

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: 03/31/2024
--	---	--

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.

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

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.</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.</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.</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
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?
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.	
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]

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.
-------------------------	--

C.1	Tenant Rent Policies
------------	-----------------------------

1.a., 1.b. - Tiered Rent (PH & HCV)	Input options and instructions
Please describe how the income bands are structured.	
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	Description Stepped rent schedule [Upload document]

1.c., 1.d. - Stepped Rent (PH & HCV)		Input options and instructions
upload a document that presents the stepped rent schedule in the 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
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.		
1.k., 1.l. - Fixed Rents/Subsidy (PH & HCV)		Input options and instructions
Describe the method used to establish the fixed rents.		
How many households are currently subject to this policy?		

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	\$	\$

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]

1.p., 1.q. - Imputed Income (PH & HCV)		Input options and instructions
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
What inclusions or exclusions will be eliminated, modified, or added?		
C.2	Payment Standards and Rent Reasonableness	
2.a. - Payment Standards – Small Area Fair Market Rents (FMR) (HCV)		Input options and instructions
Please explain the payment standards by ZIP code or “grouped” ZIP codes.		
2.b. - Payment Standards – Fair Market Rents (HCV)		Input options and instructions
Please explain the payment standards by FMR.		
2.c. - Rent Reasonableness – Process (HCV)		
Describe the method used to determine rent reasonableness and the motivations for using a method different from the standard method.		
2.d. - Rent Reasonableness – Third-Party Requirement (HCV)		Input options and instructions
Please explain or upload a description of the quality assurance method.		[Upload file] options
Please explain or upload a description of the rent reasonableness determination method.		[Upload file] options
C.3	Reexaminations	
3.a., 3.b. - Alternative Reexamination Schedule for Households (PH & HCV)		Input options and instructions
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?		___ 0 ___ 1 ___ 2 or more
Please describe briefly how the MTW agency plans to address changes in family/household circumstances under the alternative reexamination schedule.		
3.c., 3.d. - Self-Certification of Assets (PH & HCV)		Input options and instructions
Please state the dollar threshold for the self-certification of assets.		\$_____

C.4	Landlord Leasing Incentives
------------	------------------------------------

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.)
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?	
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?	\$_____

C.5	Housing Quality Standards (HQS)
------------	--

5.a. - Pre-Qualifying Unit Inspections (HCV)	Input options and instructions
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?	
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.	[Upload file] options
5.d. - Alternative Inspection Schedule (HCV)	Input options and instructions
	[No custom questions for this activity.]

C.6	Short-Term Assistance
------------	------------------------------

6.a., 6.b. - Short-Term Assistance (PH & HCV)	Input options and instructions
What is the term of assistance?	___ [number of months]
How is the tenant contribution established for this program?	
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?	
Please list any partner organizations and briefly note the services that each provides.	

C.7	Term-Limited Assistance
------------	--------------------------------

7.a., 7.b. - Term-Limited Assistance (PH & HCV)	Input options and instructions
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]
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]

C.8	Increase Elderly Age
------------	-----------------------------

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]

C.9	Project-Based Voucher Program Flexibilities (PBV)
------------	--

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

9.b. - Increase PBV Project Cap (HCV)	[No custom questions for this activity.]
--	--

9.c. - Elimination of PBV Selection Process for PHA-owned Projects without Improvement, Development, or Replacement (HCV)	[No custom questions for this activity.]
--	--

9.d. - Alternative PBV Selection Process (HCV)	[No custom questions for this activity.]
---	--

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

9.f. - Increase PBV Housing Assistance Payment (HAP) Contract Length (HCV)	[No custom questions for this activity.]
---	--

9.g. - Increase PBV Rent to Owner (HCV)	[No custom questions for this activity.]
--	--

9.h. - Limit Portability for PBV Units (HCV)	[No custom questions for this activity.]
---	--

9.i. - Increase PBV Rent to Owner (HCV)	[No custom questions for this activity.]
--	--

C.10	Family Self-Sufficiency Program with MTW Flexibility (Traditional)
-------------	---

10.a. - Waive Operating a Required FSS Program (PH & HCV)	[No custom questions for this activity.]
--	--

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?	

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.

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?	

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

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.
What counts as “work” under this the work requirement MTW activity?	
How will the MTW agency monitor compliance with the work requirement MTW activity?	
What supportive services are offered to support households to comply with the work requirement?	
How does the agency address noncompliance with the work requirement policy?	
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?

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?	
How many households did the PHA provide services to in the most recently completed PHA Fiscal Year through this activity?	_____ [number]

17.b. - Service Provision	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]
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.] <input type="checkbox"/> # 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				
<ul style="list-style-type: none"> • 80% of AMI 				
<ul style="list-style-type: none"> • 60% of AMI 				
<ul style="list-style-type: none"> • 30% of AMI 				
<ul style="list-style-type: none"> • 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				
<ul style="list-style-type: none"> 80% of AMI 				
<ul style="list-style-type: none"> 60% of AMI 				
<ul style="list-style-type: none"> 30% of AMI 				
<ul style="list-style-type: none"> 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				
<ul style="list-style-type: none"> 80% of AMI 				
<ul style="list-style-type: none"> 60% of AMI 				
<ul style="list-style-type: none"> 30% of AMI 				
<ul style="list-style-type: none"> 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				
<ul style="list-style-type: none"> 80% of AMI 				
<ul style="list-style-type: none"> 60% of AMI 				
<ul style="list-style-type: none"> 30% of AMI 				
<ul style="list-style-type: none"> 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><input type="checkbox"/> No <input type="checkbox"/> 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: 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</p>

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.

Will the MTW agency submit a request for approval of an Agency-Specific Waiver this year?

No [If no, skip to E.2]
 Yes [If yes, please provide a title and upload required information in a-h above for each Agency-Specific Waiver request]

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 MTW agency have any approved Agency-Specific Waivers?

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.

No [If no, question set concludes]

F. Public Housing Operating Subsidy Grant Reporting.

F.1 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.

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	\$	\$	\$	9/30/2029
2022	\$	\$	\$	9/30/2030
2023	\$	\$	\$	9/30/2031

G. MTW Statutory Requirements.

G.1 75% Very Low Income – Local, Non-Traditional.

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.

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 time line.

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.