

<b>Streamlined Annual PHA Plan</b> <i>(HCV Only PHAs)</i>	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 02/29/2016
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**Purpose.** The 5-Year and Annual PHA Plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission, goals and objectives for serving the needs of low- income, very low- income, and extremely low- income families

**Applicability.** Form HUD-50075-HCV is to be completed annually by **HCV-Only PHAs**. PHAs that meet the definition of a Standard PHA, Troubled PHA, High Performer PHA, Small PHA, or Qualified PHA do not need to submit this form. Where applicable, separate Annual PHA Plan forms are available for each of these types of PHAs.

**Definitions.**

- (1) **High-Performer PHA** – A PHA that owns or manages more than 550 combined public housing units and housing choice vouchers, and was designated as a high performer on both of the most recent Public Housing Assessment System (PHAS) and Section Eight Management Assessment Program (SEMAP) assessments if administering both programs, or PHAS if only administering public housing.
- (2) **Small PHA** - A PHA that is not designated as PHAS or SEMAP troubled, or at risk of being designated as troubled, that owns or manages less than 250 public housing units and any number of vouchers where the total combined units exceeds 550.
- (3) **Housing Choice Voucher (HCV) Only PHA** - A PHA that administers more than 550 HCVs, was not designated as troubled in its most recent SEMAP assessment, and does not own or manage public housing.
- (4) **Standard PHA** - A PHA that owns or manages 250 or more public housing units and any number of vouchers where the total combined units exceeds 550, and that was designated as a standard performer in the most recent PHAS and SEMAP assessments.
- (5) **Troubled PHA** - A PHA that achieves an overall PHAS or SEMAP score of less than 60 percent.
- (6) **Qualified PHA** - A PHA with 550 or fewer public housing dwelling units and/or housing choice vouchers combined, and is not PHAS or SEMAP troubled.

<b>A.</b>	<b>PHA Information.</b>																									
A.1	<p>PHA Name: <u>Town of Brookhaven</u> PHA Code: <u>NY149</u></p> <p>PHA Plan for Fiscal Year Beginning: (MM/YYYY): <u>1/2019</u></p> <p>PHA Inventory (Based on Annual Contributions Contract (ACC) units at time of FY beginning, above)</p> <p>Number of Housing Choice Vouchers (HCVs) <u>994</u></p> <p>PHA Plan Submission Type: <input checked="" type="checkbox"/> Annual Submission <input type="checkbox"/> Revised Annual Submission</p> <p><b>Availability of Information.</b> In addition to the items listed in this form, PHAs must have the elements listed below readily available to the public. A PHA must identify the specific location(s) where the proposed PHA Plan, PHA Plan Elements, and all information relevant to the public hearing and proposed PHA Plan are available for inspection by the public. Additionally, the PHA must provide information on how the public may reasonably obtain additional information of the PHA policies contained in the standard Annual Plan, but excluded from their streamlined submissions. At a minimum, PHAs must post PHA Plans, including updates, at the main office or central office of the PHA. PHAs are strongly encouraged to post complete PHA Plans on their official website.</p> <p><input type="checkbox"/> <b>PHA Consortia:</b> (Check box if submitting a joint Plan and complete table below)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Participating PHAs</th> <th style="width: 10%;">PHA Code</th> <th style="width: 25%;">Program(s) in the Consortia</th> <th style="width: 20%;">Program(s) not in the Consortia</th> <th style="width: 20%;">No. of Units in Each Program</th> </tr> </thead> <tbody> <tr> <td>Lead HA:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Participating PHAs	PHA Code	Program(s) in the Consortia	Program(s) not in the Consortia	No. of Units in Each Program	Lead HA:																			
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<b>B.</b>																										

B.1

**Revision of PHA Plan Elements.**

(a) Have the following PHA Plan elements been revised by the PHA since its last Annual Plan submission?

Y N

X Housing Needs and Strategy for Addressing Housing Needs.

*Due to the extremely high cost of living here on Long Island, there continues to be a significant lack of quality, affordable housing throughout Suffolk County. We continue to ensure that voucher holders do not exceed 39.5% of their income to pay their rent, while maintaining a payment standard in accordance with fair market rent. We are continually working with landlords, nonprofit housing organizations and the community to increase housing options and availability, however, affordable housing is unattainable for low-income and extremely low-income families as they fail to meet the eligibility requirements. Single parents, the elderly, the mentally-ill and the disabled continue to be adversely affected in disproportionate numbers as there is an increase in SRO's throughout the county, and overcrowding in homes of those receiving social services. Unfortunately, most units that are available, particularly for larger families, continue to be in low income areas. The units voucher holders tend to find the most difficult to secure is 4-5 bedrooms, which do not participate in the program often. We find that many current landlord participants have had a positive experience with the Town of Brookhaven and are adding additional units. We will continue our outreach to current and prospective landlords, many of whom own multiple properties. We will continue to participate as a member of the Association of Long Island Housing Agencies (ALIHA). The Town of Brookhaven PHA continues to work with developers and builders to ensure that new projects have at least 10% affordable units, in accordance with Town Code, in an effort to address housing needs for single person voucher holders, particularly the elderly. The Commissioner is working with the Town Supervisor and Board and to obtain property from Suffolk County and private owners to build innovative owner-occupied units with accessory rentals, that will be made affordable through the Housing Trust Fund. We hope this model will address housing needs and provide an innovative solution for owner-occupied housing. In the upcoming year, we will continue to issue new vouchers to families on the waiting list (3-5 per month) as vouchers become available. The PHA is anticipating possibly opening the waiting list in 2019, which will afford the opportunity to many to obtain affordable housing in the future. We will continue to update our current list to reflect applicant's most recent information, and issue vouchers as our budget allows.*

X Deconcentration and Other Policies that Govern Eligibility, Selection, and Admissions.

*The Town of Brookhaven PHA has a policy granting a residency preference for families that reside in the Town, or includes a family member that works within the Town. A preference is also given for working families where the head, spouse or sole member is employed. However, an applicant where the head and spouse or sole member is a person age 62 or older, or is a person with disabilities will also be given the benefit of this preference. In order to maintain the requirement that extremely low-income (ELI) families make up at least 75% of the families admitted to the HCV program during the fiscal year, the PHA will select an ELI family ahead of other families on an as-needed basis. Families will be selected from the waiting list based on the targeted funding or selection preference(s) for which they qualify, and in accordance with the PHA's hierarchy of preferences, if applicable. Within each targeted funding or preference category, families will be selected in numerical order based on the numbers that were assigned to each application, by lottery, at the time the applications were placed on the waiting list.*

X Financial Resources.

*Financial resources for the Housing Choice Voucher Program are solely from HUD for the purpose of the program.*

X Rent Determination.

*The policy of the Town of Brookhaven PHA for rent determination is that participants contribute between 30-39% of their income for the first year. The minimum tenant rent is \$50. All rents meet the rent-reasonable tests. Rent reasonableness is determined by comparing comparable units by bedroom size within the defined market area. Market areas may be defined by zip codes, census tract, neighborhood, and identifiable natural or man-made boundaries.*

X Operation and Management.

*The Town of Brookhaven PHA is overseen by a Commissioner, appointed by the Town Board, and the Housing Choice Voucher program is run directly by the Rental Subsidy Program Coordinator. Directly under the Coordinator is the Rental Subsidy Program Technician, four full-time clerk-typists that work directly with tenants, including two Spanish speaking; and four part-time staff. Funding is overseen by the Administrative Assistant with the assistance of the Senior Account Clerk. All staff serve as employees of the town, and are part of the civil service union, with the exception of the Commissioner and Deputy Commissioner, and the Family Self-Sufficiency Coordinator.*

**Other programs under the Housing Department which receive federal funding are:**

**Community Development Block Grant Funding  
HOME Investment Partnership  
Housing Opportunities for Persons with Aids/HIV**

X Informal Review and Hearing Procedures.

*Each tenant is provided with a copy of the informal review and hearing procedures in their initial housing packet, and their annual appointment, which is signed by the HOH and all other adult members of the household. In accordance with our Administrative Plan and HUD guidelines, The Town of Brookhaven PHA must provide prompt written notice of the reason for the decision to terminate, and a statement that allows the tenant to request an informal hearing on the decision. The family then has the opportunity to review any and all PHA documents relevant to the hearing at least 48 hours prior. Hearings are conducted by an outside party, and the hearing is conducted in the presence of a stenographer. The tenant is then notified of the decision of the hearing officer within a reasonable timeframe.*

X Homeownership Programs. NA

X Self Sufficiency Programs and Treatment of Income Changes Resulting from Welfare Program Requirements.

*The Town of Brookhaven operates the Family Self-Sufficiency (FSS) Program that currently has 35 active participants, 23 of whom have escrow accounts. Needs are assessed based on the individual needs of each family. The FSS Coordinator actively works with the families by locating assistance to meet those needs. Some needs range from transportation to work or school, emergency child care, counseling services, an advocate for negotiating arrears on a utility bill, returning to school whether it may be to obtain an High School Equivalence or college degree and sometimes even homeownership.*

*For the past several years, the PHA has collaborated with the Town of Brookhaven's Youth Bureau to provide FSS families with school supplies, Thanksgiving food baskets, Christmas toys, Prom dresses and the opportunity to enroll their children in an affordable summer camp. Our female participants have benefited from the programs and services from Dress for Success Brookhaven which is located in the same building as the PHA's office. Dress for Success Brookhaven suits the participants for interviews and provide career counseling. All participants are required to take a financial literacy class before graduating from the program. Participants are required to meet with the FSS Program Coordinator at least once annually and remain in communication regarding the progress of their goals throughout the term of the FSS Contract of Participation. The FSS Program Coordinator regularly attends the Program Coordinating Committee (PCC) meetings on a quarterly basis. The PCC membership is comprised of representatives from each PHA in the Partnership, a FSS Participant, local agencies responsible for carrying out workforce training programs, public education and training institutions, child care providers, non-profit service providers, social service agencies and other public and private organizations that have a mission to provide supportive services to our residents.*

*An incentive of the FSS Program is the development of an escrow account on behalf of the participant. Each time their share of rent increases due to earned income, a portion of that increase is credited to an escrow account, which the participant is entitled to after successfully graduating from the FSS Program. Successfully graduating from the FSS Program is defined as completing all of their goals listed on their Individual Training and Service Plan (ITSP), to be working full-time for at least 6 consecutive months and to become free from welfare assistance for at least 12 consecutive months before the end of the contract.*

X Substantial Deviation. NA

X Significant Amendment/Modification. NA

**B.2 New Activities**

(a) Does the PHA intend to undertake any new activities related to the following in the PHA's current Fiscal Year?

Y N

X Project Based Vouchers.

<p><b>B.3</b></p>	<p><b>Most Recent Fiscal Year Audit.</b></p> <p>(a) Were there any findings in the most recent FY Audit?</p> <p>Y   N   N/A  <input type="checkbox"/> X   <input type="checkbox"/></p> <p>(b) If yes, please describe:</p>
<p><b>B.4</b></p>	<p><b>Civil Rights Certification</b></p> <p><a href="#">Form HUD-50077</a>, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i>, must be submitted by the PHA as an electronic attachment to the PHA Plan.</p>
<p><b>B.5</b></p>	<p><b>Certification by State or Local Officials.</b></p> <p><a href="#">Form HUD 50077-SL</a>, <i>Certification by State or Local Officials of PHA Plans Consistency with the Consolidated Plan</i>, must be submitted by the PHA as an electronic attachment to the PHA Plan.</p>
<p><b>B.6</b></p>	<p><b>Progress Report.</b></p> <p>Provide a description of the PHA’s progress in meeting its Mission and Goals described in its 5-Year PHA Plan.</p> <p><i>The Town of Brookhaven PHA has made significant strides in reaching the goals outlined in our 5 year plan. Some of these include:</i></p> <ol style="list-style-type: none"> <li>1. <i>Continuing to network with landlords and prospective landlords to increase housing inventory and opportunities for our voucher holders</i></li> <li>2. <i>Continuing to assist tenants in Homestead Village to reside in their units when they otherwise could not afford the increase to fair market rent.</i></li> <li>3. <i>The Family Self-Sufficiency (FSS) Program currently has 35 participants, several of whom will be graduating within the next two years with escrow.</i></li> <li>4. <i>The Town of Brookhaven PHA has steadily maintained the HQS standards to the satisfaction of landlords, tenants, and residents in the community;</i></li> <li>5. <i>We are continuing to issue vouchers to applicants on our waiting list, providing affordable housing opportunities to many for the first time.</i></li> <li>6. <i>Recently upgraded our software system to streamline the re-certification process, minimize paper, and increase productivity of the staff.</i></li> <li>7. <i>Preparing to open the waiting list for the first time in 12 years.</i></li> </ol>
<p><b>B.7</b></p>	<p><b>Resident Advisory Board (RAB) Comments.</b></p> <p>(a) Did the RAB(s) provide comments to the PHA Plan?</p> <p>Y   N  X   <input type="checkbox"/></p> <p>(a) If yes, comments must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the RAB recommendations and the decisions made on these recommendations.</p>

# Instructions for Preparation of Form HUD-50075-HCV Annual PHA Plan for HCV Only PHAs

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## A. PHA Information. All PHAs must complete this section. ([24 CFR §903.23\(4\)\(e\)](#))

A.1 Include the full **PHA Name**, **PHA Code**, **PHA Type**, **PHA Fiscal Year Beginning** (MM/YYYY), **Number of Housing Choice Vouchers (HCVs)**, **PHA Plan Submission Type**, and the **Availability of Information**, specific location(s) of all information relevant to the public hearing and proposed PHA Plan.

**PHA Consortia:** Check box if submitting a Joint PHA Plan and complete the table. ([24 CFR §943.128\(a\)](#))

## B. Annual Plan. All PHAs must complete this section. ([24 CFR §903.11\(c\)\(3\)](#))

### B.1 Revision of PHA Plan Elements. PHAs must:

Identify specifically which plan elements listed below that have been revised by the PHA. To specify which elements have been revised, mark the “yes” box. If an element has not been revised, mark “no.”

**Housing Needs and Strategy for Addressing Housing Needs.** Provide a statement addressing the housing needs of low-income, very low-income families who reside in the PHA’s jurisdiction and other families who are on the Section 8 tenant-based waiting list. The statement must identify the housing needs of (i) families with incomes below 30 percent of area median income (extremely low-income), (ii) elderly families and families with disabilities, and (iii) households of various races and ethnic groups residing in the jurisdiction or on the waiting list based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. ([24 CFR §903.7\(a\)\(1\)](#) and [24 CFR §903.7\(a\)\(2\)\(i\)](#)). Provide a description of the PHA’s strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. ([24 CFR §903.7\(a\)\(2\)\(ii\)](#))

**Deconcentration and Other Policies that Govern Eligibility, Selection, and Admissions.** A statement of the PHA’s policies that govern resident or tenant eligibility, selection and admission including admission preferences for HCV. ([24 CFR §903.7\(b\)](#))

**Financial Resources.** A statement of financial resources, including a listing by general categories, of the PHA’s anticipated resources, such as PHA HCV funding and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned use for the resources. ([24 CFR §903.7\(c\)](#))

**Rent Determination.** A statement of the policies of the PHA governing rental contributions of families receiving tenant-based assistance, discretionary minimum tenant rents, and payment standard policies. ([24 CFR §903.7\(d\)](#))

**Operation and Management.** A statement that includes a description of PHA management organization, and a listing of the programs administered by the PHA. ([24 CFR §903.7\(e\)\(3\)\(4\)](#)).

**Informal Review and Hearing Procedures.** A description of the informal hearing and review procedures that the PHA makes available to its applicants. ([24 CFR §903.7\(f\)](#))

**Homeownership Programs.** A statement describing any homeownership programs (including project number and unit count) administered by the agency under section 8y of the 1937 Act, or for which the PHA has applied or will apply for approval. ([24 CFR §903.7\(k\)](#))

**Self Sufficiency Programs and Treatment of Income Changes Resulting from Welfare Program Requirements.** A description of any PHA programs relating to services and amenities coordinated, promoted, or provided by the PHA for assisted families, including those resulting from the PHA’s partnership with other entities, for the enhancement of the economic and social self-sufficiency of assisted families, including programs provided or offered as a result of the PHA’s partnerships with other entities, and activities under section 3 of the Housing and Community Development Act of 1968 and under requirements for the Family Self-Sufficiency Program and others. Include the program’s size (including required and actual size of the FSS program) and means of allocating assistance to households. ([24 CFR §903.7\(l\)\(i\)](#)) Describe how the PHA will comply with the requirements of section 12(c) and (d) of the 1937 Act that relate to treatment of income changes resulting from welfare program requirements. ([24 CFR §903.7\(l\)\(iii\)](#)).

**Substantial Deviation.** PHA must provide its criteria for determining a “substantial deviation” to its 5-Year Plan. ([24 CFR §903.7\(r\)\(2\)\(i\)](#))

**Significant Amendment/Modification.** PHA must provide its criteria for determining a “Significant Amendment or Modification” to its 5-Year and Annual Plan. Should the PHA fail to define ‘significant amendment/modification’, HUD will consider the following to be ‘significant amendments or modifications’: a) changes to rent or admissions policies or organization of the waiting list; or b) any change with regard to homeownership programs. See guidance on HUD’s website at: [Notice PIH 1999-51](#). ([24 CFR §903.7\(r\)\(2\)\(ii\)](#))

If any boxes are marked “yes”, describe the revision(s) to those element(s) in the space provided.

**B.2 New Activity.** If the PHA intends to undertake new activity using Housing Choice Vouchers (HCVs) for new Project-Based Vouchers (PBVs) in the current Fiscal Year, mark “yes” for this element, and describe the activities to be undertaken in the space provided. If the PHA does not plan to undertake this activity, mark “no.” ([24 CFR §983.57\(b\)\(1\)](#) and Section 8(13)(C) of the United States Housing Act of 1937.

**Project-Based Vouchers (PBV).** Describe any plans to use HCVs for new project-based vouchers. If using PBVs, provide the projected number of project-based units and general locations, and describe how project-basing would be consistent with the PHA Plan.

- B.3 Most Recent Fiscal Year Audit.** If the results of the most recent fiscal year audit for the PHA included any findings, mark “yes” and describe those findings in the space provided. ([24 CFR §903.11\(c\)\(3\)](#), [24 CFR §903.7\(p\)](#))
- B.4 Civil Rights Certification.** Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulation*, must be submitted by the PHA as an electronic attachment to the PHA Plan. This includes all certifications relating to Civil Rights and related regulations. A PHA will be considered in compliance with the AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction’s initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction. ([24 CFR §903.7\(o\)](#))
- B.5 Certification by State or Local Officials.** Form HUD-50077-SL, *Certification by State or Local Officials of PHA Plans Consistency with the Consolidated Plan*, including the manner in which the applicable plan contents are consistent with the Consolidated Plans, must be submitted by the PHA as an electronic attachment to the PHA Plan. ([24 CFR §903.15](#))
- B.6 Progress Report.** For all Annual Plans following submission of the first Annual Plan, a PHA must include a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year PHA Plan. ([24 CFR §903.11\(c\)\(3\)](#), [24 CFR §903.7\(r\)\(1\)](#))
- B.7 Resident Advisory Board (RAB) comments.** If the RAB provided comments to the annual plan, mark “yes,” submit the comments as an attachment to the Plan and describe the analysis of the comments and the PHA’s decision made on these recommendations. ([24 CFR §903.13\(c\)](#), [24 CFR §903.19](#))

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This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937, as amended, which introduced the Annual PHA Plan. The Annual PHA Plan provides a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA’s operations, programs, and services, and informs HUD, families served by the PHA, and members of the public for serving the needs of low- income, very low- income, and extremely low- income families.

Public reporting burden for this information collection is estimated to average 4.5 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

**Privacy Act Notice.** The United States Department of Housing and Urban Development is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality

**Town of Brookhaven**

**Department of Housing and Human Services**

**FAMILY SELF SUFFICIENCY (FSS) ACTION PLAN**

**2019 DRAFT**

DRAFT

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**1. PURPOSE:**

The purpose of the Family Self-Sufficiency (hereafter referred to as “FSS”) Program is to promote the development of local strategies to coordinate the use of Department of Housing and Urban Development (hereafter referred to as “HUD”) Housing Choice Voucher (hereafter referred to as “HCV”) Program with public and private resources, to enable families to achieve economic independence and self-sufficiency.

The Town of Brookhaven Department of Housing and Human Services’ (hereafter referred to as “Brookhaven HHS”) Family Self-Sufficiency Program (FSS) will identify individual needs and coordinate the delivery of a comprehensive set of supportive services to help individuals learn skills that will lead to full-time suitable employment and reduce dependency on welfare assistance.

**2. PROGRAM OBJECTIVE:**

The objective of Brookhaven HHS’s FSS Program is to link participants to high-quality supportive services including education, job training, counseling and other forms of social service assistance necessary to achieve a level of self-sufficiency.

**3. FAMILY DEMOGRAPHICS:**

Family demographics of the current FSS program participants. (As of 2018)

<b>Race</b>	<b>Percentage</b>	<b>Ethnicity</b>	<b>Percentage</b>	<b>Disability</b>	<b>Percentage</b>	<b>Gender</b>	<b>Percentage</b>
White	40%	Hispanic	29%	Disabled	11%	Female	97%
Black/ African American	60%	Non- Hispanic	71%	Non- Disabled	89%	Male	3%

- 60% of participating households are primarily African-American, female-headed households.
- 40% of participating households are white, female- headed households.
- 29% of participating households are Hispanic/Latino, female-headed households.
- 71% of participating households are Non-Hispanic/Latino, female-headed households.
- 11% of participating households are disabled, female-headed households.
- 89% of participating households are non-disabled, female-headed households.
- 97% of participating households are female- headed households.
- 3% of participating households are male-headed households.
- A majority of the participants are working and/or enrolled in educational programs.

**A. Number of Families Expected to Participate:**

Brookhaven HHS was awarded 96 FSS units by HUD. The current mandatory program size is 33. The Town of Brookhaven will maintain a combined mandatory/voluntary program size of up to 50 slots. It is anticipated that the voluntary program will increase as graduates successfully complete and the mandatory program size decreases. Brookhaven HHS maintains the right to adjust the voluntary program size as necessary.

**4. ELIGIBLE FAMILIES FROM OTHER HUD SELF-SUFFICIENCY PROGRAMS:**

No families enrolled in Brookhaven HHS FSS Program are former participants of other HUD self-sufficiency related program (i.e. Operation Bootstrap, Project Family Self-Sufficiency).

**5. IMPLEMENTATION SCHEDULE:**

Brookhaven HHS implemented the FSS program in 1992 as required by HUD regulations. Brookhaven HHS will implement any additional subsidies awarded in the future in accordance with HUD regulations.

**6. PROGRAM COORDINATING COMMITTEE:**

A Program Coordinating Committee (PCC) was established in 1992 to assist the FSS Program in securing commitments of public and private resources for the operation of the FSS Program.

**A. Membership:**

The PCC membership is comprised of representatives from each PHA in the Partnership, a FSS Participant, local agencies responsible for carrying out workforce training programs, public education and training institutions, child care providers, non-profit service providers, social service agencies and other public and private organizations that have a mission to provide supportive services to Suffolk County residents.

**B. Responsibilities:**

**1. *Role of the PCC:***

- The PCC will act as an advisory to the FSS program; and
- The PCC will enable the FSS program to access community resources; and obtain commitments for services from social service providers; and
- The PCC will expedite and coordinate agreements with potential service providers; and

- The PCC will provide a forum to promote collaboration and to eliminate duplication of services between agencies that serve the needs of low-income individuals; and
- The PCC will meet at least four (4) times annually

## **7. COORDINATION OF SUPPORT SERVICES:**

Service providers in each area will participate in the Program Coordinating Committee (PCC) which will meet as indicated in **Section 6B** of this plan.

## **8. OUTREACH EFFORTS:**

Brookhaven HHS will recruit potential FSS participants through a variety of methods to ensure that all eligible families are aware of the opportunities through the FSS Program. All current and new participants in the Town of Brookhaven HCV Program receive notification of the opportunity to participate in the FSS Program at initial and recertification appointments. Furthermore, flyers and brochures are made available to all HCV Program Participants in the interview rooms and at the front reception desk. Periodically, mass mailings and distribution of materials to all eligible applicants may occur at the discretion of HCV Program Coordinator, and within constraints of Brookhaven HHS budget.

## **9. INCENTIVES TO ENCOURAGE PARTICIPATION:**

HCV Program participants are offered many incentives for FSS participation. The main incentive offered to all FSS participants is the opportunity to develop an escrow account established on their behalf. Brookhaven HHS will establish and deposit funds to individual FSS escrow accounts for FSS participants according to HUD guidelines. All escrow money earned shall be distributed to eligible clients (clients who have completed all goals as outlined in their Individual Training and Services Plan (ITSP), maintain suitable employment and are welfare assistance free.)

Additional incentives include:

- One-on-one career/education counseling sessions with FSS Coordinator or other resources where available
- Referrals to life and job skills workshops
- Referrals for individual and family counseling
- Referrals for budget and credit counseling
- Referrals for homeownership education

## **10. SELECTION PROCEDURES:**

Families selected for participation in the FSS Program must be current HCV Program participants on a first-come, first-served basis. Families will be selected in a nondiscriminatory manner without regard to race, color, religion, gender, family status, national origin, sexual orientation, or disability.

Brookhaven HHS will not discriminate against any potential/current clients based on a disability(ies). Brookhaven HHS will make all reasonable accommodations to allow client participation in the FSS program.

Any participant who participated previously in the FSS Program, and was terminated for cause, may not be eligible for future FSS participation at the sole discretion of the FSS Program Coordinator and the Commissioner of Brookhaven HHS.

Any participant who previously participated in the FSS Program, and voluntarily withdrew from the program, may be considered for re-enrollment at the sole discretion of the FSS Program Coordinator and the Commissioner of Brookhaven HHS.

Submittal of a completed pre-enrollment form constitutes notification to Brookhaven HHS of the applicant's interest in the FSS Program. If there are no current spaces available to eligible participants, applicants will be placed on the FSS waiting list in the order of the date and time their applications are received by Brookhaven HHS.

**A. Selection of Participants from Waiting List:**

When space becomes available in the FSS Program, the next eligible family on the waiting list will be contacted for an interview with the FSS Coordinator. Applicants may be required to complete assessments or assignments relating specifically to the development of an Individual Training and Services Plan (ITSP). Assignments may include, but are not limited to: personal needs assessment, obtaining a current credit report, completing career exploration, completing an educational assessment, developing a family budget, or seeking professional assistance for family members with substance abuse, health, or mental health issues.

Credit reports and assessment tools will be used only for the development of an ITSP for FSS participation. Brookhaven HHS will not disqualify any client from participation in the FSS Program due to a poor credit history or due to an assessment result.

Upon completion of motivational assessments, applicant will schedule an appointment with the FSS Coordinator to establish an ITSP and sign a FSS Contract of Participation. The ITSP is to help the participant determine the actions necessary to become self-sufficient. The ITSP will be a component of the participant's Contract of Participation. All ITSP's will include an interim goal that all family members will be free from welfare assistance for a period of at least one year prior to the expiration of the FSS Contract of Participation, as well as the final goal to obtain and maintain full-time employment based on skills, education, training, and available job opportunities in career of choice. Applicants who do not schedule and attend the interview, or who are not willing to sign the FSS Contract of Participation, will be removed from the waiting list.

## **B. Denial of Participation in the FSS Program:**

Brookhaven HHS, at its discretion, may deny participation in the FSS program to a family that does not meet the requirements of the Family Selection Procedures as described above.

Brookhaven HHS will deny participation to any past FSS program graduate who received more than \$500.00 in escrow.

Brookhaven HHS will deny participation to any family currently owing a debt to Brookhaven HSS or the landlord.

Families denied participation in the FSS program may request an Informal Hearing to determine whether the decision was made in accordance with HUD regulations and the guidelines of this plan. The request for an Informal Hearing must be made in writing within ten (10) business days of the date of notification of the decision to deny participation.

## **11. SUPPORT SERVICES:**

Support services and resources may be provided through coordination of the existing network of social services in the community. These services may include, but are not limited to:

- Child Care
- Career counseling
- Job Development
- Basic Remedial Education
- Job Skills Training
- Post-secondary Education
- Crisis Services
- Transportation
- Substance abuse counseling
- Mental health counseling
- Financial education
- Homeownership education

## **12. METHOD FOR IDENTIFICATION:**

Both the family and the FSS Coordinator identify their support needs during initial assessment and regularly scheduled contacts. All participants must be seen in person at least once annually for a formal assessment and must communicate by email or phone quarterly to discuss their progress toward self-sufficiency. The FSS Coordinator must complete an updated ITSP, a written summary assessing their progress, current and potential obstacles, as well as identifying current/future needed resources and support services.

### **13. CONTRACT OF PARTICIPATION:**

All applicants selected for participation in the FSS program will be required to sign a five-year Contract of Participation. Brookhaven HHS will use the HUD form 52650. The contract will include the family's annual income, earned income, and the family rent (tenant rent plus utility allowance) in effect as of the effective date of the contract.

#### **A. Family Responsibilities:**

Family responsibilities under the Contract of Participation include the following requirements:

##### ***1. Head of Household must:***

- Seek and maintain full-time suitable employment throughout the term of the contract.
- Complete activities in the ITSP within the specified dates; and
- Provide Brookhaven HHS with information about the family's participation in the FSS program upon request, including information regarding employment, job interviews, training, educational attendance, and other FSS services and activities.
- Meet with FSS Coordinator at least once annually.

##### ***A. All Family Members must:***

- Comply with the terms of the HCV Program and the lease; and
- Comply with the family obligations under the HCV Program; and
- Live in the jurisdiction of the FSS Program at least twelve (12) consecutive months from the effective date of the contract, unless waived by Brookhaven HHS.

#### **B. Requirements for Successful Completion of the Contract of Participation:**

The contract will be successfully completed when Brookhaven HHS determines that the family has fulfilled all its responsibilities under the contract; or thirty percent (30%) of the family's monthly adjusted income equals or exceeds the Fair Market Rent (FMR) in effect at the time for the unit size for which the family qualifies under Brookhaven HHS's subsidy standards.

#### **C. Contract of Participation Extensions:**

A participant in the FSS Program may request an extension of the contract if the family is unable to complete its goals within the five-year period due to circumstances beyond the family's control. Examples of such a circumstance would be a serious illness, involuntary loss of employment for the head of household. Requests for a contract extension must be made in writing by the head of the household. The FSS Program Coordinator will review extension requests. Brookhaven HHS will grant no more than

two (2) one (1) year extensions. Extensions are granted at the discretion of Brookhaven HHS. Families denied contract extensions may request an Informal Hearing to determine whether the decision was made in accordance with HUD regulations and guidelines in this plan. The request for an Informal Hearing must be made in writing within ten (10) working days of the date of notification of the decision to deny the extension.

**D. Procedures for Graduation:**

***1. FSS Family Responsibilities:***

**To successfully graduate from the program, the family must:**

- Submit a request for consideration for graduation in writing to Brookhaven HHS; and
- Demonstrate that all interim and final goals in the Contract of Participation were completed on or before the expiration date of the contract; and
- Submit verification that all household members are independent of welfare assistance (not counting transitional assistance) for at least twelve (12) consecutive months prior to graduation; and
- Submit verification that the head of household has maintained suitable employment for at least six (6) consecutive months prior to graduation.

***2. Brookhaven HHS Responsibilities:***

- The FSS Coordinator will review the request for consideration for graduation; and
- Brookhaven HHS will respond in writing to a request for consideration for graduation within ten (10) calendar days of the receipt of the request and all required verifications; and
- The Brookhaven HHS will disperse any accumulated escrow funds to the family upon determination of successful graduation under the guidelines in **Section 13B** of this document.

**E. Denial of Graduation Request:**

If Brookhaven HHS determines that a participant did not successfully graduate from the FSS Program, the participant may request an Informal Hearing to determine whether the decision to deny graduation was made in accordance with HUD regulations and the guidelines in this plan. A request for an Informal Hearing must be made in writing within ten (10) calendar days of the date of Brookhaven HHS's notification of the decision to deny graduation from the FSS Program.

If Brookhaven HHS determines the family did not successfully graduate from the FSS Program, the family will forfeit funds in its FSS escrow account. Brookhaven HHS will use forfeited escrow account funds in accordance with **Section 14C** of this plan.

#### **14. MAINTENANCE OF ESCROW ACCOUNTS:**

Brookhaven HHS will establish FSS escrow accounts for FSS participants whose portion of rent increases due to an increase in their earned income. The escrow funds will be deposited in an interest-bearing, HUD-approved investment. Escrow credits will be deposited to the FSS account in accordance with HUD regulations.

Brookhaven HHS reserves the right to recover escrow funds due to under reporting of income or assets.

##### **A. Calculation of Escrow:**

FSS escrow credits will be calculated monthly and in accordance with HUD regulations. Interest on the FSS escrow account balances will be allocated monthly.

##### **B. Escrow Statements to Families:**

Escrow account statements will be sent to each FSS family at least once annually. The report will include the current monthly deposit, and total balance in the account at the end of the reporting period.

##### **C. Forfeiture of Escrow Funds:**

A participating family has no right to any funds from its FSS escrow account if the family's Contract of Participation is terminated, declared null and void, or Brookhaven HHS determines the family did not successfully meet the established goals to graduate from the FSS Program. Brookhaven HHS will close the family's escrow account and will treat forfeited escrow funds as program receipts under the HCV program guidelines, or in accordance with HUD regulations at the time of the forfeiture.

#### **15. ESCROW DISBURSEMENTS:**

##### **A. Interim Disbursements:**

A family participating in the FSS program may request an interim disbursement of escrow funds. The FSS Program Coordinator will review interim disbursement requests.

Brookhaven HHS will inform the family in writing within ten (10) calendar days of the approval or disapproval of the interim disbursement request.

Families denied an interim disbursement may request an Informal Hearing to determine whether the decision was made in accordance with HUD regulations and the guidelines in

this plan. The request for an Informal Hearing must be made in writing within ten (10) working days of the date of notification of the decision to deny the interim disbursement.

**Procedure:**

Interim disbursements will be made at the discretion of Brookhaven HHS under the following conditions:

- The funds needed to complete goals in the family's Contract of Participation (example: to pay for school costs or transportation to work); and
- The family can demonstrate completion of specific interim goals from its Contract of Participation; and
- Interim disbursements may be granted for no more than 50 percent of the family's escrow balance at the time of the request; and
- Brookhaven HHS will not grant more than one (1) interim disbursement per FSS family; and
- Requests must be made in writing and include verification that the funds are required for the completion of a goal under the family's Contract of Participation; and
- Any debt owed to Brookhaven HHS **must** be satisfied prior to the interim disbursement or will be withheld from the disbursement; and
- Interim escrow disbursements will be paid in the form of a check made payable directly to the participant with the understanding that the participant will first submit an invoice/bill and provide a receipt to the PHA upon settlement.

**B. Final Disbursements:**

The participating family will receive a disbursement of its escrow funds upon successful completion of the Contract of Participation. The FSS Program Coordinator will review final disbursement requests. The family may use its final disbursement escrow funds for any purpose.

**Procedure:**

Upon determination of successful graduation from the FSS Program, the family will receive a disbursement of funds accumulated in its escrow account under the following conditions:

- Any debt owed to Brookhaven HHS will be withheld from the total escrow amount prior to the disbursement; and
- The family must certify that they are no longer receiving any Federal, State, or other public assistance. This prohibition does not include HCV Program or transitional assistance; and
- The head of household must provide verification of suitable employment.

## **16. TERMINATION OR WITHHOLDING OF SERVICES:**

The FSS Contract of Participation will be terminated automatically if the FSS family's Housing Choice Voucher assistance is terminated.

Brookhaven HHS may withhold supportive services to FSS families who do not comply with the family responsibilities in the FSS Contract of Participation.

### **A. Termination of the Contract of Participation:**

Brookhaven HHS may terminate the family's Contract of Participation if:

- The family and Brookhaven HHS agree to terminate the contract; or
- Brookhaven HHS determines the family has not fulfilled its responsibilities under the FSS program; or
- The family withdraws from the FSS program; or
- An act occurs that is inconsistent with the purpose of the FSS program (such as noncompliance with the lease, noncompliance with the Housing Choice Voucher Program family obligations, fraud, or a violent or drug related criminal act); or
- Brookhaven HHS attempts to contact the family in writing or by phone, and the family does not respond, or make a good faith effort to comply with the terms of the Contract of Participation; or
- The family does not complete the contract prior to expiration date; or
- The family exercises portability to a jurisdiction that does not have a FSS program or the family is not accepted into the new jurisdiction's FSS program.

### **B. Termination Procedures:**

Brookhaven HHS staff person responsible for the administration of the FSS program will make the decision to terminate a family from the FSS Program.

Brookhaven HHS will notify the family of the termination of its FSS Contract of Participation by certified mail. The family may request an Informal Hearing to determine whether the decision to terminate FSS participation was made in accordance with HUD regulations and the guidelines of this plan. A request for an Informal Hearing must be made in writing within ten (10) calendar days of the date of notification of the decision to terminate participation.

### **C. Informal Hearings:**

Clients and applicants may request an Informal hearing for any decision involving termination for the FSS Program, denial of FSS participation, escrow monies forfeited and withdrawal of FSS application. All hearings on such issues shall be conducted in compliance with informal hearing procedures as outlined in the Town of Brookhaven Housing Choice Voucher Program Administrative Plan.

## **17. PORTABILITY:**

### **A. Incoming Portables:**

Brookhaven HHS is not obligated to accept incoming portable FSS participants into the FSS program. Acceptance of incoming portable clients into the FSS program is entirely at the discretion of Brookhaven HHS.

It is the responsibility of all FSS families exercising portability into another jurisdiction to notify Brookhaven HHS of their status in the initial PHA's FSS program. Families must notify Brookhaven HHS of their FSS status within ninety (90) days of the effective date of their lease up in Brookhaven HHS jurisdiction. If Brookhaven HHS accepts the family into the FSS program, Brookhaven HHS will execute a new FSS Contract of Participation.

#### **Procedures:**

- Brookhaven HHS will contact the initial Housing Authority to request a copy of the family's Contract of Participation and to request transfer of any escrow funds if the family's voucher is absorbed.
  - Incoming portable FSS families with current FSS contracts will be given priority on the waiting list for a slot in Brookhaven HHS FSS program if they contact the FSS Coordinator within ninety (90) days of the effective date of their lease up in Brookhaven HHS jurisdiction. After ninety (90) days, the family will be placed on the waiting list as of the date the family notified Brookhaven HHS of its FSS status.
  - Incoming portable FSS families must complete a Brookhaven HHS FSS application and any assessments or assignments necessary to complete an ITSP, prior to signing a FSS Contract of Participation.
  - Incoming portable FSS families will not begin to receive escrow credits from Brookhaven HHS until the effective date of execution of the Brookhaven HHS FSS Contract of Participation.
  - Incoming portable families whose vouchers are not absorbed may continue in the FSS program of the initial Housing Authority, if the initial Housing Authority is willing to maintain the Contract of Participation and the FSS escrow account. If the voucher is absorbed at a later date, the family must execute a new FSS Contract of Participation with the receiving Housing Authority (Brookhaven HHS) or be terminated from the FSS Program.
- **B. Denial of Acceptance of an Incoming Portable:**

Brookhaven HHS will notify the incoming portable family of the denial of acceptance by certified mail. An incoming portable family with a current FSS Contract of Participation from its initial Housing Authority that is denied acceptance into the FSS program of the Town of Brookhaven may request an Informal Hearing to determine whether the decision to deny acceptance was made in accordance with HUD regulations and the guidelines in

this plan. A request for an Informal Hearing must be made in writing within ten (10) calendar days of the date of notification of the decision to deny acceptance.

### **C. Outgoing Portables:**

It is the responsibility of the FSS family to inform the receiving Housing Authority of its FSS status and to contact the FSS Coordinator at the receiving Housing Authority.

#### **Procedures:**

- Brookhaven HHS will make a good faith effort to locate and contact a FSS family that exercises portability to another jurisdiction. If the family does not respond within thirty (30) days, Brookhaven HHS may terminate the family's FSS contract in accordance with **Section 16** of this plan. If the contract is terminated, the family's escrow will be forfeited.
- Brookhaven HHS will notify the receiving Housing Authority that the family has an active FSS Contract of Participation and an escrow account, if applicable.
- If the family's voucher **is absorbed** by the receiving Housing Authority and the family is accepted into the receiving Housing Authority's FSS program, the contract and escrow account funds will be transferred to the receiving Housing Authority.
- If the family's voucher **is not absorbed** by the receiving Housing Authority, **and** if the family can demonstrate that it can fulfill its responsibilities under the FSS contract in the new location, Brookhaven HHS may allow the family to continue in Brookhaven HHS's FSS program. In this case, the family must relocate to a jurisdiction within fifty (50) miles of Brookhaven HHS to ensure Brookhaven HHS can adequately oversee the family's participation in the program.
- At its discretion, Brookhaven HHS may terminate the family's Contract of Participation in accordance with **Section 16B** of this plan if the family exercises portability to a jurisdiction that does not have a FSS program, or if the family is not accepted into the new jurisdiction's FSS program.

### **18. COMPLIANCE WITH MTCS FILING REQUIREMENT:**

Brookhaven HHS will submit MTCS filing in accordance with Section Eight Management Assessment Program (SEMAP) requirements. Brookhaven HHS uses software and computer systems to record and transmit this data.

### **19. ASSURANCE OF NON-INTERFERENCE:**

Participation in the FSS Program is voluntary and is not required to receive Housing Choice Voucher Program assistance. A family's election not to participate in the FSS program will not affect the family's admission to, or continued participation in, the Housing Choice Voucher Program. Such decision will not affect the family's right to occupancy in accordance with its lease.