

USER GUIDE AND DIRECTIVES ON DATA COLLECTION AND REPORTING FOR EOHLC STATE-AIDED PUBLIC HOUSING



I. Purpose

In response to Chapter 334 of the Acts of 2006 (“the Act”), the Executive Office of Housing and Livable Communities (EOHLC) has developed a spreadsheet for local housing authorities administering state public housing to report data required by the Act to EOHLC. The Act provides for the gathering, compiling, and reporting of data by EOHLC 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 EOHLC pursuant to Chapter 334 of the Acts of 2006 (the “Act”) and the regulations at 760 CMR 61.00.

EOHLC 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. EOHLC also will evaluate the data as part of its efforts to affirmatively further fair housing. More specifically, EOHLC will analyze the data to ensure that housing choice, equitable housing opportunities, and inclusive patterns of housing are available across the Commonwealth.

To enable EOHLC to compile and analyze data more efficiently and effectively, LHAs must now report by uploading spreadsheets through the EOHLC-LHA Housing Applications portal at <https://hedlhaportal.azurewebsites.net/Login.aspx> as further described below.

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 EOHLC.

V. When Data Shall be Reported

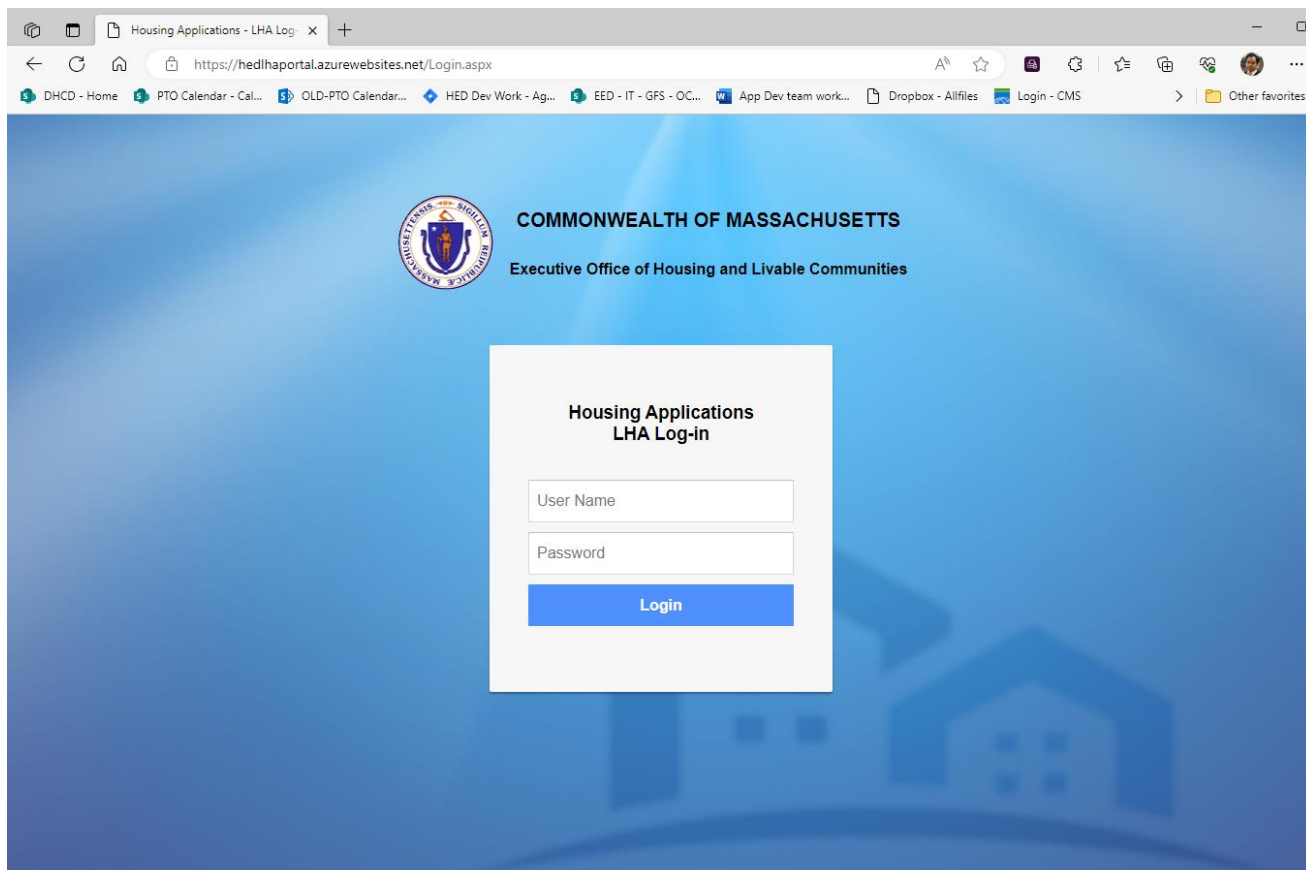
Data shall be submitted to EOHLC by September 30th of every year reflecting occupancy statistics that exist in your files as of July 31st of that year.

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. Accessing and Downloading Spreadsheets

Login through the EOHLC-LHA Housing Applications portal at <https://hedlhaportal.azurewebsites.net/Login.aspx>:



The screenshot shows a web browser window with the URL <https://hedlhaportal.azurewebsites.net/Login.aspx>. The page header includes the Commonwealth of Massachusetts logo and the text "COMMONWEALTH OF MASSACHUSETTS Executive Office of Housing and Livable Communities". The main content area features a white login form titled "Housing Applications LHA Log-in" with two input fields: "User Name" and "Password", and a blue "Login" button.

Upon login at the portal, you will find on the main page the updated User Guide (upper right-hand corner) and a “Manage Logins” option (upper left-hand corner), which allows Executive Directors to enable another user to report the data (click on the check box under the “LHA Data Collection” check box).

DHCD - LHA Housing Applications
Wellfleet Housing Authority

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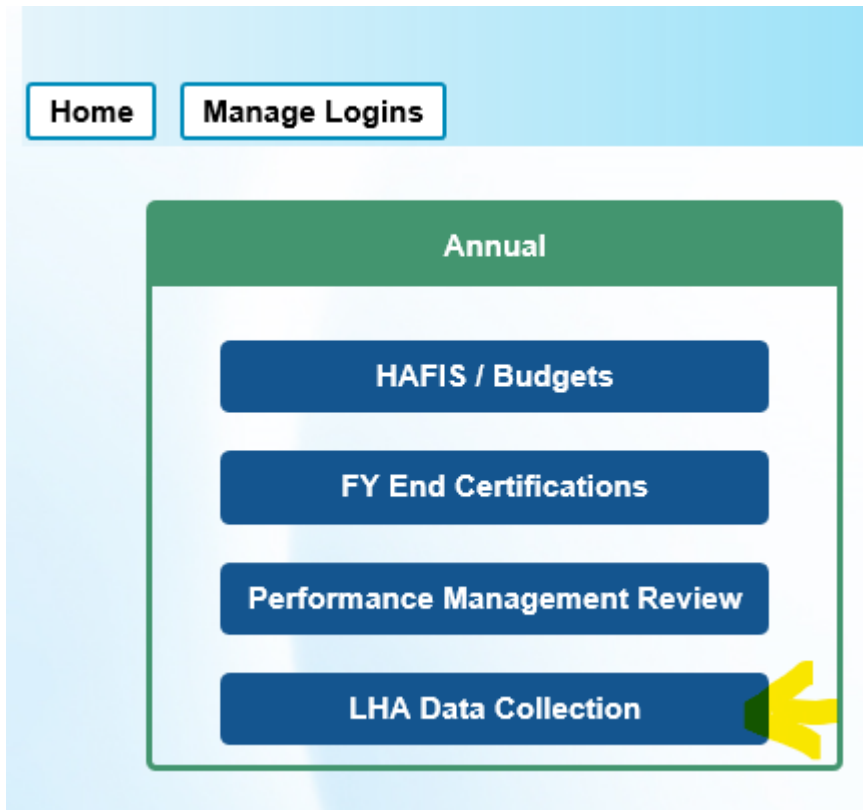
Manage Logins

	User Name	Person Name	Password	E-Mail	Operating Statements	Vacancy	Energy	Documents	Lead Management	FISH Reports	State Rental Requisitions	LHA Data Collection
Edit	well#0332502	John doe	•••	test@test.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Edit	well#0732502	test	•••	testemai.@gaming.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Edit	well#1332502	test	•••	test@test.com	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Edit	well#1532502	test Data	•••	test@test.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Edit	well#1432502	test login	•••	email@test.com	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Edit	well#1132502	test456	•••	test@mail.com	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Edit	well#1232502	tested	•••	test@mail.com	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Edit	well#0932502	testUser206	•••	newuser206@yahoo.com	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Edit	well#1032502	vacant	•••		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Edit	well#0832502	Vacant	•••		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

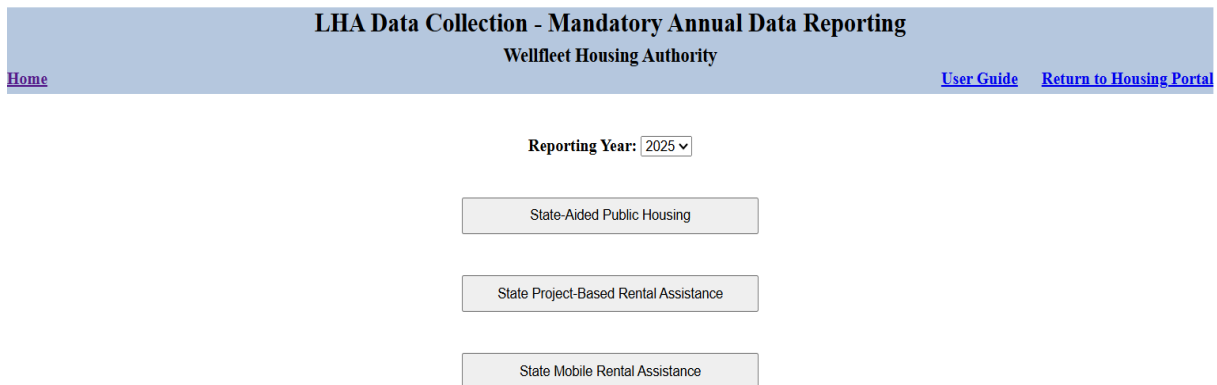
1 2

[Add New User](#)

To begin reporting, click on the “LHA Data Collection” button under the “Annual” box on the main page.



Next select housing type (“State-Aided Public Housing”).



The applicable spreadsheet for state-aided public housing is available for download by clicking on the link under “Step 1.”

LHA Data Collection - Mandatory Annual Data Reporting

Wellfleet Housing Authority

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State-Aided Public Housing

Reporting Year: 2025

Step 1: Unit Level Data (all units)

The CSV file must be in a particular format in order to upload correctly. You can download a copy of a blank Data Collection for Public Housing Sheet in Excel format here: [Data_Collection_Public_Housing.xls](#) (Remember, you still need to save the document in CSV format before uploading.)

State-Aided Public Housing CSV File: No file chosen

Step 2: Program Level Data (accessibility requested / recieved by all applicant households August 2024 - July 2025)

	State-Aided Public Housing Program	# Households Requested a Unit Accessible for Mobility Impairments	# Households Requested and Received a Unit Accessible for Mobility Impairments	# Households Requested a Unit Accessible for Sensory Impairments	# Households Requested and Received a Unit Accessible for Sensory Impairments
Add	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Step 3: Completion of step 1 and step 2 is required.

VIII. Inputting Data into EOHLA's State-Aided Public Housing Spreadsheet

Data MUST be entered in the downloaded spreadsheet (one spreadsheet only for all state-aided public housing programs). As in prior years, data also MUST be entered in accordance with the Definitions and Codes.

If certain data entries from the spreadsheet used for the prior reporting year have not changed and you would like to copy said data into the downloaded 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).

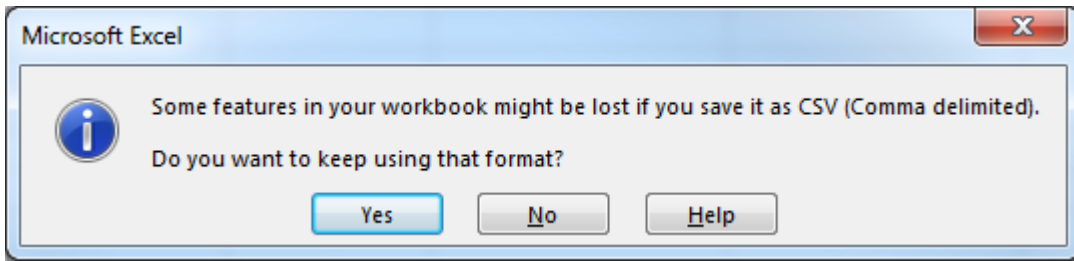
Once data has been entered or pasted into the spreadsheet and is ready for submission, double-check that the data corresponds to the appropriate columns (additionally, a view of submitted data will appear to help viewers to check whether the data correctly lines up with the column headings).

IX. Uploading Spreadsheets and Entering and Submitting Data

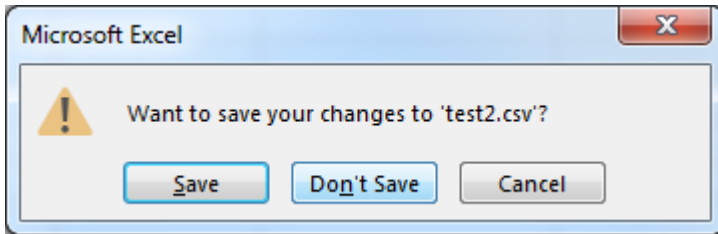
Upload the completed spreadsheet for submission by clicking on the "Upload" button under **Step 1**.

In order to upload properly, the spreadsheet must be saved as a CSV file. To save the spreadsheet as a CSV file, click on "File" and then in the "Save as type" drop-down list, select "CSV (Comma delimited)." Change the file name as needed, and then click "Save."

Upon the following message, click "Yes" to keep the CSV format and save it.



Exit the program, Click “Don’t Save” (already saved).



To correct/replace a submitted spreadsheet, click on the “Delete CSV/File” button under Step 1 to delete the previously submitted spreadsheet and then and upload a new CSV file spreadsheet.

X. Program-Level Information and Submission

After “Step 1,” proceed to “**Step 2**” under which certain program level accessibility-related information must be entered for state-aided public housing.

The final step, “**Step 3**,” is to click on the “Submit” button on the left-hand side of the page. **Completion of Step 1 and Step 2 is required prior to Step 3.**

LHA Data Collection - Mandatory Annual Data Reporting
Wellfleet Housing Authority

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State-Aided Public Housing

Reporting Year: 2025

Step 1: Unit Level Data (all units)

The CSV file must be in a particular format in order to upload correctly. You can download a copy of a blank Data Collection for Public Housing Sheet in Excel format here: [Data_Collection_Public_Housing.xls](#) (Remember, you still need to save the document in CSV format before uploading.)

State-Aided Public Housing CSV File: No file chosen

Your file was uploaded successfully.

EA	DevNumber	DevName	DevCity	Address	UnitNum	UnitMobilityImpair	UnitSensoryImpair	RequestsMobilityImpair	RequestsSensoryImpair	Bedrooms	OccupancyStatus	NetIncome	Hispanic/HOH	MemberHispanic	Race/BOI	MemberMinority	NumPersonsInHousehold	NumChildrenUnder6	NumChildren6to18	HouseholdType	
Wellfleet Housing Authority	200-1	Test	Wellfleet	Main street	12	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

Step 2: Program Level Data (accessibility requested / received by all applicant households August 2024 - July 2025)

	State-Aided Public Housing Program	# Households Requested a Unit Accessible for Mobility Impairments	# Households Requested and Received a Unit Accessible for Mobility Impairments	# Households Requested a Unit Accessible for Sensory Impairments	# Households Requested and Received a Unit Accessible for Sensory Impairments
Edit Delete	200-2	2	2	2	2
<input type="button" value="Add"/>					

Step 3: Completion of step 1 and step 2 is required.

Submitted on 7/11/2025

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 2024 through July 2025.

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 2024 through July 2025.

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 2024 through July 2025.

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 2024 through July 2025.

Example:

<u>Program</u>	<u># Households Requested a Unit Accessible for Mobility Impairments</u>	<u># Households Requested and Received a Unit Accessible for Mobility Impairments</u>	<u># Households Requested a Unit Accessible for Sensory Impairments</u>	<u># Households Requested and Received a Unit Accessible for Sensory Impairments</u>
Family	35	15	10	2
Elderly/ Handicapped	50	20	7	4

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 #):

- 1= yes
- 2= no

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 EOHLIC data collection purposes (*not* for applicant or resident eligibility purposes) are those established by HUD. (See: https://www.huduser.gov/portal/datasets/home-datasets/files/HOME_IncomeLmts_State_MA_2025.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 \$50,000, 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 (\$48,950) but not greater than 50% of the HUD defined Boston area median income for a family of four (\$81,600). [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 “Handicapped Household”

- 1= yes
- 2= no

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

NOTE: This User Guide and related documents may be amended from time to time, available online at <http://www.mass.gov/EOHLC>.