Designated Housing Plan
For the Boston Housing Authority

November 2014

Prepared By:
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Submitted To:
U.S. Department of Housing and Urban Development
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Public Housing Management and Occupancy Division
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I. Introduction

The Boston Housing Authority (“BHA”) last submitted a Designated Housing Plan (“DHP” or “Plan”) to the U.S. Department of Housing and Urban Development (“HUD”) in 2007. HUD approved the BHA’s DHP in June 2007, as well as two subsequent two-year renewals in 2012 and 2014. This Plan is meant to replace BHA’s 2007 DHP.¹

This Plan sets the percentage of elderly to non-elderly disabled residents at 80% elderly/20% non-elderly disabled at all of BHA’s 36 federal elderly/disabled housing developments. In conjunction with this shift, BHA will make 330 Housing Choice Vouchers available specifically for non-elderly disabled public housing applicants who otherwise would have received unit offers. In addition, BHA will continue to award non-elderly disabled applicants preference points for both family public housing and Housing Choice Voucher programs.

The decision to submit a new DHP is based primarily on three broad factors, all of which are supported in greater detail throughout the Plan and its Exhibits:

1. Serving the growing need for affordable, age-appropriate housing among Boston’s low-income elderly population;
2. Balancing the needs of the elderly, who have seen a decrease in available units, with the non-elderly disabled, who have seen an increase in available units due to a variety of programs and preferences that place them ahead of standard elderly applicants; and
3. Aligning BHA’s elderly/non-elderly disabled percentages with HUD-approved designations across the region and nation-wide to ensure adequate supply of housing for the elderly.

The Plan will be subject to a full public process with notice to the Resident Advisory Board, Local Tenant Organizations, the Monitoring Committee, advocates for the elderly, and advocates for the disabled, as well as a public hearing. Please see Exhibit A for additional details.

II. Background and Supporting Information

A. Justification for Designation

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, emerging demand, and available resources. This Plan is consistent with the City’s Consolidated Plan and recent publications.² The Mayor’s report, “Housing A Changing City – Boston 2030,” describes meeting the needs of seniors as “one of the

¹ In preparing this Plan, BHA worked extensively with a pro bono firm, Valadus Consulting. Graphs created by Valadus are included throughout this Plan and more detailed presentations by Valadus are included in the Exhibits.
² The City of Boston Consolidated Plan 2013-2018 has limited data on Boston’s elderly population and almost no data on the city’s non-elderly disabled population. For this reason, two recent City-affiliated reports, “Housing a Changing City” and “Aging in Boston,” are relied on extensively throughout this Plan for data and priorities. The Consolidated Plan is available at https://dnd.cityofboston.gov/#/page/plans_report_notices
greatest challenges between now and 2030.”³ The report also identifies 5,739 low-income⁴ seniors who are not in subsidized housing as “a priority for attention and action.”⁵ The following section details the primary justifications for this Plan.

1. **Boston’s elderly population is rapidly increasing in absolute and relative terms while the disabled population is not significantly increasing.**

The 2010 U.S. Census revealed that the Northeast region had the largest percentage of people 65 years and over (14.1%). Between 2000 and 2010, Boston saw an increase of 11% of seniors age 60 and older, far outpacing the general population growth of 5% during the same period.⁶ Seniors represent the fastest-growing population in Boston, and by 2030 one in five households will be headed by a senior.⁷

As the graphs above demonstrate, Boston’s elderly population is rapidly increasing in absolute numbers, rising to 110,000 Boston residents age 60+ by 2020, which is the end date of this Plan. The elderly population is also increasing as a proportion of the total population, going from 14% in 2010 to 17% in 2020. It is worth noting that BHA has not been authorized to increase its elderly designation from 70% since its first HUD-approved DHP in 1999, when the elderly population in Boston was approximately 80,000.

⁴ The City defines “low income” as under 60% AMI, which underrepresents the number of “low-income” (under 80% AMI) elderly for BHA and HUD purposes.
⁵ Housing a Changing City: Boston 2030, pg. 62
⁷ Housing A Changing City: Boston 2030, pg. 4
During this same period, the non-elderly disabled population is unlikely to increase significantly. Based on data from a Northeastern University report, the state-wide estimated number of disabled persons age 16-55 will increase by only 0.16% annually. Boston is expected to reflect the state-wide trend of nominal growth through 2024.

![Estimated growth in Massachusetts disabled population very low](image)

Unlikely that other demographic changes will drive further change

- Projected decrease in number of households in Massachusetts in 35-49 age group – decreasing number of disabled-headed households
- Although disability more common among people with non-White ethnicity, non-elderly non-White groups growing less quickly than elderly non-White groups

2. Much of Boston’s growing elderly population is low- and very-low income.

A number of data sources show that Boston’s elderly population is predominantly low- to very-low income and is Boston’s lowest-income demographic group. According to the UMass Aging Report, more than 16,000 elderly Boston residents live in households with annual incomes under $12,500 [2011 dollars] and another 14,900 live in households with annual incomes between $12,500 and $24,999. This means that almost four in ten Boston seniors live in households with total incomes under $25,000. It is expected that by 2030 the number of low-income senior households will increase by an additional 52% (compared to a 10% increase in low-income non-senior households).

The Gerontology Institute at UMass Boston calculates the Elder Economic Security Standard Index in 2011 (“index”) for Boston to be $29,100 for single renters and $40,584 for couples who rent. These amounts represent the minimum income needed for elders 65+ to live independently in Boston. Comparing actual income of Boston elders to the index, the Gerontology Institute found that 75% of Boston seniors age 65+, and 52% of elder couples have incomes below the thresholds.

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8 "The adult disabled population (16-74) in Massachusetts" (2006). Center for Labor Market Studies Publications.Available at [http://hdl.handle.net/2047/d10015309](http://hdl.handle.net/2047/d10015309)
9 Housing a Changing City: Boston 2030, pg. 12
10 UMass Aging Report, pg. 16
11 Housing a Changing City: Boston 2030, pg. 4, 26
12 For more information on the elder index, see [http://www.umb.edu/demographyofaging/projects/elder_economic_security](http://www.umb.edu/demographyofaging/projects/elder_economic_security)
The graph below shows that the average income for elders 60+ falls below the index for Boston and that of elders 80+ falls well-below the index.

**High proportion of singles and couples do not have funds to live comfortably**

![Graph showing income by age and household type]

Source: UMASS Aging Report 2014

The UMass Aging Report also notes that “[e]ven seniors with incomes well above the poverty line, and seniors who have resources that supplement their Social Security benefits, may not be economically secure due to the high cost of living in Boston.”

The following graphs, based on data from the Consolidated Plan, illustrate the high housing cost burdens faced by the elderly, particularly among homeowners.

It is evident that a large percentage of elderly residents experience high cost burden for housing.

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13 UMass Aging Report, pg. 15
14 City of Boston Consolidated Plan 2013-18, pg. 20-21
Using different income standards, the UMass Aging Report found that among Boston residents age 60+, 50% of renters and 38% of those who reside in an owned home experience high cost burden. For individuals age 80 and over, 41% of owners and more than half of those who live in a rented home pay greater than 30% of their incomes for housing.\(^{15}\)

3. Many of Boston’s elderly are also disabled and require units with universal design features, particularly as they age in place.

A large proportion of Boston’s elderly residents also have disabilities. In a recent study, 29% of individuals 60-79 and 62% of individuals 80+ reported having a disability.\(^{16}\)

![Older people also most likely to live with a disability](image)

The UMass Aging Report notes that the likelihood of experiencing multiple disabilities also increases with age: for residents age 60-79, 14% reported one disability, 8% reported two, and 7% reported three or more disabilities; for residents age 80+, 20% reported one disability, 14% reported two disabilities, and 28% reported three or more disabilities.\(^{17}\)

Another major issue facing seniors in Boston is the lack of age-appropriate housing on the private market. According to the UMass Aging Report, seven in ten seniors live in multi-family buildings, and half of all seniors live in buildings constructed before 1940. The report notes that “living in multi-family housing may pose a challenge for seniors who live on upper floors if the building lacks an elevator. Older homes may present challenges to older adults who have difficulties with home maintenance, or who live in homes with design features that are not appropriate for their needs.”\(^{18}\) Similarly, the Harvard Joint Center for Housing Studies “Housing America’s Older Adults” Report cites the fact that public housing

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\(^{15}\) UMass Aging Report, pg. 17  
\(^{16}\) UMass Aging Report, pg. 20; American Community Survey IPUMS data, 3 year file, 2009-2011  
\(^{17}\) UMass Aging Report, pg. 19-20  
\(^{18}\) UMass Aging Report, pg. 12
units are “more likely to have accessibility features than unassisted low-cost units,” and that the lack of accessible and affordable housing for seniors can lead to premature stays in nursing homes and the inability to return home after a hospital stay.\(^\text{19}\) The Harvard study cites accessible and well-located housing as critical for seniors with disabilities as it can determine whether they continue living independently or are forced to move to a nursing home.\(^\text{20}\)

The unit features at many of BHA’s elderly/disabled developments are well-suited to a rapidly aging population. The universal design movement in housing focuses on five features that promote accessibility: no-step entry; single-floor living; extra-wide hallways and doors; accessible electrical controls; and lever-style handles on doors and faucets.\(^\text{21}\) Only 12% of homes in the northeast have three or more accessibility features, a far lower rate than any other region.\(^\text{22}\) In addition, recipients of HUD assistance age 65+ are “more likely to have chronic health conditions that require accessibility features and services.”\(^\text{23}\) The vast majority of BHA elderly/disabled units feature no-step entry, accessible hallways, doors, single-floor living, and electrical controls. BHA would like to allocate its units to those who need the unit features the most. The elderly or non-elderly disabled who need or will need such features should occupy these units, whereas the non-elderly disabled who do not require universal design features will be well served through Section 8 mobile vouchers, family public housing, and other available housing opportunities that provide options as to unit location and amenities.

4. **Housing demand among Boston’s elderly is likely to rise sharply in the next several years, accounting for approximately 90% of new demand among the elderly/non-elderly disabled populations.**

There are a number of factors that suggest the increasing elderly population will lead to an even greater need for low-income housing. First, the gap between elders’ income and the cost of living in Boston is expected to continue to increase.\(^\text{24}\) Second, life expectancy is expected to continue to increase, with a larger cohort of the elderly age 60+ expected to drive a 2% annual elderly population growth. Third, a high proportion of the increasing elderly population will elect to remain in Boston and age in place. Based on the above trends, approximately 90% of new housing demand among the elderly/non-elderly disabled is expected to come from the elderly between 2014 and 2024. BHA proposes devoting 330 additional units to the elderly to attempt to meet a fraction of the increased demand.

\(^\text{19}\) Pg. 5, available at [http://www.jchs.harvard.edu/research/publications/housing-americas-older-adults%E2%80%94meeting-needs-aging-population](http://www.jchs.harvard.edu/research/publications/housing-americas-older-adults%E2%80%94meeting-needs-aging-population) [hereinafter “Harvard Study”]

\(^\text{20}\) Pg. 11

\(^\text{21}\) Harvard Study, pg. 19

\(^\text{22}\) Harvard Study, pg. 20

\(^\text{23}\) Harvard Study, pg. 23

\(^\text{24}\) UMass Aging Report, pg. 16-17
5. **Waitlist data trends demonstrate a growing demand among elderly applicants.**

As illustrated in the graph below, the number of elderly households on BHA public housing waitlists has greatly increased over time.

The marked increase in elderly applicants since 2010 has occurred despite a lack of a comprehensive marketing plan to the elderly by BHA. Most marketing continues to be done through meetings with non-profit partners. Since 2010, the number of elderly applicants on the waitlist has nearly doubled.
In addition to increasing in raw numbers, the elderly have also increased as a proportion of applicants on the waitlist.

**Elderly growing as proportion of total public housing waitlist**

Since 2000, the proportion of non-elderly disabled applicants has declined by 14.5%. It is worth noting that a high proportion of the non-elderly disabled applicants are *required* to apply to BHA per shelter program rules, while most elderly applicants are not similarly compelled. Non-elderly disabled applicants who are in shelter programs typically also receive professional support in completing the application, whereas such support may not be readily available to elderly applicants.

6. **BHA’s current waitlist data does not provide an accurate reflection of the need for low-income elderly housing.**

The number of elderly on BHA’s waitlist reflects only a small fraction of income-eligible Boston seniors. The chart on the left shows the marked increase in the number of elderly who are income-eligible for subsidized housing, with an increase of nearly 15,000 elderly from 2010 to 2014. The chart in the center shows what a small segment of the income-eligible elderly BHA currently serves, along with an even smaller segment of elderly applicants waiting for subsidized housing. The right column indicates that the supply of BHA elderly/disabled units designated specifically for the elderly has dropped significantly with the conversion of hundreds of units to Project-Based Voucher (PBV) sites. PBV sites tend to serve the non-elderly disabled and the elderly in approximately equal numbers (see Exhibit E2).
Less than 20% of income-eligible elders in Boston are either living in BHA public housing or waiting for BHA elderly/disabled housing. While a number of seniors avail themselves of non-BHA subsidized housing, there is still clearly a large gap between the need for subsidized housing and the perceived demand as indicated solely by the number of elderly applicants on the waitlist—if such a large percentage of potential applicants are not attempting to avail themselves of BHA resources, there must be a number of barriers that prevent the elderly from seeking assistance.

While it is difficult to capture all of the reasons why the elderly do not apply to BHA housing in proportion to their need, there are a number of reasonable explanations as evidenced by qualitative analysis from phone surveys conducted in conjunction with preparing this Plan. First, the elderly experience difficulty during the application process itself. The elderly are less likely to apply for BHA housing in the first place due to their preference to remain where they are regardless of affordability or age-appropriate features. When the elderly do apply for BHA housing, they are more likely to choose a small number of geographically concentrated developments, which greatly decreases their chances of receiving a unit offer. Additionally, the elderly experience difficulty with the BHA application form and procedures and often do not have advocates or service agencies to assist them. Many potential elderly applicants opt not to apply because they believe they will never be housed due to long waitlists.

As detailed in Exhibit B, there are a number of barriers facing standard elderly applicants, including the perception that applying is futile because they will never be offered a unit. With approximately 3,000 elderly applicants on the elderly/disabled public housing waitlist and an annual average unit turnover of...
only 362 units across the elderly/disabled developments, the demand for units far exceeds available inventory, and the belief that a unit offer may never come is in many instances justified by the numbers.

The following graphic provides a helpful illustration of the application barriers facing the elderly, as compared to the non-elderly disabled (“NED”).

**A number of factors add structural difficulties to the elderly throughout the application process**

<table>
<thead>
<tr>
<th>Category</th>
<th>Filter throughout housing application</th>
<th>Elderly / NED difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality for BHA unit</td>
<td></td>
<td>The elderly are more likely to continue living in unsafe/unreasonable alternatives</td>
</tr>
<tr>
<td>Choose to apply to the BHA</td>
<td></td>
<td>The elderly are more geographically constrained</td>
</tr>
<tr>
<td>Able to live in available geographies</td>
<td></td>
<td>“Gray flight” contributes to the elderly not pursuing BHA housing</td>
</tr>
<tr>
<td>Choose to live in mixed age demographic housing</td>
<td></td>
<td>The elderly need more help accessing the application process</td>
</tr>
<tr>
<td>Put together strong application</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Many elderly remain in housing situations that are temporary, unstable, and not economically viable. Data from the City of Boston Consolidated Plan shows that a large number of elderly homeowners, in particular, will continue in economically unsustainable situations, with more than half of elderly households paying in excess of 50% of their income toward housing expenses, as noted above. Additionally, the elderly are more geographically constrained in their housing preferences, typically choosing to remain in or near the same neighborhood rather than relocate to an unfamiliar part of Boston.

Disabled applicants appear to experience less barriers to applying for and obtaining elderly/disabled housing. This may be due in part to numerous local agencies that assist the disabled in finding housing, less geographic constraints in housing choice, and better ability to gather required documentation and follow through with BHA’s processes.

Finally, the BHA resident and applicant surveys highlighted differing lifestyles among the elderly and non-elderly disabled as a possible deterrent to the elderly applying for public housing. Seniors were particularly concerned about safety issues and illegal drug activity. With a 70% elderly/30% non-elderly disabled ratio in its federal mixed population developments, it is difficult for BHA to overcome the
perception among the elderly that they would be living among a significant number of younger individuals, many of whom have very different lifestyles than the elderly. As a result, BHA believes that 80% elderly and 20% non-elderly disabled is a more manageable ratio that will help minimize lifestyle differences. For a more detailed presentation of the barriers facing elderly applicants, including direct responses from BHA residents, BHA applicants, and professionals serving both groups, see Exhibit B.

The City of Boston recently proposed establishing a Senior Housing Assistance Network, which would assist seniors with housing search and application assistance. BHA expects this new resource for the elderly to increase the number of elderly applicants.

7. There is a growing trend of near-elderly individuals in emergency housing.

The trend of increasing numbers of near-elderly in emergency housing likely means more elderly in the shelter system in the years ahead. The numbers below show disproportionately large groups of near-elderly in both emergency shelter and transitional housing in Boston.

A recent state-wide study, “Ending Homelessness among Older Adults: A Blueprint for Action,” highlights the increase in the older (50+) homeless population. This study cites a 2012 survey of homeless individuals to conclude that 40-50% of older homeless are chronically homeless and thus very much in need of stable, subsidized housing. National-level data confirms this trend: approximately 279,800 individuals aged 51 and over were homeless in 2012 and the older adult share of the sheltered homeless population increased from 17 percent in 2007 to 19 percent in 2012. The trend of older homeless individuals will continue as incomes decrease, housing costs increase, and the availability of subsidized

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26 Housing A Changing City: Boston 2030, pg. 70
27 Pg. 3. Available at
28 Harvard Study, pg. 14, citing HUD data
units becomes scarcer.29

8. Both regional and national trends in designated housing support a shift to 80% elderly or higher.

It appears that BHA is the only housing authority in the country that currently has a 70% elderly/30% non-elderly disabled designation.30 Every other housing authority in the New England region with a DHP is at 80% elderly or higher, with the exception of Brockton (75%/25%). Cambridge borders the City of Boston and has a HUD-approved designation of 87.5%/12.5% across its elderly/disabled developments since 1997 (see Exhibit D for a detailed comparison of Boston and Cambridge). These percentages mirror the Massachusetts Department of Housing and Community Development (DHCD) requirement for state elderly/disabled developments. The Brookline Housing Authority also borders Boston and has an 80%/20% HUD-approved designation.

The graph below illustrates the housing authorities across the region with current DHPs. Of the ten PHAs listed below, five opted to create “elderly-only” housing for a portion of their elderly-disabled developments. The remaining five PHAs made designations across their entire elderly/disabled portfolio.

Regional peers consistently approved for higher ratios of elderly

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29 For a full presentation of housing demand considerations, see Exhibit C.

30 BHA has sought an 80%/20% designation since its first DHP submission to HUD in 1999. HUD denied BHA’s requests in 1999 and 2006.
BHA is committed to providing the opportunity for affordable housing to both the elderly and non-elderly disabled households at all of its developments throughout the diverse neighborhoods of Boston and is therefore not proposing to create any elderly-only developments.

The graph below shows designations at housing authorities around that country with roughly similar population demographics to Boston. Among these cities, Boston is well below the average designation percentages for elderly only, which, given their consistency across regions appear to demonstrate standard, HUD-authorized practices for the housing of elderly and non-elderly disabled.

DHPs at similar cities across the country tend to establish either ‘elderly-only’ housing or notably high elderly to non-elderly disabled percentage designations.

The above graph shows that most cities with comparable demographics opt to designate a large portion of their elderly-disabled housing as “elderly-only.” The three housing authorities above that did not designate “elderly only” units opted for a very high percentage of elderly to non-elderly disabled designated units.

### B. Current occupancy data

It is worth noting that HUD’s definitions of “elderly” and “disabled” households\(^{31}\) in the context of designated housing do not allow for a complete picture of the actual households living in BHA elderly/disabled developments. Because any head of household age 62 or older is classified as “elderly,”

\(^{31}\) 24 CFR 5.403 defines *Elderly family* as “a family whose head (including co-head), spouse, or sole member is a person who is at least 62 years of age.” *Disabled family* is defined as “a family whose head (including co-head), spouse, or sole member is a person with a disability.”
regardless of disability status, the number of disabled households is underrepresented for purposes of tracking units devoted to the disabled. This aspect of designated housing is important to note because while BHA proposes increasing its elderly percentage to 80%, the real percentage of disabled families living in the developments will always be far above 20%.

BHA has operated under a DHP since 1999, and during that period hundreds of applicants who were housed as “non-elderly disabled” have reached the age of 62 and therefore their status has changed to “elderly.” This obviously pushes the composition of elderly/disabled developments toward increasing numbers of disabled households well beyond the designated percentages. In fact, 22% of current “elderly” households were “non-elderly disabled” households at the time of admission. Currently, 5.3% of BHA non-elderly disabled heads of household are 60-61 years old. This means that within the next two years, approximately 173 non-elderly additional disabled households will be reclassified as elderly households (see Exhibit E for development-by-development breakdowns). During the period of this Plan well over 400 non-elderly disabled households will be similarly reclassified as elderly.

A full consideration of how BHA is meeting the needs of the community should take into account the following occupancy figures: 1) non-elderly disabled who have aged in place; 2) non-elderly who will soon age in place, and 3) elderly who are also disabled at the time of admission.

<table>
<thead>
<tr>
<th>Population</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elderly 62+</td>
<td>1635</td>
</tr>
<tr>
<td>Non-Elderly Disabled under 60</td>
<td>705</td>
</tr>
<tr>
<td>Elderly 62+ Aged in Place (formerly NED)</td>
<td>703</td>
</tr>
<tr>
<td>Non-Elderly Disabled 60-61</td>
<td>173</td>
</tr>
<tr>
<td>NED 60-61</td>
<td>3216</td>
</tr>
</tbody>
</table>
As the chart above shows, roughly half of the population currently living in elderly/disabled housing is comprised of the elderly, a number of whom may also be disabled.\(^{32}\) About 22% of the population consists of residents who were admitted as non-elderly disabled and have since aged in place and are therefore categorized elderly. As noted above, another 5% of the current non-elderly disabled households age 60-61 will be reclassified as “elderly” within the next 1-2 years. In other words, about half of the households living in elderly/disabled developments should be considered disabled as far as the full picture of how BHA is serving the housing needs of the community. As noted earlier about 29% of people over age 60 have one or more disabilities and 62% of those over 80 have one or more disabilities.

For detailed occupancy data, please see Exhibit E.

### C. Project Description

For all of the increasing demand for safe and affordable housing among the elderly, BHA has only 3,293 total units available in its elderly/disabled developments. Of those units, BHA proposes to designate 80%, or 2,634 units for the elderly, with 20%, or 659 units, reserved for non-elderly disabled. As noted above, the non-elderly disabled will continue to age in place and many of the elderly will also be disabled or become disabled during their tenancies. In addition, the loss of units for the non-elderly disabled will be compensated for by 330 mitigation vouchers for non-elderly disabled applicants, as discussed in the next section below.

The following table details the developments and numbers of units to be designated. This Plan designates a percentage of units at each site for occupancy by each household classification. The Plan does not call for designating specific units for occupancy by either the elderly or non-elderly disabled; rather, it looks at the current percentage of households at the development to determine which household type should receive preference for an available unit.

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\(^{32}\) Only limited data is available for residents who were both 62+ and disabled at the time of admission; therefore this category is not included in the chart.
Federal Elderly/disabled Development Proposed Designation

<table>
<thead>
<tr>
<th>Development Number</th>
<th>Development Name</th>
<th>Available Units</th>
<th>Elderly 80%</th>
<th>Non-Elderly Disabled 20%</th>
<th>0BR</th>
<th>1BR</th>
<th>2BR</th>
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<td>49</td>
<td>39</td>
<td>10</td>
<td>0</td>
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<td>9</td>
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<td>82</td>
<td>20</td>
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</tr>
<tr>
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Total: 3293 2634 659 918 2217 158

For current occupancy data for these developments, please see Exhibit E.
BHA has 8,632 total available federal public housing units as of October 2014. The total number of available units in each public housing program is as follows: 5,339 family and 3,293 elderly/disabled for a total of 8,632 units. An additional 1,566 units are available at HOPE VI sites. Exhibit E2 provides a detailed listing of total available public housing units by program type and bedroom size. The number of units to be designated for the elderly (2,634) represents 30.5% of the total number of units available, and the number of units to be designated for the non-elderly disabled (659) represents 7.6% of the total number of units available.

The supportive services at BHA’s elderly/disabled developments are very limited due to budget cuts. Whereas in the past, BHA employed eight full-time service coordinators that provided case management and referrals in each of the developments, these positions were eliminated in 2013. To be clear, BHA is unable to provide supportive services to residents of the elderly/disabled developments due to lack of funding and this is unlikely to change during the period of the Plan. Exhibit F provides a detailed description of each of the developments. As previously noted, many of the elderly/disabled properties have design features suited to the elderly and mobility-impaired populations, including ramps, elevators, pull cords, resident custodians, and front desk security 24-hours per day. BHA is able to provide supportive services in a number of its Section 8 Project-Based Voucher and Moderate Rehabilitation sites, both of which serve large non-elderly disabled populations.

The BHA has a number of units with accessible features in both its federal family and federal elderly/disabled portfolio. Some of these units are Uniform Federal Accessibility Standards (UFAS)-compliant, some are American National Standards Institute (ANSI) units, and others are classified as special features units (units with some adapted features). See Exhibit H for a description of the location, number, and bedroom size of UFAS units in the BHA’s federal and state elderly/disabled and family portfolios. This Plan includes all UFAS units in the federal elderly/disabled developments. Occupancy of these units is further outlined in Chapter 6 of the BHA’s Admissions and Continued Occupancy Policy for Public Housing Programs (ACOP). As stated in the ACOP, it is the BHA’s goal to occupy all of its accessible units and units with adapted features with a person or persons who has/have a disability that requires the adapted features of the apartment. All UFAS units in the BHA federal portfolio will continue to be available to persons with disabilities who require the unit features.

BHA will increase the percentage of the elderly from 70% to 80% by continuing to apply its HUD-approved Designated Housing Preference. At any elderly/disabled development where the elderly occupancy percentage is less than 80%, elderly applicants will receive 100 additional preference points. This preference proved effective in reaching the 70% elderly/30% non-elderly goals of BHA’s 2007 DHP.

It is important to note that the Designated Housing Preference is not an absolute preference as it will only be triggered when a particular development is below 80% elderly occupied. In other words, the preference only exists when the DHP goals are not being met at a particular development. BHA monitors the elderly/non-elderly disabled percentages on an ongoing basis and when the percentage of elderly households at a particular development reaches 75%, the development is flagged so that each subsequent offer of housing will be reviewed by a Manager in the Occupancy Department. As in the past, BHA will not hold units vacant if they cannot be readily filled by elderly applicants. When the percentage of elderly households at a development reaches 80%, BHA will stop awarding designated housing preference points to elderly applicants for that particular development.
D. Alternative Resources

1) Resources within BHA


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 as a mitigating resource in conjunction with this Plan. HUD guidance on balancing the needs of the community states that offering Housing Choice Vouchers to the non-designated group is one appropriate means of mitigating the impact of a designation. 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.” BHA already operates 200 Designated Housing Vouchers for the non-elderly disabled, as well as 300 Mainstream Housing Vouchers for the non-elderly disabled. With the addition of 330 mitigation vouchers, BHA will provide up to 830 mobile vouchers specifically to the disabled. By comparison, BHA will have no housing choice vouchers set aside specifically for the elderly outside of the Section 8 project-based voucher program.

The number of mitigation vouchers will compensate for the loss of units that otherwise would have gone to non-elderly disabled applicants under BHA’s prior 70% elderly/30% non-elderly disabled designation. BHA will award mitigation vouchers pursuant to revised procedures to its Administrative Plan. Eligibility for mitigation vouchers by a disabled household will require a household to have been bypassed on the waiting list in order for a unit offer to be made to an elderly household placed lower on the list. Once eligible, those households must still apply for a mitigation voucher. This will be explained in a letter that serves as the documentation of household eligibility for the mitigation voucher. Access to mitigation vouchers is by a waiting list preference. BHA has analyzed its Housing Choice Voucher (HCV) Program turnover rates, budget authority utilization, and the turnover rate for its federal elderly/disabled developments and determined that it can sustain this set-aside.

   b. Program-wide move-in rates indicate non-elderly disabled are housed at significantly higher rates than the elderly; specifically, a 2:1 ratio over the past two years.

BHA operates a number of housing programs that benefit the non-elderly disabled, who are housed at twice the rate of the elderly. From October 1, 2012 to September 30, 2014 BHA housed a total of 925 non-elderly disabled households and 468 elderly households across all of its housing programs. In other words, nearly twice as many non-elderly disabled households moved into subsidized housing through

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33 Emphasis added. Elsewhere in PIH 2005-2 (HA), HUD states that “documentation of the unavailability of a comparable level of housing resources [for the non-designated group] would demonstrate that these PHAs have made reasonable efforts.” Rather than attempt to document the unavailability of additional resources for the non-elderly disabled, BHA is proactively developing resources for the non-elderly disabled in the form of mitigation vouchers.

34 BHA’s approach to mitigation vouchers is modeled on Brookline Housing Authority’s successfully implemented 2013 DHP.
BHA programs as did elderly households. Given that BHA is not changing anything other than the percentage of its designation in the federal elderly/disabled portfolio, the trend of housing far more non-elderly disabled than elderly applicants is expected to continue. See below and Exhibit G for a detailed breakdown of BHA move-ins.

c. BHA operates a number of housing programs outside of federal elderly/disabled public housing that serve the non-elderly disabled in significant numbers.

As mentioned above, BHA administers 200 NED vouchers and 300 Mainstream vouchers, which together serve 500 non-elderly disabled households. In addition, the BHA administers the following programs (please refer to Exhibit E2 and G and for more information):

1) Federal family public housing. Almost 1,300 non-elderly disabled households are currently housed in federal family public housing, comprising 25% of all households. From October 2012 through September 2014, 172 non-elderly disabled households moved into family developments, accounting for 27% of move-ins, while only 23 elderly households moved into family developments, accounting for just 3% of move-ins. Elderly households make up only 20% of households in federal family public housing. Non-elderly disabled applicants receive preference points in the federal family programs that standard elderly applicants do not.

2) Section 8 Project-Based Vouchers (PBV). BHA administers a total of 1,458 PBVs. Many PBV sites include supportive services. The current occupancy rates of elderly and non-elderly disabled in PBV units are approximately the same. Over the past two years, however, non-elderly disabled obtained 50% of all PBV units while the elderly obtained only 19% of PBV units. The difference is mainly due to the fact that many non-elderly disabled households obtain priority one applicant status as they are more likely to meet the homeless priority criteria. Since 2012 the BHA has added a total of 43 units to the PBV portfolio with an additional 65 PBV units in the pipeline. It is expected that the trend of housing more non-elderly disabled than elderly households in PBV units will continue.\(^{35}\)

3) Section 8 Moderate Rehabilitation Program (Mod Rehab). BHA administers a total of 746 Mod Rehab vouchers. The majority of Mod Rehab units are single-room occupancy and many sites include supportive services. Over the past two years, the non-elderly disabled received 45% of moderate rehabilitation units while the elderly received only 7%. Again, the non-elderly disabled are more likely to qualify as priority one applicants and are therefore housed more rapidly. Currently twice as many non-elderly disabled households occupy Mod Rehab units as elderly households.

4) Housing Choice Vouchers (HCV). BHA administers approximately 14,140 HCVs. The BHA HCV waiting list has been closed to all but priority one applicants since 2008. Far more non-elderly disabled are housed through Housing Choice Vouchers than the elderly, primarily due to qualifying for priority one applicant status. From October 2012 to September 2014, four times as

\(^{35}\) There are currently six PBV sites that have elderly designations: 1) Heritage, 2) Lower Mills, 3) Morville, 4) Building 104, 5) Central Boston Elder Service, and 6) Quincy Commons.
many HCVs went to non-elderly disabled as the elderly. Currently non-elderly disabled households utilize 30% of HCVs while elderly households utilize 20% of HCVs.

5) **Massachusetts Rental Voucher Program (MRVP).** BHA administers 740 MRVP vouchers issued by the state. This program also serves the non-elderly disabled in far greater numbers than the elderly, with 44% of vouchers going to non-elderly vs. 7% going to the elderly during the past two years.

6) **High Utilizers of Emergency Services (HUES) to Home initiative.** BHA has made another commitment of 20 vouchers per year for 3 years (a total of 60 vouchers) for this Boston Public Health Commission program. This program finds permanent supportive housing options for homeless individuals who use hospital emergency rooms as a regular shelter option. Again, the primary target population is non-elderly disabled.

d. **BHA will continue to offer the non-elderly disabled preference points in its federal and state family public housing and Housing Choice Voucher and Moderate Rehabilitation Voucher programs.**

The Appendix to HUD PIH 2005-2 (HA) notes that “a PHA preference given to the non-designated group for the remaining public housing units is a housing resource.” BHA will continue two preference categories created in conjunction with its 2007 DHP. These preference categories are as follows:

a) **Non-Elderly Disabled Preference:** Non-elderly disabled applicants to a state or federal family public housing development receive additional preference points when applying to any bedroom size unit. The implementation of this preference significantly increased housing opportunities for non-elderly disabled households in both the state and federal family programs, as indicated by the move-in data discussed above and detailed in Exhibit G. Both Disabled Persons and Single Elderly receive preference points in BHA’s HCV program.

b) **BHA will also continue to offer Priority Status for transfer for non-elderly disabled public housing residents living in the elderly/disabled developments who wish to voluntarily transfer to the Family Program.** Non-Elderly disabled public housing residents who wish to voluntarily transfer under this category will be relocated at the expense of the BHA as outlined in Section F of this Plan.

Please see Exhibit I, which outlines the current BHA priority categories and preferences, including examples of the assignment of points.

2) **Resources Outside of BHA: Alternative Housing Supply Database**

As part of this Plan, BHA compiled a database of non-BHA subsidized housing available throughout Boston. The Alternative Housing Supply Database, Exhibit J, lists all subsidized properties located in Boston and includes the building name, address, number of units, type of subsidy, and, where available,
occupancy rates as of April 2014. The database shows the number and variety of subsidized housing opportunities throughout the City of Boston.

Outside of BHA programs, Boston has approximately 22,000 housing units with rental subsidies for non-senior households. Annual turnover for these units is approximately 5%, amounting to 1,100-1,250 subsidized units becoming available per year.

The following map provides a snapshot of both BHA and non-BHA subsidized housing opportunities throughout central Boston. Please refer to Exhibits J and K for more information.

### Significant number of alternative affordable housing in Boston near BHA developments and with disability access

![Map of affordable housing in Boston](image)

#### E. No Eviction or Lease Termination due to Designation

As required by law, no current tenants of public housing dwelling units will be evicted or have their leases terminated because of the designation.

#### F. Voluntary Relocation Because of the Designation

BHA currently allows transfer applications from non-elderly disabled tenants living in elderly/disabled developments that are designated (i.e., have fallen below the 70% elderly threshold). Non-elderly disabled residents seeking a transfer to a family public housing development receive Emergency Transfer status. BHA intends to continue this practice in conjunction with this Plan for developments that fall below the 80% elderly threshold. BHA will make funds available to cover actual, reasonable

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36 Housing a Changing City: Boston 2030, pg. 27; Valadus Alternative Housing Supply Presentation, Exhibit K
37 Housing a Changing City: Boston 2030, pg. 27
moving costs for approved transfers under this Plan. In addition, BHA will provide notice of the change in designation and an explanation of available relocation benefits, including actual reasonable moving costs, to all eligible households.

**G. Eligibility of Near-Elderly Families**

BHA is not including the category of near-elderly families in this Plan because it has sufficient numbers of elderly applicants to fill the designated units.

**H. HUD DHP Review Checklist Items**

The following information is provided to answer questions in the HUD Review of Designated Housing Plans checklist not addressed elsewhere in this Plan.

1) The BHA does not have any outstanding court orders, Voluntary Compliance Agreements, or Section 504 Letters of Findings at this time.

2) Regarding fair housing, the proposed designation in this Plan will not increase minority concentrations as the elderly/non-elderly disabled population percentages apply at all of BHA’s elderly/disabled developments.

3) BHA operates site-based waiting lists for all of its public housing developments. Please see Exhibit E1 for site-specific information, including a breakdown of applicants by development as well as the number and percentage of elderly and non-elderly disabled applicants. BHA is not including waiting list data for its HOPE VI sites as each operate under its own ACOP and HOPE VI units are not a part of this Plan.

**III. Request for Approval**

The BHA requests that HUD approve this application for a new Designated Housing Plan as follows:

1. The BHA will provide 80% of units to elderly and 20% to non-elderly disabled in all developments included in this Plan, for a total of 2,634 elderly and 659 non-elderly disabled designated units.

2. The BHA will retain a preference for persons with disabilities in the state and federal family developments and the Housing Choice Voucher and Moderate Rehabilitation Voucher Programs.

3. The BHA will continue to administer 500 DHP-related vouchers, will create 330 new DHP mitigation vouchers in conjunction with this Plan, and will, where available, seek additional vouchers for the non-elderly disabled.
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