USER GUIDE AND DIRECTIVES ON DATA COLLECTION AND REPORTING FOR DHCD STATE-AIDED PUBLIC HOUSING
I. **Purpose**

In response to Chapter 334 of the Acts of 2006 ("the Act"), the Department of Housing and Community Development (DHCD) has developed a spreadsheet for local housing authorities administering state public housing to report data required by the Act to DHCD. The Act provides for the gathering, compiling, and reporting of data by DHCD to provide current, accurate, and detailed information on the number, location, and residents of assisted housing units and recipients of state or federal assistance in the Commonwealth. Local housing authorities administering state-aided public housing must report data required by DHCD pursuant to Chapter 334 of the Acts of 2006 (the “Act”) and the regulations at 760 CMR 61.00.

DHCD will annually report to the state legislature on its data collection efforts and results by December 31st, and may provide reports to other interested parties in a manner consistent with all applicable privacy laws. DHCD also will evaluate the data as part of its efforts to affirmatively further fair housing. More specifically, DHCD will analyze the data to ensure that housing choice, equitable housing opportunities, and inclusive patterns of housing are available across the Commonwealth.

II. **Applicability**

The reporting requirement applies to all public housing authorities administering state-aided public housing.

III. **Confidentiality Requirements**

In connection with data collection and reporting, all holders of information relating to a specific resident or unit shall treat such information as confidential in compliance with all applicable state and federal statutes and regulations, including M.G.L. c. 66A. All holders of said information shall implement adequate systems and procedures for maintaining confidentiality.

IV. **When Data Shall be Collected**

Data shall be collected during initial occupancy, turnover, and rent re-determination/re-certification.

Please note: housing authorities not currently collecting all data points MUST incorporate them into initial occupancy and rent re-determination/re-certification documentation going forward and include notice to the household that the data will be provided to DHCD.
V.  **When Data Shall be Reported**

Data shall be submitted to DHCD by September 30th of every year reflecting occupancy statistics that exist in your files as of July 31st of that year.

VI.  **Data Collection Restrictions**

Any and all inquiries made on the basis of race, ethnicity, and age for the purposes contained herein must include notice that responses are *voluntary*.

VII.  **Inputting Data into DHCD’s State-Aided Public Housing Spreadsheet**

Data MUST be entered in the current DHCD Data Collection spreadsheet for State-Aided Public Housing available at [http://www.mass.gov/dhcd](http://www.mass.gov/dhcd) (search under “LHA Data Collection.”) All data must be provided in ONE worksheet.

To open the spreadsheet, you will be required to enter the password provided to your LHA. Selecting “File” then “Save As” will enable you to save the spreadsheet to your computer for inputting data. If certain data entries have not changed and you would like to copy said data from last year’s reporting into the current spreadsheet, one way to do so is by clicking on/highlighting the data field(s) in the previous spreadsheet and selecting “Edit” and then “Copy,” followed by clicking on/highlighting the current spreadsheet and selecting “Edit” then “Paste” in the relevant field(s).

Data MUST also be entered as specified below, including use of all applicable codes.

**Definitions and Codes:**

**Total # of Households that Requested a Unit Accessible for Mobility Impairments**

Provide the total number of applicant households (including households that are not current residents) that requested a unit accessible to mobility impairments during the time period of August 2014 through July 2015.

**Total # of Households that Requested and Received Unit Accessible for Mobility Impairments**

Provide the total number of applicant households that requested (see above) *and* received a unit accessible to mobility impairments during the time period of August 2014 through July 2015.

**Total # of Households that Requested a Unit Accessible for Sensory Impairments**

Provide the total number of applicant households (including households that are not current residents) that requested a unit accessible to sensory impairments during the time period of August 2014 through July 2015.
Total # of Households that Requested and Received a Unit Accessible for Sensory Impairments

Provide the total number of applicant households that requested (see above) and received a unit accessible to sensory impairments during the time period of August 2014 through July 2015.

Example:

<table>
<thead>
<tr>
<th>Program</th>
<th># Households Requested a Unit Accessible for Mobility Impairments</th>
<th># Households Requested and Received a Unit Accessible for Mobility Impairments</th>
<th># Households Requested a Unit Accessible for Sensory Impairments</th>
<th># Households Requested and Received a Unit Accessible for Sensory Impairments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family</td>
<td>35</td>
<td>15</td>
<td>10</td>
<td>2</td>
</tr>
<tr>
<td>Elderly/Handicapped</td>
<td>50</td>
<td>20</td>
<td>7</td>
<td>4</td>
</tr>
</tbody>
</table>

Development Number

Enter the project number for each state-aided development administered by the housing authority. For example, 705-1, 200-2, 667-1, 689-3, 167-2.

Unit #

Enter the unit number.

Accessible Unit for Mobility Impairments

Enter every the code that applies:

- 0 = not an accessible unit for mobility impairments
- 1 = accessible unit for mobility impairments (the unit can be approached, entered, and used by persons with mobility impairments, including persons in wheelchairs)

Accessible Unit for Sensory Impairments

- 0 = not an accessible unit for sensory impairments
- 1 = accessible unit for sensory impairments (the unit can be approached, entered, and used by persons with hearing and/or vision impairments)

Household Requested an Accessible Unit for Mobility Impairments

Enter the code that applies to the household (the household corresponding to the Unit #):
Household Requested an Accessible Unit for Sensory Impairments

Enter the code that applies to the household (the household corresponding to the Unit #):

• 1= yes
• 2= no

Number of Bedrooms

Enter the number of bedrooms in the unit.

Occupancy Status

Enter the code that applies:

• 1= Occupied
• 2= Vacant

Household Net Income Level

The household net income level is the household net income, after deductions pursuant to 760 C.M.R. 6.00, as a percentage of the applicable area median income as adjusted by household size. To achieve greater consistency and ease in reporting across programs, the applicable area median income as adjusted by household size to be used to determine income levels for DHCD data collection purposes (not for applicant or resident eligibility purposes) are those established by HUD. (See: https://www.onecpd.info/reports/HOME_IncomeLmts_State_MA_2015.pdf or find through main page at https://www.hudexchange.info/manage-a-program/home-income-limits/ for calculations of percentages of HUD defined Area Median Incomes by household size.)

Enter the code that applies:

1= 0-30%
2= 31-50%
3= 51%-60%
4= 61%-80%
5=81%+

Example: if a household income for a family of four in Boston is $30,000, the appropriate selection choice is “31-50%”, as the household’s income is greater than 30% of the Boston area median income for a family of four ($29,550) but not greater than 50% of the HUD defined Boston area median income for a family of four ($49,250).
[Note: HUD uses “very low income” terminology to denote 50% of the area median income, and “low income” to denote 80% of the area median income.]

Hispanic Head of Household

Enter the code that applies based upon whether the head of household* determines that “Hispanic or Latino”** is the best indication of his or her ethnicity.

- 1 = Yes
- 2 = No
- 3 = Tenant did not disclose

* “Head of household” is the adult member of the household designated by the family or by the subsidy program.

**“Hispanic or Latino” means as that term is defined by the U.S. Census Bureau (see the U.S. Census glossary at http://www.factfinder.census.gov).

Is At Least One Adult Member of the Household Hispanic/Latino?

1 = Yes
2 = No
3 = Tenant did not disclose

Race of Head of Household

Enter every code that corresponds to the race(s) indicated by the head of household:

1 = White
2 = Black or African American
3 = Asian
4 = American Indian or Alaska Native
5 = Native Hawaiian or Other Pacific Islander
6 = Other
7 = Tenant did not disclose

If more than one race is applicable, enter all that apply. For example, if the head of household indicates that he/she is White and Black, enter “1, 2”.

See the U.S. Census glossary at http://www.factfinder.census.gov for definitions of races designated by the U.S. Census Bureau.

Is At Least One Adult Member of the Household a Racial Minority?

1 = Yes
2 = No
3 = Tenant did not disclose
Racial Minority means any race that is not White alone.

**Number of Persons in the Household**

Enter the number of persons in the household residing in the unit.

**Number of Children Under 6 Years of Age**

Enter the number of children in the household under six years of age residing in the unit.

**Number of Children 6 to 18 Years of Age**

Enter the number of children in the household that are 6 years of age or older but under 18 years of age that reside in the unit.

**Household Type**

Enter every code that applies:

[Note: for Chapter 667 Elderly/Handicapped housing, a Handicapped Household, as defined under 760 CMR 5.03, should NOT receive a code of “2”]

- 1= Single/non-Elderly (one-person household in which the person is not elderly)
- 2= Elderly (one or two person household with a person at least 60 years of age)
- 3= Related/Single Parent (a single parent household with a dependent child or children)
- 4= Related-Two parent (a two-parent household with a dependent child or children)
- 5= Other (any household not included in the above four definitions, including two or more unrelated individuals)

**Income Deduction for Household with Handicapped Person**

Answer code “1” if the LHA applied a deduction to the gross household income of a household with a handicapped person living in family housing in pursuant to 760 CMR 6.05(4)(a).

- 1= yes
- 2= no

NOTE: This User Guide and related documents may be amended from time to time, available online at [http://www.mass.gov/dhcd](http://www.mass.gov/dhcd).