Alternative Housing Voucher Program does on the state public housing side.) Thus, BHA couldn't "count" a mitigation placement just because a NED applicant to its overall program was placed—it would have to show that it was a placement of someone on the elderly/disabled public housing waiting list who was disadvantaged by the longer public housing waiting period. The scheme also would not be limited to Priority 1 cases, since elderly/disabled public housing applicants may be Priority 3 (rent burden or landlord displacement expected in the next six months).

**BHA response:** The vast number of priority non-elderly disabled applicants on the public housing elderly/disabled waiting lists have also applied for the Section 8 Project-Based Voucher, Moderate Rehabilitation, and family public housing programs. Proposed changes to the Administrative Plan are now provided in Exhibit L.

- BHA would have to issue significantly more than 330 vouchers to NED applicants to have a successful one-for-one offset against public housing loss. This is because a significant number of voucher holders are not successful in finding apartments within the search period. While BHA does have a housing search extension policy where difficulties are related to disability (and presumably such policies could be enhanced for those with mitigation vouchers), many applicants will not be successful with voucher searches, and may have to remain a long time on public housing lists until they are reached. For voucher-holders to be successful with lease-up they often will need good housing search and counseling agencies that can help them identify units. Persons with disabilities may have mobility or cognitive limitations that pose insuperable barriers without such help.

**BHA response:** Please see d., above, for data on households with disabled family members successfully using the Section 8 program. Of new Section 8 leasing in 2014, 37% of new voucher holders and 52% of relocating participants have at least one household member with a disability. BHA staff, along with partnering agencies, offer resources and assistance within our capacity to assist families in locating suitable housing. Requests for housing search extensions are routinely granted but must be reviewed on a case-by-case basis.

- As noted in the Con Plan, given the high rent levels in Boston, and the limited range of housing made available through use of FMRs, the use of Section 8 vouchers is not a panacea to address housing needs. BHA would need to make sure that mitigation participants and prospective landlords are aware of the ability to use higher payment standards as a reasonable accommodation--see 24 C.F.R. § 982.505(d). Moreover, realistically many tenants, if they do find units, may have to accept rent burdens of up to 40% of income. They may also face subsequent displacement in the private market as landlords seek "rent reasonableness" adjustments where the gross rent is substantially above the payment standard and the tenant cannot afford the difference. (There is no cap on what percentage of income may be sought, and tenants who agree

## Comments and Responses to BHA Proposed Designated Housing Plan

to excessive rents in order to avoid immediate non-renewal may face subsequent nonpayment eviction because the rent is beyond their means.)

- Voucher holders have unique barriers in that they often must pay a security deposit in an amount equal to the full contract rent in order to secure a unit. See 24 C.F.R. § 982.313. Similar requirements do not exist in BHA public housing. (BHA does not require security deposits for its public housing units, and even if it did, those deposits would be limited to the tenant portion of the rent, capped at 30% of adjusted income.)

**BHA response:** The data in d., above, demonstrates that voucher holders are successfully leasing units of their choice.

- As noted above, and in the comments at the public hearing on the DHP, there is a very limited supply of accessible housing in the private market for persons with disabilities who require such units. While HUD has indicated in its DHP guidance that inclusion of funds to help eliminate mobility barriers (or to pay for improvements so that apartments can be approved for rental) is encouraged as an element in a mitigation plan, BHA has not proposed anything in this regard, nor has it indicated any city or other program where such assistance would be available. Moreover, while 24 C.F.R. § 982.301(b)(12) provides that PHAs may supply to voucher holders a list of accessible units known to the PHA, there is no indication that BHA has taken any steps to maintain or disseminate such a list or to collaborate with other agencies to do so in order to help voucher holders requiring such units.

**BHA response:** Please note that wheelchair units have been exempted from the proposed DHP.

- In addition, BHA's Section 8 voucher program has been very vulnerable to funding cuts in the past, and the future is by no means certain. In BHA's FY 2013, it threatened to terminate 500 families from the program due to insufficient funding, and was only able to escape this result through federal funding legislation adopted in early 2014. While HUD has indicated that NED set-aside funding (such as that in its initial DHP program and the Mainstream program) is to be exempt from cutbacks, the same would not be true with a mitigation program, absent an agreement by BHA and HUD that this would be the case for the mitigation vouchers. Thus, another downturn could mean that these replacement resources are not available to NED applicants who lost their places on BHA's elderly/disabled public housing waiting lists due to the revised allocation formula.

**BHA response:** Please see d., above. While it appears no program is immune from budget cuts, whether federal public housing or Section 8, BHA has sufficient turnover to offer 300 mitigation vouchers in conjunction with the DHP.

If HUD and BHA think that a revised DHP should be approved (something that we do not endorse), it would be wise to have a more incremental change in the allocation which matches results achieved through the mitigation vouchers—i.e., rather than simply letting the percentage allocation jump from 70% elderly to 80% elderly, the allocation could go to 71% until 33 mitigation vouchers have been successfully placed, etc. This would help to ensure that the resources and extra steps necessary for NED applicants to be successfully placed are in place. This would also permit the BHA to ensure that its revised DHP also is not leading to adverse consequences to the City's achievement of goals for alleviation of chronic and veterans' homelessness through a combination of resources, including BHA's public housing programs.

## Comments and Responses to BHA Proposed Designated Housing Plan

*e. Failure to Comply with Current DHP Conditions Raise Questions about BHA's Ability/Willingness to Comply with Future Conditions:* In addition, BHA's apparent failure to comply with conditions applicable to its current DHP raises questions/doubts about BHA's ability or willingness to comply with the conditions applicable to a future DHP. There are two aspects to this: (a) BHA appears to be above a 70/30 allocation at present, and there is no explanation for how this could have occurred; and (b) while BHA acknowledges that it should already have 500 special purpose NED vouchers (200 from the original DHP approval in 1999, and 300 from the Mainstream program (deriving in part from designated housing allocations skewed toward the elderly in HUD multifamily housing in the Boston area), the number of actual special purpose vouchers that it has set aside (as shown in other documents, referenced above) are far below this mark.

**BHA response:** BHA maintains 500 NED vouchers and monitors these on a regular basis.

The entire DHP results in an artificial allocation of units to the elderly versus the non-elderly disabled applications; BHA has explained how, if there were no DHP, a much greater portion of units than the 70/30 allocation would go to the non-elderly disabled because of the combination of larger numbers on the waiting list and how many NED applicants have Priority 1 status. Based on this, then, one would never expect to see a development with occupancy data of greater than 70% elderly. However, the occupancy data provided with the DHP show that quite a number of developments exceed the 70/30 split, and that the overall average is above 70/30. BHA has given no explanation for how this has occurred.

**BHA response:** Please see above response on pages 22-23.

Similarly, BHA's proposal for mitigation vouchers assumes that it will in fact ensure that NED applicants are getting the Section 8 resources which are set aside for them in compensation for diminished access to the federal elderly/disabled public housing program. But if BHA has not been honoring its past commitments for designated housing vouchers and Mainstream vouchers for this population, how can it be expected to comply with these new promises?

**BHA response:** As noted elsewhere, BHA administers 500 NED Vouchers and monitors these on a regular basis.

*f. Inadequacy of Supportive Services for Non-Elderly Disabled Families Transferred or Shifted to Other Portions of BHA's Portfolio:* Under the law, the DHP must include a description of any supportive services to be provided to tenants of the designated project and how the design and related facilities (as such term is defined in Section 202(d)(8) of the Housing Act of 1959 as such statute existed prior to October 1, 1991)<sup>26</sup> of the project accommodate the special environmental needs of the intended

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<sup>26</sup> HUD has not stated, in any of its guidance, what this definition is. The term "related facilities", as it was found in 12 U.S.C. § 1701q (d) (8) prior to 1991, was defined as follows: "(A) new structures suitable for use by elderly or handicapped families as cafeterias or dining halls, community rooms or buildings, workshops, or adult day health facilities or other outpatient health facilities, or other essential service facilities, and (B) structures suitable for the above uses provided by rehabilitation, alteration, conversion, or improvement of existing structures which are otherwise inadequate for such uses." It would appear, therefore, that a PHA must describe what "related facilities" (as listed here) exist at each of the developments which may be designated, and how they serve the elderly and disabled families there. BHA's DHP plan does not contain this information (for example, which developments have community dining halls, or community rooms, or health facilities, etc.) This may be necessary in order to compare facilities offered to those who transfer.

## Comments and Responses to BHA Proposed Designated Housing Plan

occupants. See 42 U.S.C. § 1437e (d) (2) (C, D); Section VIII.B, PIH Notice 2005-2. See also Checklist, Part II: “Does the Plan describe how the design and related facilities of the project accommodate the special environmental needs of the occupants?”

BHA has provided, on pp. 11-12 of the DHP, a description of various supportive services available in its elderly/disabled public housing portfolio.<sup>27</sup> It also indicates what special design features exist there: all elderly/disabled developments have community rooms and kitchens, many have additional activity areas, and most apartments have pull cord emergency systems designed to assist residents should they suffer a physical emergency.<sup>28</sup>

Under applicable law, the DHP must demonstrate that current residents who transfer will have access to comparable housing (appropriate services and design features) should they decide to move. See 42 U.S.C. § 1437e (c) (2); PIH Notice 2005-2, Section VIII.E.2; Public Housing Occupancy Guidebook, § 3-10, p. 44. Similarly, HUD’s Designated Housing Checklist (Section VIII) asks that the PHA state whether there are comparable services, amenities, and community facilities between designated and non-designated properties and non-designated properties, and if so, provide a brief description. See also Checklist, Section X (asking whether the Plan indicates that the PHA will provide access to comparable housing including appropriate services and design features to those voluntarily relocating). This comparison is required not only to evaluate services for transferees, but also to determine if applicants will be getting comparable housing. Non-elderly disabled families who would otherwise apply and be admitted to BHA’s elderly/disabled portfolio, and who will not be able to be admitted to those developments because of the revised DHP, will not be able to get the same level of facilities and supportive services in other portions of BHA’s public housing portfolio. The same is true for non-elderly disabled families who voluntarily elect to transfer under the incentives established by the DHP. Family developments do not have common dining facilities or emergency cord systems, and often lack community rooms. BHA’s family public housing developments do not, by and large, have resident services coordinators, and so residents who need to access such services may not be readily identified and linked with services. Moreover, since the City’s Elderly Security Ordinance does not cover BHA family public housing, and there is no common entranceway which is policed either by security officers or by newer forms of electronic surveillance, persons considering transfer to family public housing may have understandable concerns that they will be placing themselves at a greater risk of being prey to crime.

**BHA response:** As noted in the Plan, due to budget cuts in 2013 there are no resident service coordinators at any of the BHA’s elderly/disabled developments, and not all elderly/disabled

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<sup>27</sup> Under federal law, funding has been provided for resident service coordinators in elderly/disabled public housing. The services are also to be provided to elderly or disabled families residing in the vicinity of such a project. See 42 U.S.C. §§ 13631 (e) and 13641 (2) (A). Thus, if a non-elderly disabled family from the BHA’s elderly/disabled portfolio is relocated into family public housing but is still living “in the vicinity” of an elderly/disabled development, s/he may still be able to get help from the service coordinator. However, no information is provided about where this is possible and where it is not. A few years ago, due to budget shortfalls, BHA was forced to eliminate specific coordinator positions; it has been going through a process with the City of Boston to identify how services will be provided at its elderly/disabled complexes..

<sup>28</sup> BHA’s elderly/disabled developments are also subject to the City of Boston’s Elderly/Disabled Housing Security Ordinance, which requires an assessment of the adequacy of security measures for the developments. Similar measures do not apply in the BHA’s family portfolio.

## Comments and Responses to BHA Proposed Designated Housing Plan

developments have security guards. BHA does have live-in resident custodians in both the elderly/disabled and family developments who assist residents with certain needs.

5. Steps That BHA Could Take Which Would Help NED Applicants Pursuing Family Public Housing Options, Encourage Elderly Families Already in Family Public Housing to Consider Transfer to Elderly/Disabled Public Housing, and Avoid Hardship to NED Households Accepting Vouchers.

There are a number of additional steps BHA could take in its ACOP which would help NED applicants to pursue options within BHA's family (general occupancy) public housing portfolio, as well as to encourage elderly households living in family public housing to transfer to the elderly/disabled portfolio. BHA should take these steps first; if HUD concludes that a revised DHP is warranted, these steps should also be part of the revised DHP.

a. *Preserve Priority 3 Status for Non-Elderly Disabled Applicants Where They Apply to Family Public Housing.* Right now, one of the reasons non-elderly disabled applicants may have to place their names in for developments on the BHA's elderly/disabled public housing waiting lists, rather than on the family public housing or Section 8 waiting lists, is that they can get a preference for rent burden or imminent landlord displacement (Priority 3). This priority is not available in the family or Section 8 portfolio. Allowing NED applicants to get these points in family public housing, and opening up the Section 8 project-based and tenant-based lists to this Priority 3 category for NED applicants who are on the elderly/disabled public housing list, will help insure that these applicants are served.<sup>29</sup>

**BHA response:** The non-elderly disabled already have a ranking advantage with the existing 6 points for the non-elderly disabled who apply for any bedroom size within the *family* state-aided and federally funded developments, which have no percentage restrictions. The six points guarantee that the non-elderly disabled always rank higher than other standard and same priority applicants. Note that the elderly/disabled developments have only a limited number of two-bedroom units. Elderly applicants requiring two-bedroom units or larger wait longer than the non-elderly/disabled due to the limited number of two-bedroom units which become available.

b. *Carry the Original Date of Application for Designated Developments Over to New Family Housing Choices.* As an incentive to non-elderly disabled applicants to add family developments, it would make sense to permit NED applicants on elderly/disabled public housing waiting lists and who are disadvantaged by the DHP (in terms of longer waiting periods than would otherwise be the case) to add family developments using the same date as their original applications to elderly/disabled public housing.

**BHA response:** Most non-elderly disabled applicants already apply for the public housing family developments as well as all available Section 8 housing programs. It would be unfair to jump non-elderly disabled applicants who applied for family developments as a result of grandfathering application dates for non-elderly disabled who elected not to apply for family housing.

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<sup>29</sup> Back in 2006, when the BHA last proposed a major revision in the DHP, the BHA's Director of Occupancy was asked about this. She indicated that BHA did not think this Priority 3 category was utilized by non-elderly disabled applicants, and it had been retained because it did make a difference for elderly applicants, whom she indicated might not be willing/able to pursue Priority 1 (by waiting until a court ordered eviction or placement in a homeless shelter). However, no data was provided.

## Comments and Responses to BHA Proposed Designated Housing Plan

*c. Allow Applicants Already On BHA's Public Housing Waiting Lists Who Are Not Yet Elderly to Carry Over Their Original Dates of Application When They Turn 62 and Become Eligible for Elderly/Disabled Housing By Virtue of Their Age:* As noted above, BHA has identified a certain increase in the near-elderly who are in its emergency housing. GBLS understands that BHA's current occupancy practices only permit such applicants to list their applications for elderly/disabled housing (if they are not disabled) as of the date after they turn 62 when they add these development choices. There is no reason why BHA could not assign these applicants the original date of application for other sites to their elderly public housing application. This would recognize how long the applicant has waited for housing, and would help to ensure that elders who wish to live in elderly housing, rather than family housing, can do so because their waiting period will be reduced.

**BHA response:** To preliminary qualify to be placed on an elderly/disabled waiting lists, the applicant must be either 62 years of age or older or non-elderly/disabled at the time of application. Grandfathering the application date to someone once they turn 62 years of age or when they become non-elderly disabled means jumping elderly and/or non-elderly disabled applicants on the waiting lists who had applied when they were 62 years of age or were non-elderly/disabled. This would be an unfair practice.

*d. Ensure NED Preference Points Are Also Provided in the HOPE VI and Mixed Finance Portfolios:* While BHA does provide limited preference points in its family public housing portfolio for NED applicants, BHA is silent about what preferences exist in its HOPE VI and mixed finance public housing portfolios. BHA can and should establish similar preference points in these sites, working with its private partners, to act as an incentive for NED applicants, and to reduce waiting periods for NED applicants generally. This is particularly important as many of these sites have been newly rehabilitated and have a significant supply of accessible housing.

**BHA response:** The non-elderly disabled preference has been adopted at a number of HOPE VI sites in their Admission and Continuing Occupancy Policies (ACOPs). As HOPE VI sites update their ACOPs, the BHA will encourage the sites that have not adopted this preference to do so.

*e. Revise the Residual Tenancy Policy So It Does Not Act as a Disincentive for Elders to Pursue Elderly/Disabled Housing:* BHA's current Residual Tenancy Policy acts as a disincentive for elders residing in family public housing with other family members to transfer to elderly/disabled housing, since if they move, other family members will be ineligible to remain in BHA public housing. If it would be beneficial for an elder head or co-head of household to move to elderly housing (because of special features in the development, supportive services, or the like), BHA should not place the elder in an impossible dilemma between his/her own needs and the needs of family members for continued housing. HUD does not place any restriction on the ability of the BHA to serve BOTH the elderly leaseholder in elderly/disabled public housing and remaining members in family public housing.<sup>30</sup> Revising the Residual Tenancy Policy would, likely as not, remove a major barrier from elders making housing choices which are appropriate to their needs.

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<sup>30</sup> In fact, the remaining household member category was created by Congress in the 1950's when the elderly/disabled program was first developed for precisely this reason—to act as an incentive for elderly families to apply for housing that might be more suitable for their needs without having to worry about making other family members ineligible for federal public housing.

## Comments and Responses to BHA Proposed Designated Housing Plan

**BHA response:** BHA will take into consideration the recommendation for future changes.

*f. Allow NED Households Who've Accepted a Voucher To Remain on Public Housing Waiting Lists If That Is Their Preference:* NED households who are able to secure a placement with a Section 8 voucher may in fact prefer to be in public housing for the reasons outlined above—the public housing developments may be more accessible, and they have provisions for security of tenure and rent burden which do not exist in the private market. Such households should have the ability to remain eligible for placement in BHA public housing. This could be done in one of two ways:

- The household could remain on the BHA public housing waiting list, but without the same priority as it had prior to Section 8 placement. (BHA could require that such households regularly update their interest in remaining on the waiting list.) The household could petition to add preference points as its situation changes—for example, if a Section 8 landlord is proposing to evict the tenant for reasons not associated with a lease violation, or the tenant's rent and utility cost burden is increasing to 50% of income, Priority 1 or 3 points could be added at the appropriate point.

**BHA response:** Applicants on any public housing waiting lists who are housed through the Section 8 program already remain active as standard applicants on the public housing developments of choice unless they elect to remove themselves or if they fail to respond to the public housing notices within the specified deadlines.

Just as BHA has a “super-priority” for public housing or project-based Section 8 tenants who need to relocate with a Section 8 tenant-based subsidy (or within available Section 8 project-based options, if the tenant-based waiting list is closed), it should similarly establish a super-priority for tenant-based voucher participants, including those NED households placed through special purpose vouchers, where it is clear that the Section 8 resource will no longer meet the household's need and a public housing placement would be better.

BHA could obviously screen these Section 8 participants who wish to transfer to its public housing program in the same way that it ordinarily screens public housing applicants.

### Conclusion

Thank you for the opportunity to submit these comments, and please let me know if you or other BHA staff have any questions or would like to follow up on any of the matters raised herein.

# Comments and Responses to BHA Proposed Designated Housing Plan

U.S. Census Bureau

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B18107

## SEX BY AGE BY INDEPENDENT LIVING DIFFICULTY

Universe: Civilian noninstitutionalized population 18 years and over  
2009-2013 American Community Survey 5-Year Estimates

Supporting documentation on code lists, subject definitions, data accuracy, and statistical testing can be found on the American Community Survey website in the Data and Documentation section.

Sample size and data quality measures (including coverage rates, allocation rates, and response rates) can be found on the American Community Survey website in the Methodology section.

Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, it is the Census Bureau's Population Estimates Program that produces and disseminates the official estimates of the population for the nation, states, counties, cities and towns and estimates of housing units for states and counties.

	Boston city, Massachusetts	
	Estimate	Margin of Error
Total:	517,799	+/-994
Male:	244,034	+/-989
18 to 34 years:	118,828	+/-724
With an independent living difficulty	1,688	+/-335
No independent living difficulty	117,140	+/-758
35 to 64 years:	99,567	+/-786
With an independent living difficulty	4,726	+/-452
No independent living difficulty	94,841	+/-859
65 to 74 years:	15,212	+/-318
With an independent living difficulty	1,253	+/-225
No independent living difficulty	13,959	+/-377
75 years and over:	10,427	+/-283
With an independent living difficulty	2,623	+/-294
No independent living difficulty	7,804	+/-396
Female:	273,765	+/-815
18 to 34 years:	129,189	+/-668
With an independent living difficulty	1,548	+/-267
No independent living difficulty	127,641	+/-714
35 to 64 years:	108,232	+/-665
With an independent living difficulty	6,311	+/-608
No independent living difficulty	101,921	+/-873
65 to 74 years:	18,539	+/-343
With an independent living difficulty	2,425	+/-295
No independent living difficulty	16,114	+/-413
75 years and over:	17,805	+/-399
With an independent living difficulty	6,066	+/-396
No independent living difficulty	11,739	+/-517

Data are based on a sample and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. The value shown here is the 90 percent margin of error. The margin of error can be interpreted roughly as providing a 90 percent probability that the interval defined by the estimate minus the margin of error and the estimate plus the margin of error (the lower and upper confidence bounds) contains the true value. In addition to sampling variability, the ACS estimates are subject to nonsampling error (for a discussion of nonsampling variability, see Accuracy of the Data). The effect of nonsampling error is not represented in these tables.

The Census Bureau introduced a new set of disability questions in the 2008 ACS questionnaire. Accordingly, comparisons of disability data from 2008 or later with data from prior years are not recommended. For more information on these questions and their evaluation

## Comments and Responses to BHA Proposed Designated Housing Plan

in the 2006 ACS Content Test, see the Evaluation Report Covering Disability.

While the 2009-2013 American Community Survey (ACS) data generally reflect the February 2013 Office of Management and Budget (OMB) definitions of metropolitan and micropolitan statistical areas; in certain instances the names, codes, and boundaries of the principal cities shown in ACS tables may differ from the OMB definitions due to differences in the effective dates of the geographic entities.

Estimates of urban and rural population, housing units, and characteristics reflect boundaries of urban areas defined based on Census 2010 data. As a result, data for urban and rural areas from the ACS do not necessarily reflect the results of ongoing urbanization.

Source: U.S. Census Bureau, 2009-2013 5-Year American Community Survey

### Explanation of Symbols:

1. An "" entry in the margin of error column indicates that either no sample observations or too few sample observations were available to compute a standard error and thus the margin of error. A statistical test is not appropriate.
  2. An '-' entry in the estimate column indicates that either no sample observations or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest interval or upper interval of an open-ended distribution.
  3. An '-' following a median estimate means the median falls in the lowest interval of an open-ended distribution.
  4. An '+' following a median estimate means the median falls in the upper interval of an open-ended distribution.
  5. An "" entry in the margin of error column indicates that the median falls in the lowest interval or upper interval of an open-ended distribution. A statistical test is not appropriate.
  6. An "" entry in the margin of error column indicates that the estimate is controlled. A statistical test for sampling variability is not appropriate.
  7. An 'N' entry in the estimate and margin of error columns indicates that data for this geographic area cannot be displayed because the number of sample cases is too small.
  8. An '(X)' means that the estimate is not applicable or not available.
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# Comments and Responses to BHA Proposed Designated Housing Plan

U.S. Census Bureau

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**MEDIAN EARNINGS IN THE PAST 12 MONTHS (IN 2007 INFLATION-ADJUSTED DOLLARS) BY SELF-CARE DISABILITY BY SEX FOR THE CIVILIAN NONINSTITUTIONALIZED POPULATION 16 YEARS AND OVER WITH EARNINGS**

Universe: Civilian noninstitutionalized population 16 years and over with earnings in the past 12 months

2007 American Community Survey 1-Year Estimates

NOTE: Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, it is the Census Bureau's Population Estimates Program that produces and disseminates the official estimates of the population for the nation, states, counties, cities and towns and estimates of housing units for states and counties.

For information on confidentiality protection, sampling error, nonsampling error, and definitions, see Survey Methodology.

	Boston city, Massachusetts	
	Estimate	Margin of Error
Total:	31,113	+/-780
With a self-care disability:	17,083	+/-9,356
Male	17,111	+/-33,887
Female	17,059	+/-10,474
No self-care disability	31,165	+/-794
Male	32,351	+/-1,411
Female	29,772	+/-1,693

Data are based on a sample and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. The value shown here is the 90 percent margin of error. The margin of error can be interpreted roughly as providing a 90 percent probability that the interval defined by the estimate minus the margin of error and the estimate plus the margin of error (the lower and upper confidence bounds) contains the true value. In addition to sampling variability, the ACS estimates are subject to nonsampling error (for a discussion of nonsampling variability, see Accuracy of the Data). The effect of nonsampling error is not represented in these tables.

**Notes:**

While the 2008 American Community Survey (ACS) data generally reflect the November 2007 Office of Management and Budget (OMB) definitions of metropolitan and micropolitan statistical areas; in certain instances the names, codes, and boundaries of the principal cities shown in ACS tables may differ from the OMB definitions due to differences in the effective dates of the geographic entities. The 2008 Puerto Rico Community Survey (PRCS) data generally reflect the November 2007 Office of Management and Budget (OMB) definitions of metropolitan and micropolitan statistical areas; in certain instances the names, codes, and boundaries of the principal cities shown in PRCS tables may differ from the OMB definitions due to differences in the effective dates of the geographic entities.

Estimates of urban and rural population, housing units, and characteristics reflect boundaries of urban areas defined based on Census 2000 data. Boundaries for urban areas have not been updated since Census 2000. As a result, data for urban and rural areas from the ACS do not necessarily reflect the results of ongoing urbanization.

**Explanation of Symbols:**

1. An "" entry in the margin of error column indicates that either no sample observations or too few sample observations were available to compute a standard error and thus the margin of error. A statistical test is not appropriate.
2. An "-" entry in the estimate column indicates that either no sample observations or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest interval or upper interval of an open-ended distribution.
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4. An "+" following a median estimate means the median falls in the upper interval of an open-ended distribution.
5. An "" entry in the margin of error column indicates that the median falls in the lowest interval or upper interval of an open-ended distribution. A statistical test is not appropriate.
6. An "" entry in the margin of error column indicates that the estimate is controlled. A statistical test for sampling variability is not appropriate.

Source: U.S. Census Bureau, 2007 American Community Survey

# Comments and Responses to BHA Proposed Designated Housing Plan

U.S. Census Bureau

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## SEX BY AGE BY INDEPENDENT LIVING DIFFICULTY

Universe: Civilian noninstitutionalized population 18 years and over  
2009-2013 American Community Survey 5-Year Estimates

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	Boston city, Massachusetts	
	Estimate	Margin of Error
Total:	517,799	+/-994
Male:	244,034	+/-989
18 to 34 years:	118,828	+/-724
With an independent living difficulty	1,688	+/-335
No independent living difficulty	117,140	+/-758
35 to 64 years:	99,567	+/-786
With an independent living difficulty	4,726	+/-452
No independent living difficulty	94,841	+/-859
65 to 74 years:	15,212	+/-318
With an independent living difficulty	1,253	+/-225
No independent living difficulty	13,959	+/-377
75 years and over:	10,427	+/-283
With an independent living difficulty	2,623	+/-294
No independent living difficulty	7,804	+/-396
Female:	273,765	+/-815
18 to 34 years:	129,189	+/-688
With an independent living difficulty	1,548	+/-267
No independent living difficulty	127,641	+/-714
35 to 64 years:	108,232	+/-665
With an independent living difficulty	6,311	+/-608
No independent living difficulty	101,921	+/-873
65 to 74 years:	18,539	+/-343
With an independent living difficulty	2,425	+/-295
No independent living difficulty	16,114	+/-413
75 years and over:	17,805	+/-399
With an independent living difficulty	6,066	+/-396
No independent living difficulty	11,739	+/-517

Data are based on a sample and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. The value shown here is the 90 percent margin of error. The margin of error can be interpreted roughly as providing a 90 percent probability that the interval defined by the estimate minus the margin of error and the estimate plus the margin of error (the lower and upper confidence bounds) contains the true value. In addition to sampling variability, the ACS estimates are subject to nonsampling error (for a discussion of nonsampling variability, see Accuracy of the Data). The effect of nonsampling error is not represented in these tables.

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## Comments and Responses to BHA Proposed Designated Housing Plan

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in the 2006 ACS Content Test, see the Evaluation Report Covering Disability.

While the 2009-2013 American Community Survey (ACS) data generally reflect the February 2013 Office of Management and Budget (OMB) definitions of metropolitan and micropolitan statistical areas; in certain instances the names, codes, and boundaries of the principal cities shown in ACS tables may differ from the OMB definitions due to differences in the effective dates of the geographic entities.

Estimates of urban and rural population, housing units, and characteristics reflect boundaries of urban areas defined based on Census 2010 data. As a result, data for urban and rural areas from the ACS do not necessarily reflect the results of ongoing urbanization.

Source: U.S. Census Bureau, 2009-2013 5-Year American Community Survey

### Explanation of Symbols:

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6. An "" entry in the margin of error column indicates that the estimate is controlled. A statistical test for sampling variability is not appropriate.
7. An 'N' entry in the estimate and margin of error columns indicates that data for this geographic area cannot be displayed because the number of sample cases is too small.
8. An '(X)' means that the estimate is not applicable or not available.

# Comments and Responses to BHA Proposed Designated Housing Plan

U.S. Census Bureau

AMERICAN  
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## SEX BY AGE BY SELF-CARE DIFFICULTY

Universe: Civilian noninstitutionalized population 5 years and over  
2009-2013 American Community Survey 5-Year Estimates

Supporting documentation on code lists, subject definitions, data accuracy, and statistical testing can be found on the American Community Survey website in the Data and Documentation section.

Sample size and data quality measures (including coverage rates, allocation rates, and response rates) can be found on the American Community Survey website in the Methodology section.

Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, it is the Census Bureau's Population Estimates Program that produces and disseminates the official estimates of the population for the nation, states, counties, cities and towns and estimates of housing units for states and counties.

	Boston city, Massachusetts	
	Estimate	Margin of Error
Total:	588,872	+/-723
Male:	280,144	+/-972
5 to 17 years:	36,110	+/-612
With a self-care difficulty	648	+/-185
No self-care difficulty	35,462	+/-621
18 to 34 years:	118,828	+/-724
With a self-care difficulty	766	+/-282
No self-care difficulty	118,062	+/-740
35 to 64 years:	99,567	+/-786
With a self-care difficulty	2,353	+/-314
No self-care difficulty	97,214	+/-822
65 to 74 years:	15,212	+/-318
With a self-care difficulty	678	+/-174
No self-care difficulty	14,534	+/-385
75 years and over:	10,427	+/-283
With a self-care difficulty	1,450	+/-230
No self-care difficulty	8,977	+/-387
Female:	308,728	+/-932
5 to 17 years:	34,963	+/-548
With a self-care difficulty	229	+/-123
No self-care difficulty	34,734	+/-567
18 to 34 years:	129,189	+/-668
With a self-care difficulty	573	+/-153
No self-care difficulty	128,616	+/-682
35 to 64 years:	108,232	+/-665
With a self-care difficulty	2,604	+/-439
No self-care difficulty	105,628	+/-781
65 to 74 years:	18,539	+/-343
With a self-care difficulty	1,028	+/-197
No self-care difficulty	17,511	+/-385
75 years and over:	17,805	+/-309
With a self-care difficulty	3,143	+/-377
No self-care difficulty	14,662	+/-541

## Comments and Responses to BHA Proposed Designated Housing Plan

Data are based on a sample and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. The value shown here is the 90 percent margin of error. The margin of error can be interpreted roughly as providing a 90 percent probability that the interval defined by the estimate minus the margin of error and the estimate plus the margin of error (the lower and upper confidence bounds) contains the true value. In addition to sampling variability, the ACS estimates are subject to nonsampling error (for a discussion of nonsampling variability, see Accuracy of the Data). The effect of nonsampling error is not represented in these tables.

The Census Bureau introduced a new set of disability questions in the 2008 ACS questionnaire. Accordingly, comparisons of disability data from 2008 or later with data from prior years are not recommended. For more information on these questions and their evaluation in the 2006 ACS Content Test, see the Evaluation Report Covering Disability.

While the 2009-2013 American Community Survey (ACS) data generally reflect the February 2013 Office of Management and Budget (OMB) definitions of metropolitan and micropolitan statistical areas; in certain instances the names, codes, and boundaries of the principal cities shown in ACS tables may differ from the OMB definitions due to differences in the effective dates of the geographic entities.

Estimates of urban and rural population, housing units, and characteristics reflect boundaries of urban areas defined based on Census 2010 data. As a result, data for urban and rural areas from the ACS do not necessarily reflect the results of ongoing urbanization.

Source: U.S. Census Bureau, 2009-2013 5-Year American Community Survey

### Explanation of Symbols:

1. An "" entry in the margin of error column indicates that either no sample observations or too few sample observations were available to compute a standard error and thus the margin of error. A statistical test is not appropriate.
2. An "-" entry in the estimate column indicates that either no sample observations or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest interval or upper interval of an open-ended distribution.
3. An "-" following a median estimate means the median falls in the lowest interval of an open-ended distribution.
4. An "+" following a median estimate means the median falls in the upper interval of an open-ended distribution.
5. An "" entry in the margin of error column indicates that the median falls in the lowest interval or upper interval of an open-ended distribution. A statistical test is not appropriate.
6. An "" entry in the margin of error column indicates that the estimate is controlled. A statistical test for sampling variability is not appropriate.
7. An 'N' entry in the estimate and margin of error columns indicates that data for this geographic area cannot be displayed because the number of sample cases is too small.
8. An '(X)' means that the estimate is not applicable or not available.

# Comments and Responses to BHA Proposed Designated Housing Plan

U.S. Census Bureau

AMERICAN  
FactFinder



B18105

## SEX BY AGE BY AMBULATORY DIFFICULTY

Universe: Civilian noninstitutionalized population 5 years and over  
2009-2013 American Community Survey 5-Year Estimates

Supporting documentation on code lists, subject definitions, data accuracy, and statistical testing can be found on the American Community Survey website in the Data and Documentation section.

Sample size and data quality measures (including coverage rates, allocation rates, and response rates) can be found on the American Community Survey website in the Methodology section.

Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, it is the Census Bureau's Population Estimates Program that produces and disseminates the official estimates of the population for the nation, states, counties, cities and towns and estimates of housing units for states and counties.

	Boston city, Massachusetts	
	Estimate	Margin of Error
Total:	588,872	+/-723
Male:	280,144	+/-972
5 to 17 years:	36,110	+/-612
With an ambulatory difficulty	552	+/-160
No ambulatory difficulty	35,558	+/-622
18 to 34 years:	118,828	+/-724
With an ambulatory difficulty	1,274	+/-307
No ambulatory difficulty	117,554	+/-754
35 to 64 years:	99,567	+/-786
With an ambulatory difficulty	7,528	+/-571
No ambulatory difficulty	92,039	+/-861
65 to 74 years:	15,212	+/-318
With an ambulatory difficulty	2,490	+/-291
No ambulatory difficulty	12,722	+/-366
75 years and over:	10,427	+/-283
With an ambulatory difficulty	3,324	+/-364
No ambulatory difficulty	7,103	+/-380
Female:	308,728	+/-932
5 to 17 years:	34,963	+/-548
With an ambulatory difficulty	344	+/-129
No ambulatory difficulty	34,619	+/-580
18 to 34 years:	129,189	+/-668
With an ambulatory difficulty	1,202	+/-252
No ambulatory difficulty	127,987	+/-741
35 to 64 years:	108,232	+/-665
With an ambulatory difficulty	10,733	+/-896
No ambulatory difficulty	97,499	+/-1,099
65 to 74 years:	18,539	+/-343
With an ambulatory difficulty	4,218	+/-346
No ambulatory difficulty	14,321	+/-436
75 years and over:	17,805	+/-399
With an ambulatory difficulty	7,037	+/-423
No ambulatory difficulty	10,768	+/-515

## Comments and Responses to BHA Proposed Designated Housing Plan

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Source: U.S. Census Bureau, 2009-2013 5-Year American Community Survey

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2. An "." entry in the estimate column indicates that either no sample observations or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest interval or upper interval of an open-ended distribution.
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## Comments and Responses to BHA Proposed Designated Housing Plan

### 17. Letter from Christine Griffin, Executive Director, and Rick Glassman, Director of Advocacy, Disability Law Center

Thank you for the opportunity to comment on the Boston Housing Authority’s proposed Designated Housing Plan (DHP).

As you may know, the Disability Law Center (DLC) is the Commonwealth’s Protection and Advocacy system, representing the interests of people with developmental disabilities under the federal mandate of the Protection and Advocacy for Persons with Developmental Disabilities Act (42 U.S.C. 15041-15045). See also, 42 U.S.C. sec. 10801 (people with mental illness) and 29 U.S.C. sec. 794e (persons with other disabilities). One aspect of this role is the authority to engage with policymakers on issues of concern to our constituents with developmental disabilities, 42 U.S.C. sec. 15043 (a)(2)(L), as well as those with mental illness, see e.g., 42 C.F.R. sec. 51.31(f).

In its DHP, the BHA proposes to alter the percentages of elders and persons with disabilities living in elderly/disabled federal public housing, from 70% and 30% to 80% and 20%, respectively. DLC respectfully opposes the DHP as currently proposed, for reasons in three areas described in more detail below:

1. The Proposed DHP is Predicated Upon Inaccurate Data and an Inaccurate Needs Assessment.

a. Statistical Evidence

The demographic analysis done for the BHA by students working for Valadus Consulting overlooks clear, straightforward and objective data from the U.S. Census Bureau, for the City of Boston including the number of persons with disabilities, aged 18-64, as compared with the number of seniors. These statistics, available through American Factfinder<sup>31</sup>, are summarized below:

	ACS Population Totals	<b>Actual percentages from ACS Census Data, based upon total # of people aged 18-64 with disabilities, plus # of seniors</b>	Ideal percentages, from ACS Census Data, based upon total # of people aged 18-64 with disabilities, plus # of seniors	Current BHA Percentages	Proposed BHA Percentages	Percentages, from ACS Census Data, based upon total # of people aged 18-64 with disabilities, plus # of seniors with disabilities
People with disabilities, aged 18-64	<b>41,094</b>	<b>39.86%</b>	40%	30%	20%	61%

<sup>31</sup> See Table DP02, “Selected Social Characteristics in the United States, 2009-2013, American Community Survey 5 Year Estimates” for the City of Boston, available through [http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_13\\_5YR\\_DP02&prodType=table](http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_13_5YR_DP02&prodType=table).

## Comments and Responses to BHA Proposed Designated Housing Plan

People aged 65 and older, with and without disabilities	<b>61,983</b>	<b>60.13%</b>	60%	70%	80%	-----
People aged 65 or older with disabilities	25,986	----				38.7%

This table illustrates that based on the current populations in federal elder/disabled public housing, if units were given in proportion to the eligible populations (people aged 18-64 with disabilities, plus seniors with and without disabilities), then the appropriate percentages our be 40% for persons with disabilities and 60% for seniors. Of course, the current percentage is 30% for persons with disabilities and 70% for seniors, and the BHA is proposing moving the percentages in a direction that will be even more dramatically misaligned with the Boston demographic data.

**BHA response:** As noted in the responses above and in the proposed Plan itself, a proper assessment of how BHA is meeting the needs of the non-elderly disabled population involves looking at program-wide data. This data shows that BHA is doing more to house the non-elderly disabled than any other organization in the region, and quite possibly doing so to the disadvantage of the elderly: over the two-year period analyzed, the BHA housed twice as many non-elderly disabled as the elderly (see DHP pg. 20 and Exhibit G).

It is worth noting that the ACS numbers cited include some age ranges for (i.e., 18-20) that are highly unlikely to apply for public housing and others do not match the relevant HUD definition (i.e., 62-64).

This is even more disturbing when one considers that the ACS data significantly underestimates the need of persons with disabilities for two reasons. First, a 40/60 split compares persons with disabilities, with seniors with and without disabilities. It therefore includes a significant number of seniors who do not have disabilities and who may therefore have less of a need for affordable, accessible housing. As noted in the table above, if one were to compare persons aged 18-64 with disabilities and persons over aged 64 with disabilities, one would see that persons aged 18-64 constitute over 61% of adults with disabilities, and seniors with disabilities constitute only 38.7% of adults with disabilities in Boston.<sup>32</sup>

Second, the 40/60 split does not account for the fact that persons with disabilities, aged 18-64, are more likely to be below the poverty line than seniors with and without disabilities. In 2011, roughly 9.3% of

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<sup>32</sup> The same holds true if one examines the Boston areas census data for persons “with an independent living difficulty.” There are 14,273 people between ages 18-64 meeting this description, whereas there are only 12,376 seniors meeting this description. Therefore, out of a total of 26,640 people with an “independent living difficulty,” 53.57% are non-elderly, and 46.42% are seniors. See Table 18107, “Sex By Age By Independent Living Difficulty Universe: Civilian Noninstitutionalized Population 18 years and over 2009-2013 American Community Survey 5-Year Estimates for the City of Boston,” available through [http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_13\\_5YR\\_B18107&prodTy pe=table](http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_13_5YR_B18107&prodTy pe=table).

## Comments and Responses to BHA Proposed Designated Housing Plan

seniors lived below the poverty line.<sup>33</sup> By contrast, nationally 26.9% of people with disabilities between 18 and 64 live in poverty. Table 4.1 “Poverty-Civilians with Disabilities Ages 18-64 Years Living in the Community for the United States and States 2013”, Annual Disability Statistics Compendium, University of New Hampshire, available at <http://www.disabilitycompendium.org/compendium-statistics/poverty/4-1-poverty-civilians-with-disabilities-ages-18-64-years-living-in-the-community-for-the-u-s-><sup>34</sup>

**BHA response:** For Boston-specific data on poverty rates among the elderly in the area, please see “Aging in Boston: Preparing today for a growing tomorrow,” UMass Center for Social and Demographic Research on Aging Gerontology Institute (2014). The proposed DHP frequently cites this report, which highlights the rapid growth in low-income seniors in the Boston area.

In addition to the census data cited above, the public housing waiting list also does not support the proposed DHP. With 7,884 people with disabilities and only 2,944 seniors, the BHA’s proposal would allocate scarce resources in inverse proportion to their apparent need.

**BHA response:** These numbers are not correct, please see b., above.

### b. Flawed Analysis from Valadus Consulting

The statistics offered by students at Valadus Consulting in support of the proposed DHP seems fundamentally flawed in many respects. For example, Valadus concludes that the need for housing for seniors is “rapidly increasing” (DHP at 3), but its conclusions contradict the Research Division of the Boston Redevelopment Authority that has found that the elderly population in Boston has “remained at a fairly constant size” and has “shrunk slightly over the last decade” in proportion to the total population.<sup>35</sup> It then compares the elderly population to either the general population, or the population of persons with disabilities ages 16 to 55, but not the relevant population of low income persons with disabilities, ages 18 to 64 (DHP at 3-4).

Valadus then proceeds to look at a variety of other data points for elders, such as the numbers of elders that are low income (DHP at 4-5), or face a high rent burden (DHP at 5), or a gap between income and cost of living (DHP at 7). In each instance, either seniors are compared to the general population, or no

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<sup>33</sup> See “A Profile of Older Americans: 2012,” Administration on Aging, U.S. Dept of Health and Human Services, p. 9, available at [http://www.aoa.gov/Aging\\_Statistics/Profile/2012/docs/2012profile.pdf](http://www.aoa.gov/Aging_Statistics/Profile/2012/docs/2012profile.pdf)

<sup>34</sup> The difference in the poverty rate is no doubt affected by a greater likelihood that seniors may have retirement income and/or equity from the sale of a home. For example, 2000 Boston census data indicates that there were 8,070 seniors paying over 35% of their income in housing costs, compared with 32,662 persons in Boston between the ages of 25 and 65. “Boston City 2000 Census of Population and Housing, Boston Redevelopment Authority, Table 74, “Age of householder by Gross Rent as a Percentage of HH Income,” p. 24, available at <http://www.bostonredevelopmentauthority.org/getattachment/0392c96d-847b-4e90-b480-72609cedb1b0/>. The point here is not to deny that there are many low-income seniors in dire need of affordable and accessible housing. Rather, the data simply does not support allocating 80% of such housing to seniors over low-income people with disabilities.

<sup>35</sup> “Boston By The Numbers, Elderly, Boston Redevelopment Authority, November 2012, available at <http://www.bostonredevelopmentauthority.org/getattachment/44dc27ce-9db2-48e9-b680-545fe5800c68/>.

## Comments and Responses to BHA Proposed Designated Housing Plan

other group at all, but not to non-elderly persons with disabilities. Valadus makes the argument that elders would be better served by accessibility features in public housing (DHP at 7); however the proposal they support is not individually tailored and gives greater rights to seniors who do not seek such features and limits opportunities for persons with disabilities that do. Finally, Valadus makes sweeping conclusions about seniors versus persons with disabilities (factors such as the likelihood to remain in unsafe housing, or be geographically constrained, or the need for help with accessing the application process (DHP at 11)), apparently based on about 20 phone calls conducted with applicants and stakeholders. See <https://www.bostonhousing.org/BHA/media/Documents/News/11-6-14-DHP-Exhibits-OCR-Color.pdf>, Exhibit B, p. 1.

**BHA response:** For current data on Boston’s growing low-income elderly population, please refer to the reports cited in the Plan. Regarding the data contained in the Plan, the Valadus consultants made their best effort using publicly available sources. Unfortunately, there is little to no data available that separates the age categories in line with HUD income limits and HUD definitions, particularly elderly/non-elderly and “disabled.” Additionally, Valadus conducted in-depth interviews with a representative sampling of service providers, applicants, and current residents.

\*\*\*\*

In sum, there is no credible statistical evidence that seniors have a greater need for public housing than persons with disabilities that would justify increasing the current 70/30 rule that already appears to underserve persons with disabilities. Moreover, the City of Boston’s current Consolidated Plan does not identify such a need. [http://www.cityofboston.gov/images\\_documents/Consolidated%20Plan%20\(July%202013%20to%20June%202018\)\\_tcm3-43046.pdf](http://www.cityofboston.gov/images_documents/Consolidated%20Plan%20(July%202013%20to%20June%202018)_tcm3-43046.pdf).

### c. Public Hearing Testimony

The testimony received at the BHA’s only public hearing was overwhelmingly in opposition to the proposed amendments to the DHP. There was extensive and compelling testimony from persons with disabilities as to their acute unmet needs for affordable and accessible housing. Numerous tenants who use wheelchairs spoke of being unable to go outside or having to crawl up stairs of buildings to reach their inaccessible units, or being stuck inside. Others related experiences of being held in institutions while being discharge ready, but being unable to find affordable and accessible housing in the community even with vouchers. Experienced advocates spoke of the ways in which the state AHVP program used compensatory vouchers that failed to keep pace over time with housing lost to persons with disabilities, after percentages were readjusted in state public housing units.

Only two or three individuals testified on support of the proposal. One senior demonstrated active discriminatory animus to persons with disabilities by maintaining that such persons should “not count” as elderly when they resided in federal public housing and then turned 65. Notably, John Robinson, of the Mass. Senior Action Council and a senior himself, testified in opposition to the BHA’s proposal and explained why the BHA’s plan served to pit seniors and persons with disabilities against each other, rather than build bridges between these communities.

### d. Better Alternative Approaches

## Comments and Responses to BHA Proposed Designated Housing Plan

DLC occasionally encounters public housing high rises where there are significant tensions between seniors and persons with disabilities, but we have found that tenants with disabilities are no more likely to be at fault than their elder counterparts. Around the country, best practices indicate that the preferred strategy to address these issues is through hands-on property management, case management, and better coordination with social services and mental health providers serving both groups.<sup>36</sup> It is noteworthy that one of the few seniors testifying at the recent public hearing on the BHA's DHP amendments complained of having no on-site management to assist members of both communities.

### 2. The Proposed DHP Conflicts with the BHA's Statutory Obligation to Affirmatively Further Fair Housing.

As you are aware, as a HUD grantee, the BHA is subject to the statutory requirements in the fair housing act to affirmatively further fair housing. 42 USC 3608(e)(5).<sup>37</sup> People with disabilities, are, of course, a protected class under the Fair Housing Amendments Act (FHAA). For all of the reasons discussed above, the BHA's proposed DHP not only does not affirmatively further fair housing, but it reduces opportunities for persons with disabilities to live in public housing, and thereby creates barriers to fair housing goals and objectives.<sup>38</sup>

**BHA response:** Please see b., above.

### 3. The Alternative Resources Offered to Persons with Disabilities Do Not Sufficiently Compensate for Lost Housing Units.

The DHP offers 330 vouchers as a substitute for lost public housing units. If the BHA were to proceed with this plan over the objection of our organization, and so many others, we would have a number of concerns about this approach.

- **New Vouchers v. Turnover:** Our understanding is that these vouchers would be obtained through routine turnover. We object to using vouchers from turnover, as opposed to new vouchers, because many of the individuals on the Section 8 waiting list already are persons with disabilities would receive these vouchers anyway when they rose to the top of the list. Therefore, if the BHA uses turnover and not new vouchers, it is not replacing lost housing stock for applicants with disabilities on a 1:1 basis. The BHA should also not use existing Section 8 Special Purpose Vouchers already designated for people with disabilities to implement the DHP.

**BHA response:** Please see d., above.

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<sup>36</sup> See examples from Connecticut, Baltimore, Knoxville and Portland, Oregon discussed in "Integrating the Elderly and People with Disabilities in Public Housing," OLR Research Report (August 5, 2011), available at <http://www.cga.ct.gov/2011/rpt/2011-R-0245.htm>.

<sup>37</sup> See also, NPRM published July 19, 2013 at <https://www.federalregister.gov/articles/2013/07/19/2013-16751/affirmatively-furthering-fair-housing>.

<sup>38</sup> For a further discussion of the fair housing implications of DHP policies on persons with disabilities, see "What's Wrong with This Picture? An Update on the Impact of Elderly Only Housing Policies on People With Disabilities," *Opening Doors*, Technical Assistance Collaborative, September 2001.

## Comments and Responses to BHA Proposed Designated Housing Plan

- **Phasing In:** If not all targeted vouchers will initially be made available to applicants with disabilities, any change in percentages for public housing units should be phased in, in proportion to the extent to which vouchers are made available.
- **New DHP Vouchers v. Old DHP Vouchers:** The BHA should clarify for the community whether all 330 vouchers promised are new DHP resources, or partially vouchers that have been targeted from the original DHP. Only *new* vouchers should form the basis for implementing the BHA's proposed DHP.

**BHA response:** The 300 mitigation vouchers are a newly targeted resource and are in addition to the NED vouchers currently administered.

- **Steps Needed To Overcome Private Market Limitations:** Given the number of vouchers that are unable to be used in the greater Boston area because of rent levels, it is unclear that a 1:1 ratio would adequately compensate the intended population of low income people with disabilities within this geographic area.

The pool of available units is further reduced by limitations, which disproportionately affect people with disabilities, as compared with the larger BHA applicant pool. The process of searching for housing is especially challenging for many people with disabilities. In addition, many applicants are only able to seek first floor accessible units or buildings with elevators, and/or units that have accessible interior features.<sup>39</sup> This is especially problematic in many Boston neighborhoods where typical housing stock is three deckers accessed by stairs rising above the street level, with broken sidewalks, and limited access to public transportation.

To make vouchers an effective option for people with disabilities, the BHA should do the following:

1. Agree to increase the payment standard. We are concerned about tenants being forced to pay more for their units, e.g., 40% of their income in rent after the first year of the lease.
2. Freely extend housing search time for all applicants seeking accessible features and all applicants who face limitations or challenges that will affect the housing search process (e.g., major mental illness, cognitive and intellectual disabilities, mobility limitations, and dependent family members with disabilities). This is particularly important because Section 8 tenants may face multiple moves, e.g., if their tenancy is terminated after the first year for a personal, business or economic reason that they cannot control.
3. Take affirmative steps to determine if applicants need extensions on their search time before taking steps to re-assign a voucher to another applicant.

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<sup>39</sup> These tenants are already competing with other Section 8 applicants and tenants seeking accessible features. The City's current Consolidated Plan (Table 24, p. 34) indicates that there are 10,991 such tenants. See [http://www.cityofboston.gov/images\\_documents/Consolidated%20Plan%20\(July%202013%20to%20June%202018\)\\_tcm3-43046.pdf](http://www.cityofboston.gov/images_documents/Consolidated%20Plan%20(July%202013%20to%20June%202018)_tcm3-43046.pdf)

## Comments and Responses to BHA Proposed Designated Housing Plan

4. Develop additional resources for these applicants, including (a) housing search services; (b) security deposit assistance; (c) funds for mobility-related modifications; and (d) assistance to applicants that may be experiencing housing discrimination. We would recommend the BHA supplement its own efforts with CDBG funds from the City of Boston.
5. Agree that these vouchers may not be cut through sequestration and should agree to revert to the original percentages for elder/disabled housing if appropriation for these vouchers were ever cut or not renewed.
6. Permit applicants with disabilities who accept a voucher, upon request, to remain on the public housing waiting list and maintain their preference points. This is especially important when these applicants have not been able to secure all of the necessary accessibility features they need through the private housing market. Should these applicants attempt living in private market housing and find that they need accessibility or other features in public housing, they should be given super-priority to transfer to a public housing unit.

**BHA response:** Please see d., above, and responses to GBL's comments.

Transparency and Public Accountability. Until all 330 or more vouchers have been utilized, the BHA should agree to report publicly on the percentages of elders versus persons with disabilities in elder/disabled federal public housing and the utilization rate for any vouchers being phased into use as substitute housing. If the utilization rate is such that fewer vouchers are being used than public housing units lost, the BHA should increase the number of vouchers until these numbers are equal.

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We urge the BHA to retain the existing proportion of seniors and persons with disabilities in its federal elder/disabled public housing. Should the BHA decide to partially or entirely implement its current DHP proposal, we urge you to at least adopt all of the protections recommended in section 3 of this letter.

Thank you again for the opportunity to comment. Please do not hesitate to contact our office if we may be helpful in the BHA's process of finalizing its Designated Housing Plan.

**BHA Response:** Thank you for providing feedback on the proposed Plan.

# Comments and Responses to BHA Proposed Designated Housing Plan

**U.S. Census Bureau**

**AMERICAN FactFinder**

DP02 SELECTED SOCIAL CHARACTERISTICS IN THE UNITED STATES

2009-2013 American Community Survey 5-Year Estimates

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Subject	Boston city, Massachusetts			
	Estimate	Margin of Error	Percent	Percent Margin of Error
<b>HOUSEHOLDS BY TYPE</b>				
Total households	249,414	+/-1,356	249,414	(X)
Family households (families)	117,729	+/-1,735	47.2%	+/-0.7
With own children under 18 years	53,064	+/-1,223	21.3%	+/-0.5
Married-couple family	65,588	+/-1,474	26.3%	+/-0.6
With own children under 18 years	24,881	+/-996	10.0%	+/-0.4
Male householder, no wife present, family	10,689	+/-819	4.3%	+/-0.3
With own children under 18 years	4,020	+/-452	1.6%	+/-0.2
Female householder, no husband present, family	41,452	+/-1,097	16.6%	+/-0.4
With own children under 18 years	24,163	+/-970	9.7%	+/-0.4
Nonfamily households	131,685	+/-1,900	52.8%	+/-0.7
Householder living alone	94,659	+/-1,801	38.0%	+/-0.7
65 years and over	25,211	+/-888	10.1%	+/-0.4
Households with one or more people under 18 years	58,642	+/-1,191	23.6%	+/-0.5
Households with one or more people 65 years and over	48,977	+/-678	19.6%	+/-0.3
Average household size	2.34	+/-0.01	(X)	(X)
Average family size	3.17	+/-0.03	(X)	(X)
<b>RELATIONSHIP</b>				
Population in households	584,008	+/-1,751	584,008	(X)

# Comments and Responses to BHA Proposed Designated Housing Plan

Subject	Estimate	Boston city, Massachusetts		
		Margin of Error	Percent	Percent Margin of Error
Householder	249,414	+/-1,356	42.7%	+/-0.2
Spouse	65,643	+/-1,517	11.2%	+/-0.3
Child	145,022	+/-2,014	24.9%	+/-0.3
Other relatives	44,830	+/-1,675	7.7%	+/-0.3
Nonrelatives	79,099	+/-2,208	13.5%	+/-0.4
Unmarried partner	17,758	+/-851	3.0%	+/-0.1
<b>MARITAL STATUS</b>				
Males 15 years and over	256,901	+/-906	256,901	(X)
Never married	149,891	+/-1,523	59.3%	+/-0.6
Now married, except separated	79,692	+/-1,625	31.0%	+/-0.6
Separated	6,630	+/-610	2.6%	+/-0.2
Widowed	4,764	+/-452	1.9%	+/-0.2
Divorced	15,934	+/-821	6.2%	+/-0.3
Females 15 years and over	285,272	+/-823	285,272	(X)
Never married	157,199	+/-1,724	55.1%	+/-0.6
Now married, except separated	74,651	+/-1,653	26.2%	+/-0.6
Separated	9,114	+/-820	3.2%	+/-0.2
Widowed	18,037	+/-896	6.3%	+/-0.2
Divorced	25,274	+/-1,046	9.2%	+/-0.4
<b>FERTILITY</b>				
Number of women 15 to 50 years old who had a birth in the past 12 months	7,840	+/-837	7,840	(X)
Unmarried women (widowed, divorced, and never married)	3,333	+/-448	42.5%	+/-4.1
Per 1,000 unmarried women	22	+/-3	(X)	(X)
Per 1,000 women 15 to 50 years old	39	+/-3	(X)	(X)
Per 1,000 women 15 to 19 years old	10	+/-5	(X)	(X)
Per 1,000 women 20 to 34 years old	48	+/-5	(X)	(X)
Per 1,000 women 35 to 50 years old	35	+/-5	(X)	(X)
<b>GRANDPARENTS</b>				
Number of grandparents living with own grandchildren under 18 years	10,777	+/-813	10,777	(X)
Responsible for grandchildren	3,875	+/-520	36.0%	+/-3.9
Years responsible for grandchildren	599	+/-181	5.5%	+/-1.6
Less than 1 year	755	+/-192	7.0%	+/-1.7
1 or 2 years	991	+/-258	9.2%	+/-2.4
3 or 4 years	1,540	+/-325	14.3%	+/-2.6
5 or more years	3,875	+/-520	3.875	(X)
Number of grandparents responsible for own grandchildren under 18 years Who are female	2,851	+/-413	79.6%	+/-4.1

# Comments and Responses to BHA Proposed Designated Housing Plan

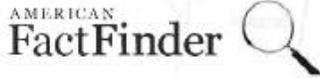
Subject	Boston city, Massachusetts			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Who are married	1,928	+/-353	49.8%	+/-5.8
<b>SCHOOL ENROLLMENT</b>				
Population 3 years and over enrolled in school	195,282	+/-2,038	195,282	(X)
Nursery school, preschool	7,793	+/-635	4.0%	+/-0.3
Kindergarten	8,306	+/-590	4.3%	+/-0.3
Elementary school (grades 1-8)	43,304	+/-912	22.2%	+/-0.5
High school (grades 9-12)	24,414	+/-818	12.5%	+/-0.4
College or graduate school	111,465	+/-1,883	57.1%	+/-0.6
<b>EDUCATIONAL ATTAINMENT</b>				
Population 25 years and over	410,047	+/-897	410,047	(X)
Less than 9th grade	32,354	+/-1,195	7.9%	+/-0.3
9th to 12th grade, no diploma	29,187	+/-1,416	7.1%	+/-0.3
High school graduate (includes equivalency)	91,911	+/-2,072	22.4%	+/-0.5
Some college, no degree	57,697	+/-1,456	14.1%	+/-0.3
Associate's degree	18,937	+/-1,006	4.6%	+/-0.2
Bachelor's degree	99,765	+/-1,761	24.3%	+/-0.4
Graduate or professional degree	80,196	+/-1,841	19.6%	+/-0.5
Percent high school graduate or higher	(X)	(X)	85.0%	+/-0.4
Percent bachelor's degree or higher	(X)	(X)	43.9%	+/-0.6
<b>VETERAN STATUS</b>				
Civilian population 18 years and over	524,026	+/-872	524,026	(X)
Civilian veterans	19,258	+/-860	3.7%	+/-0.2
<b>DISABILITY STATUS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION</b>				
Total Civilian Noninstitutionalized Population	622,258	+/-492	622,258	(X)
With a disability	72,563	+/-2,065	11.7%	+/-0.3
Under 18 years	104,459	+/-841	104,459	(X)
With a disability	5,483	+/-637	5.2%	+/-0.6
18 to 64 years	455,816	+/-966	455,816	(X)
With a disability	41,092	+/-1,687	9.0%	+/-0.4
65 years and over	61,983	+/-578	61,983	(X)
With a disability	25,966	+/-811	41.9%	+/-1.2
<b>RESIDENCE 1 YEAR AGO</b>				
Population 1 year and over	622,746	+/-540	622,746	(X)
Same house	483,866	+/-3,080	77.7%	+/-0.5

3 of 6

Data on page 2 of DLC comments  
Footnote 1:

# Comments and Responses to BHA Proposed Designated Housing Plan

## U.S. Census Bureau



B18107

### SEX BY AGE BY INDEPENDENT LIVING DIFFICULTY

Universe: Civilian noninstitutionalized population 18 years and over  
2009-2013 American Community Survey 5-Year Estimates

*Data from p. 3 of DLC Comments, FT. 2*

Supporting documentation on code lists, subject definitions, data accuracy, and statistical testing can be found on the American Community Survey website in the Data and Documentation section.

Sample size and data quality measures (including coverage rates, allocation rates, and response rates) can be found on the American Community Survey website in the Methodology section.

Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, it is the Census Bureau's Population Estimates Program that produces and disseminates the official estimates of the population for the nation, states, counties, cities and towns and estimates of housing units for states and counties.

*TOTAL = 14,273 NED PWD*

	Boston city, Massachusetts	
	Estimate	Margin of Error
Total:	517,799	+/-994
Male:	244,034	+/-989
18 to 34 years:	118,828	+/-724
With an independent living difficulty	1,688	+/-335
No independent living difficulty	117,140	+/-758
35 to 64 years:	99,567	+/-786
With an independent living difficulty	4,726	+/-452
No independent living difficulty	94,841	+/-859
65 to 74 years:	15,212	+/-318
With an independent living difficulty	1,253	+/-225
No independent living difficulty	13,959	+/-377
75 years and over:	10,427	+/-283
With an independent living difficulty	2,623	+/-294
No independent living difficulty	7,804	+/-396
Female:	273,765	+/-815
18 to 34 years:	129,189	+/-668
With an independent living difficulty	1,548	+/-267
No independent living difficulty	127,641	+/-714
35 to 64 years:	108,232	+/-685
With an independent living difficulty	6,311	+/-608
No independent living difficulty	101,921	+/-873
65 to 74 years:	18,539	+/-343
With an independent living difficulty	2,425	+/-295
No independent living difficulty	16,114	+/-413
75 years and over:	17,805	+/-399
With an independent living difficulty	6,066	+/-396
No independent living difficulty	11,739	+/-517

*(with indep. living difficulties)*

*12,367 SENIORS with disabilities (or independent living difficulty)*

Data are based on a sample and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. The value shown here is the 90 percent margin of error. The margin of error can be interpreted roughly as providing a 90 percent probability that the interval defined by the estimate minus the margin of error and the estimate plus the margin of error (the lower and upper confidence bounds) contains the true value. In addition to sampling variability, the ACS estimates are subject to nonsampling error (for a discussion of nonsampling variability, see Accuracy of the Data). The effect of nonsampling error is not represented in these tables.

The Census Bureau introduced a new set of disability questions in the 2008 ACS questionnaire. Accordingly, comparisons of disability data from 2008 or later with data from prior years are not recommended. For more information on these questions and their evaluation

## Comments and Responses to BHA Proposed Designated Housing Plan

in the 2006 ACS Content Test, see the Evaluation Report Covering Disability.

While the 2009-2013 American Community Survey (ACS) data generally reflect the February 2013 Office of Management and Budget (OMB) definitions of metropolitan and micropolitan statistical areas; in certain instances the names, codes, and boundaries of the principal cities shown in ACS tables may differ from the OMB definitions due to differences in the effective dates of the geographic entities.

Estimates of urban and rural population, housing units, and characteristics reflect boundaries of urban areas defined based on Census 2010 data. As a result, data for urban and rural areas from the ACS do not necessarily reflect the results of ongoing urbanization.

Source: U.S. Census Bureau, 2009-2013 5-Year American Community Survey

### Explanation of Symbols:

1. An "" entry in the margin of error column indicates that either no sample observations or too few sample observations were available to compute a standard error and thus the margin of error. A statistical test is not appropriate.
2. An '-' entry in the estimate column indicates that either no sample observations or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest interval or upper interval of an open-ended distribution.
3. An '-' following a median estimate means the median falls in the lowest interval of an open-ended distribution.
4. An '+' following a median estimate means the median falls in the upper interval of an open-ended distribution.
5. An "" entry in the margin of error column indicates that the median falls in the lowest interval or upper interval of an open-ended distribution. A statistical test is not appropriate.
6. An "" entry in the margin of error column indicates that the estimate is controlled. A statistical test for sampling variability is not appropriate.
7. An 'N' entry in the estimate and margin of error columns indicates that data for this geographic area cannot be displayed because the number of sample cases is too small.
8. An '(X)' means that the estimate is not applicable or not available.

## Comments and Responses to BHA Proposed Designated Housing Plan

### 18. Letter from Michelle Dickson, Director of Public Policy Advocacy, National Multiple Sclerosis Society

These comments are submitted to the Boston Housing Authority Housing in opposition to the proposed *Designated Housing Plan for the Boston Housing Authority* released in 2014. The National MS Society appreciates the opportunity to submit comments in absence of participation in the hearing on December 15th, 2015.

The Greater New England Chapter of the National Multiple Sclerosis Society represents more than 12,000 identified individuals affected in Massachusetts. MS is a chronic, progressive and unpredictable disease of the central nervous system for which there is no cure. The progress, severity and specific symptoms of MS in any one person cannot yet be predicted. MS is commonly diagnosed between ages 20-50 affecting women more often than men. MS can often result in cognitive impairment and issues with executive functioning which can add to the burden of navigating the system. A change in the physical functioning of a person with MS may be very gradual or rapid depending on the course of the disease. Many people with MS will develop the need for universal features and will be unsafe or trapped in their current living situation.

**BHA response:** Please note that BHA has exempted all wheelchair units from the proposed Plan.

Our organization assists individuals with navigating the complex housing arena. We are aware that many individuals with MS remain on very lengthy waiting lists for affordable accessible units through Massachusetts. In particular, the crisis is the most severe in Boston. The housing stock is much older and some apartments or triple-deckers homes are complexly inaccessible without stairs or elevators unless they are first floor units. Contrary to statements in the BHA plan at issue, we are well aware that most of the individuals we assist do not have additional resources or direct help to help them with applications and housing searches. In fact, elderly have local Councils on Aging and the state eldercare network, both of which provide support in this arena. That has been our experience. Accordingly, please consider the following concerns with the BHA proposal:

#### ***Changing the ratio from 70/30 to 80/20 would contribute to the accessible housing shortage***

On page 2- It is cited "the Plan meets the needs of the low-income population of Boston by providing adequately for both the elderly and non-elderly disabled based on population trends and emerging demand and available resources." We respectfully disagree with this assertion. A shift in ratio will result in the non-elderly disabled remaining on BHA waiting lists for far longer periods according to the math cited. There is great concern that fewer of the accessible housing units will be available for individuals living with a physical disability. On page 10, this report cites there are approximately 3,000 "elderly" on the elderly/ disabled public housing list. The BHA report makes no reference, however, to the number of non-elderly disabled on the same waiting list. While we feel it is important to know what the relative wait times are in order to truly know the extent of the overall crisis, we know from our experience that the already extensive wait times for non-elderly disabled will increase if this plan goes forward as proposed.

***The BHA plan does not provide a plan to address the accessible housing needs for the non-elderly physically disabled population***

## Comments and Responses to BHA Proposed Designated Housing Plan

We commend and concur with the Plan's recognition of the needs of both elderly and non-elderly disabled for universal design features in these units. These features are not only desirable but essential from those with MS facing the progression of an unpredictable disease. We express concerns, however as to what happens to those on the waiting list who are non-elderly but have physical disabilities? Do these individuals stay on the wait list? This proposal does not define or distinguish between the non-elderly/disabled with or without physical disabilities. All qualified applicants deserve the chance for housing but housing requirements are different based on one's physical status. Accessible housing in Boston is important because it is more connected to the RIDE and public accessible transportation, jobs and healthcare.

**BHA response:** As noted above, all wheelchair units have been exempted from the Plan. It is also worth noting that other than in the context unit accessibility features, BHA is prohibited by law from distinguishing between applicants based on the nature of a disability. Applicants with disabilities requiring certain types of unit features, such as first floor or elevator, grab bars, and other accommodations, are ranked on the waiting lists based on the needed bedroom size, application dates, and approved priority and/or preferences. BHA's family public housing offers many wheelchair units and other units with accessibility features. Non-elderly disabled applicants receive preference points that the elderly do not in applying for family public housing.

### Concern about unintended discrimination

This report and plan appears to give greater *priority* to the housing needs of elders. While it is responsible to try to address this crisis in the Boston housing situation in BHA units for the elderly based on current and future demographics, the crisis also exists for non-elderly disabled adults who have similar and yet different concerns. Persons with disabilities are a protected class under the *Fair Housing Amendments Act*. Those with physical disabilities require universal features and do not differ from the needs of elders or disabled elders in this regard. The section that begins on page 11 regarding lifestyles preferences for the elderly is concerning and revealing. These building are required under federal delegation to have a split of elderly and non-elderly regardless if they make some elderly residents "uncomfortable". Those who are qualified to live in these units deserve the chance but must abide by all rules of conduct that apply to all. If there are behavioral issues it must be addressed with the individual or individuals rather than what may appear to the public as to attempt to "push non-elderly" out. Elders who are experiencing senility or early dementia may also act out inappropriately, wander and make others uncomfortable with their words and actions as well. Behavioral issues are not limited to one's age. Lifestyle differences are not justification for trying to exclude or reduce occupancy for-elderly disabled if they meet all the eligibility qualifications. In 2014, 24 years after the passage of the *Americans with Disabilities Act* persons with disabilities are still fighting bias, stereotypes and barriers to full inclusion. BHA could make new strides in trying to educate and break down attitudinal barriers to ensure buildings are more inclusive rather than divide elderly and the non-elderly populations. The process is not transparent in how BHA would continue to fill unit vacancies given this very strong preference for elderly over non-elderly disabled. We are greatly concerned with the wait times for accessible housing that would result. We are equally concerned that elderly may be placed in more universally accessible housing units despite not having any current need because they have higher preference on the waiting list than non-elderly disabled.

**Vouchers are not the solution.**

## Comments and Responses to BHA Proposed Designated Housing Plan

While vouchers may be a limited option for some applicants on the waiting list they are generally problematic for the younger population. Many will not be able to locate accessible housing or afford to pay the difference in the rent and the voucher. This relatively small number of one-time vouchers will not make a significant in the waiting or expected demographics. A band aid on a bleeding artery has limited use. If those on the current waiting are not required to and are not fully utilized the vouchers. In fact, many folks have found that they cannot find housing that will accept the vouchers. If non-elderly disabled want to try to use a voucher and are unsuccessful in their housing search can they remain on the current waitlist or do they lose their place and must reapply? Are vouchers going to simply increase the number of homeless non-elderly disabled or force people in a long term care facility prematurely? This is even a greater cost to the state and to human dignity.

**BHA Response:** Please see d., above. Applicants who have applied for the family housing and/or elderly/disabled housing are not removed from the public housing waiting list when they screened and approved for any Section 8 housing program.

The Boston accessible, affordable housing shortage is obviously a very complex policy dilemma that in the long-term will require a more comprehensive city wide approach with many stakeholders coming together to address this problem. This shortage which will not be solved under the current proposal and is only going to shift the problem. The disability community must have a seat at this ongoing planning table to ensure success and full inclusion in community life.

**BHA Response:** Thank you for providing feedback on the proposed Plan.

### 19. Letter from John Winske, Executive Director, Disability Policy Consortium

The Disability Policy Consortium (DPC) is [the] largest statewide, cross disability organization in Massachusetts. DPC's mission is to promote inclusion, independence, and empowerment by guiding statewide development of policies to ensure that programs and services enable the nearly one million citizens with disabilities to participate in the political, economic, and social mainstream of the Commonwealth of Massachusetts.

BHA proposes to increase the ratio of elderly to non-elderly disabled heads of household in the federal elderly/disabled public housing developments to 80% elderly/20% non-elderly disabled. Concomitant with this shift, BHA intends to provide three hundred thirty (330) Section 8 vouchers to the non-elderly disabled who will not be housed as a result of the policy change.

DPC strongly opposes this rule change. BHA has failed to offer any justification for removing more than 300 affordable, accessible housing units from the available stock. If one relies purely on the numbers, be it waiting list or demographic analysis BHA should be recuing the numbers of elder only units and increasing the stock of units for non-elders. Please note we are not making such a request. We are saddened that the BHA has chosen to pit two needy communities against one another under the rubric of increasing housing for elders. At a time when there is a huge need for affordable housing in the Boston Market is not a time to propose devastating cuts to any communities' access.

Evidence supporting DPC opposition to this policy change include:

#### 1. Population statistics do not support the proposed BHA policy change

## Comments and Responses to BHA Proposed Designated Housing Plan

- a. The ratio of persons with disabilities to seniors: The actual ratio of persons with disabilities to seniors is close to 60% to 40%, not the current BHA 70% to 30% ratio and nowhere near the BHA proposed 80% to 20% ratio for disabled/senior federal public housing. The proposed BHA policy change is moving in the wrong direction (GBSL).
- b. Poverty rate. The poverty rate among PWD is almost 3 times higher than that among seniors (DLC). This makes affordable, accessible public housing a high priority, urgent area of need.

### 2. Waiting List Data does not support the proposed policy change

- a. 2.6 to 1. There are 2.6 disabled people for every 1 elderly person on the BHA waiting list for disabled and elderly housing units (Boston Globe, GBLS).

**BHA Response:** Please see c., above. The current ratio is actually 1.5 to 1.

- b. AHVP Waiting List. There are more than 4,000 people on the *Alternative Housing Voucher Program* waiting list. (BCIL)
- c. 1 in 3 on the Section 8 Waiting List. More than 30,000 disabled people, a full third of the Section 8 Housing Voucher Waiting List, is composed of persons with disabilities waiting for Section 8 vouchers. (BCIL)

### 3. Replacing tangible public housing units with Section 8 Vouchers actually diminishes any guarantee of housing for the disabled. Section 8 Vouchers do not afford the same availability or options as BHA federal public housing.

- a. Vouchers are time limited. Waivers run out and have to be renewed. The renewal process is filled with delays, bureaucracies to navigate and a short turnaround time, all of which can be problematic and difficult for anyone, but especially persons with disabilities who have to make arrangements for other supports (transportation, interpreters, PCAs, etc.) to help them make it through the renewal process.
- b. Vouchers are not a renewable resource. The 330 vouchers will be re-allocated “as they become available”, that means:
  - i. There’s no guarantee when the full number of 330 vouchers will actually be available, leaving people with disabilities high and dry and, in many cases, in danger of becoming homeless.
  - ii. For every voucher transferred due to the proposed BHA policy change, someone on the waiting list is denied one voucher. If 330 vouchers are being diverted from the waiting that means fewer housing for the most needy.
- c. Low to non-existent availability of accessible units. Accessible housing in Boston is scarce. Availability and affordability aside, the total stock of accessible housing in the Boston metro area could only address the needs of less than 1/5<sup>th</sup> of Boston’s disabled population (City of Boston 2010 *Analysis of Impediments to Fair Housing Choice* Report). Relying on Section 8 Vouchers actually reduces the probability that the disabled will find housing. At present, only 22 studios and 22 one bedrooms on Mass Access registry are open and fit within Section 8 limits (Mass Access registry/BHA guidelines)  
Additionally, Massachusetts has among lowest state rates for new housing production in the country. Most new housing production is slated as luxury housing.
- d. Vouchers require landlord acceptance. Replacing tangible public housing units with Section 8 Vouchers further diminishes any guarantee of housing for the disabled. Adding to the problem of availability and affordability of accessible housing stock in Boston, the there’s no way to require landlord acceptance.

## Comments and Responses to BHA Proposed Designated Housing Plan

**BHA Response:** Please note that BHA exempted all wheelchair units in its federal elderly/disabled developments from the proposed Plan. Please also see d., above.

### 4. Seniors already have more housing priority and options

- a. Seniors have more housing options compared to poor disabled adults.
  - i. Seniors experience a significantly lower ratio of poverty compared to adults with disabilities. The senior poverty rate is 9% vs. 26% for persons with disabilities. (DLC)
  - ii. Nationwide, 70% of elderly people live in homes which are owned by themselves or their families (USC Andrus Gerontology Center). This gives them access to reverse mortgages and other equity-based sources of income.

### 5. Violation of the Fair Housing act

As a HUD Grantee, BHA is required under fair housing act rules to affirmatively further fair housing—that is, to pursue policies that actively combat historic patterns of segregation, isolation, and lack of housing opportunity. This is particularly true for groups that are protected classes under the FHA, which people with disabilities are. Reducing the number of affordable accessible units available to people with disabilities directly contradicts this goal—it will, in fact, drive more under-65 people with disabilities against their will into nursing homes, further worsening the existing segregation. (DLC)

### 6. Misleading public notice of BHA policy change

- a. Used language such as “BHA proposes increasing housing opportunities for elderly applicants” and “New Elder Advantage/Designated Housing Plan out for public comment” misled the public regarding the full impact of the proposed policy change.
- b. Reduced the number of organizations and individuals testifying against the proposed change. Three health care companies were contacted to testify against the proposed change. Each said they weren’t doing so because it “helped the elderly”. They were not aware that the increase for seniors would come at a cost of a decrease in available public housing for non-elderly disabled

### 7. In spite of overwhelming data to the contrary, we’ve been through this before on the state level

- a. In 1995, Massachusetts reduced the disabled occupancy of state operated disabled and elderly housing units to 13.5%. In compensation, it created the AHVP, to provide 800 vouchers to the displaced people.
- b. Now, almost 20 years later, the funding is lower and the number of vouchers has been cut virtually in half. People that eventually get vouchers often cannot use them because the maximum allowable rent is so low. Why should we expect any different this time?

**BHA Response:** The proposed Plan should not be compared to AHVP. The DHP approval process contains procedural safeguards and time limitations that allow the Plan to be monitored and reviewed at regular intervals.

In closing let me again state that we categorically oppose any changes to current policy. We urge the Boston Housing Authority to withdraw this poorly conceived policy change. Barring that, we urge HUD to reject the request.

Legend:

## **Comments and Responses to BHA Proposed Designated Housing Plan**

GBLS = Based on Greater Boston Legal Services testimony at the BHA Public Hearing, Monday December 15, 2014 at 11:00 a.m., in the Training Room at the Amory Street Development at 125 Amory Street, Boston.

BCIL = Based on Boston Center for Independent Living testimony at the BHA Public Hearing, Monday December 15, 2014 at 11:00 a.m., in the Training Room at the Amory Street Development at 125 Amory Street, Boston.

DLC = Based on Disability Law Center testimony at the BHA Public Hearing, Monday December 15, 2014 at 11:00 a.m., in the Training Room at the Amory Street Development at 125 Amory Street, Boston.

DPC = Based on Disability Policy Consortium testimony at the BHA Public Hearing, Monday December 15, 2014 at 11:00 a.m., in the Training Room at the Amory Street Development at 125 Amory Street, Boston.

**BHA Response:** [Thank you for providing feedback on the proposed Plan.](#)

### **20. Letter from Colin Killick, Disability Policy Consortium**

I think history is a useful guide in this situation. In 1995, in the state-owned elderly and disabled housing units, the state decided to cap the number of non-elderly people at 13.5%. It promised to compensate the displaced by creating the Alternative Housing Voucher Program to allow them to find market-rate housing. Well, in 1995 that program provided 800 vouchers, and it is doubtful that even at the time that was enough to meet the enormous need for affordable, accessible, integrated housing. Today, population growth and the rising cost of living mean that need has grown substantially—and the AHVP provides just 420 vouchers, with a waiting list of more than 4000, and those who do receive them often find that they cannot find anywhere to use them because market rents are so high. Without even adjusting for inflation, the program receives less funding now than it did in '95. The legislature lost interest, and the funding simply dried up, leaving the people who needed it out in the cold. These supposed 330 vouchers are just one more promised compensation. Why should we believe they won't dry up too?

**BHA Response:** [Thank you for providing feedback on the proposed Plan.](#)

## **Letters from Residents & Others**

### **1. Letter from John Fallon, President, and Nancy Moniz, Treasurer, Annapolis Development Task Force**

We, as residents of the Annapolis Development and as members of the Annapolis Development Task Force, would like to offer our support of the current proposal, namely the Elder Advantage / Designated Housing Plan. We agree with an increase in the ratio to 80% elderly, 20% non-elderly disabled proposed in changes from the previous ratios for Boston Housing Authority's Federal elderly/disabled public housing developments.

## Comments and Responses to BHA Proposed Designated Housing Plan

**BHA Response:** Thank you for your support of the proposed Plan.

### 2. Letter from Mary C. Burke, President of Ashmont Development Task Force

I am writing to give my support for the Boston Housing Authority's proposed Designated Housing Plan that will designate 80% of housing for seniors over the age of 62 and 20% of housing for non-elderly disabled. I am a resident in BHA housing at Ashmont and I think this will help us to be safe.

**BHA Response:** Thank you for your support of the proposed Plan.

### 3. Letter signed by 17 residents of Peabody Englewood Development

I am writing to give my support for the Boston Housing Authority's proposed Designated Housing Plan that will designate 80% of housing for seniors over the age of 62 and 20% of housing for non-elderly disabled. I am a resident in BHA housing at Ashmont and I think this will help us to be safe.

**BHA Response:** Thank you for your support of the proposed Plan.

### 4. Letter signed by Diane Ranaudo, Task Force President, and 46 residents of Foley Development

BHA Designated Housing Plan right now, for the Elderly development stands at: 70% seniors and 30% non-elderly disabled. BHA Housing Committee wants to propose a change for the Elderly developments: 80% seniors and 20% non-elderly disabled.

The Tenants from the Foley Elderly Apartment in South Boston signatures below are in favor of the new proposal, 80% seniors and 20% non-elderly disabled.

Also, the seniors would like to extend the proposal to the type of non-elderly disabilities which would be allowed to live in the Senior developments.

Here in the Foley Senior Apartments, we have a few non-elderly disabled persons with active drug addiction and alcoholics that allow their friends that roam the building high or drunk, Which makes the seniors feel unsafe. Please bring this concern to the proper committee? We would greatly appreciate it.

**BHA Response:** BHA urges you to be vigilant in reporting any disruptive or unsafe conditions to your Property Manager and the BHA Police, as warranted. BHA cannot and will not differentiate between residents based on the type of their disability. Thank you for your support of the proposed Plan.

### 5. Letter from 3 members of the Holgate Development Task Force and 5 other Holgate Residents

I am writing to give my support for the Boston Housing Authority's proposed Designated Housing Plan that will designate 80% of housing for seniors over the age of 62 and 20% of housing for non-elderly disabled. I am a resident in BHA housing at Holgate and also on the Task Force

The proposed designated housing plan is reasonable. Lately there have been too many non-elderly disabled moving in and quite a few of them are very young and there are some lifestyle differences.

## Comments and Responses to BHA Proposed Designated Housing Plan

I think it would be a good idea of BHA could change this policy and that HUD would approve the change.

**BHA Response:** Thank you for your support of the proposed Plan.

### 6. Letter from Dorothy Howard, J.J. Meade Development Task Force

I am writing to give my support for the Boston Housing Authority's proposed Designated Housing Plan that will designate 80% of housing for seniors over the age of 62 and 20% of housing for non-elderly disabled. I am a resident in BHA housing at J.J. Meade and also on the Task Force.

The proposed designated housing plan is reasonable.

**BHA Response:** Thank you for your support of the proposed Plan.

### 7. Letter from Luba Glukhovsky, BHA elderly resident

I represent senior citizens here. When speaking of designating housing, please remember, that any formula: 80% -20% or 70% -30% cannot work the same way in every development.

It cannot be ONE SIZE FITS ALL.

The developments that do not have handicap accessible units, getting younger tenants with mental disabilities. If such development gets 20% or 30% of population disabled tenants, and keep that ratio constant eventually that development will become psychiatric ward without any supervision. Younger tenants with disabilities will become seniors with same disabilities.

The senior citizens who worked all their lives, and now when they are retired, have no peace and quiet. We face all kind of disturbance: loud music, irrational behavior, drunks, and some time drugs.

Due to younger tenants with disability living in elderly developments, some elderly tenants afraid to go out of their apartments unless they escorted by relative or friend.

Please help our senior citizens live the remainder of their life in peaceful environment.

Please safe Elderly Developments.

Thank you very much.

**BHA Response:** Please promptly report any disturbances or unsafe behavior to your Property Manager or to the BHA Police. Thank you for your support of the proposed Plan.

### 8. Letter from William Cunningham, BHA elderly resident

I am writing to give my support for the Boston Housing Authority's proposed Designated Housing Plan that will designate 80% of housing for seniors over the age of 62 and 20% of housing for non-elderly disabled. I am a resident in BHA housing at Bellflower.

## Comments and Responses to BHA Proposed Designated Housing Plan

I think it is a good idea and will help the seniors and have the housing be safer. I am not against the disabled but I see that some of the younger disabled who move in with drug addiction and alcoholism can be disruptive. The proposed designated housing plan is reasonable.

**BHA Response:** Thank you for your support of the proposed Plan.

### **9. Letter from Mary E. Smith, Mary Cleveland, David Turner, and Therese Browne, BHA elderly residents**

I would like to express my strong support for the Boston Housing Authority's proposed Designated Housing Plan. Elderly applicants in the City of Boston are desperately in need of affordable housing. The BHA's new plan will give elderly applicants greater opportunities to find such housing.

The proposed plan will designate 80% of housing for seniors over the age of 62 and 20% of housing for non-elderly disabled whereas the current plan designates 70% for seniors and 30% for the non-elderly disabled. Both populations are in need of affordable housing. However, with the rapid increase in the elderly population and the BHA's offering hundreds of vouchers as an alternative housing resource for the non-elderly disabled, we fully support this allocation of a precious and limited resource.

The BHA's proposed designated housing allocation will bring them closer in line with peers around the country as well as with other cities and towns here in the Commonwealth of Massachusetts who have HUD-approved designated housing plans at the same percentages or even higher.

The Boston Housing Authority should be commended for targeting their limited resources to maximize housing opportunities for our seniors.

**BHA Response:** Thank you for your support of the proposed Plan.

### **10. Letter from Jeanne Patterson, BHA resident**

I am writing to give my support for the Boston Housing Authority's proposed Designated Housing Plan that will designate 80% of housing for seniors over the age of 62 and 20% of housing for non-elderly disabled. I am a resident in BHA housing at Ashmont and I think this will help us to be safe.

I understand all residents both elderly and disabled are entitled to decent, safe and sanitary housing. However, the lifestyles of the younger residents are so very different and conflicting.

**BHA Response:** Thank you for your support of the proposed Plan.

### **11. Letter from Mary Clifford, BHA Resident**

I would like to express my strong support for the Boston Housing Authority's proposed Designated Housing Plan. Elderly applicants in the City of Boston are desperately in need of affordable housing. The BHA's new plan will give elderly applicants greater opportunities to find such housing.

The proposed plan will designate 80% of housing for seniors over the age of 62 and 20% of housing for non-elderly disabled whereas the current plan designates 70% for seniors and 30% for the non-elderly disabled. Both populations are in need of affordable housing. However, with the rapid increase in the

## **Comments and Responses to BHA Proposed Designated Housing Plan**

elderly population and the BHA's offering hundreds of vouchers as an alternative housing resource for the non-elderly disabled, we fully support this allocation of a precious and limited resource.

The BHA's proposed designated housing allocation will bring them closer in line with peers around the country as well as with other cities and towns here in the Commonwealth of Massachusetts who have HUD-approved designated housing plans at the same percentages or even higher.

The Boston Housing Authority should be commended for targeting their limited resources to maximize housing opportunities for our seniors.

**BHA Response:** [Thank you for your support of the proposed Plan.](#)

### **12. Letter from David Turner, BHA Resident**

I would like to express my strong support for the Boston Housing Authority's proposed Designated Housing Plan. Elderly applicants in the City of Boston are desperately in need of affordable housing. The BHA's new plan will give elderly applicants greater opportunities to find such housing.

The proposed plan will designate 80% of housing for seniors over the age of 62 and 20% of housing for non-elderly disabled whereas the current plan designates 70% for seniors and 30% for the non-elderly disabled. Both populations are in need of affordable housing. However, with the rapid increase in the elderly population and the BHA's offering hundreds of vouchers as an alternative housing resource for the non-elderly disabled, we fully support this allocation of a precious and limited resource.

The BHA's proposed designated housing allocation will bring them closer in line with peers around the country as well as with other cities and towns here in the Commonwealth of Massachusetts who have HUD-approved designated housing plans at the same percentages or even higher.

The Boston Housing Authority should be commended for targeting their limited resources to maximize housing opportunities for our seniors.

**BHA Response:** [Thank you for your support of the proposed Plan.](#)

### **13. Letter from Mary E. Smith, BHA Resident**

I would like to express my strong support for the Boston Housing Authority's proposed Designated Housing Plan. Elderly applicants in the City of Boston are desperately in need of affordable housing. The BHA's new plan will give elderly applicants greater opportunities to find such housing.

The proposed plan will designate 80% of housing for seniors over the age of 62 and 20% of housing for non-elderly disabled whereas the current plan designates 70% for seniors and 30% for the non-elderly disabled. Both populations are in need of affordable housing. However, with the rapid increase in the elderly population and the BHA's offering hundreds of vouchers as an alternative housing resource for the non-elderly disabled, we fully support this allocation of a precious and limited resource.

The BHA's proposed designated housing allocation will bring them closer in line with peers around the country as well as with other cities and towns here in the Commonwealth of Massachusetts who have HUD-approved designated housing plans at the same percentages or even higher.

## Comments and Responses to BHA Proposed Designated Housing Plan

The Boston Housing Authority should be commended for targeting their limited resources to maximize housing opportunities for our seniors.

**BHA Response:** Thank you for your support of the proposed Plan.

### 14. Letter from Jennifer Turpin, Disability Services Provider and Boston Resident

As a resident of Boston and a disability services provider, I am writing in opposition to BHA's proposed changes to the Designated Housing Plan (DHP) for federally funded elderly/disabled public housing developments. I work every day to coordinate services for people with complex medical needs, and many struggle to find affordable and accessible housing. Inadequate housing is often a primary barrier to stabilizing healthcare, and keeps people from staying healthy and achieving other goals such as community involvement and employment. The proposed DHP plan would make this already dire situation even worse by taking away apartments from younger people with disabilities in elderly/disabled public housing developments. Adding mobile vouchers will not make up for this loss, as they are often unusable due to high rents and a lack of accessible units.

Please do not go through with the proposed changes to the DHP, and do not make the current housing crisis for people with disabilities even worse.

**BHA Response:** Thank you for providing feedback on the proposed Plan.

### 15. Letter from Catylyn Finlay, Disability Services Provider and Boston Resident

As a resident of Boston and a disability services provider, I am writing in opposition to BHA's proposed changes to the Designated Housing Plan (DHP) for federally funded elderly/disabled public housing developments. I work every day to coordinate services for people with complex medical needs, and many struggle to find affordable and accessible housing. Inadequate housing is often a primary barrier to stabilizing healthcare, and keeps people from staying healthy and achieving other goals such as community involvement and employment. The proposed DHP plan would make this already dire situation even worse by taking away apartments from younger people with disabilities in elderly/disabled public housing developments. Adding mobile vouchers will not make up for this loss, as they are often unusable due to high rents and a lack of accessible units.

Please do not go through with the proposed changes to the DHP, and do not make the current housing crisis for people with disabilities even worse.

**BHA Response:** Thank you for providing feedback on the proposed Plan.

### 16. Letter from John Robinson

On Monday December 15, 2014, I made oral public comments at the Boston Housing Authority (BHA) Public Hearing meeting on proposed changes to the Designated Housing Plan (DHP) for the Boston Housing Authority submitted to the U.S. Department of Housing and Urban Development. The plan was dated November, 2014. Due to problems with taping the public comment period, I was phoned later in the week and asked to submit comments in writing. This letter is my response to that request.

## Comments and Responses to BHA Proposed Designated Housing Plan

My name is John Robinson. I am a retired low income senior citizen born with a disability. I live in elderly/disabled project based housing in Somerville, MA. I am President of the Cambridge chapter of the Massachusetts Senior Action Council. I come here representing myself as a concerned citizen. I believe housing is a human right for all people. I learned from personal life experience as a disabled poor person just how difficult it is to find affordable and accessible housing. With the assistance of a social worker, before I became a Senior Citizen, I got on many different waiting lists for disabled/elderly housing. To avoid being homeless on a low income, I lived in slum housing, single rooms, and in roommate situations. In my last roommate situation, my roommate and I were given an Order to Vacate. Because I was on the verge of becoming homeless, I got moved to the top of the waiting list and got accepted into disabled/elderly in Somerville, MA in 1999. My story is the exception—not the rule.

If I was in this same situation today—2014—I probably would be homeless.

We must come to understand both the current context and the historical context of the United States Society's Housing Crisis, i.e. as a nation we have never been able to meet the need for affordable, accessible, decent, safe and sanitary public and private housing units for low income elderly and disabled and low income families as well. We must not pit or set elderly and disabled people against each other over the issue of housing. We must not permit housing policy makers to displace or dispossess poor people from Housing.

I began my oral public comments by referring to the Friday December 12, 2014 *Boston Globe* report by Katie Johnston with the headline: "A troubling look at homelessness in Boston: shelter population tops list of 25 cities."

Ms. Johnston's reporting of survey data released by the U.S. Conference of Mayors on Thursday Dec. 11, 2014 revealed "25% of Boston's homeless adults have jobs." "More Boston residents are living in emergency shelters than in any of 25 major cities surveyed" ("nearly 17,000 with an additional 3,900 in transitional housing") "more than a third of them are severely mentally ill and nearly a third are physically disabled."

Ms. Johnston also reported on her interview with Jim Greene, director of the Emergency Shelter Commission for the Boston Public Health Commission.

Last, but not least, I concur with both the written statement and oral comments submitted by Bill Henning, Director of the Boston Center for Independent Living (BCIL) and the oral comments from the Disability Law Center representative.

Thank you very much for permitting me to submit my comments in writing.

**BHA Response:** [Thank you for providing feedback on the proposed Plan.](#)

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## Comments from Public Hearing

## Comments and Responses to BHA Proposed Designated Housing Plan

### 1. Comments from Olivia Richard, BHA Resident

I'm a member of the disability community. I'm also a tenant of the Boston Housing Authority. I live in the elderly disabled program. I live at Patricia White Apartments. I used to live in Roslindale in Roslyn Apartments. I can say, without a doubt, the one thing that has been pervasive throughout my time in the BHA is there is a culture that is acceptable of attitudes toward the younger people with disabilities as being less than important. That is fact. Actually, there was a statement within the Boston Globe from the administrator in regards to the issues that were had in Old Colony with the culture clash, that the elderly and the disabled should not live together.

This is unacceptable because of the abysmal amount of accessible housing stock currently available to tenants and prospective tenants in the open city itself. You hand me a voucher and it's going to take me years, even if I have the voucher in hand. Just wheeling here, the number of houses I pass by, none of them – I couldn't even get in the front door. This is Boston. If Sam Adams sat down and ate a sandwich, they put a plaque on it and you can't touch it. You can't put a ramp. You can't put an elevator. Back Bay, South End are brownstones; Huntington Ave, brownstones – walk ups, walk downs. I order burgers from Kenmore's U-Burger at the foot of the stairs. You hand the young people with disabilities vouchers and you're just going to prolong their homelessness. This is going to cause massive issues in spiking, even further, the issue of young people with disabilities who have become homeless due to whatever.

**BHA Response:** Please note that BHA has exempted all wheelchair units from the proposed Plan. In addition, please see d., above.

I know you guys have your Olmstead plan in place with the MFP. That's fantastic. That only addresses those that are residing in nursing homes and are eligible for MFP. There are others. There are people in wheelchairs that are younger that do not qualify for elderly housing who are sleeping under bridges, who are couch surfing, who are being carried up and down stairs, who live with people who are battering and abusing them because they're waiting for housing. It is a fact that the most accessible apartments that are quickest available are within the elderly disabled complexes if you're going to go with the BHA.

Personally, I think this policy is crap. I'm going to say that, flat out. I'm going to be blunt. It is; it's another pot shot at the people with disabilities. The elderly are not, not, not our enemies. They need housing too; they really do. But, the one thing you have to remember is the disability community is the one minority community you can join at any time, any place, unexpectedly. Once you're in, you're not getting out. Things get triple-harder. I lived in a BHA unit in an elderly apartment that wasn't accessible. I set myself on fire trying to cook. It took a massive amount of work to get myself moved into an accessible unit. Can you imagine that hard work that someone on the street is going to have to put into finding a unit that works for them on the open market? Thank you.

[Additional comments]

I'd like to say something again. My name is Olivia Richard, again. I think there is one community within the disability community that is extraordinarily disenfranchised by the elderly disabled housing system and, I think, will suffer to a much, much higher degree under this plan as well. That is persons with psychiatric disability and mental health disabilities. People who have lived mental health experience are people with disabilities, just as people in wheelchairs, people who are blind, people who are deaf, people who are aged are. They need and deserve housing as well. They will face extraordinary challenges in getting some of the reasonable accommodations around programming and around access

## Comments and Responses to BHA Proposed Designated Housing Plan

of information and things like trying to deal with the landlord and the lease. One of the things about the Boston Housing Authority complex and the project-based housing is that there's a lot more oversight in the reasonable accommodations policies to make sure that persons with psychiatric disabilities are not cut off from information from the rest of the building. There are accommodations made. If someone's agoraphobic, we know that it's a reasonable accommodation. It takes a takes a form to get your leased filled out in your apartment. I don't see a landlord in the private sector doing that. I see them saying, "No, get out of my apartment. I ain't doing this for you." I'm dead-serious; even if it's illegal it's going to happen. I think, in this whole thing, we really cannot forget the population of people with psychiatric disabilities.

I know Luba alluded to the living situation supervision and whatnot [see pg. 43-44, above]. Personally, we have people in my building who are elderly and cause more mayhem than some of the younger people with disabilities. The elderly are not our enemy. They absolutely need a roof over their heads; so do people with all types of disabilities as well. As was established here today, we have a very strong and vocal disability community that is going to fight this policy tooth and nail.

**BHA Response:** Thank you for providing feedback on the proposed Plan.

### 2. Comments from Burt Pusch

I am a retired university professor and I relocated to Arlington several years ago – about four or five years ago – and I could not find affordable accessible housing, period. I looked for up to six months and I could not find anything.

I have three things I want to say. The first is my own story. I finally ended up in an inaccessible unit, only because the landlady said, "Are you willing to sublet until something else opens up?" I also want you to know that I was paying 76 percent of my income for housing. I was fortunate that, as a retired professor, I had some savings, and I spent half of it in the time it took me to find accessible, affordable housing. That's not okay. That's not okay to do to any human being.

Secondly, your numbers belie your policy decision. You have 7,800 people with disabilities, who are not seniors, on a waiting list. You have 2,900 seniors with disabilities on waiting lists, and yet you're reducing the housing stock of available housing for people with disabilities who aren't seniors? That doesn't make any sense. I'd like a logical explanation as to why you're doing that. By shifting it to market, you're also pushing it toward where people can't get those vouchers filled. They will take forever to find a place that, as Olivia said, is accessible, one, and that they're willing to take the voucher in the first place. I think you know that. I actually think you know that. Your own numbers undermine the very policy you're trying to make.

**BHA Response:** Please see c. and d., above.

Thirdly, I really have a problem with the way this was marketed. It sounded – and I talked to a number of healthcare companies who deal with people with disabilities, who aren't seniors, who need housing – healthcare – and they're saying, "Oh, they're trying to increase housing for the seniors." That's not what's happening here. You're cutting housing for a much larger population. So, you marketed this in a way that the public would go, "Oh, yeah, it's a good thing. We're going to increase housing for the seniors." You didn't tell them the truth. You didn't tell them the whole truth. These big, large companies that deal with homelessness and lack of accessible housing for people who aren't seniors

## Comments and Responses to BHA Proposed Designated Housing Plan

who have disabilities thought you all were making a good deal. They weren't willing to come and testify because they didn't understand the parameters of what was actually occurring. I think that's fraud. I'm done.

[Additional comments]

I want to drive this home by talking about some personal things. I told you that I used up half of my savings because my rent was 76 percent of my income. I applied for housing. I, with the help of an agency, applied to 68 different organizations in the Greater Boston area. I heard from six and all of them, I got a Dear John letter. "Thank you, but;" that's how hard this is to find housing. Everyone knows that and, yet, for some unknown reason that I can't fathom and that this group can't seem to fathom: rather than rising to meet the need, you're reducing the available stock for that need.

The second thing, which Eric kind of reminded me of, is, while I was living on the fourth floor of non-wheelchair-accessible housing, I was falling about 13 times per week – falling. Initially, I didn't have PCA or Personal Care Attendance Services and my health was in really, really bad condition because I didn't have accessible housing. I couldn't move. I couldn't function in a unit that was designed for my needs. I had an elevator in the unit – one elevator – that kept going out. I'm on the fourth floor. I have a service dog, I have no PCA – big problem. Fortunately, I had a landlady who was very willing to work with me. She worked with me to find people who could take, when the elevator wasn't working, my dog down and out. That's wonderful. There are some great landlords out there. But the point still stands: there was no accessible housing that I could afford, that I could get into. Therefore, both my health and even my dog, and, you could say, even the unit itself could have suffered because there was no one there to help me with my service dog. I did – I was the man that Eric was talking about. I crawled up the stairs on multiple occasions when that elevator went out because I had no other options.

We're not just talking about housing here. We really are talking about the bigger picture.

**BHA Response:** [Thank you for providing feedback on the proposed Plan.](#)

### **3. Comments from Rick Glassman, Director of Advocacy, Disability Law Center**

I'm Rick Glassman. I'm Director of Advocacy at the Disability Law Center. I'd like, following up on Burt's comments, to speak to the issue of data. Our office represents both people with disabilities and seniors. I appreciate that there are unmet housing needs in both communities. To try to make an objective, fair decision, I think you need to be grounded in cold, hard, objective, irrefutable, and recent census data. In addition to the data points that Burt just gave us about the waiting list, I think there are only one or two data points that really matter. That has to do with the number of people with disabilities between ages 18-64 living in Boston, versus the number of seniors living in Boston. Or, you can add into that mix the question of poverty, the number of people between 18 and 64, people with disabilities living in poverty versus the number of seniors in Boston living in poverty. Curiously, the folks – the students who did the [inaudible] consulting for you all – discussed just about everything but that. I thought it was really odd. Everything else, in my view, is white noise.

What's really important is what that data tells you. If you look at those numbers, first just looking at it without poverty – and I'll tell you in a minute why that doesn't matter – 18 to 64 in Boston, people with disabilities, 41,094 people versus seniors, 61,983. If you make the determination objectively and fairly from the data, what you should have is a 60/40 ratio with 40 percent – not 30 percent – people with

## Comments and Responses to BHA Proposed Designated Housing Plan

disabilities. You're now, instead of being at 40 percent, you're at 30 percent and you're proposing moving in the wrong direction to 20 percent.

There are just a couple of comments about those data points. First, that only measures seniors, generally not seniors with disabilities. That seems fair because that's not an eligibility requirement for seniors to be in federal public housing. If you did measure that, the numbers would be even further skewed. Secondly, that doesn't include poverty. If it did include poverty, the numbers are even more out of whack and even harder to justify the current proposed DHP. The reason for that is that the poverty rate for seniors is about 9.3 percent compared with 26.9 percent for people with disabilities ages 18 to 64. There is no objective justification. To make this decision with two communities that have legitimate needs, you need to be grounded in the data and you're just not. The proposal is inconsistent with the data. To put it in a legal frame, it violates Section 42 U.S.C. 3608(e)(5), which is the Federal Fair Housing Act's requirement that you affirmatively further fair housing. People with disabilities are a protected class. Not only are you not affirmatively furthering fair housing, but you're installing barriers to a protected class that are dramatically inconsistent with objective and irrefutable census data.

I'll put my citations in our written comments. That concludes my comments.

**BHA Response:** Thank you for providing feedback on the proposed Plan.

### 4. Comments from Martha Terry, BHA Resident

Good morning. I'm from Patricia White. I'm concerned about the elderly. We have a guy in our building that was in a wheelchair. He was really my neighbor and I think he was doing very well. If you put one person in because he had a CORI issue, that's your fault. Then, if another person goes in because they have a CORI, that's still your fault. Why would you put him out? Now he's homeless and he's in a shelter. I really feel bad for him because I thought he was a very nice person. I think they should try to help him get back and have a home so he doesn't have to be out there, riding up and down the street, trying to find somewhere to go. I don't think that's fair to people. I think they should do better than that. Don't leave the disabled people out. Don't leave them stranded. Try to help them, you know what I mean? They have feelings just like we do. They need a place to stay just like we do. They want to have somewhere to lay their head at night like we do. We shouldn't deny anybody. It doesn't matter what color they are; we shouldn't deny anybody. We should have love for everybody. Thank you.

[Additional comments]

My name is Martha Terry. I was just concerned: you put the elderly people on waiting lists. Why? You know that they need a place to stay. You know that they're elderly and you know they're disabled. You put them on the list and you tell them that they're number 21. When is 21 coming up, two years from now? They need a place ASAP. I don't think you should make the elderly and disabled wait so long to get a place to stay. I don't feel that that's right to them. I think you should at least serve them much better than the ones that can get around better because they're in more need than the others, I think. I think that you should take that into consideration and look at the elderly and disabled and do a better job than what you're doing now. That's my comment.

**BHA Response:** Thank you for providing feedback on the proposed Plan.

### 5. Comments from Don Summerfield

## Comments and Responses to BHA Proposed Designated Housing Plan

All I have to say about this program is not thought out completely. It's discriminatory. The data supports that this plan should be shelved. Our lives matter, period. Thank you.

**BHA Response:** Thank you for providing feedback on the proposed Plan.

### 6. Comments from Joseph Bettencourt, Disability Policy Consortium

My name is Joseph Bettencourt. I'm an advocate for [inaudible], DPC, and also a veteran. I served in the Army for eleven-and-a-half years. I got post-traumatic stress disorder when I came back. I didn't ask to get this mental disability. I obtained it because I went to defend the Constitution of the United States and defend this country. Not all veterans get 100 percent when we return from the VA. Not everybody in the VA gets 100 percent. We got difficulty trying to pay rent, maintain a normal life, with a mental disability on top of it. Those of us with substance abuse have it even worse.

There is a program going on right now that has been very, very successful. Why? Because it's dealing with recovery; it deals with the recovery of the veteran with substance abuse, self-medicating or whatever it may be. Also, they have Outward Bound at the University of Massachusetts, Boston. If those individuals are not able to pay rent, they would not be able to attend college. I'm the perfect example. I am a veteran. I spent four years in and out of programs. Finally I found a program that was leading me in the right direction. All my life, since I entered the military, I wanted to get an education. I only got it after I got to 53 years old. At 53, I entered UMass Boston. What did I have? I had a voucher from the government to provide housing to me, and also a little pension coming in from the military. That helped me complete two Masters' degrees at UMass. That helped me become a good, productive citizen for the state. If you go ahead and continue from 30 to 20, it's going to hinder those people that are going to that program. It's 130 people going, every single semester. Sixty to 75 percent of those individuals succeed. I know a whole bunch of them because I'm one of the peer-to-peer mentors of those people, to go in and help them to continue with their academic success. Like I said, this particular idea does not [inaudible] those things.

In terms of the elderly and the disabled living together, apparently you guys didn't do quite enough thinking. The disabled are always put in a shell, in a way. The elderly have a lot of wisdom and knowledge; they can go help the young ones and also those disabled. They can help one another in collaboration instead of separating them and pitting them against each other.

**BHA Response:** Thank you for providing feedback on the proposed Plan.

### 7. Comment of Hong Lee, Multicultural Independent Living Center

My name is Hong Lee. I work for the Multicultural Independent Living Center, Boston, located in Jamaica Plain. I know this forum is about individuals with disabilities looking for housing, but [inaudible phrase]. I arrived from Hong Kong, coming here with my family, to seek a better life, and what a better life it is. I came here over four years ago and we were poor. Fortunately, we applied for public housing in Chinatown and we stayed there for a duration of time. My disability is considered to be minor but, for many families with [inaudible] disability have dreams, including poor families. Poor and rich with childhood disabilities have dreams. They want better healthcare. They want a better life for their children with disabilities. I know there has to be [inaudible phrase] for families that are accessible for family members with disabilities. Please open up these housing opportunities so immigrant families can come over and afford their children medical care. Give them a better education. Give them the

## Comments and Responses to BHA Proposed Designated Housing Plan

American dream. My family is blessed. They sent three kids to graduate school, all because of the availability of affordable housing. My sister is a lawyer. My brother is a scientist. I graduated from BU School of Social Work. Families come here, work hard. Open up available housing, affordable housing, for family members with children with disabilities, please, especially immigrant families. Poor immigrant families come here, work hard, put their kids through school, and become productive members of the American dream.

**BHA Response:** Thank you for providing feedback on the proposed Plan.

### 8. Comments of Eric McCall

Hi, my name is Eric McCall. I became disabled in '87. I spent a year in rehab. During that time, we worked on housing and trying to get me housing, for a whole year. It didn't come up. It was time for me to leave. I was misplaced into a psychiatric facility for a year and a half and still no housing. I spent a year and a half in a psychiatric facility. I've seen things that I wish I couldn't remember. I've been through things, seen things, heard things, things you just don't want anyone to go through. It was mentally abusive. It was horrible. Now, when you take these houses, where do we go? What are we supposed to do now? I know, personally, people who are waiting for accessible housing. What is it, 7,800 people waiting? Where do you think they are right now? I can tell you from personal experience that I know some people who are in their mother's house, their friend's house, their cousin's house, on the third floor, unable to go outside. If they're lucky enough, they're transferring themselves up the stairs, which takes them an hour just to get up to the third floor. Then, when they get up there, they realize, "Wow, I caused some serious damage to my body," and they end up in bed, just to get outside to get some air.

The need for disabled units is greater. What is it, two-and-a-half, three times greater than the elderly? What do we do? Where do we go? Does it matter? People are injuring themselves with disabilities. They are getting hurt just for fresh air, just to get outside. How can they become productive members of society? We need more units. If you turn your backs, it's going to really hinder us as a disability community. Thank you.

**BHA Response:** Thank you for providing feedback on the proposed Plan.

### 9. Comments of Timothy Peace

There are two things I have opinions about right now and the way you people do things. You people [inaudible phrase] when you get older, where are you going to be living? You don't worry about that; you're all set. The people here, from Boston or any part of any state, in public housing, people who are disabled because they're elder – they're older so they are disabled, themselves. You don't seem to look into that, do you? I don't think you do.

A person with disabilities, who was probably either born with it or something happened to them, they've got to have a tough time too. You do too much fighting between each other. You sit there like you're prima donna over there and everything is okay because everybody is fighting to get housing, but you fight each other all the time – fighting, fighting. Yet, you don't even have accountability. We're having this little conference – fine. But when you go, and they go, they're still living here and you're gone, so you don't have to worry about it. What pisses me off with all these things that you do is sometimes it doesn't even get anywhere. That's all I have to say. Thank you.

## Comments and Responses to BHA Proposed Designated Housing Plan

**BHA Response:** Thank you for providing feedback on the proposed Plan.

### 10. Comments of Rhoda Gibson

My name is Rhoda Gibson. I have Section 8. I don't live in Boston; I live in Malden. I had to recently find a new place last year. The Section 8 vouchers are great, however, as has been stated before, there are not that many; it's very hard to find. I put my application to where I'm at now when I first started my search and it took six months for a place to become available in that building, which is handicap-accessible. I do not have a handicap-accessible apartment, but it works out fine for me.

One of the things that I would really highly suggest to BHA is, if you are going to do a voucher program for the disabled, have buildings and places lined up for all those people that you're going to displace so they do not have to go and look for something, which could take six months to a year.

**BHA Response:** Please note that no BHA resident, whether elderly or non-elderly disabled, will be displaced as a result of this Plan. As noted in the Plan, non-elderly disabled residents will be provided the option of transferring to a BHA family development at the BHA's expense (see pg. 23).

Section 8 vouchers, as has been mentioned before by several other speakers – Boston is an historic city. A lot of people do not want their own private homes, when they make apartments in their homes or make their entire house various apartments, they don't want to do Section 8. They don't want to make their apartments Section 8 because of the red tape and the issues that they will have with the Housing Authorities. The quantity of these buildings, of places for people to stay, is not that high. I noticed in the report – I read most of it – it said that the elderly rate is going to be raised higher than the amount of disabled. I find that really, really interesting. I've only been three years disabled. I became disabled at age 54 – 54. I'm not quite elderly yet; I haven't reached that quite yet. However, if you look at the rehab hospitals and the hospitals in general in the Boston area, there are a lot of young people becoming disabled and, a lot of them, the parents can't afford to have them at home; it's not feasible. A lot of them do end up homeless. You have to look at the whole situation. Also, too, a lot of us who are disabled, I'm not too far from being elderly. I'll be elderly and disabled. You have to try to figure out a common ground between not displacing the elderly and not displacing the disabled – non-elderly disabled. We don't want to fight amongst each other because we both have needs but, a disabled person, as Eric had said just a few minutes ago, when people are trying to get around, they'll do things which will hurt themselves, in a process of trying to do something that you would take for granted as an able-bodied person. When a disabled person is put in a situation where they can't get around or they are homeless and have to do things that you wouldn't think of doing to survive, you're only going to hurt yourself and that's going to mean more money and time spent in hospitals and more other bills coming up. Look at it – find a way that you could provide housing for the disabled non-elderly as well as the elderly. Maybe take a building and make it all disabled. There are other things that can be done. That's all I have to say.

**BHA Response:** Thank you for providing feedback on the proposed Plan.

### 11. Comments of Concetta Paul, BHA Resident

If BHA would see the doubling of time that disabled elderly Section 8 people need to [inaudible phrase]. If it's three months, make it six months. [Inaudible phrase]; it's just a suggestion.

## Comments and Responses to BHA Proposed Designated Housing Plan

Another thing I want to say is that I've heard so many eloquent and thoughtful voices in the room today. As a tenant advocate, as a tenant of Boston Housing, we do have a lot of meetings and would like to have some more voices come to meetings. I'd especially like to urge you to, when you get a letter in your rent statement, that's where we send out the notifications to a lot of our meetings. A lot of times, it's alright to have a love/hate relationship with BHA. You hate them because the sink is dripping and they don't fix it. On the other hand, when they're standing and looking for funding, we need to stand with them to show our support behind them so they can get the money so that some of the programs that we want can be there. A lot of times, what we do as tenants – and I'm in family housing – we have these meetings where we tell you there are funding cuts coming down the road. It was so bad last year that they almost cut 500 Section 8 people – almost – because of politics in Washington. A lot of times, we want the voices of tenants to stand up and say, "We want funding for this. We don't want BHA to lay off staff." I went to my management office this morning; it was also empty. One of the guys I was talking to said he is going to be doing cuts to staff. Some days, we have to stand as one and let our voices be heard and say we want money for the elderly, we want money for [inaudible], we want money for this, we want money for that. We need tenant voices on our side.

**BHA Response:** Thank you for providing feedback on the proposed Plan.