

Explanatory Note to Public Reviewers of the Proposed Moving to Work Supplement Fillable Form

The Moving to Work (MTW) Supplement collects information about policies implemented by MTW expansion agencies. MTW agencies use it to communicate their plans with residents and community stakeholders through required public comment processes, and HUD uses the information collected to monitor and evaluate the MTW demonstration program. MTW agencies will submit the MTW Supplement to HUD annually, and amend as needed. HUD plans to make the MTW Supplement into a fillable form so as to reduce respondent burden and make the information collected more useful to HUD. When the MTW Supplement is available through the fillable form, it will include skip patterns¹ that prompt the user to populate only the sections relevant to what they are currently implementing. It will also include screening questions that will ask which waivers and associated activities they are currently implementing, plan to implement in the upcoming year, or will be discontinued in the submission year. The MTW Agency will be able to print the information from the MTW Supplement in a reader-friendly format in order to inform the public of its plans for the upcoming year. The purposes of the MTW Supplement are two-fold: it reports to HUD what is happening at the local level in a way that the Department can monitor and evaluate; and, more importantly, it informs the public about what the agency is planning and gives the public the ability to provide comment.

The MTW Supplement asks for information about each of the MTW Waivers and associated activities that are made possible by the MTW Operations Notice, Safe Harbor Waivers and Agency-Specific Waivers, and a few other types of information. MTW agencies will fill in information/data through a fillable form and the information collected will be stored in a database so that it can be analyzed by HUD. The approved forms will be posted to the MTW website for viewing by the public. For instance, it will be simple to find out how many MTW agencies and which MTW agencies are implementing each type of activity. It will also simplify reporting for the MTW agency since information will carry over year-to-year in the fillable form so that information that does not change from year to year will be pre-populated, thereby reducing respondent burden.

This document lists the sections of the MTW Supplement and then presents the proposed questions to be included in the MTW Supplement for MTW agencies to answer annually. Throughout the online version, there will be a dropdown menu option that makes it clear as to which activities an agency is permitted to do within the safe harbors of the MTW Operations Notice, Appendix I, MTW Waivers.

Sections of the MTW Supplement:

- A. PHA Information
- B. Narrative
- C. MTW Waivers and Associated MTW Activities
- D. Safe Harbor Waivers
- E. Agency-Specific Waivers
- F. Public Housing Operating Subsidy Grant Reporting
- G. MTW Statutory Requirements
- H. Public Comments
- I. Evaluations
- J. MTW Certifications of Compliance

Information to be Collected for MTW Activities

There are many MTW activities, subject to limitations as outlined in the MTW Operations Notice, that an MTW agency may implement. Each MTW agency will likely only engage in a subset of these MTW activities. The MTW Supplement will first ask MTW agencies to identify which MTW activities they are proposing to implement and which of those MTW activities they are already implementing. MTW agencies will subsequently be asked to provide information only about the MTW activities they are proposing to implement or are already implementing. This feature will reduce respondent burden. MTW waivers have associated MTW activities. MTW agencies are also able to combine MTW activities into their own initiatives.

MTW agencies will be asked for specific information about each MTW activity they are proposing to implement or are already implementing. There are six types of questions that could be asked about each MTW activity. The exact mix of questions will depend partly upon the MTW activity and partly upon the requirements for that MTW activity listed in the MTW Operations Notice. The six types of questions are:

- (1) Core—questions applicable to most MTW activities
- (2) Custom—questions specific to an individual MTW activity
- (3) Safe Harbor Waiver—questions asked when the MTW activity requires a Safe Harbor Waiver
- (4) Hardship Policy—questions asked when the MTW Operations Notice requires a hardship policy for the MTW activity
- (5) Impact Analysis—questions asked when the MTW Operations Notice requires an impact analysis for the MTW activity
- (6) Agency-Specific Waiver—questions asked when the MTW activity requires an Agency-Specific Waiver

¹ A skip pattern is a question or series of questions associated with a conditional response.

Questions

The questions are presented below by type, beginning with the core questions. In the final online version of the MTW Supplement, the relevant questions from each type will be asked together in relation to each MTW activity the MTW agency is proposing to implement or is already implementing. The final online version of the MTW Supplement will be set up to allow for different versions of the same MTW activity—for instance, a different minimum rent for the non-elderly/non-disabled than for the elderly/disabled. The final online version of the MTW Supplement will also be able to autofill items with information from previous years. This feature will reduce respondent burden.

Table 1, at the end of this document, lists the MTW activities and indicates which types of questions need to be asked about each one.

| | | |
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| MTW Supplement to the Annual PHA Plan | U.S. Department of Housing and Urban Development Office of Public and Indian Housing | OMB No. 2577-0226 Expires: XX/XX/2022 |
|--|---|--|

Purpose. The Moving to Work (MTW) Supplement to the Annual PHA Plan informs HUD, families served by the PHA, and members of the public, about the MTW Waivers and associated activities that the MTW agency seeks to implement in the coming Fiscal Year and updates the status of MTW activities that have been previously approved. It also provides information about Safe Harbor Waivers, Agency-Specific Waivers, compliance with MTW statutory requirements, and evaluations. The MTW Supplement does not replace the PHA Plan. MTW agencies must continue to submit the applicable PHA Plan. MTW agencies that are not required to submit annual PHA Plans under the Housing and Economic Recovery Act of 2008 (HERA) must submit the MTW Supplement annually, in addition to holding public hearings, obtaining board approval, and consulting with Resident Advisory Boards (RABs) and tenant associations, as applicable, on planned MTW activities.

Applicability. Form HUD-50075-MTW is to be completed annually by all MTW agencies brought onto the MTW Demonstration Program pursuant to Section 239 of the Fiscal Year 2016 Appropriations Act, P.L. 114-113 (2016 MTW Expansion Statute) or legacy MTW agencies² that chose to follow the requirements of the MTW Operations Notice.

Definitions. All terms used in this MTW Supplement are consistent with the definitions stated in the MTW Operations Notice, including:

- (1) **Local, Non-Traditional Activities (LNT)** – Those MTW activities that use MTW funding flexibility outside of the Housing Choice Voucher (HCV) and public housing programs established in Sections 8 and 9 of the U.S. Housing Act of 1937.
- (2) **Safe Harbors** – The additional parameters or requirements, beyond those specified in the MTW activity description itself found in the MTW Operations Notice, following each activity description, that the MTW agency must follow in implementing MTW activities.
- (3) **Substantially the Same Requirement** – A statutory MTW requirement that MTW agencies must continue to assist substantially the same total number of eligible low-income families as would have been served absent the MTW demonstration.

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| A. | PHA Information. |
| A.1 | PHA Name: _____ PHA Code: _____ MTW Supplement for PHA Fiscal Year Beginning: (MM/DD/YYYY): _____ PHA Program Type: <input type="checkbox"/> Public Housing (PH) only <input type="checkbox"/> Housing Choice Voucher (HCV) only <input type="checkbox"/> Combined MTW Cohort Number: _____ MTW Supplement Submission Type: <input type="checkbox"/> Annual Submission <input type="checkbox"/> Amended Annual Submission |
| B. | Narrative. |
| B.1 | MTW Supplement Narrative. The narrative provides the MTW agency with an opportunity to explain to the public, including the families that it serves, its MTW plans for the fiscal year and its short and long-term goals. The MTW agency should provide a description of how it seeks to further the three MTW statutory objectives during the coming Fiscal Year. Those three MTW statutory objectives are: (1) to reduce cost and achieve greater cost effectiveness in federal expenditures; (2) to give incentives to families with children whose heads of household are either working, seeking work, or are participating in job training, educational or other programs that assist in obtaining employment and becoming economically self-sufficient; and (3) to increase housing choices for low-income families. |

² Legacy MTW Agencies are agencies that were designated as MTW as of December 15, 2015

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| C. | MTW Waivers and Associated Activities. |
| | NOTE: MTW agencies are reminded that all MTW Waivers and associated activities must be implemented in accordance with the MTW Operations Notice and within its safe harbors unless a Safe Harbor or Agency-Specific Waiver approval is provided by HUD, in which case, the activity utilizing the Safe Harbor or Agency-Specific Waiver must be implemented in accordance with the terms of the approval. |
| Screener | <p>For all MTW Waivers and Activities in Section C, the screening question listed below will be presented in the fillable form. This will allow the form to only display those waivers that input where is required.</p> <p>Each waiver and activity will be listed with the following choices. If “Not Currently Implemented” is selected, the agency will not be shown any further questions for the activity.</p> <ul style="list-style-type: none"> • Currently Implementing • Plan to Implement in the Submission Year • Will be Discontinued in the Submission Year • Was Discontinued in a previous Submission Year • Not Currently Implemented |
| Core Questions | The following core questions apply to all of the MTW Waivers and associated activities listed in the MTW Operations Notice. The core questions collect basic information about any MTW activity proposed or implemented by MTW agencies. |

| Text | Input options and instructions |
|---|--|
| Narrative. Describe the MTW activity, the MTW agency’s goal(s) for the MTW activity, and, if applicable, how the MTW activity contributes to a larger initiative. | Text box [Note: If an MTW agency has the same MTW activity in both its public housing and HCV programs, it receives instructions to just write one narrative explaining that it covers both programs.] |
| MTW Statutory Objectives. Which of the MTW statutory objectives does this MTW activity serve? | (Check at least one) <input type="checkbox"/> Cost effectiveness <input type="checkbox"/> Self-sufficiency <input type="checkbox"/> Housing choice |
| Cost implications. What are the cost implications of this MTW activity? Pick the best description of the cost implications based on what you know today. | (Check at least one) <input type="checkbox"/> Neutral (no cost implications) <input type="checkbox"/> Increased revenue <input type="checkbox"/> Decreased revenue <input type="checkbox"/> Increased expenditures <input type="checkbox"/> Decreased expenditures |
| Different policy by household status/family types/sites? Does the MTW activity under this waiver apply to all assisted households or only to a subset or subsets of assisted households? | <input type="checkbox"/> The MTW activity applies to all assisted households <input type="checkbox"/> The MTW activity applies only to a subset or subsets of assisted households <i>If the agency selects “The MTW activity applies only to a subset or subsets of assisted households” then the agency will receive the following three questions:</i> |
| Household Status. Does the MTW activity apply only to new admissions, only to currently assisted households, or to both new admissions and currently assisted households? | (Check one) <input type="checkbox"/> New admissions (i.e., applicants) only <input type="checkbox"/> Currently assisted households only <input type="checkbox"/> New admissions and currently assisted households |

| Text | Input options and instructions |
|--|--|
| <p>Family Types. Does the MTW activity apply to all family types or only to selected family types?</p> | <p><input type="checkbox"/> The MTW activity applies to all family types <input type="checkbox"/> The MTW activity applies only to selected family types <i>If the agency selects “The MTW activity applies to all family types” it does not get any further questions about family types. If the agency selects “The MTW activity applies only to selected family types” it is presented the following question and options:</i></p> <p>Please select the family types subject to this MTW activity: <input type="checkbox"/> Non-elderly, non-disabled families <input type="checkbox"/> Elderly families <input type="checkbox"/> Disabled families (to the extent those families are not exempt via a reasonable accommodation) <input type="checkbox"/> Other – another specifically defined target population or populations. Please describe this target population in the text box. [Text box]</p> |
| <p>Location. Depending on if responses are being provided for a public housing (PH) or HCV activity, the agency will either see questions applicable to PH or HCV.</p> <p>For PH activities: Does the MTW activity apply to all public housing developments?</p> <p>For HCV activities: Does the MTW activity apply to all HCV tenant-based units and properties with project-based vouchers?</p> | <p>For PH activities: <input type="checkbox"/> The MTW activity applies to all developments <input type="checkbox"/> The MTW activity applies to specific developments <i>If the agency selects “The MTW activity applies to specific developments” then it is presented the follow up question:</i></p> <p>Which developments participate in the MTW activity? [agencies choose the applicable development number(s) from a list of their public housing developments]</p> <p>For HCV activities: <input type="checkbox"/> The MTW activity applies to all tenant-based units <input type="checkbox"/> The MTW activity applies to all properties with project-based vouchers <input type="checkbox"/> The MTW activity applies to specific tenant-based units and/or properties with project-based vouchers <i>If the agency selects “The MTW activity applies to specific tenant-based units and/or properties with project-based vouchers” then it is presented the follow up question:</i></p> <p>Please describe which tenant-based units and/or properties with project-based vouchers participate in the MTW activity. [Text box]</p> |
| <p>Does the MTW agency need a Safe Harbor Waiver to implement this MTW activity as described?</p> | <p>Yes/No [If Yes]: What is the status of the Safe Harbor Waiver request? <input type="checkbox"/> The waiver request is being submitted for review with this submission of the MTW Supplement (see Section D). <input type="checkbox"/> The waiver was previously approved. [If checked]: Please describe the extent to which the Safe Harbor Waiver is supporting the MTW agency’s goal in implementing this MTW activity. [Text box]</p> |
| <p>Does this MTW activity require a hardship policy?</p> | <p>Yes/No/Already provided [If Yes]: Upload Hardship Policy [If No, skip below Hardship Policy questions] [If Already provided, the agency has already provided the Hardship Policy under another activity and indicated that the policy is also applicable to this activity.]</p> |
| <p>Does the hardship policy apply to more than this MTW activity? If yes, then please list all of the applicable MTW activities. (Only upload hardship policy once when said policy applies to multiple MTW activities.)</p> | <p>Yes/No [If yes, a list will be presented to select the applicable MTW activities]</p> |

| Text | Input options and instructions |
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| Has the MTW agency modified the hardship policy since the last submission of the MTW Supplement? | Yes/No [If Yes, then a further question pops up.]: What considerations led the MTW agency to modify the hardship policy? [Text box] |
| How many hardship requests have been received associated with this activity in the most recently completed PHA fiscal year? | <input type="text"/> [Numerical entry only] [if number > 0, further questions pop up]: <input type="text"/> How many hardship requests were approved? [Numerical entry only] <input type="text"/> How many hardship requests were denied? [Numerical entry only] <input type="text"/> How many are pending? [numerical entry only] |
| Does the MTW activity require an impact analysis? | Yes/No/Already provided [If Yes]: Upload Impact Analysis [If No, skip the below Impact Analysis questions] [If Already provided, the agency has already provided the impact analysis under another activity and indicated that the policy is also applicable to this activity.] |
| Does the impact analysis apply to more than this MTW activity? If yes, then please list all of the applicable MTW activities. (Only upload impact analysis once when said impact analysis applies to multiple MTW activities.) | Yes/No [If yes, a list will be presented to select the applicable MTW activities] |
| Based on the Fiscal Year goals listed in the activity's previous Fiscal Year's narrative, provide a description about what has been accomplished or changed during the implementation. | [Text box] |
| Please provide an explanation as to why the activity was discontinued or will be discontinued. | [Will only apply if "Will be Discontinued in the Submission Year" or "Was Discontinued in a previous Submission Year" is selected in the screener.] [Text box] |

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| Custom Questions | Custom questions are tailored to each MTW activity. In what follows, the MTW activities are listed with their custom questions. The final online version of the MTW Supplement will be set up so that if an MTW activity is the same in the HCV and/or public housing programs, the MTW agency fills in the information for public housing, then the information is auto populated for the HCV program. MTW agencies are asked to fill in answers only to questions that are relevant to the MTW activities they propose to implement or are already implementing. |
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| C.1 | Tenant Rent Policies |
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| 1.a., 1.b. - Tiered Rent (PH & HCV) | Input options and instructions |
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| Please describe how the income bands are structured. | [Text box] |
| Please upload the tiered rent policy table that shows the income bands. | [Upload document] |
| What is the income basis for assigning households to income bands? | <input type="checkbox"/> This activity uses adjusted annual income as defined in 24 CFR 5.611 (as required for non-MTW PHAs) <input type="checkbox"/> This activity uses a different definition of income because we are using the following MTW waivers (check all that apply) <input type="checkbox"/> 1.r. and/or 1.s. "elimination of deductions" <input type="checkbox"/> 1.t. and/or 1.u. "standard deductions" <input type="checkbox"/> 1.v. and/or 1.w "alternative inclusions and exclusions" |

| 1.c., 1.d. - Stepped Rent (PH & HCV) | Input options and instructions |
|---|---|
| Describe how the stepped rent is structured, including the following: how each household's rent will be set in the first year; how frequently rents will change and by what amount; and how the stepped rent will end (i.e., what is the maximum rent). Please upload a document that presents the stepped rent schedule in the | Description [Text box] Stepped rent schedule [Upload document] |

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| 1.c., 1.d. - Stepped Rent (PH & HCV) | Input options and instructions |
| form of a table. | |
| If a household progresses all the way through the stepped rent schedule, what will their status be? | <input type="checkbox"/> They will no longer receive a subsidy <input type="checkbox"/> They will continue to receive a shallow subsidy <input type="checkbox"/> Other/Not Applicable. [If checked]: Please explain [Text box] |
| 1.e., 1.f. - Minimum Rent (PH & HCV) | Input options and instructions |
| How much is the minimum rent or minimum Total Tenant Payment (TTP)? | \$ _____ [Note: If the MTW agency indicates they have a minimum rent that applies only to particular subgroups, as determined by responses to core questions, the question gets asked for each subgroup.] |
| 1.g., 1.h. - Tenant Payment as a Modified Percentage of Income (PH & HCV) | Input options and instructions |
| What percentage of income will equal the Total Tenant Payment (TTP)? | _____ % |
| What is the income basis for calculating Total Tenant Payment? | <input type="checkbox"/> This activity uses adjusted annual income as defined in 24 CFR 5.611 (as required for non-MTW PHAs) <input type="checkbox"/> This activity uses a different definition of income because we are using the following MTW waivers (check all that apply) <input type="checkbox"/> 1.r. and/or 1.s. "elimination of deductions" <input type="checkbox"/> 1.t. and/or 1.u. "standard deductions" <input type="checkbox"/> 1.v. and/or 1.w "alternative inclusions and exclusions" |
| 1.i., 1.j. - Alternative Utility Allowance (PH & HCV) | Input options and instructions |
| Please describe the alternative method of calculating the utility allowances. Please explain how the method of calculating utility allowances is different from the standard method and what objective the MTW agency aims to achieve by using this alternative method. | [Text box] |
| 1.k., 1.l. - Fixed Rents/Subsidy (PH & HCV) | Input options and instructions |
| Describe the method used to establish the fixed rents. | [Text box] |
| How many households are currently subject to this policy? | [Text box] |

Table 1.k.1, 1.l.1 - What is the fixed rent/subsidy for each of the following unit sizes?

| Unit Size | Rent Amount – PH | Subsidy Amount – HCV |
|-----------------------|------------------|----------------------|
| Studio/Efficiency | \$ _____ | \$ _____ |
| One-bedroom | \$ _____ | \$ _____ |
| Two-bedroom | \$ _____ | \$ _____ |
| Three-bedroom | \$ _____ | \$ _____ |
| Four or more bedrooms | \$ _____ | \$ _____ |

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| 1.m., 1.n. - Utility Reimbursements (PH & HCV) | [No custom questions for this activity.] |
| 1.o. - Initial Rent Burden (HCV) | Input options and instructions |
| If the MTW agency plans to implement a new maximum income-based rent percentage (higher than 40% of adjusted monthly income), what is that maximum? | _____ % |
| 1.p., 1.q. - Imputed Income (PH & HCV) | Input options and instructions |
| Does the imputed income policy assume a set number of hours worked per individual or per household? | (Check one) <input type="checkbox"/> Per individual <input type="checkbox"/> Per household |
| How many hours per week are assumed? | [Number entries between 0 and 15 or 0 and 30, as appropriate, allowed] |
| What is the assumed wage rate? | [Must be a number less than or equal to the federal minimum wage] |
| How many households are currently subject to this policy? | _____ [number] |

| 1.r., 1.s. - Elimination of Deduction(s) (PH & HCV) | Input options and instructions |
|--|--|
| Which deduction(s) will be eliminated, modified, or added? | (Check all that apply) <input type="checkbox"/> Dependent allowance <input type="checkbox"/> Unreimbursed childcare costs <input type="checkbox"/> Other (please explain) |

| 1.t., 1.u. - Standard Deductions (PH & HCV) | Input options and instructions |
|--|---------------------------------------|
| How much will the single standard deduction be in the Fiscal Year? | \$_____ |

| 1.v., 1.w. - Alternative Income Inclusions/Exclusions (PH & HCV) | Input options and instructions |
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| What inclusions or exclusions will be eliminated, modified, or added? | [Text Box] |

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| C.2 | Payment Standards and Rent Reasonableness |
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| 2.a. - Payment Standards – Small Area Fair Market Rents (FMR) (HCV) | Input options and instructions |
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| Please explain the payment standards by ZIP code or “grouped” ZIP codes. | [Text box] |

| 2.b. - Payment Standards – Fair Market Rents (HCV) | Input options and instructions |
|---|---------------------------------------|
| Please explain the payment standards by FMR. | [Text box] |

| 2.c. - Rent Reasonableness – Process (HCV) | Input options and instructions |
|--|---------------------------------------|
| Describe the method used to determine rent reasonableness and the motivations for using a method different from the standard method. | [Text box] |

| 2.d. - Rent Reasonableness – Third-Party Requirement (HCV) | Input options and instructions |
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| Please explain or upload a description of the quality assurance method. | [Text box] and [Upload file] options |
| Please explain or upload a description of the rent reasonableness determination method. | [Text box] and [Upload file] options |

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| C.3 | Reexaminations |
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| 3.a., 3.b. - Alternative Reexamination Schedule for Households (PH & HCV) | Input options and instructions |
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| What is the recertification schedule? | (Check one) <input type="checkbox"/> Once every two years <input type="checkbox"/> Once every three years <input type="checkbox"/> Other [If checked]: Please describe. [Text box] |
| How many interim recertifications per year may a household request? | <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more |
| Please describe briefly how the MTW agency plans to address changes in family/household circumstances under the alternative reexamination schedule. | [Text box] |

| 3.c., 3.d. - Self-Certification of Assets (PH & HCV) | Input options and instructions |
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| Please state the dollar threshold for the self-certification of assets. | \$_____ |

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| C.4 | Landlord Leasing Incentives |
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| 4.a., 4.b., 4.c. - Vacancy Loss, Damage Claims, and Other Landlord Incentives (HCV) | Input options and instructions (The same custom questions are asked for each of these activities.) |
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| Does this policy apply to certain types of units or to all units all HCV units or only certain types of units (for example, accessible units, units in a low-poverty neighborhood, or units/landlords new to the HCV program)? | <input type="checkbox"/> To all units [No follow-up questions] <input type="checkbox"/> Certain types of units only [if checked, there are follow up questions]: What types of units does this policy apply to? <input type="checkbox"/> Accessible units <input type="checkbox"/> Units in particular types of areas or neighborhoods [if checked]: Please describe these areas briefly: [Text box] <input type="checkbox"/> Units/landlords new to the HCV program <input type="checkbox"/> Other [if checked]: Please describe briefly [Text box] |
| What is the maximum payment that can be made to a landlord under this policy? | [Text box] |
| How many payments were issued under this policy in the most recently completed PHA fiscal year? | ___ [number of payments] |
| What is the total dollar value of payments issued under this policy in the most recently completed PHA fiscal year? | \$_____ |

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| C.5 | Housing Quality Standards (HQS) |
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| 5.a. - Pre-Qualifying Unit Inspections (HCV) | Input options and instructions |
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| How long is the pre-inspection valid for? | ___ [number of days] |

| 5.b. - Reasonable Penalty Payments for Landlords (HCV) | Input options and instructions |
|--|---------------------------------------|
| What is the maximum penalty payment that can be made to a landlord under this policy? | [Text box] |
| How many penalty payments were charged under this policy in the most recently completed PHA fiscal year? | _____ [number] |

| 5.c. - Third-Party Requirement (HCV) | Input options and instructions |
|---|---------------------------------------|
| Please explain or upload a description of the quality assurance method. | [Text box] and [Upload file] options |

| 5.d. - Alternative Inspection Schedule (HCV) | Input options and instructions |
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| | [No custom questions for this activity.] |

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| C.6 | Short-Term Assistance |
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| 6.a., 6.b. - Short-Term Assistance (PH & HCV) | Input options and instructions |
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| What is the term of assistance? | ___ [number of months] |
| How is the tenant contribution established for this program? | [Text box] |
| How many households do you expect to serve in this program in the Fiscal Year? | ___ [Numerical entry only allowed] |
| How do you fulfill the obligation to offer participants in this program the opportunity to transition to the HCV or public housing (as applicable) program subject to availability? | [Text box] |
| Please list any partner organizations and briefly note the services that each provides. | [Text box] |

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| C.7 | Term-Limited Assistance |
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| 7.a., 7.b. - Term-Limited Assistance (PH & HCV) | Input options and instructions |
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| Does the term-limited assistance MTW activity exempt any type of household or individual other than the elderly or individuals with disabilities | Yes/No [If Yes]: Please describe the conditions for exemption. [text box] |

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| 7.a., 7.b. - Term-Limited Assistance (PH & HCV) | Input options and instructions |
| Please describe how the MTW agency supports households to prepare for the end of assistance. | [Text box] |
| How many households are currently subject to this policy? | _____ [number] |

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| C.8 | Increase Elderly Age |
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| 8. - Increase Elderly Age (PH & HCV) | Input options and instructions |
| What is the new definition of elderly? | ___ years old [Numerical entry allowed between 62 - 65] |

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| C.9 | Project-Based Voucher Program Flexibilities (PBV) |
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| 9.a. - Increase PBV Program Cap (HCV) | Input options and instructions |
| What percentage of total authorized HCV units will be authorized for project-basing? | _____ % |

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| 9.b. - Increase PBV Project Cap (HCV) | [No custom questions for this activity.] |
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| 9.c. - Elimination of PBV Selection Process for PHA-owned Projects without Improvement, Development, or Replacement (HCV) | [No custom questions for this activity.] |
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| 9.d. - Alternative PBV Selection Process (HCV) | [No custom questions for this activity.] |
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| 9.e. - Alternative PBV Unit Types (Shared Housing and Manufactured Housing) (HCV) | Input options and instructions |
| How many shared housing units does the MTW agency anticipate assisting in the Fiscal Year? | ___ Units |
| How many shared housing units did the MTW agency assist in the most recently completed PHA Fiscal Year? | ___ Units |
| How many manufactured housing units does the MTW agency anticipate assisting in the Fiscal Year? | ___ Units |
| How many manufactured housing units did the MTW agency assist in the most recently completed PHA Fiscal Year? | ___ Units |

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| 9.f. - Increase PBV Housing Assistance Payment (HAP) Contract Length (HCV) | [No custom questions for this activity.] |
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| 9.g. - Increase PBV Rent to Owner (HCV) | [No custom questions for this activity.] |
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| 9.h. - Limit Portability for PBV Units (HCV) | [No custom questions for this activity.] |
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| C.10 | Family Self-Sufficiency Program with MTW Flexibility (Traditional) |
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| 10.a. - Waive Operating a Required FSS Program (PH & HCV) | [No custom questions for this activity.] |
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| 10.b. - Alternative Structure for Establishing Program Coordinating Committee (PH & HCV) | Input options and instructions |
| Please describe the alternative structure and how it is designed to secure local resources to support an MTW Self-Sufficiency program. | [Text box] |

| | |
|--|---------------------------------------|
| 10.c. - Alternative Family Selection Procedures (PH & HCV) | Input options and instructions |
| Please describe the purpose and goals of the alternative contract or locally developed agreement, and/or the MTW agency's motivation for developing its own contract or agreement. | [Text box] |

| | |
|---|--|
| 10.d. - Modify or Eliminate the Contract of Participation (PH & HCV) | [No custom questions for this activity.] |
|---|--|

| | |
|--|---------------------------------------|
| 10.e. - Policies for Addressing Increases in Family Income (PH & HCV) | Input options and instructions |
| How will the MTW agency treat increased earnings for families participating in the FSS Program with MTW flexibility? | [Text box] |

| | |
|-------------|-------------------------------------|
| C.11 | MTW Self-Sufficiency Program |
|-------------|-------------------------------------|

| | |
|--|--|
| 11.a. - Alternative Family Selection Procedures (PH & HCV) | Input options and instructions |
| Will the MTW agency’s MTW Self-Sufficiency policy make the program mandatory for anyone? | Yes/No [If Yes]: Please describe the population group for whom participation in the MTW Self-Sufficiency program is mandatory. [Text box] |

| | |
|---|---------------------------------------|
| 11.b. - Policies for Addressing Increases in Family Income (PH & HCV) | Input options and instructions |
| What is the policy for the increased earnings for families participating in the MTW Self-Sufficiency program? | [Text box] |

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|-------------|-------------------------|
| C.12 | Work Requirement |
|-------------|-------------------------|

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|---|--|
| 12.a., 12.b. – Work Requirement (PH & HCV) | Input options and instructions |
| Does the work requirement MTW activity exempt any type of household or individual other than those required to be excluded through the MTW Operations Notice or those excluded as a reasonable accommodation? | Yes/No [If Yes]: Please describe the conditions for exemption. [Text box] |
| What counts as “work” under this the work requirement MTW activity? | [Text box] |
| How will the MTW agency monitor compliance with the work requirement MTW activity? | [Text box] |
| What supportive services are offered to support households to comply with the work requirement? | [Text box] |
| How does the agency address noncompliance with the work requirement policy? | [Text box] |
| How many households are currently subject to the policy? | _____ [number] |
| How many households in the most recently completed PHA fiscal year were sanctioned for non-compliance with the work requirement? | _____ [number] |

| | |
|-------------|---|
| C.13 | Public Housing as an Incentive for Economic Progress |
|-------------|---|

| | |
|--|---------------------------------------|
| 13. - Public Housing as an Incentive for Economic Progress (PH) | Input options and instructions |
| How many months will households be able to remain in a unit while over income? | _____ [number] |

| | |
|-------------|-------------------------|
| C.14 | Moving On Policy |
|-------------|-------------------------|

| | |
|---|--|
| 14.a. - Waive Initial HQS Inspection Requirement (HCV) | [No custom questions for this activity.] |
|---|--|

| | |
|---|--|
| 14.b. - Allow Income Calculations from Partner Agencies (PH and HCV) | [No custom questions for this activity.] |
|---|--|

| | |
|---|--|
| 14.c. - Aligning Tenant Rents and Utility Payments Between Partner Agencies (PH & HCV) | [No custom questions for this activity.] |
|---|--|

| | |
|-------------|---|
| C.15 | Acquisition without Prior HUD Approval |
|-------------|---|

| | |
|--|--|
| 15. - Acquisition without Prior HUD Approval (PH) | [No custom questions for this activity.] |
|--|--|

| | |
|-------------|--|
| C.16 | Deconcentration of Poverty in Public Housing Policy |
|-------------|--|

| | |
|--|--|
| 16. - Deconcentration of Poverty in Public Housing (PH) | [No custom questions for this activity.] |
|--|--|

| | |
|-------------|--|
| C.17 | Local, Non-Traditional (LNT) Activities |
|-------------|--|

| 17.a. - Rental Subsidy Programs | Input options and instructions |
|--|---|
| Does the MTW activity apply to all LNT units/properties? | <input type="checkbox"/> The MTW activity applies to all units/properties <input type="checkbox"/> The MTW activity applies to specific units/properties <i>If the agency selects "The MTW activity applies to specific LNT units/properties" then it is presented the follow up question:</i> Describe which LNT units/properties participate in the MTW activity? [Text box] |

Table 17.a.1 - For each third-party partner, please complete the information in the following table.

| Third-party Partner | Type of Services the Partner Provides | # of Units Allocated to that Partner for the Fiscal Year |
|----------------------------|--|---|
| | | |
| | | |
| | | |
| | | |
| | | |

| 17.b. - Service Provision | Input options and instructions |
|---|---|
| What types of services is the MTW agency providing? | [Text box] |
| How many households did the PHA provide services to in the most recently completed PHA Fiscal Year through this activity? | ___ [number] |
| Does the MTW activity apply to all LNT units/properties? | <input type="checkbox"/> The MTW activity applies to all units/properties <input type="checkbox"/> The MTW activity applies to specific units/properties <i>If the agency selects "The MTW activity applies to specific LNT units/properties" then it is presented the follow up question:</i> Describe which LNT units/properties participate in the MTW activity? [Text box] |
| Are any families receiving services only (i.e., services only and no housing assistance provided by the PHA)? | Yes/No [If yes, answer question below.] ___ # of persons receiving LNT services only in the most recently completed PHA fiscal year. |

17.c. - Housing Development Programs

For each LNT housing development that the MTW agency will commit funds to or spend funds on in this Fiscal Year, in Table 17.c.1 below please add the name of the development to one column heading and then provide the requested information, including the

MTW agency role (Acquisition, Rehabilitation, or New Construction), the type of MTW agency financing (Gap Financing, Tax Credit Partnership, Other), and the total number of affordable units in the development. If possible, please provide a breakdown of the number of affordable units by level of affordability.

Table 17.c.1 - Housing Development Programs that the MTW Agency plans to commit Funds to in Fiscal Year [autofill upcoming year]

| Question | [add name of development and address] | [add name of development and address] | [add name of development and address] | [add name of development and address] |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| MTW Role: Acquisition, Rehabilitation, New Construction? | | | | |
| Type of MTW Agency Financing: Gap Financing, Tax Credit Partnership, Other | | | | |
| Number of Affordable Units | | | | |
| Total Number of Units | | | | |
| Number of Units by Affordability | | | | |
| • 80% of AMI | | | | |
| • 60% of AMI | | | | |
| • 30% of AMI | | | | |
| • Other | | | | |

Housing Development Programs that the MTW Agency plans to spend funds on in the Fiscal Year [autofill upcoming year]

| Question | [add name of development and address] | [add name of development and address] | [add name of development and address] | [add name of development and address] |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| MTW Role: Acquisition, Rehabilitation, New Construction? | | | | |
| Type of MTW Agency Financing: Gap Financing, Tax Credit Partnership, Other | | | | |
| Number of Affordable Units | | | | |
| Total Number of Units | | | | |
| Number of Units by Affordability | | | | |
| • 80% of AMI | | | | |
| • 60% of AMI | | | | |
| • 30% of AMI | | | | |
| • Other | | | | |

For each LNT housing development that the MTW agency committed funds to or spent funds on in the most recently completed Fiscal Year, please add the name of the development to one column in Table 17.c.2 below heading and then provide the requested information, including the MTW agency role (Acquisition, Rehabilitation, or New Construction), the type of MTW agency financing (Gap Financing, Tax Credit Partnership, Other), and the total number of affordable units in the development. If possible, please provide a breakdown of the number of affordable units by level of affordability.

Table 17.c.2 - Housing Development Programs that the MTW Agency committed funds to in prior Fiscal Year [autofill previous year]

| Question | [add name of development and address] | [add name of development and address] | [add name of development and address] | [add name of development and address] |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| MTW Role: Acquisition, Rehabilitation, New Construction? | | | | |
| Type of MTW Agency Financing: Gap Financing, Tax Credit Partnership, Other | | | | |
| Number of Affordable Units | | | | |
| Total Number of Units | | | | |
| Number of Units by Affordability | | | | |
| • 80% of AMI | | | | |
| • 60% of AMI | | | | |
| • 30% of AMI | | | | |
| • Other | | | | |

Housing Development Programs that the MTW Agency spent funds on in prior Fiscal Year [autofill previous year]

| Question | [add name of development and address] | [add name of development and address] | [add name of development and address] | [add name of development and address] |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| MTW Role: Acquisition, Rehabilitation, New Construction? | | | | |
| Type of MTW Agency Financing: Gap Financing, Tax Credit Partnership, Other | | | | |
| Number of Affordable Units | | | | |
| Total Number of Units | | | | |
| Number of Units by Affordability | | | | |
| • 80% of AMI | | | | |
| • 60% of AMI | | | | |
| • 30% of AMI | | | | |
| • Other | | | | |

| | |
|------------|---|
| D. | Safe Harbor Waivers. |
| D.1 | <p>Safe Harbor Waivers seeking HUD Approval: The MTW Operations Notice describes a simplified process for MTW agencies to implement MTW activities outside of the safe harbors described in Appendix I. For each Safe Harbor Waiver request, a document that includes the following information must be provided: (a) the name and number of the MTW Waiver and associated activity for which the MTW agency is seeking to expand the safe harbor, (b) the specific safe harbor and its implementing regulation, (c) the proposed MTW activity the MTW agency wishes to implement via this Safe Harbor Waiver, (d) a description of the local issue and why such an expansion is needed to implement the MTW activity, (e) an impact analysis, (f) a description of the hardship policy for the MTW activity, if applicable, and (g) a copy of all comments received at the public hearing along with the MTW agency’s description of how the comments were considered, as a required attachment to the MTW Supplement.</p> <p>Will the MTW agency submit request for approval of a Safe Harbor Waiver this year?</p> <p>___ No ___ Yes [If yes, upload required information in a-g above for each Safe Harbor Waiver request]</p> |

| | |
|------------|--|
| E. | Agency-Specific Waivers. |
| E.1 | <p>Agency-Specific Waivers for HUD Approval:</p> <p>The MTW demonstration program is intended to foster innovation and HUD encourages MTW agencies, in consultation with their residents and stakeholders, to be creative in their approach to solving affordable housing issues facing their local communities. For this reason, flexibilities beyond those provided for in Appendix I may be needed. Agency-Specific Waivers may be requested if an MTW agency wishes to implement additional activities, or waive a statutory and/or regulatory requirement not included in Appendix I.</p> <p>In order to pursue an Agency-Specific Waiver, an MTW agency must include an Agency-Specific Waiver request, an impact analysis, and a hardship policy (as applicable), and respond to all of the mandatory core questions as applicable.</p> <p>For each Agency-Specific Waiver(s) request, please upload supporting documentation, that includes: a) a full description of the activity, including what the agency is proposing to waive (i.e., statute, regulation, and/or Operations Notice), b) how the initiative achieves one or more of the 3 MTW statutory objectives, c) a description of which population groups and household types that will be impacted by this activity, d) any cost implications associated with the activity, e) an implementation timeline for the initiative, f) an impact analysis, g) a description of the hardship policy for the initiative, and h) a copy of all comments received at the public hearing along with the MTW agency’s description of how the comments were considered, as a required attachment to the MTW Supplement.</p> <p>Will the MTW agency submit a request for approval of an Agency-Specific Waiver this year?</p> <p><input type="checkbox"/> No [If no, skip to E.2] <input type="checkbox"/> Yes [If yes, please provide a title and upload required information in a-h above for each Agency-Specific Waiver request]</p> |
| E.2 | <p>Agency-Specific Waiver(s) for which HUD Approval has been Received: For each previously approved Agency-Specific Waiver(s), a set of questions will populate.</p> <p>Does the MTW agency have any approved Agency-Specific Waivers?</p> <p><input type="checkbox"/> Yes [If yes, then the following questions will pop up for each Agency-Specific Waiver approved in Section E.1 in a previous submission; the titles will be prepopulated] [Yes/No/Discontinued] Has there been a change in how the waiver is being implemented from when it was originally approved? [If Yes]: If there has been a change, please provide a description of what has changed. [If Discontinued]: 1) If this waiver has been discontinued, please provide a description of the final outcomes and lessons learned from implementing this Activity at your PHA. 2) If the MTW Agency was previously required to prepare an impact analysis, was a final impact analysis prepared at the time of discontinuation.</p> <p><input type="checkbox"/> No [If no, question set concludes]</p> |
| F. | Public Housing Operating Subsidy Grant Reporting. |
| F.1 | <p>Please provide the public housing Operating Subsidy grant information in the table below for Operating Subsidy grants appropriated in each Federal Fiscal Year the PHA is designated an MTW PHA.</p> |

| Federal Fiscal Year (FFY) | Total Operating Subsidy Authorized Amount | How Much PHA Disbursed by the 9/30 Reporting Period | Remaining Not Yet Disbursed | Deadline |
|---------------------------|---|---|-----------------------------|-----------|
| 2021 | \$ | \$ | \$ | 9/30/2027 |
| 2022 | \$ | \$ | \$ | 9/30/2028 |
| 2023 | \$ | \$ | \$ | 9/30/2029 |
| | | | | |

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

| Income Level | Number of Local, Non-Traditional Households Admitted in the Fiscal Year* |
|--|--|
| 80%-50% Area Median Income | # |
| 49%-30% Area Median Income | # |
| Below 30% Area Median Income | # |
| Total Local, Non-Traditional Households | # |

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

| | |
|------------|---|
| G.2 | Establishing Reasonable Rent Policy. |
|------------|---|

| Question | Input options and instructions |
|---|---|
| Has the MTW agency established a rent reform policy to encourage employment and self-sufficiency? | Yes/No [If Yes]: please describe the MTW agency’s plans for its future rent reform activity and the implementation timeline. [Text box] |

| | |
|------------|---|
| G.3 | Substantially the Same (STS) – Local, Non-Traditional. |
|------------|---|

| Questions | Input options and instructions |
|--|--|
| Please provide the total number of unit months that families were housed in a local, non-traditional rental subsidy for the prior full calendar year. | ___ # of unit months |
| Please provide the total number of unit months that families were housed in a local, non-traditional housing development program for the prior full calendar year. | ___ # of unit months |
| How many units, developed under the local, non-traditional housing development activity, were available for occupancy during the prior full calendar year (by bedroom size)? | Please include only those units that serve households at or below 80% of AMI in the table provided. |

| PROPERTY NAME/ADDRESS | 0/1 BR | 2 BR | 3 BR | 4 BR | 5 BR | 6+ BR | TOTAL UNITS | POPULATION TYPE* | # of Section 504 Accessible (Mobility)** | # of Section 504 Accessible (Hearing/Vision) | Was this Property Made Available for Initial Occupancy during the Prior Full Calendar Year? | What was the Total Amount of MTW Funds Invested into the Property? |
|-----------------------|--------|------|------|------|------|-------|-------------|------------------|--|--|---|--|
| Name/Address | # | # | # | # | # | # | # | Type (below) | # | # | Y/N | \$ |
| Name/Address | # | # | # | # | # | # | # | Type (below) | # | # | Y/N | \$ |
| Name/Address | # | # | # | # | # | # | # | Type (below) | # | # | Y/N | \$ |
| Totals | # | # | # | # | # | # | # | | # | # | | |

* User will select one of the following from the “Population Type” dropdown box: General, Elderly, Disabled, Elderly/Disabled, Other

If the “Population Type” of is Other is selected, please state the Property Name/Address and describe the population type. [Text box]

** The federal accessibility standard under HUD’s Section 504 regulation is the Uniform Federal Accessibility Standards (UFAS) for purposes of Section 504 compliance. HUD recipients may alternatively use the 2010 ADA Standards for Accessible Design under Title II of the ADA, except for certain specific identified provisions, as detailed in HUD’s Notice on “Instructions for use of alternative accessibility standard,” published in the Federal Register on May 23, 2014 (“Deeming Notice”) for purposes of Section 504 compliance, <https://www.govinfo.gov/content/pkg/FR-2014-05-23/pdf/2014-11844.pdf>. This would also include adaptable units as defined by HUD’s Section 504 regulation (See 24 CFR § 8.3 and § 8.22).

| | |
|------------|--|
| G.4 | Comparable Mix (by Family Size) – Local, Non-Traditional. |
|------------|--|

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

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

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

| | |
|------------|---|
| G.5 | Housing Quality Standards. |
| | Certification is included in MTW Certifications of Compliance for HCV and local, non-traditional program. The public housing program is monitored through physical inspections performed by the Real Estate Assessment Center (REAC). |

| | |
|-----------|-------------------------|
| H. | Public Comments. |
|-----------|-------------------------|

| H.1 | Input options and instructions |
|--|---|
| Please provide copy of all comments received by the public, Resident Advisory Board, and tenant associations. | Upload Attachment |
| Please attach a narrative describing the MTW agency’s analysis of the comments and any decisions made based on these comments. | Upload Attachment |
| If applicable, was an additional public hearing held for an Agency-Specific Waiver and/or Safe Harbor waiver? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| If yes, please attach the comments received along with the MTW agency’s description of how comments were considered. | Upload Attachment |

| I | Evaluations. |
|------------|--|
| I.1 | Please list any ongoing and completed evaluations of the MTW agency’s MTW policies, that the PHA is aware of, including the information requested in the table below. In the box “title and short description,” please write the title of the evaluation and a brief description of the focus of the evaluation. |

| Question | Input options and instructions |
|---|---|
| Does the PHA have an agency-sponsored evaluation? | Yes/No [If Yes]: Please complete the table below. |

Table I.1 - Evaluations of MTW Policies

| Title and short description | Evaluator name and contact information | Time period | Reports available |
|------------------------------------|---|--------------------|--------------------------|
| | | | |
| | | | |
| | | | |

| J | MTW Certifications of Compliance. |
|------------|--|
| J.1 | The MTW agency must execute the MTW Certifications of Compliance form and submit as part of the MTW Supplement submission to HUD. Certification is provided below. |

MTW CERTIFICATIONS OF COMPLIANCE

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

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

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

- (1) The PHA made the proposed MTW Supplement and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the MTW Supplement and invited public comment.
- (2) The MTW PHA took into consideration public and resident comments (including those of its Resident Advisory Board(s) or tenant associations, as applicable) before approval of the MTW Supplement by the Board of Commissioners or Board of Directors in order to incorporate any public comments into the annual MTW Supplement.
- (3) The MTW PHA certifies that the Board of Directors has reviewed and approved the budget for the Capital Fund Program grants contained in the Capital Fund Program Annual Statement/Performance and Evaluation Report, form HUD-50075.1 (or successor form as required by HUD).
- (4) The MTW PHA will carry out the MTW Supplement in conformity with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d-2000d-4), the Fair Housing Act (42 U.S.C. 3601-19), section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), and title II of the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.) all regulations implementing these authorities; and other applicable Federal, State, and local civil rights laws.
- (5) The MTW Supplement is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
- (6) The MTW Supplement contains a certification by the appropriate state or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the MTW PHA's jurisdiction and a description of the manner in which the MTW Supplement is consistent with the applicable Consolidated Plan.
- (7) The MTW PHA will affirmatively further fair housing, which means that it will: (i) take meaningful actions to further the goals identified by the Assessment of Fair Housing (AFH) conducted in accordance with the requirements of 24 CFR 5.150-5.180 and 903.15; (ii) take no action that is materially inconsistent with its obligation to affirmatively further fair housing; and (iii) address fair housing issues and contributing factors in its programs, in accordance with 24 CFR 903.7(o)(3) and 903.15(d). Note: Until the PHA is required to submit an AFH, and that AFH has been accepted by HUD, the PHA must follow the certification requirements of 24 CFR 903.7(o) in effect prior to August 17, 2015. Under these requirements, the PHA will be considered in compliance with the certification requirements of 24 CFR 903.7(o)(1)-(3) and 903.15(d) if it: (i) examines its programs or proposed programs; (ii) identifies any impediments to fair housing choice within those programs; (iii) addresses those impediments in a reasonable fashion in view of the resources available; (iv) works with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement; and (v) maintains records reflecting these analyses and actions.
- (8) The MTW PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975 and HUD's implementing regulations at 24 C.F.R. Part 146.
- (9) In accordance with 24 CFR 5.105(a)(2), HUD's Equal Access Rule, the MTW PHA will not make a determination of eligibility for housing based on sexual orientation, gender identify, or marital status and will make no inquiries concerning the gender identification or sexual orientation of an applicant for or occupant of HUD-assisted housing.
- (10) The MTW PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
- (11) The MTW PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low- or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.
- (12) The MTW PHA will comply with requirements with regard to a drug free workplace required by 24 CFR Part 24, Subpart F.
- (13) The MTW PHA will comply with requirements with regard to compliance with restrictions on lobbying required by 24 CFR Part 87, together with disclosure forms if required by this Part, and with restrictions on payments to influence Federal Transactions, in accordance with the Byrd Amendment..
- (14) The MTW PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.

- (15) The MTW PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
- (16) The MTW PHA will provide HUD or the responsible entity any documentation needed to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58. Regardless of who acts as the responsible entity, the MTW PHA will maintain documentation that verifies compliance with environmental requirements pursuant to 24 Part 58 and 24 CFR Part 50 and will make this documentation available to HUD upon its request.
- (17) With respect to public housing and applicable local, non-traditional development the MTW PHA will comply with Davis-Bacon or HUD determined wage rate requirements under section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
- (18) The MTW PHA will keep records in accordance with 2 CFR 200.333-200.337 and facilitate an effective audit to determine compliance with program requirements.
- (19) The MTW PHA will comply with the Lead-Based Paint Poisoning Prevention Act and 24 CFR Part 35.
- (20) The MTW PHA will comply with the policies, guidelines, and requirements of 2 CFR Part 200.
- (21) The MTW PHA must fulfill its responsibilities to comply with and ensure enforcement of housing quality standards as required in PIH Notice 2011-45, or successor notice, for any local, non-traditional program units. The MTW PHA must fulfill its responsibilities to comply with and ensure enforcement of Housing Quality Standards, as defined in 24 CFR Part 982, for any Housing Choice Voucher units under administration.
- (22) The MTW PHA will undertake only activities and programs covered by the Moving to Work Operations Notice in a manner consistent with its MTW Supplement and will utilize covered grant funds only for activities that are approvable under the Moving to Work Operations Notice and included in its MTW Supplement. MTW Waivers activities being implemented by the agency must fall within the safe harbors outlined in Appendix I of the Moving to Work Operations Notice and/or HUD approved Agency-Specific or Safe Harbor Waivers.
- (23) All attachments to the MTW Supplement have been and will continue to be available at all times and all locations that the MTW Supplement is available for public inspection. All required supporting documents have been made available for public inspection along with the MTW Supplement and additional requirements at the primary business office of the PHA and at all other times and locations identified by the MTW PHA in its MTW Supplement and will continue to be made available at least at the primary business office of the MTW PHA.

MTW PHA NAME

MTW PHA NUMBER/HA CODE

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

NAME OF AUTHORIZED OFFICIAL

TITLE

SIGNATURE

DATE

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

TABLE 1. GUIDE

- Core questions - An "X" in this column means that these are the set of core questions that are relevant for every waiver/activity.
- Custom questions - An "X" in this column means that these are questions that are specific to a particular activity. Not every activity will have custom questions.
- Safe Harbor - An "X" in this column means that the activity as described in Appendix 1 of the Operations Notice includes a set of Safe Harbor provisions.
- Impact Analysis - An "X" in this column means that the activity as described in Appendix 1 of the Operations Notice requires the PHA to conduct an impact analysis. This impact analysis must be submitted to HUD via the MTW Supplement; thus, the Supplement should include some statement regarding the requirement and an opportunity for the PHA to upload the impact analysis. The Operations Notice also states that an updated impact analysis must be attached to the MTW Supplement in each subsequent year.
- Hardship Policy - An "X" in this column means that the activity as described in Appendix 1 of the Operations Notice requires the PHA to establish a hardship policy. The hardship policy must be submitted to HUD via the MTW Supplement; thus, the Supplement should include some statement regarding the requirement and an opportunity for the PHA to upload the hardship policy. PHA must still grant reasonable accommodation requests related to all activities even if the hardship policy is not in place.

TABLE 1. MTW ACTIVITIES QUESTIONS FOR THE MTW SUPPLEMENT

| Section/Question | Core Questions | Custom Questions | Safe Harbor | Impact Analysis | Hardship Policy |
|---|----------------|------------------|-------------|-----------------|-----------------|
| 1. Tenant Rent Policies | | | | | |
| a. Tiered Rent (PH) | X | X | X | | |
| b. Tiered Rent (HCV) | X | X | X | | |
| c. Stepped Rent (PH) | X | X | X | X | X |
| d. Stepped Rent (HCV) | X | X | X | X | X |
| e. Minimum Rent (PH) | X | X | X | X | X |
| f. Minimum Rent (HCV) | X | X | X | X | X |
| g. Total Tenant Payment as a Percentage of Gross Income (PH) | X | X | X | X | X |
| h. Total Tenant Payment as a Percentage of Gross Income (HCV) | X | X | X | X | X |
| i. Alternative Utility Allowance (PH) | X | X | X | | |
| j. Alternative Utility Allowance (HCV) | X | X | X | | |
| k. Fixed Rents (PH) | X | X | X | | |
| l. Fixed Subsidy (HCV) | X | X | X | | |
| m. Utility Reimbursements (PH) | X | | | | |
| n. Utility Reimbursements (HCV) | X | | | | |
| o. Initial Rent Burden (HCV) | X | X | X | X | |
| p. Imputed Income (PH) | X | X | X | X | X |
| q. Imputed Income (HCV) | X | X | X | X | X |
| r. Elimination of Deduction(s) (PH) | X | X | | X | X |
| s. Elimination of Deduction(s) (HCV) | X | X | | X | X |
| t. Standard Deductions (PH) | X | X | | | |
| u. Standard Deductions (HCV) | X | X | | | |
| v. Alternative Income Inclusions/Exclusions (PH) | X | X | | | |
| w. Alternative Income Inclusions/Exclusions (HCV) | X | X | | | |
| 2. Payment Standards and Rent Reasonableness | | | | | |
| a. Payment Standards- Small Area Fair Market Rents (HCV) | X | X | X | X | X |
| b. Payment Standards- Fair Market Rents (HCV) | X | X | X | X | X |
| c. Rent Reasonableness – Process (HCV) | X | X | | | |
| d. Rent Reasonableness – Third-Party Requirement (HCV) | X | X | | | |

| Section/Question | Core Questions | Custom Questions | Safe Harbor | Impact Analysis | Hardship Policy |
|---|----------------|------------------|-------------|-----------------|-----------------|
| 3. Reexaminations | | | | | |
| a. Alternative Reexamination Schedule for Households (PH) | X | X | X | X | X |
| b. Alternative Reexamination Schedule for Households (HCV) | X | X | X | X | X |
| c. Self-Certification of Assets (PH) | X | X | X | | |
| d. Self-Certification of Assets (HCV) | X | X | X | | |
| 4. Landlord Leasing Incentives | | | | | |
| a. Vacancy Loss (HCV-Tenant-based Assistance) | X | X | X | | |
| b. Damage Claims (HCV-Tenant-based Assistance) | X | X | X | | |
| c. Other Landlord Incentives (HCV-Tenant-based Assistance) | X | X | X | | |
| 5. Housing Quality Standards (HQS) | | | | | |
| a. Pre-Qualifying Unit Inspections (HCV) | X | X | X | | |
| b. Reasonable Penalty Payments for Landlords (HCV) | X | X | X | | |
| c. Third-Party Requirement (HCV) | X | X | | | |
| d. Alternative Inspection Schedule (HCV) | X | | X | | |
| 6. Short-Term Assistance | | | | | |
| a. Short-Term Assistance (PH) | X | X | X | | |
| b. Short-Term Assistance (HCV) | X | X | X | | |
| 7. Term-Limited Assistance | | | | | |
| Term-Limited Assistance (PH) | X | X | X | X | X |
| Term-Limited Assistance | X | X | X | X | X |
| 8. Increase Elderly Age (PH & HCV) | | | | | |
| 9. Project-Based Voucher Program Flexibilities | | | | | |
| a. Increase PBV Program Cap (HCV) | X | X | X | | |
| b. Increase PBV Project Cap (HCV) | X | | X | | |
| c. Elimination of PBV Selection Process for PHA-owned Projects Without Improvement, Development, or Replacement (HCV) | X | | | | |
| d. Alternative PBV Selection Process (HCV) | X | | | | |
| e. Alternative PBV Unit Types (Shared Housing and Manufactured Housing) (HCV) | X | X | | | |
| f. Increase PBV HAP Contract Length (HCV) | X | | X | | |
| g. Increase PBV Rent to Owner (HCV) | X | | | | |
| h. Limit Portability for PBV Units (HCV) | X | | | | |
| 10. Family Self-Sufficiency Program with MTW Flexibility | | | | | |
| a. Waive Operating a Required FSS Program (PH & HCV) | X | | X | | |
| b. Alternative Structure for Establishing Program Coordinating Committee (PH & HCV) | X | X | X | | |
| c. Alternative Family Selection Procedures (PH & HCV) | X | X | X | | |

| Section/Question | Core Questions | Custom Questions | Safe Harbor | Impact Analysis | Hardship Policy |
|---|-----------------------|-------------------------|--------------------|------------------------|------------------------|
| d. Modify or Eliminate the Contract of Participation (PH & HCV) | X | X | X | | |
| e. Policies for Addressing Increases in Family Income (PH & HCV) | X | X | X | | |
| 11. MTW Self-Sufficiency Program | | | | | |
| a. Alternative Family Selection Procedures (PH & HCV) | X | X | X | | |
| b. Policies for Addressing Increases in Family Income (PH & HCV) | X | X | X | | |
| 12. Work Requirement | | | | | |
| a. Work Requirement (PH) | X | X | X | X | X |
| b. Work Requirement (HCV) | X | X | X | X | X |
| 13. Use of Public Housing as an Incentive for Economic Progress (PH) | | | | | |
| | X | | X | | |
| 14. Moving on Policy | | | | | |
| a. Waive Initial HQS Inspection Requirement (HCV) | X | | X | | |
| b. Allow Income Calculations from Partner Agencies (PH & HCV) | X | | X | | |
| c. Aligning Tenant Rents and Utility Payments Between Partner Agencies (PH & HCV) | X | | X | | |
| 15. Acquisition without Prior HUD Approval (PH) | | | | | |
| | X | X | | | |
| 16. Deconcentration of Poverty in Public Housing Policy (PH) | | | | | |
| | X | | | | |
| 17. Local, Non-Traditional Activities | | | | | |
| a. Rental Subsidy Programs | X | X | X | | |
| b. Service Provision | X | X | X | | |
| c. Housing Development Programs | X | X | X | | |

Instructions for Preparation of Form HUD-50075-MTW, MTW Supplement to the Annual PHA Plan

The instructions below detail how to complete the MTW Supplement. These instructions will not appear in the fillable form.

Note about file uploads: PHAs can upload PDF, Word, or Excel documents. Files should be named with the following naming convention: PHA code, Fiscal Year (FY), and short name for the policy/item. Some examples would be CA789FY21RentHardship for a rent hardship policy, CA789FY21ImpactAnalysis for an impact analysis that is applicable to multiple MTW activities, and CA789FY21MTWCertofCompliance for the MTW Certifications of Compliance.

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

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

B. Narrative. All MTW agencies must complete this section.

B.1 MTW Supplement Narrative.

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

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

C. MTW Waivers.

Core Questions. All MTW activities found in Section C require responses to the same common questions.

Narrative. Describe the activity, the agency's goals for this activity, and, if applicable, how this activity contributes to a larger initiative.

Statutory Objective. Indicate which of the MTW statutory objectives this activity serves; each activity may serve one or more objectives. The three statutory objectives are housing choice, self-sufficiency, and cost effectiveness. Check all that apply.

Cost Implications. State the cost implications of each activity. Choose the best description of the cost implications based on what is known at the time of completing the MTW Supplement. Indicate which categories best describe the cost implications of the activity from among the following choices: neutral (no cost implications), increased revenue, decreased revenue, increased costs, decreased costs. Check all that apply. For instance, an activity may increase revenue, increase costs, and therefore be cost neutral. Alternatively, an activity may simply increase costs.

Different versions. Indicate whether there will be different policies for different household statuses, family types, or locations (public housing developments or HCV properties). If [Yes] is checked, questions will pop up which allow the MTW agency to explain which household statuses, family types, and/or locations will be affected. If [No] is checked, the respondent will move on to the next question. The agency will be able to indicate if a policy is different for one or more of these areas.

For example, if an MTW agency chooses to apply a Tenant Rent Policy to only non-elderly, non-disabled families, and not to the elderly or disabled, then it would check [Yes] and then receive the subsequent items that allow the agency to indicate what types of households and family types are affected by the activity.

Household status. MTW Agency's must indicate what type of household to which the activity applies. Household types means the following types: new admissions only, currently assisted households only, or new admissions and currently assisted households.

Family Types: Family types mean the following: non-elderly, non-disabled families; elderly families; disabled families; or other specifically defined target populations.

Location. The MTW agency indicates if the activity is or will be implemented at all or only at certain locations. Depending on if responses are being provided for a public housing (PH) or HCV activity, the agency will either see questions applicable to PH or HCV. For PH, the questions will be about developments and for HCV the questions will be about tenant-based units and properties with project-based vouchers. The agency must check the applicable response for all or specific. If the response is for specific locations, then the agency will be asked to provide the details.

PHAs may develop one comprehensive hardship policy to cover all MTW activities requiring a hardship policy, which would only need to be uploaded once.

Safe Harbor Waiver. PHAs must indicate if a Safe Harbor Waiver is needed to implement this policy as described. If yes, then the MTW Agency is asked the following: what is the status of the Safe Harbor Waiver Request? PHAs must indicate if the waiver request is being submitted for review with this submission of the MTW Supplement (see Section D), or if the waiver was previously approved. If the latter is checked (the waiver was previously approved), then the PHA must describe the extent to which the Safe Harbor Waiver is supporting the PHA's goal in implementing this activity.

Hardship policy. The MTW Operations Notice requires agencies to adopt written policies for determining when a requirement or provision of the MTW activity constitutes a financial or other hardship for the family. If applicable for the activity, please upload the hardship policy associated with this activity. Hardship policies may be applicable to multiple MTW Activities. Only upload Hardship Policy once if said Hardship Policy applies to multiple Activities. Reference Table 1 for specificity on when a hardship policy is required.

Modification of hardship policy. PHAs must indicate if the hardship policy has been modified since the last submission of the MTW Supplement. PHAs must check yes or no. If yes, then the respondent is asked: why has the MTW agency modified the hardship policy? The PHA will use the provided text box to describe the modifications.

Number of hardship requests. PHAs must indicate the number of hardship requests that have been received for each applicable activity in the most recently completed PHA fiscal year.

PHAs are legally required to provide reasonable accommodations to their MTW requirements, provisions, or policies, or any component of those requirements, provisions, and policies, following the same standards and processes that generally apply to reasonable accommodations.

Impact analysis. The MTW Operations Notice requires agencies to analyze and put into writing the various impacts of the MTW activity if it is required for the MTW activity. Please upload the impact analysis that has been prepared related to this activity, if applicable. An impact analysis may be applicable to multiple MTW Activities. Only upload Impact Analysis once if said Impact Analysis applies to multiple Activities. Reference Table 1 for specificity on when an impact analysis is required.

Description of accomplishments or changes in implementation. Provide a description, based on the Fiscal Year goals as listed in the activity's previous Fiscal Year's narrative, about what has been accomplished or changed during the implementation.

Discontinuation of activity. If the PHA selects "Will be Discontinued in the Submission Year" or "Was Discontinued in a previous Submission Year" in the screener, a question will be displayed that asks for an explanation as to why the activity was discontinued or will be discontinued. The PHA should explain why the activity was or will be discontinued. If the activity has already been discontinued, the PHA should include the final outcomes and lessons learned. If the activity was discontinued in a previous submission year, the PHA should state which year the activity was discontinued in.

Custom Questions. Some MTW activities require responses to custom questions that are specific only to that activity. Some MTW activities contain no custom questions. Respondents must answer each of the custom questions, which will only appear if the PHA is opting to implement the MTW activity in the coming Fiscal Year.

Information for how to answer each custom question is included in the 'input options and instructions' column for each MTW activity.

D. Safe Harbor Waivers.

D.1: Safe Harbor Waivers seeking HUD Approval. The MTW Operations Notice describes a simplified process for MTW agencies to implement MTW activities outside of the safe harbors described in Appendix I For each Safe Harbor Waiver request, a document that includes the following must be provided: a) the name and activity number of the MTW Waiver for which the PHA is seeking to expand the safe harbor, b) the specific safe harbor and its implementing regulation, c) the proposed policy the PHA

wishes to implement via this waiver, d) a description of the local issue and why such an expansion is needed to implement the activity, e) an impact analysis, f) a description of the hardship policy for the initiative, and g) a copy of all comments received at the public hearing a copy of all comments received at the public hearing along with the MTW agency's description of how the comments were considered, as a required attachment to the MTW Supplement.

E. Agency-Specific Waivers.

E.1: Agency-Specific Waivers Submitted for HUD Approval. The MTW demonstration program is intended to foster innovation and HUD encourages MTW agencies, in consultation with their residents and stakeholders, to be creative in their approach to solving affordable housing issues facing their local communities. For this reason, flexibilities beyond those provided for in Appendix I may be needed. Agency-Specific Waivers may be requested if an MTW agency wishes to implement additional activities, waive a statutory or regulatory requirement not included in Appendix I.

In order to pursue an Agency-Specific Waiver, an MTW agency must include an Agency-Specific Waiver request, an impact analysis, and a hardship policy (as applicable).

For each Agency-Specific Waiver(s) request, please provide a title and upload supporting documentation, that includes: a) a full description of the activity, including what the agency is proposing to waive (i.e., statute, regulation, and/or Operations Notice), b) how the initiative achieves one or more of the 3 MTW statutory objectives, c) a description of which population groups and household types that will be impacted by this activity, d) any cost implications associated with the activity, e) an implementation timeline for the initiative; f) an impact analysis, g) a description of the hardship policy for the initiative, and h) a copy of all comments received at the public hearing along with the MTW agency's description of how the comments were considered, as a required attachment to the MTW Supplement.

A PHA planning to pursue an Agency-Specific Waiver is encouraged to read Section 4.c. of the MTW Operations Notice prior to filling out this section of the MTW Supplement.

E.2: Agency-Specific Waiver(s) for which HUD Approval has been Received. For each previously approved Agency-Specific Waiver(s), a set of questions will populate. Does the agency have any approved agency-specific waivers? If yes, the title previously provided in Section E.1 will prepopulate and ask if there has been a change in how the Agency-Specific Waivers is being implemented from when it was originally approved or if it has been discontinued. For changes, the PHA will need to provide a description of what has changed. If it has been discontinued, the PHA will need to provide a description about the final outcomes and lessons learned, as well as whether a final impact analysis was prepared at the time of discontinuation if one was previously required.

F. Public Housing Operating Subsidy Grant Reporting

F.1: Public Housing Operating Subsidy Grant Reporting. PHAs must fill out this table if it receives public housing Operating Subsidy grant funding from HUD. Only public housing Operating Subsidy grant funding awarded in the year the PHA is designated an MTW agency and beyond must be reported in this table. Additional rows must be added for Federal Fiscal Years beyond 2023, as applicable.

The federal account closing law applies to time-limited funds appropriated by Congress during the annual appropriations act process. For the public housing Operating Fund, PHAs must expend federal funds no more than five (5) years after the period of availability for obligation expires. After this 5-year period, the account closes, and the funds are no longer available for any purpose. For public housing Operating Subsidy grant funding, the period of availability for obligation ends at the end of the second Federal Fiscal Year (i.e., the period of availability for obligation of FY 2021 funds ends 9/30/2022). Pursuant to the account closing law, PHAs must expend all Operating Subsidy grant amounts within five years of this date (i.e., for FY 2021 funds, the account will close, and funds will no longer be legally available for any purpose on 9/30/2027).

G. MTW Statutory Requirements.

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

G.1: 75% Very Low Income. All PHAs must fill out the table in G.1. The MTW PHA must provide data for the actual families housed upon admission during the PHA's most recently completed Fiscal Year for its local, non-traditional program households.

For instance, a PHA submitting its MTW Supplement to the FY2020 Annual PHA Plan should include its Fiscal Year (FY) 2018 local, non-traditional data since this is the most recently completed Fiscal year. Only local, non-traditional new admissions should be included in the table. If a PHA houses no local, non-traditional households, then zeros must be inputted into the table.

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

G.2: Establishing Reasonable Rent Policy. All PHAs must fill out section G.2. Per the MTW Operations Notice, all activities falling under the Tenant Rent Policies category (Section C.1 of the MTW Supplement) or the Alternative Reexamination Schedule category (Section C.3 of the MTW Supplement), detailed in the Appendix of the MTW Operations Notice, meet the definition of a reasonable rent policy.

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

G.3: Substantially the Same (STS). All PHAs must fill out section G.3. The number of local, non-traditional families served must be provided by month for the most recently completed Calendar Year. If a PHA houses no local, non-traditional families, then zeros must be inputted into the table. The additional information on Local, Non-Traditional development units must be provided for each development.

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

G.4: Comparable Mix (by Family Size). All PHAs must fill out section G.4. In order to demonstrate that the statutory objective of “maintaining a comparable mix of families (by family size) are served, as would have been provided had the amounts not been used under the demonstration” is being achieved, the PHA will provide family size (i.e., not bedroom size) data in the table for the most recently completed Fiscal Year. For instance, a PHA submitting its MTW Supplement to the FY2021 Annual PHA Plan should include its FY 2019 local, non-traditional data since this is the most recently completed Fiscal Year. If a PHA houses no local, non-traditional household, then zeros must be inputted into the table.

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

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

H. Public Comments.

H.1: Public Comments. All PHAs are required, per the Annual PHA Plan regulations, to go through a public process prior to submitting the MTW Supplement to HUD. The MTW agency must consider, in consultation with the Resident Advisory Board (RAB) and tenant association, as applicable, all of the comments received at the public hearing. The comments received by the public, RABs, and tenant associations must be submitted by the MTW agency, along with the MTW agency’s description of how the comments were considered, as a required attachment to the MTW Supplement.

As described above, PHAs must submit comments and responses for all Safe Harbor and Agency-Specific Waivers, which are to be held in an additional public meeting.

The public comment process must include the Supplement and all uploaded attachments.

I. Evaluations

I.1: Evaluations. The MTW agency should fill in Table I.1, listing each evaluation of the MTW policies and providing contact information for the evaluator, the time period of the evaluation, and the names of available reports. The MTW agency should list internal evaluations that result in reports that could be shared upon request but may leave off evaluations meant for internal use only. The MTW agency should list all third-party evaluations, as applicable.

J. MTW Certifications of Compliance.

J.1: MTW Certifications of Compliance Form. The format for submission of the required MTW Certifications of Compliance is provided in this Form MTW Supplement. The preamble to the MTW Certifications of Compliance directs the MTW PHA to fill in the beginning of the Fiscal Year for which the certification is being made. This should be provided as the first day of the Fiscal Year to be covered by the Annual PHA Plan (for example, a FY2021 Annual PHA Plan for an MTW PHA with a Fiscal Year of January 1 – December 31, this would be January 1, 2021).

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

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

Public reporting burden for this information collection is estimated to average 6.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB control number. The information collected is required to obtain or retain benefits. The information collected will not be held confidential.