

# **USER GUIDE AND DIRECTIVES ON DATA COLLECTION AND REPORTING FOR EOHLC STATE RENTAL ASSISTANCE**



## **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 spreadsheets for local housing authorities and regional non-profits administering state rental assistance 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 and regional non-profits administering state rental assistance 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 31<sup>st</sup>, 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.**

Note: the portal has only been designed for submission by LHAs at this time and the regional non-profits will submit via email as instructed.

## **II. Applicability**

The reporting requirement applies to all public housing authorities and regional non-profits administering state rental assistance (Massachusetts Rental Voucher Program (MRVP), the Alternative Housing Voucher Program (AHVP), and the DMH Rental Subsidy Program.

## **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 and regional non-profits administering state rental assistance 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**

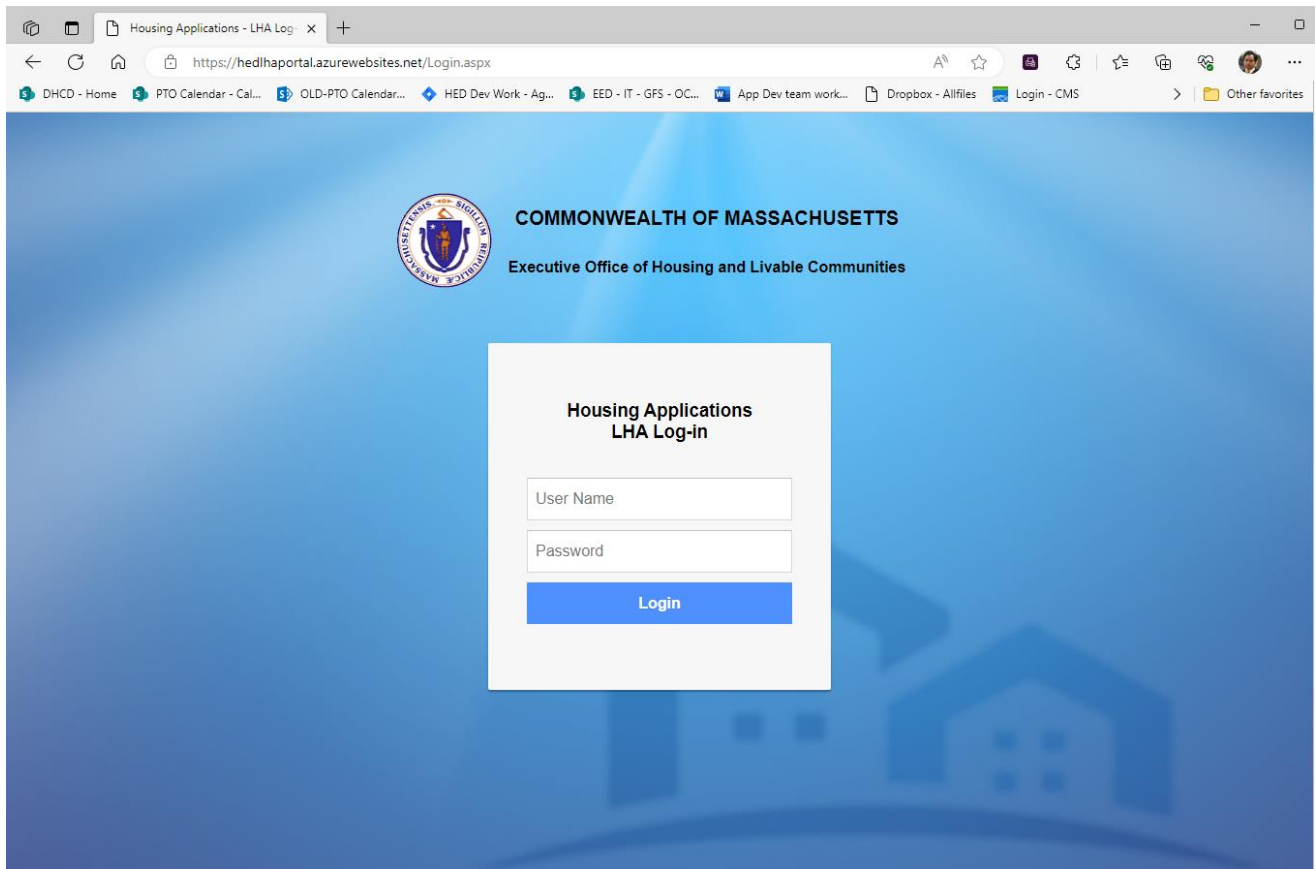
Data shall be submitted to EOHLC by September 30<sup>th</sup> of every year reflecting occupancy statistics that exist in your files as of July 31<sup>st</sup> of that year.

#### **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://hedlhportal.azurewebsites.net/Login.aspx>:



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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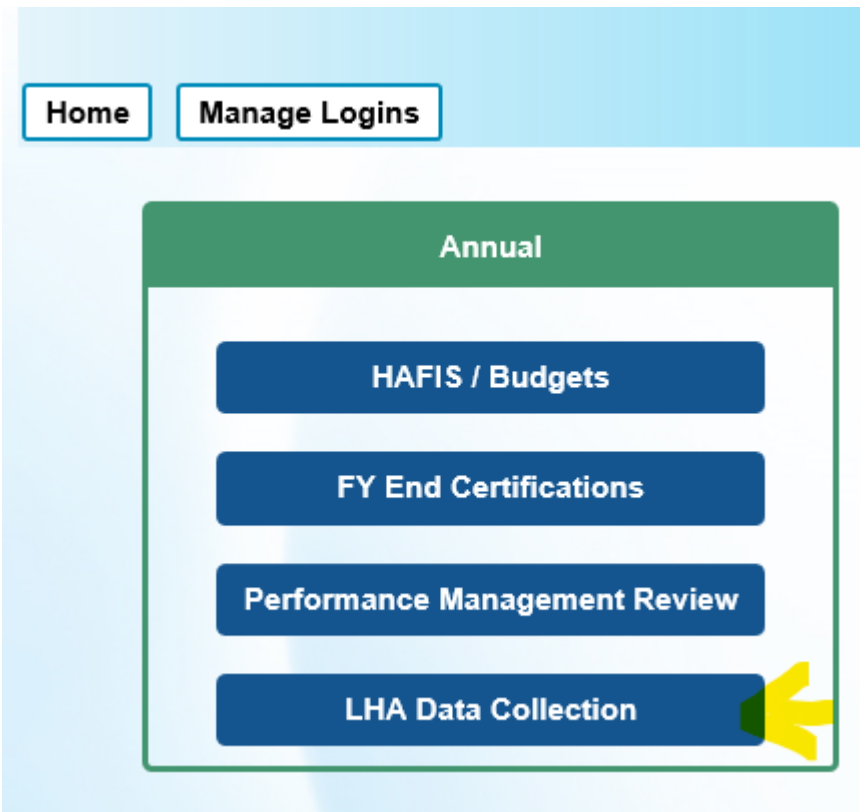
**Manage Logins**

	User Name	Person Name	Password	E-Mail	Operating Statements	Vacancy	Energy	Documents	Lead Management	FISH Reports	State Rental Requisitions	LHA Data Collection
Edit	wellf0332502	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	wellf0732502	test	...	testemal@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	wellf1332502	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	wellf1532502	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	wellf1432502	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	wellf1132502	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	wellf1232502	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"/>
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Edit	wellf1032502	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	wellf0832502	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 on the left-hand side at the under the “Annual” box on the main page.



Next select housing type (“State Project-Based Rental Assistance” or “Mobile Rental Assistance”).

**LHA Data Collection - Mandatory Annual Data Reporting**  
Wellfleet Housing Authority

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Reporting Year:

The applicable spreadsheets for state-project based rental assistance and state mobile rental assistance are available for download by clicking on the corresponding link under “Step 1.”

**State Project-Based Rental Assistance**

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 Project-Based Rental Assistance Sheet in Excel format here: [Data\\_Collection\\_Project\\_Based\\_Rental.xls](#) (Remember, you still need to save the document in CSV format before uploading.)

State Project-Based Rental Assistance CSV File:  No file chosen

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

Rental Assistance 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.**

**State Mobile Rental Assistance**

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 Mobile Rental Assistance Sheet in Excel format here: [Data\\_Collection\\_Mobile\\_Rental.xls](#) (Remember, you still need to save the document in CSV format before uploading.)

State Mobile Rental Assistance CSV File:  No file chosen

**Step 2: Completion of step 1 is required.**

## **VIII. Inputting Data into EOHLA’s State Project-Based Rental Assistance and State Mobile Rental Assistance Spreadsheets**

Data MUST be entered into the downloaded spreadsheets for state project-based rental assistance and spreadsheet for state mobile rental assistance (note that the project-based spreadsheet and mobile spreadsheet are *not* the same). 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 a 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).

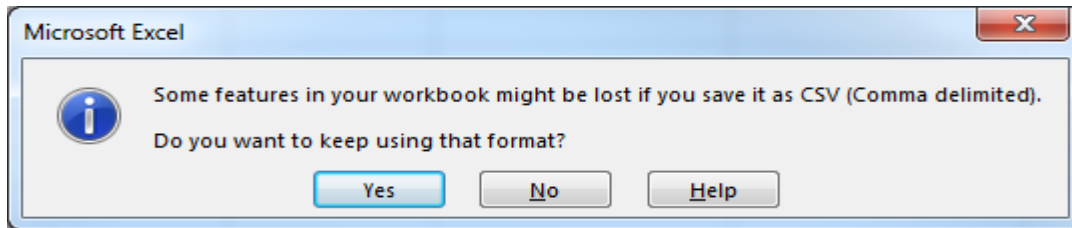
Once data has been entered or pasted into the spreadsheet and is ready for submission, double-check that the data corresponds to the appropriate columns (additionally, a view of submitted data will appear to help viewers check whether the data correctly lines up with the column headings).

## IX. Uploading Spreadsheets and Entering and Submitting Data

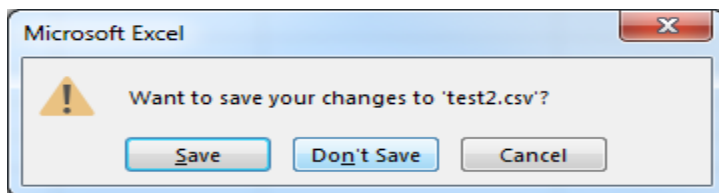
Upload the completed spreadsheet for submission by clicking on the “Upload” button under **Step 1**.

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

**For state project-based rental assistance:** there is a “**Step 2**” under which certain program level accessibility-related information must be entered. 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.**

**For state mobile rental assistance:** “**Step 2,**” the final step, is to click on the “Submit” button on the left-hand side of the page.

**Wellfleet Housing Authority**

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**State Project-Based Rental Assistance**

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 Project-Based Rental Assistance Sheet in Excel format here: [Data\\_Collection\\_Project\\_Based\\_Rental.xls](#) (Remember, you still need to save the document in CSV format before uploading.)

State Project-Based Rental Assistance CSV File:  No file chosen

Your file was uploaded successfully.

LHA	RentalType	DevName	DevCity	Address	BuildingType	UnitNum	UnitMobilityImpair	UnitSensoryImpair	RequestedMobilityImpair	RequestedSensoryImpair	Bedrooms	OccupancyStatus	NetIncome	HispanicHOH	MemberHispanic	RaceHOH	MemberMinority	NumPersonsInHousehold	NumChildrenUnder6	NumChildren6to18	
Wellfleet Housing Authority	ProjectBased	667-1	Wellfleet	Main street		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)**

Rental Assistance 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
MRVP	1	1	1	1

[Edit](#) [Delete](#)

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

Submitted on 7/11/2025

**LHA Data Collection - Mandatory Annual Data Reporting**

Wellfleet Housing Authority

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**State Mobile Rental Assistance**

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 Mobile Rental Assistance Sheet in Excel format here: [Data\\_Collection\\_Mobile\\_Rental.xls](#) (Remember, you still need to save the document in CSV format before uploading.)

State Mobile Rental Assistance CSV File:  No file chosen

Your file was uploaded successfully.

LHA	RentalType	DevName	DevCity	Address	UnitNum	Bedrooms	NetIncome	HispanicHOH	MemberHispanic	RaceHOH	MemberMinority	NumPersonsInHousehold	NumChildrenUnder6	NumChildren6to18	HouseholdType	IncomeDeduction
Wellfleet Housing Authority	Mobile	667-2	Wellfleet	Main street	1	1	1	1	1	1	1	1	1	1	1	1

**Step 2: Completion of step 1 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 for affordable units (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 for affordable units 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 for affordable units (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 for affordable units 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>	# 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
Project-Based MRVP	30	10	5	2

Rental Assistance Type

Enter the code that applies:

- 1= MRVP (Massachusetts Rental Voucher Program)
- 2= AHVP (Massachusetts Alternative Housing Voucher Program)
- 3= DMH Rental Subsidy Program

[Note: only codes 1 and 2 should be used in the state mobile rental assistance spreadsheet; only codes 1 and 3 should be used in the state-project-based rental assistance spreadsheet]

Type of Building

Enter the code that applies:

- 1= Single-family detached
- 2= Multi-unit housing

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 applicable provisions of 760 C.M.R. 6.00 and 760 C.M.R. 49.00, 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 EOHLC 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/Latino 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

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:

- 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 Disability

- 1= yes
- 2= no

(Answer code “1” if the LHA applied a deduction to the gross household income of a household with a disabled member pursuant to 760 CMR 49.05(5)(d)(1) (for MRVP only)).

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