



3-5 Year Strategic Plan

This document includes Narrative Responses to specific questions that grantees of the Community Development Block Grant, HOME Investment Partnership, Housing Opportunities for People with AIDS and Emergency Shelter Grants Programs must respond to in order to be compliant with the Consolidated Planning Regulations.

GENERAL

Executive Summary

The Executive Summary is required. Include the objectives and outcomes identified in the plan and an evaluation of past performance.

3-5 Year Strategic Plan Executive Summary:

(to be inserted)

Strategic Plan

Due every three, four, or five years (length of period is at the grantee's discretion) no less than 45 days prior to the start of the grantee's program year start date. HUD does not accept plans between August 15 and November 15.

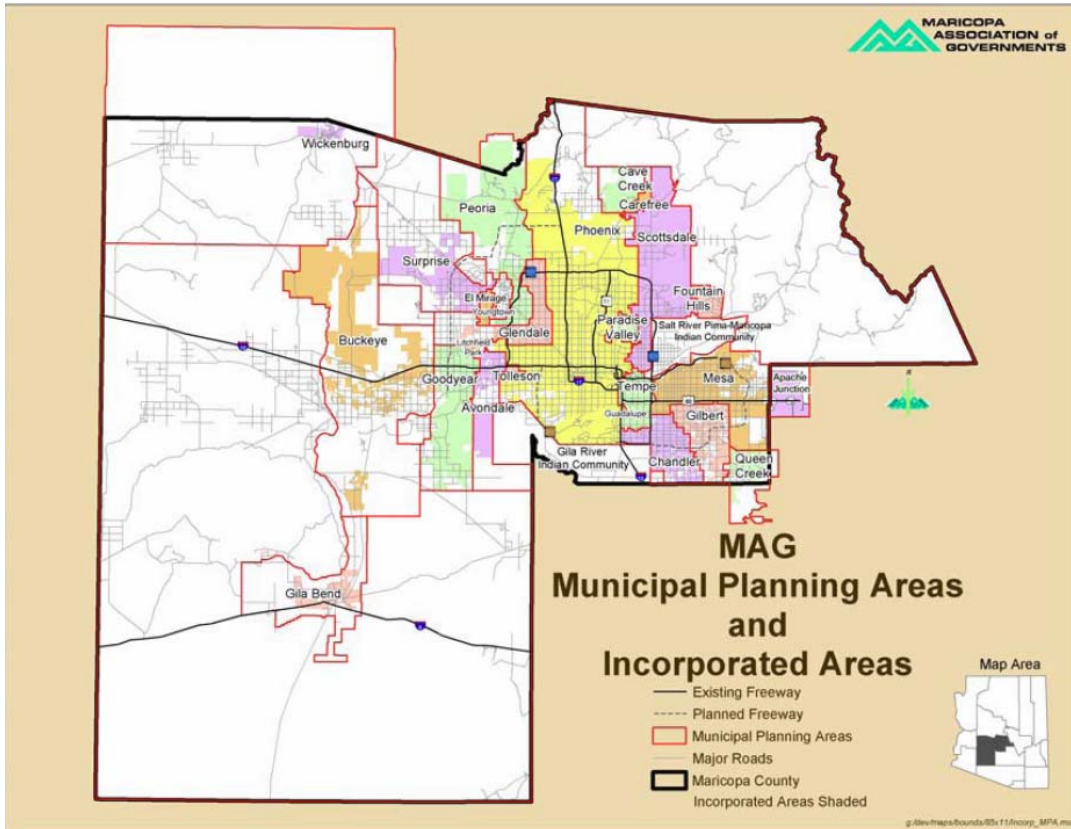
Mission:

To foster regional cooperation in the implementation of the HOME Investment Partnerships Program (HOME), the Community Development Block Grant (CDBG) and other, related funding sources for the preservation and development of quality, affordable housing in the Maricopa HOME Consortium service area.

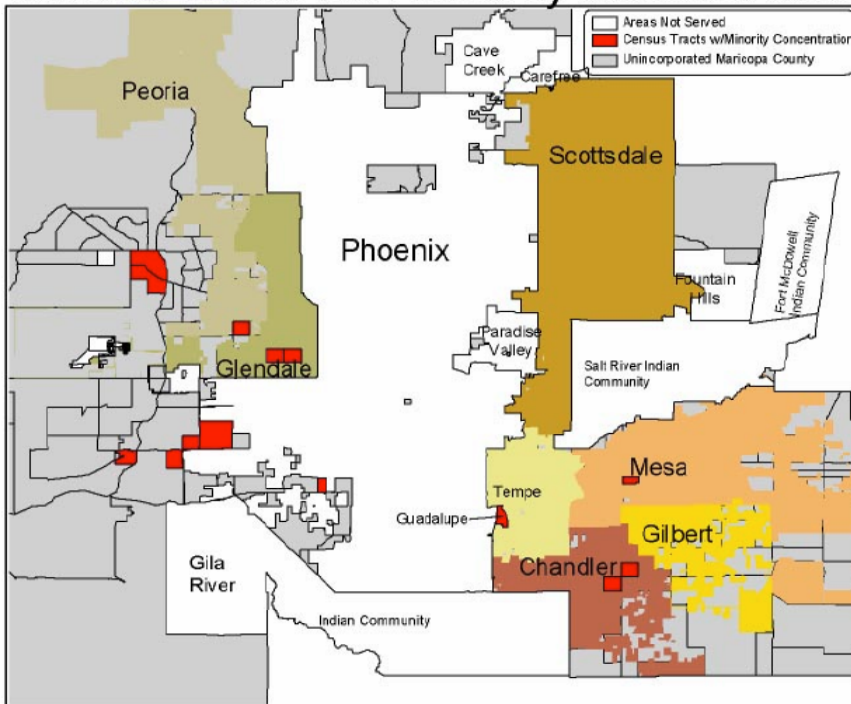
General Questions

1. Describe the geographic areas of the jurisdiction (including areas of low income families and/or racial/minority concentration) in which assistance will be directed.

Depicted below, the service area for the Maricopa HOME Consortium Consolidated Plan FY 2010-2014 includes the unincorporated areas of Maricopa County and the Cities and Towns of Avondale, Buckeye, El Mirage, Goodyear, Gila Bend, Guadalupe, Queen Creek, Tolleson, Surprise, Wickenburg and Youngtown; and the Consortium member Cities of Chandler, Glendale, Peoria, Scottsdale, Tempe and Town of Gilbert. Many of the localities have concentrations of low- and moderate- income households earning less than 80% of the Median Family Income (MFI). Geographic areas where assistance will be allocated shall vary by political jurisdiction within the Maricopa HOME Consortium, however will often be oriented to concentrations of low- and moderate- income households. Concentrations of minority households have been established by Maricopa County Community Development, and are defined as census tracts where the minority population exceeded 50% from the 2000 census. Areas of minority concentration exist in Surprise, El Mirage, Cashion, Tolleson, Glendale, Guadalupe, Chandler and the unincorporated area.



Census Tracts with Minority Concentration



2. Describe the basis for allocating investments geographically within the jurisdiction (or within the EMSA for HOPWA) (91.215(a)(1)) and the basis for

assigning the priority (including the relative priority, where required) given to each category of priority needs (91.215(a)(2)). Where appropriate, the jurisdiction should estimate the percentage of funds the jurisdiction plans to dedicate to target areas.

The Maricopa HOME Consortium is comprised of the entitlement communities of Avondale, Chandler, Gilbert, Glendale, Peoria, Scottsdale, Surprise and Tempe. The Maricopa Urban County service area is also included. Areas excluded include the cities of Phoenix, Mesa, Paradise Valley, Cave Creek, Carefree and Fountain Hills. Tribal lands are also excluded. Maricopa County serves as the Lead Agency for the Maricopa HOME Consortium and is advised by a committee of representatives of the member governments.

The Maricopa County Human Services Department, Division of Community Development, is the Lead Agency and is advised by a committee of representatives of the member governments. This group:

- ✓ assures compliance with federal regulations;
- ✓ assists in the development of the Consolidated Plan, the Annual Action Plan and the Consolidated Annual Performance and Evaluation Report;
- ✓ monitors expenditure rates and performance against the expenditure and commitment deadlines of the HOME program. This is part of a monthly review by the members and is a standard agenda item for the Consortium meeting;
- ✓ makes recommendations to the County Board of Supervisors regarding the intergovernmental agreement, use of funds and award of contracts from the 15% set-aside of HOME funds for Community Housing Development Organizations.

Priorities for each category of need in this Consolidated Plan were developed through several steps, as follows:

- **The first was through dialogue with all local member jurisdictions of the Maricopa HOME Consortium in addition to the development of local plans by Urban County communities. Survey input was also solicited with social service providers, homeless and special need providers and organizations in addition to the general public. Often, surveys were executed via the internet and copies of such instruments are enclosed as attachments to this document.**
- **The second step involved an in-depth evaluation of needs against the goals and objectives proposed by the member organizations.**
- **The third step considered the funding limits of the likely resources and the administrative capacity of the County, localities and providers (profit and non-profit).**
- **All priorities were reviewed with member jurisdictions, submitted to required public hearings and comment and in consultation with the Community Development Advisory Committee (CDAC) for the Urban County region.**

Annual geographical allocations of non-CHDO, HOME resources within the Maricopa HOME Consortium are based on a variety of factors that include:

- ✓ **Thresholds associated with past grantee performance and expenditures;**
- ✓ **Locally established housing priorities, goals and objectives often articulated in adopted Consolidated and Annual Plans as well as other local plans and policies; and,**
- ✓ **A formula that mirrors the share of CDBG resources secured by each entitlement member (net of CHDO and administration charges) of the Consortium as indicated below and subject to refinement over time.**

▪ Avondale	4.60%
▪ Chandler	12.91%
▪ Gilbert	6.44%
▪ Glendale	20.48%
▪ County (CD)	20.45%
▪ Peoria	6.16%
▪ Scottsdale	10.73%
▪ Surprise	3.42%
▪ <u>Tempe</u>	<u>14.82%</u>
▪ Grand Total	100.0%

3. Identify any obstacles to meeting underserved needs (91.215(a) (3)).

Obstacles to underserved needs include but are not limited to the following:

- ✓ The Consortium includes many local governments and each has its own individual needs, goals, priorities and political culture;
- ✓ Unfortunately, Maricopa County is at the top of the list in terms of foreclosure activity, and this is wreaking havoc on low- and moderate- income households and mandating increasing assistance to keep individuals and families in decent, safe and sanitary housing notwithstanding the preservation of neighborhoods throughout the geography of the Consortium;
- ✓ Since 2007 the unemployment rate in Maricopa County has doubled, rising from a seasonally adjusted rate of 3.4 % in January of 2007 to 7.9% presently. Construction employment is down almost 39% from its peak in '06. Unemployment is on the rise and there is no end in sight. This is causing great difficulties all households in Maricopa County, and especially those at the low- and moderate-income end.
- ✓ While significant declines (55% on average) in home values have enhanced affordability for low- and moderate- income consumers, many are over-leveraged and unable to tap prevailing market opportunities. Others are 'underwater' and they owe more on their properties than the loan on it.
- ✓ Historical population growth of the Valley has been quite rapid over the years, and has often motivated plan amendments. This is likely to recur once Maricopa County recovers at some point later in the planning period.
- ✓ Both the magnitude of the prevailing housing and neighborhood distress and anticipated future population growth suggest a sustained need for housing and community development resources beyond which are currently available to Consortium members.
- ✓ The extensive economic distress in Maricopa County is straining the local 'safety net' to the absolute limit, increasing the resource requirements for highly vulnerable persons 'at risk' of becoming homeless, actually homeless or those special need populations in need of supportive housing.

Managing the Process (91.200 (b))

1. Lead Agency. Identify the lead agency or entity for overseeing the development of the plan and the major public and private agencies responsible for administering programs covered by the consolidated plan.

The Maricopa County Human Services Department, Division of Community Development is responsible for developing and implementing the plan and administering CDBG, HOME, NSP (1), ESG and HPRP grants. The County Division executes the following functions:

- ✓ **planning;**

- ✓ technical assistance;
- ✓ regulatory compliance;
- ✓ financial management;
- ✓ reporting;
- ✓ monitoring; and
- ✓ staff support to the HOME Consortium and the Board of Supervisors.

Other major public, non-profit and private agencies responsible for administering programs covered by or affected by the plan include the County of Maricopa Housing Authority, the Maricopa Industrial Development Authority, other divisions of the Maricopa County Human Services Department, the Maricopa Association of Governments Continuum of Care program, the Regional Behavioral Health Agency for Maricopa County (Magellan Health Services, Inc), the Department of Economic Security Community Services Administration, the Arizona the Arizona Department of Housing, all local governmental members of the Maricopa HOME Consortium discussed earlier, the Arizona Department of Health Services – Division of Behavioral Health, affordable housing, homeless and supportive housing providers situated throughout the Consortium service area as well as the county real estate, lending and homebuilding community, etc.

2. Identify the significant aspects of the process by which the plan was developed, and the agencies, groups, organizations, and others who participated in the process.
3. Describe the jurisdiction's consultations with housing, social service agencies, and other entities, including those focusing on services to children, elderly persons, persons with disabilities, persons with HIV/AIDS and their families, and homeless persons.

*Note: HOPWA grantees must consult broadly to develop a metropolitan-wide strategy and other jurisdictions must assist in the preparation of the HOPWA submission.

The process used to develop the plan:

Selection, by RFP, of a consultant to guide the development of the plan and prepare it. Meetings in the summer of 2009 with the Maricopa HOME Consortium to finalize refinements to the:

- ✓ the Citizens Participation Plan,
- ✓ the Antidisplacement Plan,
- ✓ the Affirmative Marketing Policy,
- ✓ the MBE/WBE Policy,
- ✓ the Monitoring Procedure,
- ✓ the Recapture/Resale Policy
- ✓ the Tenant Based Rental Assistance option.

Consultations included:

- Lead Based Paint - Epidemiology Specialist II, Arizona Department of Health Services
- Homelessness/Special Needs - Human Services Planner, MAG, ADES State Homeless Coordinator, Maricopa County Human Services Director, Deputy Director, Human Services, Arizona Department of Health Services – Division of Behavioral Health.
- Elderly and Frail Elderly Issues - Maricopa County Area Agency on Aging.

- **Housing Needs and Resources - The Maricopa County Industrial Development Authority staff, Maricopa Housing Authority staff and a survey of all Consortium member housing authorities.**
- **Public and Provider Surveys – An extensive mailing list was used to solicit input and comment on the plan utilizing a survey executed via the internet. The survey was distributed widely to providers in the affordable housing, supportive housing and homeless disciplines in addition to key members of the finance, development and lending industries.**

3-5 Year Strategic Plan Managing the Process response:

Citizen Participation (91.200 (b))

1. Provide a summary of the citizen participation process.

Public participation and data collection efforts associated with the preparation of the Consolidated Plans included the following:

- **Non-entitled urban county localities prepared their own community development and housing plans covering the forthcoming five years (FY 2010-'14). Plans incorporated local needs, priorities, uses of relevant funds and milestones to track progress over time.**
- **Input was secured from each entitlement jurisdiction in the Maricopa HOME Consortium regarding relevant housing/assisted housing/supportive housing/homeless needs, inventories, priorities, objectives and strategies, etc.**
- **With respect to homeless and supportive housing needs, input was collected from state agencies, providers (profit and non-profit) and information gleaned from the ongoing continuum of care processes.**
- **An internet survey was executed to solicit input from affordable housing, homeless and supportive housing organizations and providers, the lending, development and real estate industries and the general public. This was placed on the Maricopa County website, used by all member organizations and distributed by email too. Approximately 250 survey responses were all returned and tabulated.**
- **Consistent with the Maricopa County Citizen Participation Plan, input and feedback on the draft plans was also collected through two public hearings conducted on September 17, 2009 and February 18, 2010.**
- **Relevant information from the Arizona Town Hall on affordable housing in November of 2008 was also incorporated into the Maricopa HOME Consortium Consolidated Plan.**

2. Provide a summary of citizen comments or views on the plan.

(to be provided)

3. Provide a summary of efforts made to broaden public participation in the development of the consolidated plan, including outreach to minorities and non-English speaking persons, as well as persons with disabilities.

Public Notices

Notices include information on how to request special assistance for sight and/or hearing impaired persons at the public meetings. In addition, notices include information on who to contact for Spanish translation of the notice. To reach a broader audience, notices of public hearing are posted on the County web site at http://maricopa.gov/comm_dev/default.aspx. Notices are also published in the Arizona

Republic and Gazette, the local newspaper, and in the public lobbies of the Human Services Department.

Public Hearings

Public hearings are held in conjunction with regularly scheduled Maricopa HOME Consortium meetings as well as the Board of Supervisors (BOS). Meeting notices are posted approximately one week prior to the meeting. The agenda for the meeting, which includes the public hearing information, are available from the Human Services Department or from the County's web site. All County BOS meetings are recorded on video and audio tape. Written minutes of the meeting are maintained by the County Clerk's Office for the permanent public record. The public may review these public records at any time during normal County business hours. In addition, hard copies of the minutes may be obtained from the City Clerk. The first public hearing was held on September 17th of 2009. Citizens were invited to express their views and proposals on how funding may be used and on needs and priorities for the 5-year Consolidated Plan period. The second public hearing was held on February 18, 2010.

Public Meetings

At least one public meeting is held prior to the development of the Consolidated Plan and the Action Plan, and it was held on September 17, 2009.

Availability of Plan

When the draft Consolidated Plan is published, a notice of its availability is published in the Arizona Republic and Gazette. Hard copies are available at the Maricopa County Human Services Department, Division of Community Development. Requests for copies may be made in person, by mail, e-mail or telephone. The draft is also published on the County's web site at http://maricopa.gov/comm_dev/default.aspx. Citizens are invited to submit comments on the draft Plan via the U.S. mail, e-mail or during the second public hearing. After the final public hearing and approval by the County BOS, the Consolidated Plan is published in final format. Hard copies are available from the County Human Services Department upon request. In addition, the approved Plan is available from the County's web site.

Access to Meetings

Maricopa HOME Consortium as well as County BOS meetings are all accessible to persons with disabilities. Reasonable accommodation may be requested 48 hours prior to a meeting for special circumstances.

4. Provide a written explanation of comments not accepted and the reasons why these comments were not accepted.

*Please note that Citizen Comments and Responses may be included as additional files within the CPMP Tool.

(to be provided)

Institutional Structure (91.215 (i))

1. Explain the institutional structure through which the jurisdiction will carry out its consolidated plan, including private industry, non-profit organizations, and public institutions.

The institutional structure by which the members of the Maricopa HOME Consortium deliver programs are highlighted below and refer to each member's Consolidated Plan for further detail.

- **Contract Authority** – Executed by local City or Town Councils as well as the Maricopa County Board of Supervisors.
- **Advisory Boards** – Generally speaking, each member of the Maricopa HOME Consortium involves at least one advisory body in the development, review and execution of its Consolidated Plan and Annual Action Plan. Often, these Boards are also involved in the delivery of member entitlement programs.
- **Administrative Responsibility For CDBG/HOME/ADDI** – Each member has specific department/s assigned to administer entitlement programs. Indicated earlier, the Maricopa County Human Services Department – Division of Community Development is the lead administrative entity for the Maricopa HOME Consortium HOME program.
- **Administrative Responsibility For The Administration of Assisted Housing Programs** – Maricopa County in addition to the cities of Chandler, Tempe, Scottsdale and Glendale each administer their own programs. The remaining cities and towns of Gilbert, Avondale, Surprise and Peoria contract with the Maricopa Housing Authority for assisted housing services.
- **Homeowner Rehabilitation** – Members administer such resources through non-profit and/or private sector (contractor) providers.
- **Homebuyer Assistance** - Members administer such resources through non-profit and/or private sector (lender) providers.
- **Rental Housing Development** - Members administer such resources through non-profit (including CHDOs) and/or private sector (developer) providers.
- **Rental Acquisition and Rehabilitation** - Members administer such resources through non-profit and CHDO providers.
- **Homeless Programs (Local and Regional Programs)** – Members commit resources to a wide variety of non-profit providers rendering public services, transitional, permanent and emergency shelter supports.
- **Special Needs Funding** – Individual members may utilize resources that includes but are not limited to Ryan White, CAP resources, ESG, SSBG, SHP, CDBG, utility donations and general funds.

2. Assess the strengths and gaps in the delivery system.

The strengths of the delivery system are described below:

- The lead entity or the Maricopa County Human Services Department – Division of Community Development has been administering the Maricopa County PJ since its formation in 1992. County staff are highly experienced and adept at program implementation, planning and are a major asset to the Consortium. The recent movement of Community Development into the Human Services Department assists both Consortium members and program delivery by solidifying the connection of affordable housing, homeless and supportive housing programs with an array of Human Services opportunities and resources.
- The individual local government members of the Maricopa HOME Consortium are also highly experienced in administering HUD entitlement programs and have a long track record in working cooperatively with each other to solve problems and attain excellence in program delivery. Being one the largest PJs in the United States, the Maricopa HOME Consortium has consistently delivered quality programs and results that are nationally recognized.
- The volume and capacity of Maricopa County’s network of affordable housing, homeless and supportive housing providers has continually strengthened over the years.
- The addition of the downtown Homeless Campus has greatly strengthened the homeless delivery system.

- **Initially motivated by court action (Arnold v. Sarn), the Arizona Department of Health Services – Division of Behavioral Health, continues to secure substantive federal and local resources to address the continuing needs of persons deemed to be Seriously Mentally Ill (SMI).**
- **Members of the Maricopa HOME Consortium tend to be generally well served by the type, capacity and distribution of non-profits in the region.**
- **Maricopa County contains a highly developed homebuilding, lending, developer and real estate community for both residential, commercial and industrial clients.**
- **Although deluged with applicants, Maricopa County is well served in the volume and geographic dispersion of assisted housing providers.**

The gaps in the delivery system are described below:

- **In light of very distressed economic conditions, state, county and municipal tax receipts are down substantially and the property tax base continues to be devalued. As a result, general fund commitments are not reliable and being cut back to public, private and non-profit recipients across the board.**
 - **High levels of foreclosure, unemployment and distress are straining the safety net and homeless persons, special populations and low income persons are at major risk and struggling. Heightened levels of both individuals and families are cycling in and out of homelessness. The demand for shelter and services greatly exceeds the capacity of society to respond and this is not anticipated to abate for a while.**
 - **With demand for their services heightened, non-profits are having difficulties in responding and raising resources. Governmental support here is declining in light of reduced tax receipts.**
 - **Non-profits with a heavy exposure to the multi-family housing market are stressed in light of extremely high vacancy rates and downward pressure on rents and property valuations.**
 - **The emigration of Mexican nationals out of Arizona has contributed to inordinately high multi-family vacancy rates at the low end.**
 - **While homebuyers are greatly assisted from enhanced housing affordability given price declines of over 50% since the peak in 2006, estimates are that over 50% of Maricopa County homeowners are ‘underwater’ and many continue to face foreclosure notwithstanding other credit difficulties.**
 - **While the Maricopa County homebuilding, lending, development and real estate community are weathering the economic storm, some businesses and individuals are being forced out of a shrinking real estate industry.**
3. Assess the strengths and gaps in the delivery system for public housing, including a description of the organizational relationship between the jurisdiction and the public housing agency, including the appointing authority for the commissioners or board of housing agency, relationship regarding hiring, contracting and procurement; provision of services funded by the jurisdiction; review by the jurisdiction of proposed capital improvements as well as proposed development, demolition or disposition of public housing developments.

With respect to public housing, the Maricopa County HOME Consortium is served by the cities of Chandler and Glendale in addition to the Maricopa County Housing Authority which has a much broader service area. While Chandler and Glendale operate their public housing programs within the city administrative structure governed by their respective city council, the Maricopa County Housing Authority is a separate legal entity from Maricopa County. This legal structure offers Maricopa County flexibility regarding certain aspects of residential development. However, the Maricopa County Housing Authority governing body is selected by the Board of Supervisors. Hiring, contracting and procurement are all undertaken within the county administrative system and pursuant to

such rules and review, as are the provision of services and budget/capital improvement budgets.

Monitoring (91.230)

1. Describe the standards and procedures the jurisdiction will use to monitor its housing and community development projects and ensure long-term compliance with program requirements and comprehensive planning requirements.

3-5 Year Strategic Plan Monitoring response:

MONITORING

Monitoring is a continuous process of review to ensure adequate performance and compliance with all applicable statutes, regulations, and policies. To be an effective tool for improving performance and avoiding non-compliance, monitoring requires the on-going application of appropriate planning, implementation, communication, and follow-up during each phase of an activity. The typical phases of an activity include the initial allocation of funding, the written agreement, the monthly progress reports, the requests for reimbursement of expenditures, and the closing reports.

Forms of Monitoring

Monitoring may include the following procedures:

- review of monitoring reports, audits and management letters at application
- review of federal requirements during contract signing
- review of periodic reimbursement requests/performance reports
- technical assistance (meetings, telephone calls, site visits, written correspondence, etc.)
- desk reviews
- on-site reviews
- other comprehensive monitoring as warranted

Desk reviews consist of in-house reviews of documentation submitted to the reviewer. On-site reviews consist of reviews of program files, fiscal systems and financial records.

Risk Assessment

The level of monitoring to be conducted will be determined by the risk classification assigned to the entity. Entities receiving CDBG/HOME funds will be evaluated annually to determine the appropriate risk classification. Entities deemed to be “low risk” will be subject to desk review. Entities deemed to be “high risk” will receive an on-site monitoring review.

To be classified as “low-risk”, an entity must generally meet the following criteria.

- an on-site visit has been conducted within the last two years
- there have been no or insignificant compliance or performance problems noted

To be classified as “high-risk”, an entity may meet one or more of the following risk factors.

- the entity is new to the CDBG/HOME Program
- there has been a high rate of employee turnover or turnover in key staff positions
- there has been noncompliance with one or more contract provisions
- there were significant findings and/or concerns noted in previous desk reviews

or on-site monitoring visits

- there are significant unresolved audit findings
- there has been a high incidence of citizen/vendor complaints
- reimbursement requests/performance reports contain inaccurate or incomplete information
- there is a demonstrated need for on-going technical assistance

Please note the risk designations are not limited to the above-stated conditions and may be assigned due to other circumstances, if required.

Monitoring Approach

To use limited administration funds more efficiently, eliminate duplicate monitoring activities and create a more consistent approach throughout the County, a team-monitoring approach will be used whenever feasible. To the greatest extent possible, each entity will receive either a desk review or on-site review once each year. The reviews will be conducted using a standardized monitoring tool developed by the Maricopa HOME Consortium (Consortium).

Peer Review

A peer review process will be used for monitoring Consortium members. Each Consortium member will be reviewed annually by a team consisting of rotating personnel from the members of the Consortium.

Subrecipient Monitoring

Subrecipients may also be subject to team monitoring. Each subrecipient will be monitored by the Consortium member(s) responsible for administering the related CDBG/HOME agreements. This procedure will also apply to monitoring of Community Housing Development Organizations (CHDOs).

Refer to each Consortium member's Five-Year Consolidated Plan for additional requirements concerning the subrecipient monitoring efforts to be undertaken with CDBG/HOME resources.

Monitoring Results

Desk reviews and on-site reviews will result in written letters documenting any findings or concerns noted during the reviews. Whenever possible, monitoring letters should be issued in draft format to activity administrators for review and comment. Entities should be given ten days in which to comment on the draft letters. Final monitoring letters will be issued to the chief executive officers of the monitored entities. Any comments received from activity administrators should be incorporated into the final monitoring letters.

Desk reviews and on-site reviews may also generate suggestions for improvements to program/financial systems. Any suggestions noted during the monitoring may be documented in a separate memorandum addressed to activity administrators.

Monitoring Maricopa County ESG Funds

The Maricopa County Department of Human Services will monitor ESG resources on a continuing basis. Allocation of funds is completed on a monthly basis, and all clients and data will be tracked according to Department and HUD guidelines. Contract fiscal claims will be reviewed monthly. An initial visit will be made after the contracts are awarded. A formal desk review and monitoring visit will be completed in the second quarter of the grant and a written plan will be prepared. The contractor will resolve any corrective actions immediately. Fiscal audits are required of contractors according to Federal and County guidelines. Contracts will be reviewed and validated for environmental clearance.

Maricopa County Human Services Department staff will conduct a program and fiscal monitoring annually.

HOME & ESG SPECIFIC REQUIREMENTS (relevant programs besides HOME)

RECAPTURE/RESALE PROVISIONS

The HOME Investment Partnerships Program, 24 CFR §92.254, requires that housing provided through homebuyer assistance must be secured for the use of low-income households for a period of affordability. The affordability period is determined based on the amount of the HOME/ADDI subsidy as follows.

HOME Funds Provided	Affordability Period
< \$15,000	5 Years
\$15,500 - \$40,000	10 Years
>\$40,000	15 Years

Under the HOME/ADDI regulations, participating jurisdictions have two options for controlling the resale of HOME/ADDI -assisted homebuyer property during the affordability period. These are the recapture option and the resale option. The participating jurisdiction must select which option it will use prior to providing assistance to the homebuyer.

Recapture Option – Under this option, the HOME subsidy must be returned to the HOME Program. This option allows the seller to sell to any willing buyer at any price. Once the HOME/ADDI funds are repaid, the property is no longer subject to any HOME/ADDI restrictions. The recaptured funds must be used for another HOME/ADDI-eligible activity.

Resale Option – Under this option, the seller must resell the original home to another income-eligible homebuyer. This sale must be at a price that is affordable to the purchaser, although the seller is also allowed a fair return on the sale. Under the HOME regulations, the participating jurisdiction must define both the terms of affordability and fair return.

Maricopa HOME Consortium Policy Regarding Recapture/Resale

It is the policy of the Maricopa HOME Consortium that each member of the Consortium may use either the recapture option or the resale option based on what is most beneficial to the member and to the potential homebuyer. Consortium members will select the method to be used prior to granting the HOME/ADDI assistance to the potential homebuyers. Each Consortium member will ensure the proper security instruments are executed to guarantee the HOME/ADDI investment for the affordability period for the selected recapture/resale option. Members of the Maricopa HOME Consortium may also provide homebuyer assistance through a contract with a CHDO or non-profit housing provider. Members will negotiate with the CHDO or non-profit housing provider the appropriate recapture/resale requirements for the program provided. This provision shall be adequately addressed in CHDO/Subrecipient contracts, and the proper security instruments shall be provided.

Owners who sell their property before the expiration of the affordability period will be entitled to a fair return on their equity investment. Homeowner’s equity includes the homeowner’s original contribution to the down payment, payment of mortgage principal during the period of ownership, value of any improvements added at the owner’s expense, and the appreciated value of the property since its initial purchase.

If the recapture option is used, the fair return to the seller will be calculated based on the net proceeds from the sale and the amount of the original HOME investment in the

property. The HOME/ADDI subsidy shall be recoverable by the Consortium member any time the house is sold before the expiration of the affordability period. The method that will be used to calculate the fair return and the HOME/ADDI subsidy to be recovered shall be detailed in the required security instruments. If the affordability period has been satisfied, the seller will be entitled to all net proceeds from the sale of the property.

If the resale option is used, the housing must remain affordable to the subsequent purchaser. The housing will be considered affordable if the subsequent purchaser's monthly payment of principal, interest, taxes and insurance do not exceed 30% of the gross income of a family with an income equal to 75% of median income for the area. If the property is no longer affordable to qualified homebuyers at the time of resale, the Consortium member may take steps to bring the property acquisition cost to a level that is affordable. This may result in the actual sales price being different to the seller than to the subsequent homebuyer. Upon the resale of the home, the property must pass HUD Housing Quality Standards. The Consortium member shall determine who is responsible for the necessary repair costs to bring the property up to standards. These requirements shall be detailed in the required security instruments. If the affordability period has been satisfied, the seller shall be free to sell the home to any qualified buyer.

In the case of a foreclosure or foreclosure sale, the period of affordability shall be terminated. Upon receipt of notice that a foreclosure is pending, the Consortium member or sub-recipient shall take positive steps to assert rights to a share of the proceeds of the foreclosure sale. The Consortium member shall, to the extent feasible, recapture the original HOME/ADDI investment. If the homebuyer has failed to make payments to the first mortgage holder, the Consortium member will not be obligated to correct any deficient payments. The amount recaptured shall be based on the amount of the net proceeds from the foreclosure sale. If no net proceeds are generated, the HOME/ADDI investment shall not be recaptured. The method that will be used to calculate the amount of the recaptured funds shall be detailed in the required security instruments. If the affordability period has been satisfied, the Consortium member shall have no rights to the net proceeds resulting from the foreclosure sale.

If the original homebuyer ceases to occupy the property as the principal place of residence, voluntarily or involuntarily, or upon the death of the owner (or where ownership is joint upon the death of the sole survivor having the remaining interest), the original HOME investment shall become due and payable. The method that will be used to calculate the amount of the recaptured funds shall be detailed in the required security instruments. If the property is occupied as a principal residence by a lineal descendant of a deceased owner, and the descendant's income level qualifies the descendant to receive HOME assistance in the same manner in which the deceased owner qualified according to the most recent income limits, the Consortium member, at its discretion, can elect to allow the occupant to live on the property for the remainder of the affordability period. If the affordability period has been satisfied, the Consortium member shall have no interest in the occupants of the property.

Refer to each entitlement community Consolidated Plan for monitoring efforts associated with CDBG, which is not germane to the Maricopa HOME Consortium.

*Security instruments are generally defined as deeds of trust, promissory notes, and other similar documents

Priority Needs Analysis and Strategies (91.215 (a))

1. Describe the basis for assigning the priority given to each category of priority needs.

The process for assigning priority and the obstacles to meeting underserved needs were already addressed in the General Questions above. To reiterate, note the method by which priorities were established in the plan:

- The first step was through input collected from all local member jurisdictions of the Maricopa HOME Consortium in addition to the development of local plans by Urban County communities. Input was also solicited with social service providers, homeless and special need providers and organizations in addition to the general public. An internet survey was executed by all entitlement members of the Consortium and 250 responses were secured.
- The second step involved an in-depth evaluation of needs against the goals and objectives proposed by the member organizations.
- The third step considered the funding limits of the likely resources and the administrative capacity of the County, localities and providers (profit and non-profit).
- All priorities were reviewed with member jurisdictions, submitted to required public hearings and comment. Consultation with the Community Development Advisory Committee (CDAC) was conducted for the Urban County region.

The measurement used in the assignment of priorities

- ❖ **High Priority:** Activities to address this need will be funded with federal funds, either alone or in conjunction with the investment of other public or private funds during the period of time designated in the Consolidated Plan. Projects or programs in these categories are generally recognized as significant, appropriate for available funding sources, addressable with available funding levels and within the capacity of the jurisdiction or agency to accomplish.
- ❖ **Medium Priority:** If funds are available, activities to address these needs may be funded with federal funds, either alone or in conjunction with the investment of other public or private funds during the period of time designated in the Consolidated Plan. The need for projects or programs assigned this priority are considered to be important enough to address if appropriate funding is to become available during the planning period with the caveat that they are less urgent than other (high priority) needs.
- ❖ **Low Priority:** Programs and/or activities assigned a low priority are not anticipated to address these needs in the Consolidated Plan during the planning period. However, certifications of consistency for other entities' applications for Federal assistance will be considered under this priority.

The Consolidated Plan is a federally mandated plan for the use of HUD funds for housing and community development activity. Activities that are funded from regular HUD appropriations must be ranked as high or medium priorities to qualify for funding. A low priority activity cannot receive CDBG, HOME, ESG or other covered federal funds during the Consolidated Plan period unless a program amendment is proposed and approved by HUD. While it is important to plan for all housing and community development activities anticipated during the next five years, the Consolidated Plan cannot control the expenditure of local funds; and amendments to the Consolidated Plan are only required if changes in priorities would affect the expenditure of regular HUD appropriations.

2. Identify any obstacles to meeting underserved needs.

Already discussed in the in the General Questions earlier, to reiterate the obstacles to meeting underserved needs are as follows:

- ✓ The Consortium includes many local governments and each has its own individual needs, goals, priorities and political culture;
- ✓ Unfortunately, Maricopa County is at the top of the list in terms of foreclosure activity, and this is wreaking havoc on low- and moderate- income households and mandating increasing assistance to keep individuals and families in decent, safe and sanitary housing notwithstanding the preservation of neighborhoods throughout the geography of the Consortium;
- ✓ Since 2007 the unemployment rate in Maricopa County has doubled, rising from a seasonally adjusted rate of 3.4 % in January of 2007 to 7.9% presently. Construction employment is down almost 39% from its peak in '06. Unemployment is on the rise and there is no end in sight. This is causing great difficulties all households in Maricopa County, and especially those at the low- and moderate-income end.
- ✓ While significant declines in home values have enhanced affordability for low- and moderate- income consumers, many are over-leveraged and unable to tap prevailing market opportunities. Others are 'underwater' and they owe more on their properties than the loan on it.
- ✓ Historical population growth of the Valley has been quite rapid over the years, and has often motivated plan amendments. This is likely to recur once Maricopa County recovers at some point later in the planning period.
- ✓ Both the magnitude of the prevailing housing and neighborhood distress and anticipated future population growth suggest a sustained need for housing and community development resources beyond which are currently available to Consortium members.
- ✓ The extensive economic distress in Maricopa County is straining the local 'safety net' to the absolute limit, increasing the resource requirements for highly vulnerable persons 'at risk' of becoming homeless, actually homeless or those special populations in need of supportive housing.

3-5 Year Strategic Plan Priority Needs Analysis and Strategies response:

Lead-based Paint (91.215 (g))

1. Estimate the number of housing units that contain lead-based paint hazards, as defined in section 1004 of the Residential Lead-Based Paint Hazard Reduction Act of 1992, and are occupied by extremely low-income, low-income, and moderate-income families.

The following table presents information concerning the estimated housing inventory in the Maricopa HOME Consortium at risk of lead based paint hazards in 2007. Such hazards consist of any condition that causes exposure to lead from lead-contaminated dust, lead-contaminated soil, lead-contaminated paint that is deteriorated or present in accessible surfaces, friction surfaces, or impact surfaces that would result in adverse human health effects as established by the appropriate federal agency. Of the 171,400 dwelling units constructed before 1980 at risk of lead based paint hazards throughout the Consortium, approximately 134,900 were occupied by low income households. Children (< 6) occupying the pre-1960 inventory represent the highest 'at risk' category of LBP poisoning. The methodology used to generate these figures incorporates the application of national lead based paint incidence standards to the construction year residential

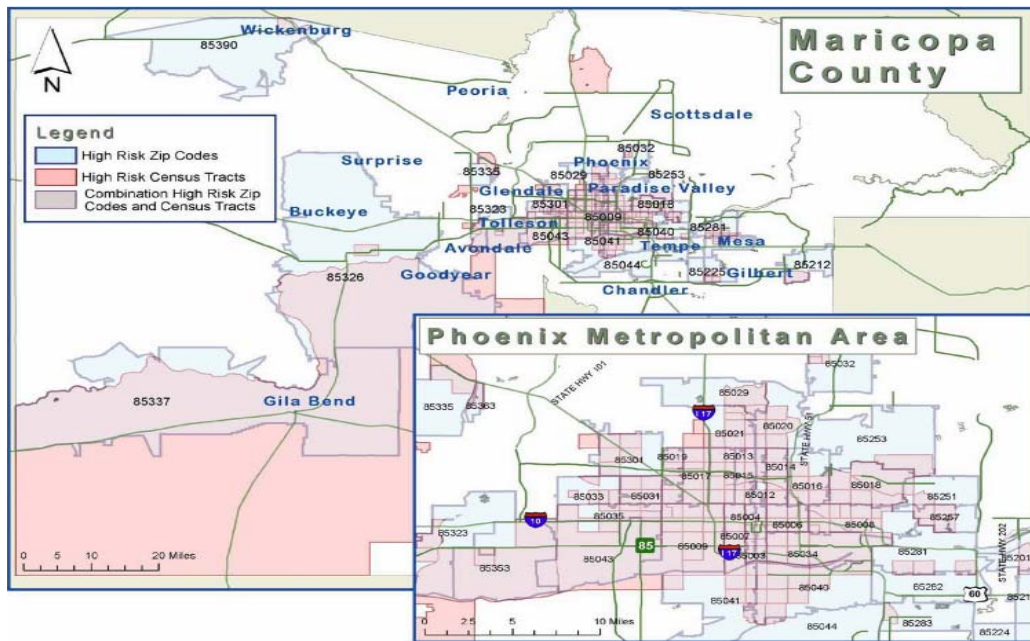
dwellings were built. Discussions with the Arizona Department of Health Services indicate that these estimates are reasonable for Maricopa County.

**HOUSING INVENTORY AND LOW INCOME HOUSEHOLDS 'AT RISK' FROM
LEAD BASED PAINT HAZARDS (Based on 2007 ACS)**

JURISDICTION	Pre 1940 Housing		1940-'59 Housing		1960-'79 Housing		TOTAL PRE '80 UNITS		
	Total Units	Low Income	Total Units	Low Income	Total Units	Low Income	Total Units At Risk	Units Occup. By Low Income	Low Income % of Total
Crystal+Company									
FACTOR									
Incidence of Lead Based Paint Hazard 1	90.00%	90.00%	80.00%	80.00%	62.00%	62.00%	na	na	na
MARICOPA COUNTY	14,403	12,963	123,426	98,741	411,005	254,823	548,834	366,527	66.78%
MARICOPA HOME CONSORTIA	1,925	1,733	25,426	20,341	182,008	112,845	171,428	134,918	78.70%
MARICOPA COUNTY BALANCE	12,478	11,230	98,000	78,400	228,997	141,978	339,475	231,608	68.23%

SOURCES: 2007 ACS, "Comprehensive and Workable Plan for the Abatement of Lead Based Paint in Privately Owned Structures", ICF Inc. Low income households earn under 80% of the median income by county adjusted by household size. FY 2003 CHAS Data.
1/Confidence interval of plus or minus 10%.

According to the Arizona Childhood Lead Poisoning Targeted Screening Plan, 2005 prepared by the Arizona Department of Health Services, a combination of 2000 Census data, lead poisoning prevalence rates and pre-1960 housing data for each census tract in Arizona was used to establish high risk areas that exceeded a .359 (statewide average of .299) Lead Poisoning Risk Index (LPRI). The following map indicates a distribution of those high risk areas.



'High Risk' census tracts using the LPRI index are as follows in the Consortium (shown by census tract, LPRI index range and community):

- ✓ CT 612 – 614, 822.01 & .02, .401 - .747, City of Avondale
- ✓ CT 925, 926, 927.05, 928, 929, 931.02, .459 - .707, City of Glendale
- ✓ CT 2175, 2179, 2180-2182, .364 - .567, City of Scottsdale
- ✓ CT 3189, 3190, 3192, 3200.02, .379 - .698, City of Tempe
- ✓ CT 5229.02, 5230.02, 5231.02, 5231.04, .392 - .536, City of Chandler
- ✓ CT 7233.02 & 507, .397-.567, Southwest County
- ✓ CT 821, .557, City of Tolleson
- ✓ CT 716, .514, Town of Youngtown
- ✓ CT 608 & 609, .448, City of El Mirage
- ✓ CT 723.02, .397, Town of Buckeye
- ✓ CT 405.02, .378, Town of Wickenburg

2. Outline actions proposed or being taken to evaluate and reduce lead-based paint hazards and describe how lead based paint hazards will be integrated into housing policies and programs, and how the plan for the reduction of lead-based hazards is related to the extent of lead poisoning and hazards.

The Maricopa HOME Consortium will continue to comply with all lead-based paint (LBP) requirements imposed by HUD and will continue to direct resources to eliminate lead-paint in its housing. The following actions will take place:

Rehabilitation Assistance Programs; CFR 35.900

Consortium members will continue to address, monitor, evaluate and reduce lead-based paint hazards throughout the community through its Housing Improvement Program, Emergency Rehabilitation Grant Program and Rental Reinvestment Program.

Address all pre-1978 units participating in its Rehabilitation programs with a presumption of lead-paint hazards.

Consortium members contract with Environmental Protection Agency (EPA) certified lead paint firms for assessment and abatement activities in the rehabilitation programs.

Lead-based paint requirements for rehabilitation programs using CDBG and HOME funds fall into three categories. The categories are based on the amount of rehabilitation assistance provided for the rehabilitation project. The categories and requirements per category are as follows:

- a. **Pre-1978 property receiving less than or equal to \$5,000 per unit in Federal rehabilitation assistance. Consortium members will:**
 - **Provide families with a copy of Renovate Right or other EPA approved document;**
 - **Conduct paint testing or presume the presence of lead-based paint. If paint testing indicates the painted surfaces are not coated with lead-based paint, safe work practices and clearance are not required.**
 - **Implement safe work practices during rehabilitation work and repair paint that is disturbed**
 - **After completion of any rehabilitation activities disturbing painted surfaces, perform a clearance examination of the worksite(s). Clearance is not required if rehabilitation did not disturb painted surfaces of a total area more than set forth in HUD regulations (CFR 35.1350(d)).**

- b. Pre-1978 property receiving more than \$5,000 and up to \$25,000 in Federal rehabilitation assistance. Consortium members will:
- Provide families with a copy of Renovate Right or other EPA approved document;
 - Conduct paint testing or presume the presence of lead-based paint;
 - Perform a risk assessment in the dwelling units receiving painted surfaces before rehabilitation begins;
 - Perform interim controls of all lead-based paint hazards Identified;
 - Implement safe work practices during the rehabilitation work and repair any paint that is disturbed and is known or presumed to be lead-based paint;
 - On-going maintenance activities is required if the rehabilitation assistance is HOME funded.
- c. Pre-1978 property receiving more than \$25,000 per unit in Federal rehabilitation assistance. Consortium members will:
- Provide families with a copy of Renovate Right or other EPA approved document;
 - Perform a risk assessment in the dwelling units receiving Federal assistance and in associated common areas and exterior painted surfaces before rehabilitation begins;
 - Abate all lead-based paint hazards identified by the paint testing or risk assessment. Interim controls are acceptable on exterior paint surfaces that are not disturbed by rehabilitation activities and on lead-paint hazards that have an area smaller than the minimum limits specified in HUD Regulations. If abatement is required, it is necessary to abate only the surface area with hazardous conditions.
 - Implement safe work practices during rehabilitation work and repair any paint that is disturbed and is known or presumed to be lead-based paint.

Section 8 Housing Choice Voucher Program; CFR 35.1200

Consortium members inspect all units prior to placing a unit under a Housing Assistance Payments Contract and at least annually thereafter.

For units built prior to 1978, the PHA is responsible for the following:

- Visual assessment for deteriorated paint (peeling, chipping, flaking) surfaces at initial and annual inspections;
- Assuring that a clearance examination is conducted when required;
- Carrying out special requirements for children under age six who have environmental intervention blood levels as verified by health agencies;

Property owners are responsible for the following:

- Disclosing known lead-based paint hazards to potential residents prior to the execution of a lease (the Housing Authority must keep a copy of the disclosure notice executed by the owner and tenant in the assisted tenant's file);
- Providing all prospective families with a copy of Protect Your Family from Lead in Your Home or other EPA approved document;
- When necessary, stabilize each deteriorated paint surface before the assisted occupancy may begin. If the assisted tenant is already occupying the unit, paint stabilization must be completed within 30 days of the Housing Authority's notification to the owner of the visual inspection results.
- Each time a lead-based paint activity is performed on the unit, notify the tenants about the conduct of lead hazard reduction activities and clearance (if required);
- Conduct lead hazard reduction activities when required by the Housing Authority;

- Perform all work in accordance with HUD prescribed safe work practices and conduct clearance activities when required;
- Perform ongoing maintenance. As part of this ongoing maintenance, the property owner must provide written notice to each assisted family asking occupants to report deteriorated paint. The notice must include the name, address and telephone number of the person responsible for accepting the occupant's complaint.

HOUSING

Housing Needs (91.205)

*Please also refer to the Housing Needs Table in the Needs.xls workbook

1. Describe the estimated housing needs projected for the next five year period for the following categories of persons: extremely low-income, low-income, moderate-income, and middle-income families, renters and owners, elderly persons, persons with disabilities, including persons with HIV/AIDS and their families, single persons, large families, public housing residents, victims of domestic violence, families on the public housing and section 8 tenant-based waiting list, and discuss specific housing problems, including: cost-burden, severe cost-burden, substandard housing, and overcrowding (especially large families).

Included on Table 2A attached, the research methodology used to estimate and project affordable housing demand involved the application of ratios of households with problems from HUD CHAS data (special census runs) evident in 2000 to projected FY 2010 to 2014 household estimates drawn from the MAG. According to HUD, a household with problems consists of:

- (1) persons and families living in units with physical defects (lacking a complete kitchen or bath; or
- (2) persons and families living in overcrowded conditions (greater than 1.01 persons/room); or
- (3) persons and families cost burdened (paying more than 30 percent of income for housing including utilities).

For low income households with problems, cost burden appears to be the primary contributing factor. While the incidence of physical defects and overcrowding are evident, they are overshadowed by cost burden and present with it. High foreclosure rates and substantial declines in home values throughout Maricopa County are undoubtedly increasing overcrowding and abandoned and dilapidated dwellings.

Household Needs For Those Earning Less Than 30% of the Area Median

It estimated that a total of 61,200 households or 8 percent of all households in the Maricopa HOME Consortium are comprised of households earning less than 30 percent of the median income with housing problems of some sort. Of the 33,095 renter households with problems in FY 2010...

- ✓ 20 percent are elderly
- ✓ 26 percent are comprised of small households
- ✓ 12 percent are comprised of large households
- ✓ 42 percent are comprised of one-person households

Of those 14,660 owner households with problems in 2010...

- ✓ 52 percent are elderly
- ✓ 21 percent are small households
- ✓ 9 percent are large households
- ✓ 18 percent are one-person households

By FY 2014, it is estimated that an additional 10,100 households will have problems. Supplemental insights into distress are derived from households paying more than 50% of their income for housing or severely cost burdened. Using this standard note that 36,100 households are so burdened in FY 2010, with 57 percent comprised of renters and 43 percent owners.

Household Needs For Those Earning From 31- 50% of the Area Median

It estimated that a total of 67,600 households or 9 percent of all households in the Maricopa HOME Consortium are comprised of households earning between 31 to 50 percent of the median income with housing problems of some sort. Of the 25,500 renter households with problems in FY 2010...

- ✓ 19 percent are elderly
- ✓ 35 percent are comprised of small households
- ✓ 15 percent are comprised of large households
- ✓ 31 percent are comprised of one-person households

Of those 22,800 owner households with problems in 2010...

- ✓ 40 percent are elderly
- ✓ 30 percent are small households
- ✓ 15 percent are large households
- ✓ 15 percent are one-person households

By FY 2014, it is estimated that an additional 11,100 households will have problems. Further insights into distress are derived from households paying more than 50% of their income for housing or severely cost burdened. Using this standard note that 18,950 households are so burdened in FY 2010, with 42 percent comprised of renters and 58 percent owners.

Household Needs For Those Earning From 51- 80% of the Area Median

It estimated that a total of 62,700 households or 8 percent of all households in the Maricopa HOME Consortium are comprised of households earning between 51 to 80 percent of the median income with housing problems of some sort. Of the 24,400 renter households with problems in FY 2010...

- ✓ 15 percent are elderly
- ✓ 32 percent are comprised of small households
- ✓ 18 percent are comprised of large households
- ✓ 35 percent are comprised of one-person households

Of those 37,300 owner households with problems in 2010...

- ✓ 23 percent are elderly
- ✓ 35 percent are small households
- ✓ 17 percent are large households
- ✓ 25 percent are one-person households

By FY 2014, it is estimated that an additional 10,340 households will have problems. Further insights into distress are derived from households paying more than 50% of their income for housing or severely cost burdened. Using this standard note that 8,600 households are so burdened in FY 2010, with 20 percent comprised of renters and 80 percent owners.

Refer to Table 2A for the identification of needs associated with special populations requiring supportive housing (housing and supportive services). Estimates were again derived from HUD CHAS data in '00 for populations with a mobility and self-care limitation. Discussed in ____ current surveys indicate ____ households and persons are on Consortium Section 8 waiting lists and ____ for public housing.

2. To the extent that any racial or ethnic group has a disproportionately greater need for any income category in comparison to the needs of that category as a whole, the jurisdiction must complete an assessment of that specific need. For this purpose, disproportionately greater need exists when the percentage of persons in a category of need who are members of a particular racial or ethnic group is at least ten percentage points higher than the percentage of persons in the category as a whole.

3-5 Year Strategic Plan Housing Needs response:

An analysis of the 2000 CHAS tabular information presented below indicated that only Hispanics, Blacks and Asians in certain income categories held disproportionately greater need.

MARICOPA HOME CONSORTIUM
MINORITY HOUSING ASSESSMENT, 2000

Item	All Households	White (Not Hispanic)	Hispanic	Black (Not Hispanic)	Native American (Not Hispanic)	Asian (Not Hispanic)	Hawaii & Pacific Islander (Not Hispanic)	Self Care Limitation
Earning Less Than 30 MFI With Problems	39,682 72.0%	26,866 74.0%	8,196 84.0%	1,322 79.0%	1,155 76.0%	1,379 56.0%	33 70.0%	9,524 74.0%
Earning 31-50% MFI With Problems	43,718 69.0%	32,162 66.0%	8,535 84.0%	1,052 84.0%	604 72.0%	865 86.0%	34 77.0%	10,360 64.0%
Earning 51-80% MFI With Problems	79,759 51.0%	62,196 47.0%	12,372 61.0%	2,297 61.0%	839 48.0%	1,301 63.0%	72 56.0%	15,252 43.0%

Source: 2000 CHAS data.

Priority Housing Needs (91.215 (b))

1. Identify the priority housing needs and activities in accordance with the categories specified in the Housing Needs Table (formerly Table 2A). These categories correspond with special tabulations of U.S. census data provided by HUD for the preparation of the Consolidated Plan.

Refer to Table 2A attached for the Maricopa HOME Consortium housing needs and activities to be undertaken from FY 2010 – FY 2014. Note that the needs component of Table 2A was prepared by extrapolating the CHAS special census runs for households 'with problems' by tenure, income category and household type for 2010 and 2015.

2. Provide an analysis of how the characteristics of the housing market and the severity of housing problems and needs of each category of residents provided the basis for determining the relative priority of each priority housing need category.

Note: Family and income types may be grouped in the case of closely related categories of residents where the analysis would apply to more than one family or income type.

Residential market conditions have changed substantially in Maricopa County and the Consortium service area over the last five years. Unemployment is high and rising, housing values have dropped by nearly 50% from their peak in 2006, foreclosures are at all time highs with no evidence of abating, homeowners are either over-leveraged or 'under-water' (loan value is higher than property value), investors are making bulk purchases of lower priced homes for rentals and rental vacancies are at all time highs. In light of these conditions, the following priorities have been established by the Consortium to achieve the following objectives:

- Preserve and strengthen the region's safety net by assigning (H)igh priorities to all renter households earning under 50% of the median. Consortium communities are equally concerned about the ability of elderly, small (2-4), large (>5) and other (< 2) person households earning under 50% MFI to tap rental support resources. Approaches include rental subsidies and new rental production or acquisition with or without rehabilitation. Efforts will include the use of rental subsidies, HOME, CDBG, LIHTC, tax exempt bonds and other state and federal resources needed to induce rental project development.
- With respect to Consortium homeowners, a H(igh) priority was assigned to all household categories earning 31-50% and 51-80% of the county median. With affordability substantially enhanced in light of major home value and purchase price reductions, households in these categories represent priorities for housing rehabilitation support in targeted areas, acquisition with or without rehabilitation and homeownership. For non-elderly, households earning less than 30% of the median, M(edium) priorities were assigned based on the inability of recipients to carry a new debt for acquisition and/or rehabilitation and successfully cover home operating expenses. In the case of elderly homeowners in this income category, there is a much greater likelihood that no mortgage debt is being carried. The Maricopa HOME Consortium is committed to homeownership to stabilize neighborhoods and foster opportunities for first-time buyers. Many Consortium members are experiencing neighborhood instability from comparatively high foreclosure activity and the serious erosion of homeowner equity. The resources anticipated to be used for prospective and new homeowners include CDBG, HOME, Maricopa County IDA MCCs and MRBs, first-time buyer tax credits under the federal stimulus bill, other federal resources, Arizona Department of Housing resources and local funds, etc.

3. Describe the basis for assigning the priority given to each category of priority needs.

Priorities were assigned based on a combination of factors that include: community input and comments received; research findings associated with the magnitude and type of need by households by tenure, income category and household type; and, the assessment of resources available to address needs by the Consortium in light of prevailing market conditions. The measurement of needs were depicted as either H(igh), (M)edium, (L)ow or N(one) consistent with HUD regulation explained earlier under 'Priority Needs Analysis and Strategies (91.215 (a))'.

4. Identify any obstacles to meeting underserved needs.

- ✓ The Consortium includes many local governments and each has its own individual needs, goals, priorities and political culture;
- ✓ Unfortunately, Maricopa County is at the top of the list in terms of foreclosure activity, and this is wreaking havoc on low- and moderate- income households and

- mandating increasing assistance to keep individuals and families in decent, safe and sanitary housing notwithstanding the preservation of neighborhoods throughout the geography of the Consortium;
- ✓ Since 2007 the unemployment rate in Maricopa County has doubled, rising from a seasonally adjusted rate of 3.4 % in January of 2007 to 7.9% presently. Construction employment is down almost 39% from its peak in '06. Unemployment is on the rise and there is no end in sight. This is causing great difficulties all households in Maricopa County, and especially those at the low- and moderate-income end.
- ✓ While significant declines in home values have enhanced affordability for low- and moderate- income consumers, many are over-leveraged and unable to tap prevailing market opportunities. Others are 'underwater' and they owe more on their properties than the loan on it.
- ✓ Historical population growth of the Valley has been quite rapid over the years, and has often motivated plan amendments. This is likely to recur once Maricopa County recovers at some point later in the planning period.
- ✓ Both the magnitude of the prevailing housing and neighborhood distress and anticipated future population growth suggest a sustained need for housing and community development resources beyond which are currently available to Consortium members.
- ✓ The extensive economic distress in Maricopa County is straining the local 'safety net' to the absolute limit, increasing the resource requirements for highly vulnerable persons 'at risk' of becoming homeless, actually homeless or those special need populations in need of supportive housing.

Housing Market Analysis (91.210)

*Please also refer to the Housing Market Analysis Table in the Needs.xls workbook

1. Based on information available to the jurisdiction, describe the significant characteristics of the housing market in terms of supply, demand, condition, and the cost of housing; the housing stock available to serve persons with disabilities; and to serve persons with HIV/AIDS and their families. Data on the housing market should include, to the extent information is available, an estimate of the number of vacant or abandoned buildings and whether units in these buildings are suitable for rehabilitation.

CPMP Version 1.3

Jurisdiction						
Housing Market Analysis <i>Complete cells in blue.</i>						
Housing Stock Inventory	Vacancy Rate	0 & 1 Bedroom	2 Bedrooms	3+ Bedrooms	Total	Standard Units
Affordability Mismatch						
Occupied Units: Renter		51,758	52,742	29,256	133,756	10,032
Occupied Units: Owner		14,550	95,501	258,569	368,620	27,647
Vacant Units: For Rent	9%	4,422	6,568	1,698	12,688	952
Vacant Units: For Sale	2%	562	2,709	4,840	8,111	608
Total Units Occupied & Vacant		71,292	157,520	294,363	523,175	39,238
Rents: Applicable FMRs (in \$)		677	817	1,190		
Rent Affordable at 30% of 50% of Public Housing Units		549	658	761		
Public Housing Units						
Occupied Units		203	474	621	1,298	0
Vacant Units		11	18	30	59	55
Total Units Occupied & Vacant		214	492	651	1,357	55
Rehabilitation Needs (in \$)		\$133,672,500	\$295,350,000	\$551,930,625	\$980,953,125	

The table above is the Housing Market Analysis Table in the Needs.xls workbook with 2000 data adjusted for the current membership of the Maricopa HOME Consortium, and it

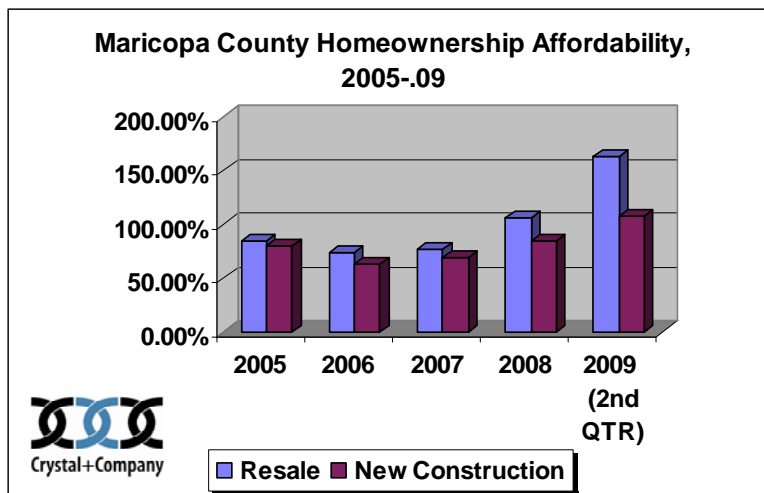
assumes that 7.5% of the housing inventory is substandard or 'at risk' requiring an average of \$25,000 per unit to resolve. The inventory shown is that occupied by households earning less than 80% MFI. More current estimates of the number of vacant or abandoned buildings drawn from HUD NSP data used to allocate funds was 26,700 as of June of 2008. Some units are suitable for rehabilitation and some are not, however, on-site surveys have not been undertaken to establish exact counts.

Market trends in the homeownership market are very evident from the housing affordability index generated by the Arizona State University Center For Realty Studies. This index measures the ability of households earning the median income in Maricopa County to afford the median priced dwelling for resale and newly constructed units. The higher the index the more affordable the inventory to the consumer, and vice-versa. With static median income and comparatively low prevailing interest rates, affordability has doubled for resale since 2005 and risen 35% for new construction. The steady stream of foreclosures into the Maricopa county market continues to maintain the unsold inventory at high levels thereby placing downward pressure on sale values. This has greatly enhanced affordability for households in all income categories. It is likely we are near the bottom concerning falling home values, and pricing is likely to rise at moderate levels later in the planning period.

MARICOPA COUNTY NEW AND RESALE AFFORDABILITY INDEX, 2005 - 2009 (2nd QTR)


Crystal+Company YEAR	MEDIAN GROSS INCOME	EFFECTIVE INTEREST RATE	RESALE HOUSING		NEW CONSTRUCTION	
			MEDIAN SALES PRICE	RESALE AFFORDABILITY INDEX	MEDIAN SALES PRICE	NEW CONSTR. AFFORDABILITY INDEX
MARICOPA COUNTY						
2005	\$4,190	5.70%	\$240,500	84.00%	\$251,795	80.00%
2006	\$4,260	6.20%	\$260,600	74.00%	\$306,355	63.00%
2007	\$4,310	6.20%	\$255,000	77.00%	\$285,085	69.00%
2008	\$4,360	6.30%	\$186,000	106.00%	\$235,960	84.00%
2009 (2nd QTR)	\$4,390	5.30%	\$136,000	163.00%	\$205,480	108.00%
% Change ('05-'09)	4.8%	-7.0%	-43.5%	94.0%	-18.4%	35.0%

Source: Arizona Real Estate Center, Tempe, Arizona, 2009.



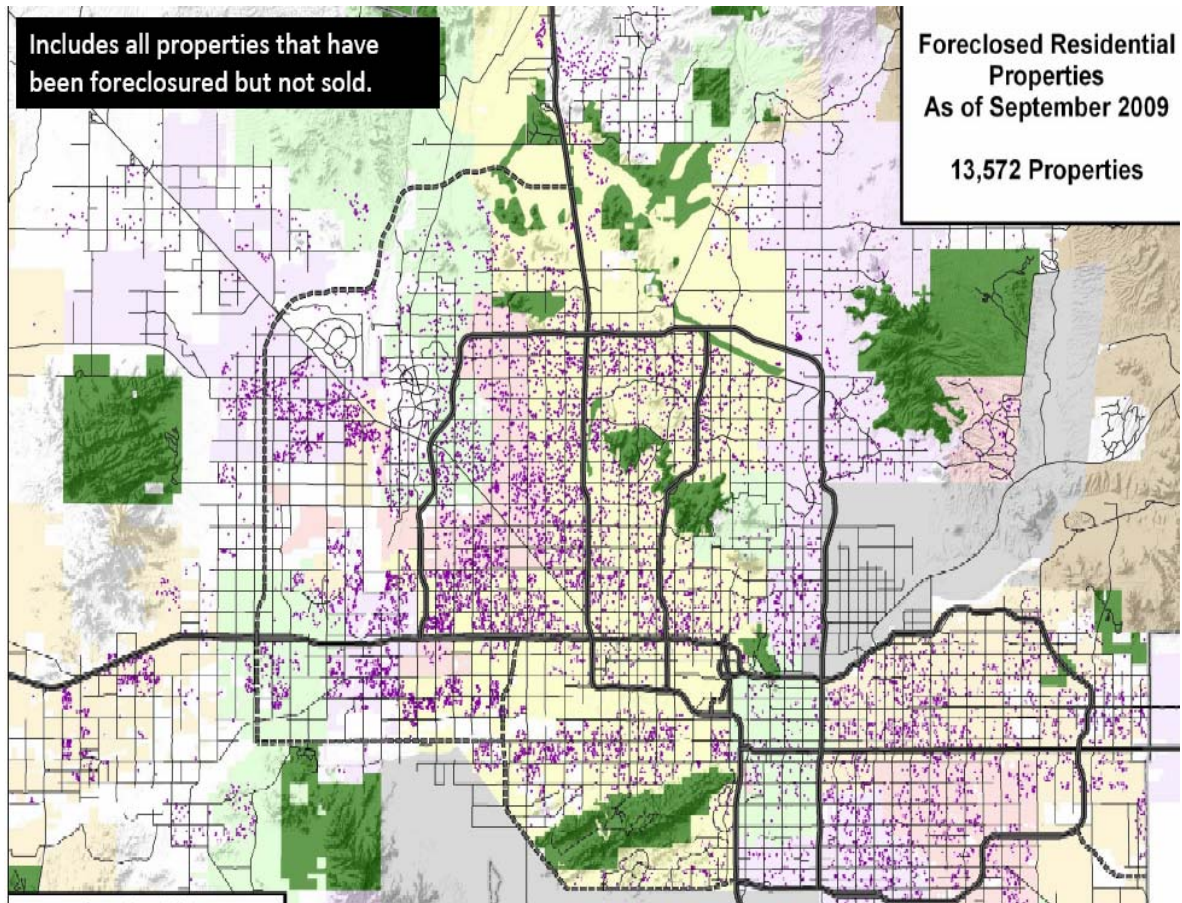
HUD Neighborhood Stabilization program data in the table below offers some great insights into the magnitude of distress evident in the Maricopa HOME Consortium. At the peak of the housing bubble from 2004 – '06, 110,204 or 25% of all loans originated in the region were 'high cost' inferring subprime per HUD definitions, reinforcing the likelihood of an extended recovery. In addition, it is estimated that approximately 27,000 homes were vacant in June of '08 and it is unlikely that this number has declined substantially to date given prevailing market conditions.

Neighborhood Stabilization Factors, 2008

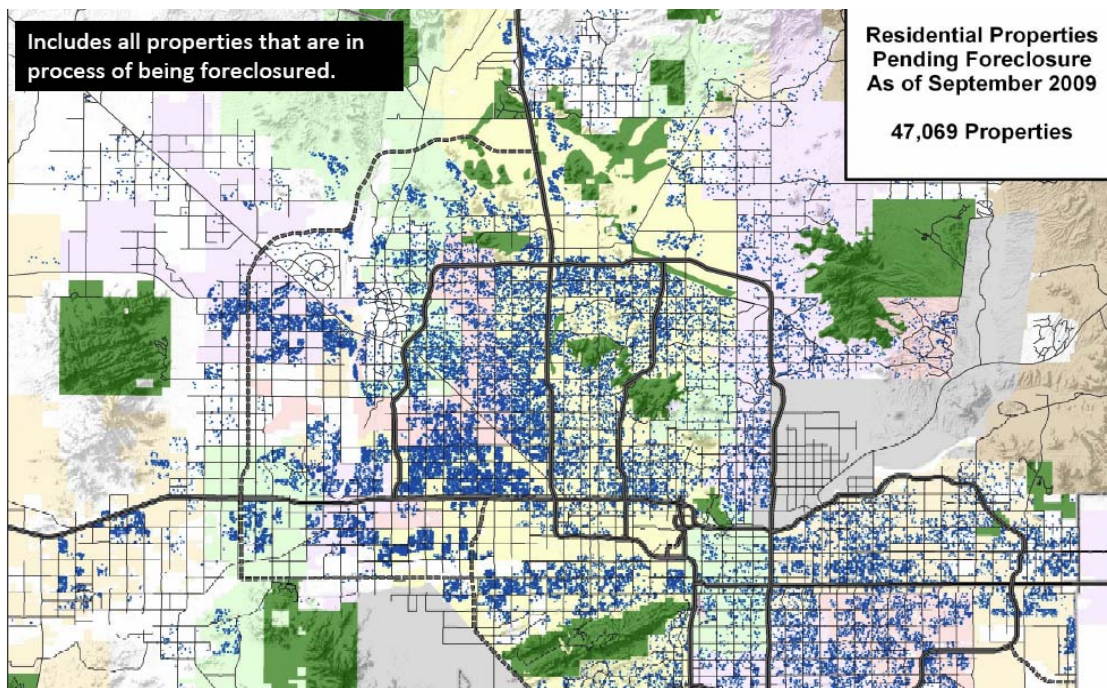
	Total Dwelling Unis	Est. Foreclosures 2nd QTR '08	Est. Number of Mortgages	Est. Foreclosure Rate/June '08	90 Day Resid. Vacancies June'08	Total Resid. Addresses	Est. 90 Day Vacancy Rate June '08	Total High Cost (Subprime) Loans Originated From '04 - '06	Total Loans Originated From '04 - '06	Est. High Cost Loan Rate
Maricopa County	1,133,048	59,309	1,026,415	5.8%	67,172	1,529,803	4.4%	220,633	773,619	28.5%
Maricopa Home Consortia	520,234	29,463	589,336	5.0%	26,696	795,755	3.4%	110,204	444,187	24.8%

Source: US Department of HUD, 2009.

Note the distribution of foreclosures throughout Maricopa County and the Consortium on the following map.



Consider the prospects for future foreclosures drawn from the map below.



Rental market conditions in Maricopa County and throughout the Consortium vary considerably, but are presently quite 'soft'. According to Realdatab, Inc, multi-family vacancy rates for 50 - 99 and 100+ unit apartment properties are averaging about 13.0 – 14.0% in the second quarter of '09 with very limited upward pressure on rental rates. Rental rates are presently hovering from \$.80 to \$.93/sq ft. Several key factors have and are anticipated to continue to affect rental market conditions for typical apartment properties in the Valley for low- and moderate- income persons:


- Recent State of Arizona immigration policy and high unemployment levels have caused the substantial emigration of temporary workers and their families out of the region, thereby lowering the demand for rentals at the lower price points;
- The current and anticipated conversion of homeowners into renters from foreclosure and the loss of home equity are causing lower income households to double-up and/or rent an abundant supply of single-family and townhomes/condos;
- According to the Cromford Report, investors are purchasing sizeable quantities of lower-priced, single family properties for investment (rental) purposes, and often paying cash. For lower priced properties under \$100,000, it is estimated that as many as 65% of recent purchases (2nd QTR of '09) were investors; and,
- Likely future federal policies to assist homeowners to remain in their homes through possible lease-purchase scenarios.
- The Arizona Blue Chip forecast in the 3rd QTR of 2009 predicts only 1,450 multi-family permits for the year, down from 6,350 in 2008. Going forward, only 1,650 permits are projected in 2010 and 2,480 in 2011.
- Multi-family vacancy rates are currently estimated at 12.5%, up from 10% in 2008. No real change in vacancy rates are anticipated in either 2010 or 2011.

2. Describe the number and targeting (income level and type of household served) of units currently assisted by local, state, or federally funded programs, and an

assessment of whether any such units are expected to be lost from the assisted housing inventory for any reason, (i.e. expiration of Section 8 contracts).

The table below presents the number and targeting by income level and type of households being assisted with most assisted housing programs. Currently, two HUD Section 236 projects are anticipated to be lost to the assisted housing inventory. The first is in Scottsdale at Hacienda De Los Arcos, 7529 E Culver with a loan maturity date of 4/1/14, and the second is in Chandler at the Hartford Apartments at 580 West Galveston with a loan maturity date of 5/1/12. These two projects represent the loss of two deeply subsidized projects for persons predominantly earning under 30% of the median.

ESTIMATED MARICOPA HOME CONSORTIUM
ASSISTED HOUSING INVENTORY BY INCOME AND CLIENT TYPE

PROGRAM TYPE 	NUMBER OF UNITS	ESTIMATED INCOME	CLIENT TYPE
Public Housing	1,316	Less Than 50% AMI	All
Section 8 VC (survey)	4,914	Up to 50% AMI	All
Section 8 Moderate Rehab	0	Up to 50% AMI	All
Project Based Section 8, 202 or 811	1,472	Up to 50% AMI	All
Section 236	721	Less Than 50% AMI	All
Other FHA Management Units	1,083	Up to 80% AMI	All
Low Income Housing Tax Credit Units 1/	4,851	Up to 60% AMI	All

Source: US Dept. of HUD, 2009.

1/ Total LIHTC units of 4,972.

- Indicate how the characteristics of the housing market will influence the use of funds made available for rental assistance, production of new units, rehabilitation of old units, or acquisition of existing units. Please note, the goal of affordable housing is not met by beds in nursing homes.

The comparatively high incidence of foreclosure, increasing level of unemployment, serious loss of homeowner equity and over-leveraged consumers are stressing the preservation of the safety net in the Maricopa HOME Consortium and fostering increased actions to preserve neighborhoods throughout the region. Those at the lowest income level with or without special needs are the most vulnerable.

The maintenance of the safety net is critical and policies associated with the provision of rental subsidies are key. Members of the Maricopa HOME Consortium continue to provide rental support to individuals and families at the lowest income categories and incorporate preferences for homeless and disabled persons. These policies continue to preserve the safety net, and the Maricopa County PHA will continue to assess its policy over time for refinements needed relative to future market conditions.

All Consortium members are struggling with high apartment vacancy rates and downward pressure on rental rates. These factors have resulted from the combined affects of investors purchasing lower-priced single family dwellings for rental purposes and State of Arizona immigration policy (and high unemployment levels) motivating the substantial emigration of temporary workers and their families out of the region. In addition, foreclosures are occurring associated with multi-family properties.

As a result, Consortium members continue to assess possibilities associated with rental acquisition with or without rehabilitation and new rental production. Opportunities vary with each unique market area. As appropriate, members will continue to explore

opportunities to marshal HOME, CDBG, LIHTC-TCAP, tax-exempt and private financing, ADOH resources and other local resources, etc to stimulate production pursuant to local priorities, objectives and governing body approvals.

With respect to targeted homeowner housing rehabilitation efforts, Consortium members will continue to commit resources pursuant to local objectives in order to address the increasing incidence of neighborhood instability brought about by high levels of foreclosure, abandonment, unemployment and elimination of homeowner equity.

Consortium members continue to support the provision of prudent downpayment/closing cost programs for qualified first-time buyers. Market conditions are exceptionally well-suited for these buyers, and members mandate homeownership counseling as well as some downpayment injection on the part of the borrowers.

3-5 Year Strategic Plan Housing Market Analysis responses:

Specific Housing Objectives (91.215 (b))

1. Describe the priorities and specific objectives the jurisdiction hopes to achieve over a specified time period.
2. Describe how Federal, State, and local public and private sector resources that are reasonably expected to be available will be used to address identified needs for the period covered by the strategic plan.

3-5 Year Strategic Plan Specific Housing Objectives response:

The specific priorities, measureable goals and funding sources to be used by the Maricopa HOME Consortium for affordable housing objectives are included on HUD Table 2A attached and are summarized below. They are derived from five- and one- year housing and community development plans prepared by each Consortium member.

Consortium members intend on using rental subsidies (public housing and Section 8), HOME, CDBG and ADOH resources for rental program support. Members may utilize LIHTC, tax-exempt bonds and ADOH resources for larger scale apartment acquisition with or without rehabilitation or new rental production. Some rental production may also be achieved through NSP resources.

Both HOME and CDBG resources are anticipated for primary use for housing rehabilitation with or without acquisition, and NSP will be used by Maricopa County, Chandler, and Glendale, Avondale, Surprise and other successful applicants in the region going forward. For homeownership programs, Consortium members will utilize both HOME and possible CDBG for NSP. Supplemental resources will be derived from Mortgage Revenue Bond financing and Mortgage Credit Certificate support. It is anticipated that all mortgage financing will be FHA-insured.

Needs of Public Housing (91.210 (b))

In cooperation with the public housing agency or agencies located within its boundaries, describe the needs of public housing, including the number of public housing units in the jurisdiction, the physical condition of such units, the restoration and revitalization needs of public housing projects within the jurisdiction, and other factors, including the number of families on public housing and tenant-based waiting lists and results from the Section 504 needs assessment of public housing projects

located within its boundaries (i.e. assessment of needs of tenants and applicants on waiting list for accessible units as required by 24 CFR 8.25). The public housing agency and jurisdiction can use the optional Priority Public Housing Needs Table (formerly Table 4) of the Consolidated Plan to identify priority public housing need to assist in this process.

3-5 Year Strategic Plan Needs of Public Housing response:

The table below indicates the status and needs associated with Consortium Public Housing Agencies operating within the service area.

(survey in progress)

CURRENT MARICOPA HOME CONSORTIUM HOUSING AUTHORITY
INVENTORY, OCCUPANCY, WAITING LIST AND CONDITION LEVELS

PROGRAM TYPE	HUD PROJ. NUMBER	SECTION 8 VOUCHERS & MOD REHAB				
		NO. OF UNITS	PERCENT OCCUPIED	NO. ON LIST	WAITING TIME (MOS)	LIST STATUS (OPEN/CLOSED)
CITY OF GLENDALE	AZ 003	1,054				
MARICOPA COUNTY	AZ 009	1,481				
CITY OF CHANDLER	AZ 028	480				
CITY OF TEMPE	AZ 031	1,082				
CITY OF SCOTTSDALE	AZ 032	735				
CITY OF PEORIA	AZ 038	70				
TOTAL/AVERAGE		4,902				

Sources: Local surveys and HUD.

CURRENT MARICOPA HOME CONSORTIUM HOUSING AUTHORITY
INVENTORY, OCCUPANCY, WAITING LIST AND CONDITION LEVELS

PROGRAM TYPE	PUBLIC HOUSING UNITS								
	HUD PROJ. NUMBER	NO. OF UNITS	PERCENT OCCUPIED	UNITS NEEDING MOD. REPAIR. (%)	SEC 504. NEEDS (\$)	COMPR. GRANT PARTICIP. (UNITS)	NO. ON WAITING LIST	WAITING TIME (MOS)	LIST STATUS (OPEN/CLOSED)
CITY OF GLENDALE	AZ 003	155							0
MARICOPA COUNTY	AZ 009	788							
CITY OF CHANDLER	AZ 028	303							0
CITY OF TEMPE	AZ 031	0							
CITY OF SCOTTSDALE	AZ 032	0							
CITY OF PEORIA	AZ 038	82							0
TOTAL/AVERAGE		1,328							

Sources: Local surveys and HUD.

Public Housing Strategy (91.210)

1. Describe the public housing agency's strategy to serve the needs of extremely low-income, low-income, and moderate-income families residing in the jurisdiction served by the public housing agency (including families on the public housing and section 8 tenant-based waiting list), the public housing agency's strategy for addressing the revitalization and restoration needs of public housing projects within the jurisdiction and improving the management and operation of such public housing, and the public housing agency's strategy for improving the

living environment of extremely low-income, low-income, and moderate families residing in public housing.

2. Describe the manner in which the plan of the jurisdiction will help address the needs of public housing and activities it will undertake to encourage public housing residents to become more involved in management and participate in homeownership. (NAHA Sec. 105 (b)(11) and (91.215 (k))

Expand the supply of assisted housing and decent, safe and sanitary housing.

- ✓ **Procure more rental vouchers as/if available;**
- ✓ **Keep housing vacancies at low levels;**
- ✓ **Leverage private or other public funds to create additional housing opportunities; and,**
- ✓ **Foster the development of special needs housing.**

Enhance the quality and condition of assisted housing.

- ✓ **Renovate or modernize public housing units as funding become available;**
- ✓ **Demolish or eliminate obsolete public housing;**
- ✓ **Improve the curb appeal of public housing developments by upgrading landscaping at all sites, painting periodically, upgrading the HVAC systems as needed and other modernization actions appropriate;**
- ✓ **Seek to reduce crime in all facilities;**
- ✓ **Continue to foster an appealing and modernized environment in all developments;**
- ✓ **Continue to expeditiously respond to routine and emergency work orders; and,**
- ✓ **Continue to strengthen comprehensive project design plans for all conventional public housing developments.**

Enhance assisted housing choice in the Maricopa HOME Consortium.

- ✓ **Continue to render voucher lease-up support;**
- ✓ **Continue to strengthen outreach efforts to potential voucher landlords; and,**
- ✓ **Continue expanding homeownership programs.**

Enhance self-sufficiency and asset development for assisted households.

- ✓ **Foster the provision of supportive services to improve client employability;**
- ✓ **Foster the provision of supportive services to increase independence for the elderly, formerly homeless, veterans or families with disabilities;**
- ✓ **Continue to aid resident organizations in strengthening their viability;**
- ✓ **Foster the voluntarily move of families from assisted to unassisted housing; and,**
- ✓ **Continue to increase the volume of TANF residents that are working or engaged in job training.**

Increase the number of assisted units available for clients in need.

- ✓ **Minimize the number of public housing units off-line;**
- ✓ **Continue to reduce the turnover time for vacated public housing units;**
- ✓ **Continue to expeditiously renovate public housing units as needed;**
- ✓ **Continue to provide expeditious section 8 lease-up rates; and,**
- ✓ **Continue to increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentrations.**

Focus assisted housing support in response to community needs.

- ✓ Continue to emphasize support for individuals and families earning at or below 30% AMI as well as from 31-50% AMI. Focus available assistance to families at or below 30 % of AMI;
- ✓ Continue to employ admissions preferences aimed at families who are working;
- ✓ Sustain rent policies to support and encourage work;
- ✓ Target available assistance to the elderly, veterans, disabled and homeless clientele; and,
- ✓ Apply for special-purpose vouchers targeted as they become available.

Continue to render assistance for families with disabilities. Actions from FY 2010 through 2014 may include, but not be limited to the following.

- ✓ Continue to render modifications as needed in public housing based on the Section 504 Needs Assessments;
- ✓ Pursue special-purpose vouchers targeted to families with disabilities, as they become available; and,
- ✓ Affirmatively market ADA compliant housing to local non-profit agencies that assist families with disabilities.

3. If the public housing agency is designated as "troubled" by HUD or otherwise is performing poorly, the jurisdiction shall describe the manner in which it will provide financial or other assistance in improving its operations to remove such designation. (NAHA Sec. 105 (g))

A review of the relevant PHA scores on the HUD Assisted Housing profiles for Housing Authorities who are members of the Maricopa HOME Consortium indicate no designations as being 'troubled'. Regardless, refer to relevant member Consolidated Plans for all applicable information.

3-5 Year Strategic Plan Public Housing Strategy response:

Barriers to Affordable Housing (91.210 (e) and 91.215 (f))

1. Explain whether the cost of housing or the incentives to develop, maintain, or improve affordable housing are affected by public policies, particularly those of the local jurisdiction. Such policies include tax policy affecting land and other property, land use controls, zoning ordinances, building codes, fees and charges, growth limits, and policies that affect the return on residential investment.

According the State of Housing In Arizona, 2000 prepared under the auspices of the State Housing Commission, the contribution of various cost components to overall affordable residential development (non-profit sponsor) by type is presented in the following table. These contributions will vary with market conditions. The information contained within this table for single-family development are based on non-profit sponsored urban and rural subdivisions, and based on a 100 unit LIHTC project in the urbanized areas of Tucson. The non-profit cost analysis represents a direct impact to affordable housing production within the study area.

STATE OF ARIZONA NON-PROFIT
HOUSING COST MODEL

COST COMPONENT	SINGLE-FAMILY	MULTI-FAMILY
Construction Materials and Labor	59.6%	70%
Site Acquisition & Improv.	21.6%	5.8%
Profit/Dev. Fee	4%	4.1%
Builder Overhead	7.9%	8.1%
Governmental Fees	3.2%	3.6%
Governmental Taxes	3.7%	n/a
Interim Interest	n/a	2.4%
Inspections/Insurance/Bonds	n/a	1.1%
Transaction Expenses	n/a	2.7%
Closing Costs/a	n/a	n/a
Professional Fees	n/a	2.4%

Source: The State of Housing In Arizona, 2000.

2. Describe the strategy to remove or ameliorate negative effects of public policies that serve as barriers to affordable housing, except that, if a State requires a unit of general local government to submit a regulatory barrier assessment that is substantially equivalent to the information required under this part, as determined by HUD, the unit of general local government may submit that assessment to HUD and it shall be considered to have complied with this requirement.

Members of the Maricopa HOME Consortium may undertake the following actions foster the removal of barriers for affordable housing production in the service area, and such actions will vary over the planning period.

- ✓ Continue to waive or abate permitting and development fees for priority affordable housing development and targeted redevelopment approved by local governing bodies.
- ✓ Continue to assess local zoning, subdivision, zoning and impact fees to foster affordable housing production pursuant to priorities set by local governing bodies.
- ✓ Continue to grant density bonuses, clustering, rezoning of vacant land, flexible setback requirements, adaptive re-use, inclusionary zoning and other incentives to priority affordable housing projects for production and preservation.
- ✓ Work with the State Housing Commission to ensure that current and existing growth planning controls foster needed affordable production.
- ✓ Continue to implement expedited permit processing for priority affordable housing production.
- ✓ Encourage municipal and county IDAs to allocate surplus revenues for locally identified affordable housing and revitalization priorities and uses by agreement with local governing bodies. Encourage reporting outlined under ARS 35-728(A)(4) be submitted to local governing bodies.
- ✓ Continue to monitor and update building codes to provide for cost effective construction and quality manufactured housing development.
- ✓ Aggressively implement the slumlord statute to identify and remedy projects out of compliance, thereby enhancing and preserving the existing supply of multi-family units.

- ✓ Consistent with local priorities, foster the quality siting of manufactured housing.
- ✓ Promote the use of alternative labor in housing programs through self help initiatives.
- ✓ Continue to foster the use of alternative building materials.
- ✓ Continue to inventory surplus local and county land and improvements for their use in affordable housing production. Execute land banking where prudent and feasible pursuant to local objectives.
- ✓ Continue to investigate the feasibility of enacting impact fee exemptions, or partial abatements, for priority non-profit sponsored residential development for persons earning up to 80% MFI and priority profit-sponsored residential development for benefiting the lowest income consumer possible in light of individual market conditions and personal income within a given jurisdiction.
- ✓ Work with the State Housing Commission to explore state statutes that authorize tax increment financing, alter the commercial lease excise tax for more favorable provisions for affordable residential and affirms the exemption of nonprofits from sales and property tax provisions.
- ✓ Establish a dialogue with the Maricopa IDA leading toward the initiation of demonstration multi-family initiatives utilizing the HUD 542 risk sharing and LIHTC programs, joint funding for multi-family and homeless/supportive housing development, public purpose provisions associated with multi-family refundings, etc.
- ✓ Establish a dialogue with the Maricopa IDA leading toward the initiation of joint funding for affordable single-family housing production, sustained reporting on bond financing activity to the Consortium and single-family MRB project structuring addressing member objectives.

HOMELESS

Homeless Needs (91.205 (b) and 91.215 (c))

*Please also refer to the Homeless Needs Table in the Needs.xls workbook

Homeless Needs— The jurisdiction must provide a concise summary of the nature and extent of homelessness in the jurisdiction, (including rural homelessness and chronic homelessness where applicable), addressing separately the need for facilities and services for homeless persons and homeless families with children, both sheltered and unsheltered, and homeless subpopulations, in accordance with Table 1A. The summary must include the characteristics and needs of low-income individuals and children, (especially extremely low-income) who are currently housed but are at imminent risk of either residing in shelters or becoming unsheltered. In addition, to the extent information is available, the plan must include a description of the nature and extent of homelessness by racial and ethnic group. A quantitative analysis is not required. If a jurisdiction provides estimates of the at-risk population(s), it should also include a description of the operational definition of the at-risk group and the methodology used to generate the estimates.

3-5 Year Strategic Plan Homeless Needs response:

Enclosed find detailed information concerning the status of homelessness in Maricopa County (refer to HUD Table 1A) and those earning under 30% of median and 'at risk' of homelessness (refer to HUD Table 2A).

Regional HUD Continuum of Care programs across the U.S. guide the annual application process and investment of McKinney-Vento funds. While the Maricopa Association of Governments (MAG) administers the Continuum of Care process in Maricopa County, and as such, annually prepares the Regional Plan To End Homelessness, the MAG Regional Continuum of Care Committee on Homelessness provides policy direction and leadership on homeless issues. The Department of Economic Security, Office of the Homeless Coordinator, also annually prepares the Current Status of Homelessness In Arizona. Information contained in HUD Table 1A attached and in this report are derived from the most recent releases of both of these documents. The information tends to be regional in nature, however data on street counts is specifically available for Consortium service area.

Estimates of homeless counts in Maricopa County vary, yet consider the following sources for an insight into current estimates:

- (1) According to the Regional Plan to End Homelessness, 2009, combining the street and shelter count numbers with the number of people doubled up results in 13,315 homeless people in the MAG region during one point-in-time in January of 2008; and,
- (2) According to the 2008 Homeless Street Count data on January 29, there were 450 homeless individuals living on the streets in the Consortium service area at any given point-in-time and 138 (30% of total) of them were chronically homeless of which most (80%) were males.

Noted earlier, HUD Table 1A attached provides detailed information about homeless persons, families, gaps, services and facilities estimated in Maricopa County. Since homelessness is an accepted regional issue across the U.S., need estimates are derived from countywide needs and gaps in services and the facilities inventory. Programmatic and numerical goals for the Consortia service area have been devised in light of the fact that it constitutes a 47% share of the total Maricopa County population.

The population 'at risk' of being homeless is depicted on Table 2A attached and includes both renter and owner households earning under 30% of the median that are severely cost burdened or paying over 50% of their income for housing. In 2010, it is estimated that up to 20,500 renters and 15,750 homeowners are 'at risk' in the Consortium.

Priority Homeless Needs

1. Using the results of the Continuum of Care planning process, identify the jurisdiction's homeless and homeless prevention priorities specified in Table 1A, the Homeless and Special Needs Populations Chart. The description of the jurisdiction's choice of priority needs and allocation priorities must be based on reliable data meeting HUD standards and should reflect the required consultation with homeless assistance providers, homeless persons, and other concerned citizens regarding the needs of homeless families with children and individuals. The jurisdiction must provide an analysis of how the needs of each category of residents provided the basis for determining the relative priority of each priority homeless need category. A separate brief narrative should be directed to addressing gaps in services and housing for the sheltered and unsheltered chronic homeless.
2. A community should give a high priority to chronically homeless persons, where the jurisdiction identifies sheltered and unsheltered chronic homeless persons in its Homeless Needs Table - Homeless Populations and Subpopulations.

3-5 Year Strategic Plan Priority Homeless Needs response:

High unemployment, foreclosure and evictions are important issues facing Maricopa HOME Consortium members. Refer to Table 1A attached for required needs based information on the Consortium share of Maricopa County population (47%).

Members of the Maricopa HOME Consortium embrace the ongoing commitment and efforts by the Maricopa Association of Governments to continually refine and strengthen the Continuum of Care process, designed to address homelessness throughout Maricopa County. All localities throughout the Consortium region are committed to a year-round process in the Valley to identify and address critical homeless issues and needs, and ultimately eradicate the problem. All Consortium members will continue to actively participate in the regional continuum process spearheaded by MAG. Note the following Maricopa HOME Consortium priorities:

- ✓ **Emergency Shelter Facilities** - This activity is assigned a Medium priority for families and individuals. The information contained on Table 1A indicates that emergency shelter facilities in Maricopa County compared to other facilities are well funded in relation to need. It is estimated that approximately 1,327 (beds) in unmet need is evident based an existing inventory of 2,694 beds for both individuals and families. There continues to be a need for emergency facilities serving homeless individuals, often beset by substance abuse, mental illness, HIV, inadequate discharge by the correctional system, or combinations thereof. Emergency shelter facilities are often regional in nature and thus a countywide focus is employed by the Maricopa HOME Consortium members. Funding priorities include needed supportive services, operations support and facility acquisition/rehabilitation. Consortium members are committed to assisting existing facilities inside and outside of their jurisdiction. Support for new and existing emergency shelter facilities will be provided subject to the unique and changing needs of providers with respect to financing for operations assistance, needed supportive services and facility acquisition and/or rehabilitation.
- ✓ **Transitional Shelter Facilities** - This activity is assigned a High priority for families and individuals as reflected on HUD Table 1A. Currently, it is estimated there is an unmet need of 1,998 transitional beds equally distributed among individuals and families. The need for transitional facilities serving homeless individuals and families often beset by substance abuse, mental illness, HIV, other problems, or combinations thereof, represent both regional and Consortium service area needs. Support to be provided is subject to the unique and changing needs of providers with respect to operations assistance, supportive services and facility acquisition and/or rehabilitation.
- ✓ **Permanent Supportive Housing** - This activity is assigned a High priority for individuals and high for families. Current inventories of permanent supportive housing facilities like Single Room Occupancy (SRO) facilities within the Maricopa HOME Consortium service area are not widely available, but permanent housing with care are significant under federal leased housing activities like Shelter Plus Care and the Supportive Housing programs. Shelter provided with supportive services may be supported by the Consortium subject to: (1) the degree to which activities foster the development of a long-term, cost-effective and reliable housing stock for clients in need coupled with appropriate services; (2) the cost-effective operation of the stock; and, (3) service models that maximize the ultimate self-sufficiency of clients to return to society.
- ✓ **Prevention of Homelessness** - This activity is deemed to be a High priority for both individuals and families. The Maricopa HOME Consortium believes a highly cost effective means to address homelessness is through prevention mechanisms.

Presently addressed through short-term rental/foreclosure aid coupled with needed supportive services (employment and training, information and referral, crisis counseling, day care, etc.) administered by the Maricopa County Human Services Department through a variety of Community Action Agencies and other non-profit entities in the region. Presently, some Consortium members (Chandler, Glendale, Tempe and Maricopa County) are executing prevention efforts through HPRP for short- and medium- term rental assistance, security and utility deposits and payments, moving cost assistance and/or hotel/motel voucher program support for clients in need.

- ✓ **Chronic Homelessness (for Sheltered and Unsheltered)** - In order to assist persons who have been on the streets for a significant period of time, trust must be developed through consistent outreach efforts, and permanent housing with supportive services must be provided. Persons suffering from mental illness and substance abuse have difficulty functioning in congregate shelters, preferring life on the streets to the overwhelming environment of a congregate shelter. In order to assist this population, it is critical to offer services that they feel comfortable participating in. Instead of providing temporary shelter while working with the client to make them “housing ready housing can be provided immediately, and followed by supportive services. Both the Maricopa HOME Consortia and the Continuum of Care Committee repeatedly identify ending chronic homelessness as a high priority. Strategies to end chronic homelessness include: Improving data collection methods for counting and tracking chronically homeless persons; increasing housing options for chronically homeless persons living on the streets; streamlining services and revising plans to be more adaptive to the needs of chronically homeless people; and increasing client engagement.

A survey of Maricopa County Human Services personnel and local members outlined the following programs to address homelessness and those ‘at risk’ over the planning period (FY 2010-’14):

- Received and administered by the Chandler, Glendale, Maricopa County and Tempe the HPRP stimulus program provides short- and medium- term rental assistance, security and utility deposits and payments, moving cost assistance and/or hotel/motel voucher program support to clients in need;
- The provision of case management, outreach, housing search and placement, legal services mediation and credit repair services to foster needed housing relocation and stabilization for clients under the HPRP program;
- On an ongoing basis provide Community Action Agency programs through Consortium CAP Agencies and the Maricopa Department of Human Services. These services include but are not limited to: utility payments and deposits, mortgage payments to prevent eviction, and first month’s rent payment and rental deposit payments for those who are homeless. These services are rendered through local offices scattered throughout the Consortium service area.
- Continue to render the Healthcare For The Homeless Program through the Maricopa County Department of Public Health. This program provides health care services for homeless individuals and families throughout Maricopa County. It is provided through the delivery of quality health care to homeless people through street outreach, integrated primary care, mental health services, substance abuse services, case management, and nutrition services.
- Continue to render other outreach/prevention efforts administered by other Consortium members.
- The continuing commitment by Consortium members of HOME, ESG, CDBG, general fund and other local resources to support key emergency, transitional and permanent housing facilities in addition to needed support services for clients in or cycling through homelessness.

- Continuation of preferences for homeless persons (subject to verification) on the Public Housing Authority Section 8 Waiting Lists in the Consortium.
- Encourage Housing First programs that are enriched with comprehensive social services.
- Encourage the development and implementation of Housing First units for homeless individuals and families.
- Continue to provide rental housing to people that are very low income (<30% MFI) to prevent homelessness.
- Continue to render the Healthcare For The Homeless Program through the Maricopa County Department of Public Health. This program provides health care services for homeless individuals and families throughout Maricopa County. It is provided through the delivery of quality health care to homeless people through street outreach, integrated primary care, mental health services, substance abuse services, case management, and nutrition services.

Homeless Inventory (91.210 (c))

The jurisdiction shall provide a concise summary of the existing facilities and services (including a brief inventory) that assist homeless persons and families with children and subpopulations identified in Table 1A. These include outreach and assessment, emergency shelters and services, transitional housing, permanent supportive housing, access to permanent housing, and activities to prevent low-income individuals and families with children (especially extremely low-income) from becoming homeless. The jurisdiction can use the optional Continuum of Care Housing Activity Chart and Service Activity Chart to meet this requirement.

3-5 Year Strategic Plan Homeless Inventory response:

Referred to earlier, HUD Table 1A attached provides detailed information about homeless persons, families, gaps, services and facilities estimated in the Maricopa HOME Consortium. Realizing the Consortium share of Maricopa County population is 47%, note that the current inventory of existing facilities in Maricopa County are as follows:

- ✓ 2,694 Emergency Beds (for individuals and families)
- ✓ 2,999 Transitional Beds (for individuals and families) with 181 under development
- ✓ 2,523 Permanent Supportive Housing Beds (for individuals and families) with 200 under development

Homeless services presently provided in the Consortium include:

- **Emergency Shelter Services** – In addition to the 2,694 Emergency beds available for individuals and families in the Consortium, related service are provided that include case management, basic life skills, clothing, meals, child care, parenting skills, legal services, pre-employment counseling, employment assistance, and transportation. The primary providers of emergency shelter are Central Arizona Shelter Services, United Methodist Outreach Ministries, The Salvation Army, Phoenix Rescue Mission, and La Mesita, etc. They are augmented by pocket shelters, which are located primarily in church buildings. Domestic violence shelters such as New Life Shelter, Villa de Fidelis, Autumn House, Chrysalis, Sojourner Center, and the Community Action Agencies' hotel voucher programs also contribute to the stock of emergency shelter beds in the County. From December through March each year, a period of cold temperatures in the desert, the winter overflow shelter funded by the City of Phoenix and the Department of Economic Security provides additional emergency beds.

- **Transitional Shelter Services** – In addition to the 2,999 Transitional beds available for individuals and families in the Consortium, related services are provided that include case management, meals, clothing, medical/dental care, advocacy, child care, counseling, basic living and parenting skills, housing search/relocation, job training, employment assistance, financial assistance, money management, and continuing education. Among the major providers of transitional housing in Maricopa County are Homeward Bound, The Bridge, Toby House, Save the Family, United Methodist Outreach Ministries, Labor's Community Service Agency, the Young Women's Christian Association, and The Salvation Army. Additional shelters offer twenty or fewer transitional beds. Transitional housing is primarily available to families, including victims of domestic violence and their children. The Salvation Army, Transitional Living Communities and the Dana Center operate transitional housing programs for substance abusing persons, most of whom are homeless men. Limited transitional housing is available for other populations. Southwest Behavioral Health Services and StarGate Village provide transitional shelter. The Phoenix Shanti Group serves homeless persons with HIV/AIDS. Runaway or homeless youth can find resources at Tumbleweed and HomeBase Youth Services.

- **Permanent Supportive Housing Services** - In addition to the 2,523 Permanent beds available for individuals and families in the Consortium, related services are provided that include case management, clothing, medical/dental care, advocacy, child care, counseling, basic living and parenting skills, job training, employment assistance, financial assistance, money management, and continuing education. A substantial portion of support is rendered to seriously mentally ill and/or dually diagnosed through rental vouchers funded by the Supportive Housing Program or Shelter + Care programs and appropriate services are provided for these target groups. Providers include a host of non-profit entities supported through the Arizona Department of Health Services – Division of Behavioral Health and their Regional Behavioral Health Authority of Magellan Health Services.

- **Homeless Prevention** - Administered Chandler, Glendale, Maricopa County and Tempe, the HPRP stimulus program, renders short- and medium- term rental assistance, security and utility deposits and payments, moving cost assistance and/or hotel/motel voucher program support. Case management, outreach, housing search and placement, legal services mediation and credit repair services are also rendered under the program. The ESG program executed by Maricopa County and Glendale also offers similar prevention activities. Community Action Agency programs throughout Maricopa County deliver utility payments and deposits, mortgage payments to prevent eviction and first month's rent payment and rental deposit payments for those who are homeless. The Homeless Program through the Maricopa County Department of Public Health provides health care services for homeless individuals and families. It is provided through the delivery of quality health care to homeless people through street outreach, integrated primary care, mental health services, substance abuse services, case management, and nutrition services. The City of Tempe also delivers homeless outreach within its corporate limits.

Homeless Strategic Plan (91.215 (c))

1. Homelessness— Describe the jurisdiction's strategy for developing a system to address homelessness and the priority needs of homeless persons and families (including the subpopulations identified in the needs section). The jurisdiction's strategy must consider the housing and supportive services needed in each stage of the process which includes preventing homelessness, outreach/assessment,

emergency shelters and services, transitional housing, and helping homeless persons (especially any persons that are chronically homeless) make the transition to permanent housing and independent living. The jurisdiction must also describe its strategy for helping extremely low- and low-income individuals and families who are at imminent risk of becoming homeless.

Preventing homelessness is more cost effective and beneficial to the client than treating homelessness once it occurs. Members of the Maricopa HOME Consortium are committed to prevention and address it through widespread preferences in their Section 8 rental assistance programs, as well as through short-term rental/foreclosure aid coupled with needed supportive services (employment and training, information and referral, crisis counseling, day care, etc.), security and utility deposits and payments, moving cost assistance and/or hotel/motel voucher program support for clients in need.

Outreach and assessment are critical components in engaging and stabilizing homeless people, especially those who are chronically homeless. Consortium members undertake and/or financially support an array of outreach activities with the goal of assisting resistant individuals in accessing services. Often, chronically homeless persons distrust the system, have barriers such as mental illness and/or substance abuse that impede their ability to follow program rules or meet program requirements.

Emergency facilities and services are not permanent solutions to homelessness but provide a safe environment in which to address a person's immediate crisis. Emergency shelter and services are financed by Consortium members which include safe accommodations, food, clothing, and access to necessities such as medical care and child care. Once the immediate crisis is addressed, clients may engage in a comprehensive case management process with the goals of addressing the causes of their homelessness, and moving towards self-sufficiency.

Transitional housing is critical component of the continuum of homeless services provided in the Consortium service area. Members understand that transitional housing assists homeless clients in overcoming barriers and working towards self sufficiency by addressing credit and legal issues, employment and living skills, medical issues, behavioral health and substance abuse issues, developing support networks and saving money. Consortium members financially support transitional facilities and services because it is a path to access permanent affordable housing and living as self-sufficiently as possible.

Permanent housing is an important component in the service continuum for homeless clients and Consortium members understand that the shortage of affordable housing can often cause homelessness and the provision of housing is more cost effective than the provision of shelter services. As a result, Consortium members financially support and directly provide affordable housing for homeless persons through rental subsidies and production.

Permanent supportive housing for chronically homeless persons are financially supported by Consortium members. Persons who have been on the streets for a long period of time suffer from mental illness and substance abuse have difficulty functioning in congregate shelters. Consortium members financially support the provision of immediate housing followed by supportive services.

Members of the Maricopa HOME Consortium are active participants in the Maricopa Continuum of Care Regional Committee on Homelessness which provides the focal point for homeless program planning and policy development for the Maricopa area. Multiple funding sources to support prevention, outreach, emergency shelter, transitional housing,

permanent supportive housing, and support services for homeless people throughout the region are committed by Consortium members. The resources committed are generally guided, and sometimes financed, by the Continuum of Care process and oversight committees.

2. Chronic homelessness—Describe the jurisdiction’s strategy for eliminating chronic homelessness by 2012. This should include the strategy for helping homeless persons make the transition to permanent housing and independent living. This strategy should, to the maximum extent feasible, be coordinated with the strategy presented Exhibit 1 of the Continuum of Care (CoC) application and any other strategy or plan to eliminate chronic homelessness. Also describe, in a narrative, relationships and efforts to coordinate the Conplan, CoC, and any other strategy or plan to address chronic homelessness.

Chronically homeless persons living on the streets in the Maricopa HOME Consortium totaled 202 in 2009, accounting for 20% of those on the street. Over 85% of these chronically homeless persons were male. The incidence of serious mental illness, substance abuse and/or dual diagnosis was substantial. Outreach efforts employed by Magellan Health Services (Maricopa County RBHA) and its providers as well as Health Care For The Homeless program seek to induce persons off the streets and/or attend to their specific needs. Whether drawn from Emergency facilities or directly from the streets, entry into available transitional facilities with tailored supportive services can help to ease these formerly chronically homeless persons into a permanent housing setting. Whether permanent housing facilities are financed with Shelter Plus Care, Supportive Housing, Section 8 SRO or other resources, the goal of treatment plans is to foster client independence to the maxim degree possible. This approach continue to be endorsed and often financed through the Maricopa County Regional of the Continuum of Care process and executed by the Arizona Department of Health Services – Division of Behavioral Health. Members of the Maricopa HOME Consortium support and follow this approach.

3. Homelessness Prevention—Describe the jurisdiction’s strategy to help prevent homelessness for individuals and families with children who are at imminent risk of becoming homeless.

Homeless prevention is undertaken within the Consortium through a variety of activities and they include but are not limited to the following:

- ✓ **Preferences for homeless persons on the Public Housing Agency assisted housing waiting lists situated throughout the Consortium service area.**
- ✓ **Administered by the Community Action Program (CAP) agencies throughout the Consortium, the provision of utility payments and deposits, mortgage payments to prevent eviction, and first month’s rent payment and rental deposit payments for those who are homeless.**
- ✓ **HPRP – Administered by the Maricopa County Department of Human Services, Chandler, Glendale and Tempe, the HPRP program provides short- and medium-term rental assistance, security and utility deposits and payments, moving cost assistance and/or hotel/motel voucher program support as well as case management, outreach, housing search and placement, legal services mediation and credit repair services to foster needed housing relocation and stabilization for clients.**
- ✓ **Maricopa County Homeless Health Outreach – Predominantly an outreach program, it does offer prevention services. The Maricopa County Homeless Health Care Outreach Program provides quality health care to homeless people through street outreach, integrated primary care, mental health services, substance abuse services, case management, and nutrition services. It is**

absolutely critical to regional homeless outreach and prevention efforts as well as reaching out to chronically homeless persons.

4. Institutional Structure—Briefly describe the institutional structure, including private industry, non-profit organizations, and public institutions, through which the jurisdiction will carry out its homelessness strategy.

Members of the Consortium work cooperatively with the Continuum of Care process and MAG Regional Continuum of Care Committee on Homelessness to guide their ongoing homeless strategy efforts. Programs that comprise Consortium member strategies are delivered in some cases by municipal members, housing authorities, CAP agencies, the Maricopa County Departments of Human Services, Public Health and Housing, Magellan Health Services and a myriad of other providers supported by the Arizona Department of Health Services – Division of Behavioral Health, Emergency, Transitional and Permanent shelter/housing and support services financed through resources emanating from the annual Continuum of Care process and other sources of resources and providers in Maricopa County. Some providers are also faith based, and Consortium support is sometimes provided in concert with private sector giving programs. Homeless prevention activities are delivered with both landlords and lenders in addition to housing associations and advocacy groups, etc.

5. Discharge Coordination Policy—Every jurisdiction receiving McKinney-Vento Homeless Assistance Act Emergency Shelter Grant (ESG), Supportive Housing, Shelter Plus Care, or Section 8 SRO Program funds must develop and implement a Discharge Coordination Policy, to the maximum extent practicable. Such a policy should include “policies and protocols for the discharge of persons from publicly funded institutions or systems of care (such as health care facilities, foster care or other youth facilities, or correction programs and institutions) in order to prevent such discharge from immediately resulting in homelessness for such persons.” The jurisdiction should describe its planned activities to implement a cohesive, community-wide Discharge Coordination Policy, and how the community will move toward such a policy.

Maricopa HOME Consortium members do not generally secure Supportive Housing, Shelter Plus Care or Section 8 SRO resources, however they require discharge planning associated with the homeless facilities/services they fund within the service area through contracted providers. CAP agencies, Public Housing Agencies and Human Services Organizations, be they county or municipal, all mandate discharge planning by their counselors and social workers. Prior to discharge, the preparation of individualized needs assessment, including housing, employment and support services, government agency coordination and monitoring are undertaken. Discharges are made when appropriate and facilities and services are provided for clients in concert with their individualized needs assessments.

Emergency Shelter Grants (ESG)

(States only) Describe the process for awarding grants to State recipients, and a description of how the allocation will be made available to units of local government.

3-5 Year Strategic Plan ESG response:

Not applicable to the Maricopa HOME Consortium.

COMMUNITY DEVELOPMENT

Community Development (91.215 (e))

*Please also refer to the Community Development Table in the Needs.xls workbook

1. Identify the jurisdiction's priority non-housing community development needs eligible for assistance by CDBG eligibility category specified in the Community Development Needs Table (formerly Table 2B), – i.e., public facilities, public improvements, public services and economic development.
2. Describe the basis for assigning the priority given to each category of priority needs.
3. Identify any obstacles to meeting underserved needs.
4. Identify specific long-term and short-term community development objectives (including economic development activities that create jobs), developed in accordance with the statutory goals described in section 24 CFR 91.1 and the primary objective of the CDBG program to provide decent housing and a suitable living environment and expand economic opportunities, principally for low- and moderate-income persons.

NOTE: Each specific objective developed to address a priority need, must be identified by number and contain proposed accomplishments, the time period (i.e., one, two, three, or more years), and annual program year numeric goals the jurisdiction hopes to achieve in quantitative terms, or in other measurable terms as identified and defined by the jurisdiction.

3-5 Year Strategic Plan Community Development response:

Pursuant to HUD regulations, the purview of the Maricopa HOME Consortium Consolidated Plan relates to affordable housing, homelessness and supportive housing. This section is not applicable and refer to entitlement jurisdictions for their Community Development Plans pursuant to 24 CFR 91.215(e).

Antipoverty Strategy (91.215 (h))

1. Describe the jurisdiction's goals, programs, and policies for reducing the number of poverty level families (as defined by the Office of Management and Budget and revised annually). In consultation with other appropriate public and private agencies, (i.e. TANF agency) state how the jurisdiction's goals, programs, and policies for producing and preserving affordable housing set forth in the housing component of the consolidated plan will be coordinated with other programs and services for which the jurisdiction is responsible.
2. Identify the extent to which this strategy will reduce (or assist in reducing) the number of poverty level families, taking into consideration factors over which the jurisdiction has control.

3-5 Year Strategic Plan Antipoverty Strategy response:

This strategy has been prepared for the Consortium as a whole, and as such, incorporates both county and municipal practices to be executed within the region. Actions by Consortium members to implement the strategy will vary during any given year. All local

and county PHA plans are incorporated by reference. It is estimated that poverty will be reduced by about 500 persons per annum as a result of actions undertaken.

Offer jobs and procure services/materials low- income persons as well as designated MBE/WBE business enterprises. Consortium members will continue to:

- ✓ Mandate priority hiring, employment recruitment, training and employee selection procedures with subrecipients for low- and very low- income persons.
- ✓ Mandate priority vendor recruitment and selection procedures that increase outreach with and employment for low- and very low- income persons.
- ✓ Consistent with adopted PHA Plans, continue to aggressively provide direct employment and vending opportunities for low- and very low- income persons within the public housing program.
- ✓ Maintain and update inventories of MBE/WBEs.
- ✓ Distribute notices to MBE/WBEs in accessing consortium contracting opportunities through a variety of means.
- ✓ Advertise bid opportunities and certification procedures in the local media, local Chambers, minority Chambers and other relevant organizations.
- ✓ Participate with the MBE/WBE Program Office of Maricopa County for all Consortium contracting opportunities.
- ✓ Participate on the Minority Supplier Development Council to foster enhanced MBE/WBE outreach and promotion.

Execute existing FSS programs and foster employment opportunities for low- income persons residing within public housing and Section 8 programs pursuant to local PHA plans. Subject to local preferences, Consortium members will continue to:

- ✓ Institute security improvements and anti-crime support services under the public housing program to enable residents to reside in safe and stable living environments and achieve the maximum degree of self-sufficiency.
- ✓ Foster cooperative and positive relationships between governmental public safety personnel and tenant organizations/individuals.
- ✓ Subject to annual HUD appropriations, pursue HUD funding for the residents of public housing to reduce the incidence of poverty.
- ✓ Assemble and provide for the delivery of comprehensive economic and social support services financed with eligible HUD assisted housing funding, HUD SuperNofa funding, CDBG, US DOL employment and training resources, US HHS funding and other funding (i.e. CSBG, SSBG, etc), and ADHS behavioral health resources, etc).
- ✓ Foster priority hiring, employment recruitment, training and employee selection procedures for public housing residents in direct PHA program operations and indirect services/materials rendered by outside vendors.

Reduce poverty levels throughout the Consortium service area through employment and training program operations (WIA). Consortium members will continue to:

- ✓ Strengthen links between WIA employment and training services, assisted housing and local transportation services.
- ✓ Integrate WIA employment and training resources into ongoing FSS initiatives, comprehensive support services being rendered on- and off- site to assisted housing residents, and through the strategic investment of CDBG resources for needed public services pursuant to adopted consolidated plans.

Reduce poverty levels throughout the Consortium service area through the strategic commitment of CDBG and other HUD resources for anti-crime, employment and training and other support services. Subject to local preferences, Consortium members will:

- ✓ Commit CDBG resources for public facilities, services and economic development projects etc that foster the reduction of persons in poverty and low and moderate income employment.

- ✓ Consider the preparation of Neighborhood Revitalization Strategies in targeted areas to foster neighborhood revitalization and the reduction of poverty.
- ✓ Explore the receipt of New Market Tax Credits to foster low and moderate income employment.
- ✓ Explore the receipt of Youthbuild resources in connection with local housing rehabilitation and job training apprenticeship activities.

Reduce poverty levels throughout the Consortium service area through strategic business retention, creation and start-up activities. Subject to local preferences, Consortium members will:

- ✓ Explore the enactment of state enterprise zones in targeted areas to stimulate job growth and retention, as well as reducing the incidence of poverty.
- ✓ Explore training resources derived from the Workforce and Job Recruitment program to attract targeted industries within the region to foster job creation and the reduction of poverty.
- ✓ Explore Industrial Revenue Bonds for strategic projects requiring public purpose benefit requirements for lower income employment.

Reduce poverty levels in the Consortium service area through the execution of CAP funded/administered activities. Subject to local preferences, Consortium members will foster client access to the:

- ✓ The Weatherization/LIHEAP program.
- ✓ Provision of food boxes and clothing, etc.
- ✓ Utility assistance, repair/replacement and deposits for those in need.
- ✓ Case management, counseling, energy education, employment related assistance, education referrals, etc.
- ✓ Basic meals, medical services, transportation, domestic violence counseling, educational and employment/training services, etc.

Reduce poverty levels throughout the Consortium service area through the execution of Headstart programs. Subject to local preferences, Consortium members will continue to:

- ✓ Increase the provision of Headstart programs for families in need at public housing projects and/or support transportation services for children taught at offsite locations.
- ✓ Foster and support the provision of Headstart services for children in need at emergency and transitional shelters serving families.
- ✓ Increase the provision of Headstart programs for families in need in PHA assisted housing and/or support transportation services for children taught at program delivery locations.
- ✓ Provide accessible learning environments that will enable the families to become self-sufficient.
- ✓ Support Headstart initiatives that tutor children to help them reach, or stay at, the same level as others in their class.

Low Income Housing Tax Credit (LIHTC) Coordination (91.315 (k))

1. (States only) Describe the strategy to coordinate the Low-income Housing Tax Credit (LIHTC) with the development of housing that is affordable to low- and moderate-income families.

3-5 Year Strategic Plan LIHTC Coordination response:

This section does not apply to the Maricopa HOME Consortium.

NON-HOMELESS SPECIAL NEEDS

Specific Special Needs Objectives (91.215)

1. Describe the priorities and specific objectives the jurisdiction hopes to achieve over a specified time period.

Information contained on HUD Table 1B attached provides detailed information on the specific priorities assigned and the measurable objectives the Consortium seeks to achieve over the next five years (FY 2010-'14) for non-homeless populations with special needs. These objectives are derived from discussions with providers, survey/community input and original research. Additional information is provided in the following discussion.

Assessment/Outreach - Performed by a host of public agencies and non-profit organizations, assessment and outreach efforts are increasingly important to engage special populations developmentally disabled, seriously mentally ill clients, frail elderly, migrant & seasonal farmworkers, persons with HIV, etc. Such clients can often suffer from alcohol or substance abuse. Magellan direct and contracted outreach teams, local CAP agencies, ADES and a variety of non-profit agencies execute outreach and assessment within the region. While outreach and assessment efforts are funded by a variety of sources, often Federal and State, Consortium members will consider the funding needs of such organizations on both a regional and municipal basis.

Permanent Supportive Housing - Needs include but are not limited to rental housing production, rental assistance in certain cases, dormitory type facilities, new construction and new construction and acquisition with or without rehabilitation for ownership housing. Populations that may be assisted include frail elderly, elderly, disabled persons, persons with HIV, migrant and seasonal farmworkers and persons with substance abuse addiction. In instances where the State of Arizona holds a fiduciary role for the provision of housing and services for a given special population (i.e. SMI, developmentally disabled, etc), it is the policy of the Consortium not to supplant such resources. The highest priority of Consortium members is to sustain the existing inventory of rental housing for special populations.

Support Services/Facility Support - The Maricopa HOME Consortium believes a highly effective means to address the varying needs of special populations is to render a wide variety of support services that may also aid in homeless prevention. Presently addressed through short-term rental aid coupled with needed supportive services (employment and training, information and referral, crisis counseling, case management, transportation, day care, etc.) administered by the Maricopa County Human Resources Department through a variety of Community Action Agencies and other non-profit entities in the region, additional support is needed although the demand for funding is significant. In addition, providers indicate continuing needs relative to equipment purchases, operating support and facility expansion/renovation.

2. Describe how Federal, State, and local public and private sector resources that are reasonably expected to be available will be used to address identified needs for the period covered by the strategic plan.

Anticipated resources reasonable expected to be available during the planning period (FY 2010-2014) to attain special needs objectives noted herein include the following items:

- ✓ **Community Services Block Grant resources and CAP Agency funding – Local CAP agencies and Maricopa County Community Services Division – HSD, local providers**
- ✓ **DES Title V Employment – Municipal and Maricopa County providers of services and support**
- ✓ **Arizona Department of Behavioral Health**
- ✓ **Magellan Health Services**
- ✓ **Area Agency on Aging Resources**
- ✓ **All Municipal and County Public Housing Agencies**
- ✓ **Maricopa County Special Transportation Services**
- ✓ **AHCCCS**
- ✓ **ALTCCS**
- ✓ **Arizona Dept. of Housing resources**
- ✓ **SAIL Resources**
- ✓ **ADES Rehabilitation Services**
- ✓ **Center For Habitation, Arizona Bridge To Independent Living**
- ✓ **Arizona Technology Access Program**
- ✓ **Easter Seals**
- ✓ **Southwest Human Development**
- ✓ **Arizona Center for the Blind**
- ✓ **Phoenix Shanti**
- ✓ **HUD Supportive Housing, Shelter Plus Care and Section 8 SRO**
- ✓ **Ryan White**
- ✓ **Arizona Department of Housing resources**
- ✓ **Private and Non-Profit donors**
- ✓ **HOME resources**
- ✓ **Community Development Block Grant Funds (CDBG) for eligible uses and clients**
- ✓ **Local general fund resources**
- ✓ **Other resources**

Non-homeless Special Needs (91.205 (d) and 91.210 (d)) Analysis (including HOPWA)

*Please also refer to the Non-homeless Special Needs Table in the Needs.xls workbook.

1. Estimate, to the extent practicable, the number of persons in various subpopulations that are not homeless but may require housing or supportive services, including the elderly, frail elderly, persons with disabilities (mental, physical, developmental, persons with HIV/AIDS and their families), persons with alcohol or other drug addiction, victims of domestic violence, and any other categories the jurisdiction may specify and describe their supportive housing needs. The jurisdiction can use the Non-Homeless Special Needs Table (formerly Table 1B) of their Consolidated Plan to help identify these needs.

*Note: HOPWA recipients must identify the size and characteristics of the population with HIV/AIDS and their families that will be served in the metropolitan area.

Refer to HUD Table 1B attached for the number of persons in various subpopulations that are not homeless but may require housing or supportive services by specific target group.

2. Identify the priority housing and supportive service needs of persons who are not homeless but may or may not require supportive housing, i.e., elderly, frail elderly, persons with disabilities (mental, physical, developmental, persons with HIV/AIDS and their families), persons with alcohol or other drug addiction by using the Non-homeless Special Needs Table.

To reiterate, refer to HUD Table 1B attached for the number of persons in various subpopulations that are not homeless but may or may not require supportive housing. In addition to varying transitional and/or permanent housing alternatives, the priority supportive services needs of persons who are not homeless but may or may not require supportive housing include but are not limited to:

- **Elderly (Ages 62-74) – Case management, counseling, adult day care, homecare, home delivered meals, befriending services.**
- **Frail Elderly (>75) - Case management, counseling, adult day care, homecare, home delivered meals, befriending services, health services, nurse/medical services, etc.**
- **Persons With Severe Mental Illness (SMI) – Outreach and identification, treatment, health care, income support, rehabilitation services.**
- **Developmentally Disabled - Assistive technology, employment and training, information and referral services, transportation, case management.**
- **Physically Disabled Persons - Assistive technology, employment and training, information and referral services, transportation, case management for the disabled, etc.**
- **Persons with Alcohol or Other Drug Addiction - Monitoring, screening, information and referral, detox medication, education, self-help groups, counseling.**
- **Persons With HIV/AIDs - Case management, emergency financial assistance, food, transportation, early intervention, education, wellness and nutrition., Ryan White, etc.**

3. Describe the basis for assigning the priority given to each category of priority needs.

Priorities indicated on Table 1B enclosed were assigned based on a combination of factors that include: community input and comments received from each Consortium member in devising their own, individual plans; research findings associated with the magnitude and type of need for an individual special needs group; and, the assessment of resources available to address needs with the region by members and other entities. These factors produced the following results:

- **Elderly, Frail Elderly, Developmentally Disabled and Physically Disabled Persons– These categories were assigned a (H)igh priority based on community input secured and the volume of need evident in the community. Pursuant to HUD rules, a (H)igh priority means the Consortium intends to fund activities at some point during the planning period (FY 2010-'14); and,**
- **Severely Mentally Ill (SMI), Persons With Substance Abuse, Persons With HIV and Victims of Domestic Violence – These categories were assigned a (M)edium priority based on community input and the fact other resources or organizations were assisting these groups, and often associated with the incidence of homelessness. Pursuant to HUD rules, a (M)edium priority means the Consortium may fund activities at some point during the planning period (FY 2010-'14).**

4. Identify any obstacles to meeting underserved needs.

Obstacles to meeting underserved needs include, but are not limited to the following:

- ✓ **Limited or decreased funding, especially in these presently difficult economic times for governmental entities and non-profit providers;**
- ✓ **Need is greater than services available or capacity to serve the need**
- ✓ **Lack of centralized information and referral sources**

- ✓ Continuing need for enhanced community outreach
- ✓ Employment related problems, especially in this market
- ✓ Lack of transportation to obtain services
- ✓ Premature institutionalization due to lack of community and home-based services
- ✓ Limited access to public and private buildings due to non-compliance with ADA
- ✓ The need for peer monitoring in the workplace
- ✓ Limited or no access to year around community and day support services, such as respite, socialization and recreation
- ✓ Inability to care for personal needs
- ✓ Inability to secure supported living conditions

5. To the extent information is available, describe the facilities and services that assist persons who are not homeless but require supportive housing, and programs for ensuring that persons returning from mental and physical health institutions receive appropriate supportive housing.

Assisted housing resources and facilities in the Maricopa HOME Consortium provide assistance to a variety of non-homeless, special needs populations that include elderly, disabled and victims of domestic violence. The following programs offer support in the service area:

- Some of the approximately 6,230 units of public housing and Section 8 vouchers;
- A substantial portion of the 1,472 units of HUD Section 202, 811 and some project-based Section 8 units;
- Some of the 4,851 LIHTC units in the region;
- All of the scattered Shelter Plus Care and Supportive Housing in the Urban County offering both permanent and transitional housing alternatives for clients in need; and,
- Scattered group homes, congregate care and nursing and rehab facilities throughout the region.

Other facilities and services in the Consortium service area that assist persons who are not homeless but require supportive housing include:

- **Elderly (Ages 62-74) and Frail Elderly (>75) – Maricopa Transportation Services, Area Agency on Aging, local senior centers, SAIL, Shared Living for the Elderly, Meals on Wheels, Community Action agency programs through local CAP offices, AHCCCS, ALTCCS, etc.**
- **Persons With Severe Mental Illness (SMI) – Magellan Health Services and their large volume of providers.**
- **Developmentally Disabled – ADES Rehabilitation Services, AZ Bridge to Independent Living, Maricopa County Transportation Services, AHCCCS, Advocates for the Disabled, etc.**
- **Physically Disabled Persons - AZ Bridge to Independent Living, The Centers for Habilitation, AZ Center For The Blind, Maricopa County Transportation Services, AHCCCS, Advocates for the Disabled, etc.**
- **Persons with Alcohol or Other Drug Addiction - Community Bridges, local Addiction Councils, County detox services and facilities, Catholic Social Services, etc.**
- **Persons With HIV/AIDs - Phoenix Shanti, Body Positive, AHCCCS, Ryan White, etc.**

Both Magellan Health Services, the RBHA for the Arizona Department of Health Services, rendering case management for Mentally Ill persons in Maricopa County and all hospitals and most health care institutions execute discharge planning for their clientele. This discharge planning involves the preparation of tailored individual needs assessments,

supportive housing and supportive services plans to ensure clients secure the proper assistance when they transition back into the community. Such discharge planning and tailored needs assessments are most commonly undertaken by social workers in such institutions.

6. If the jurisdiction plans to use HOME or other tenant based rental assistance to assist one or more of these subpopulations, it must justify the need for such assistance in the plan.

The Maricopa HOME Consortium reserves the right to use HOME or other tenant based rental assistance to assist one or more of the special needs populations identified in this report. Refer to the information presented on Table 1B attached and note the specific 'Unmet Housing Needs' by client group over the planning period (FY 2010-'14). This information is derived from 2003 CHAS data for households with a self-care or mobility limitation and with 'problems' extrapolated to 2010 and it indicates the specific housing needs going forward.

Housing Opportunities for People with AIDS (HOPWA)

*Please also refer to the HOPWA Table in the Needs.xls workbook.

1. The Plan includes a description of the activities to be undertaken with its HOPWA Program funds to address priority unmet housing needs for the eligible population. Activities will assist persons who are not homeless but require supportive housing, such as efforts to prevent low-income individuals and families from becoming homeless and may address the housing needs of persons who are homeless in order to help homeless persons make the transition to permanent housing and independent living. The plan would identify any obstacles to meeting underserved needs and summarize the priorities and specific objectives, describing how funds made available will be used to address identified needs.
2. The Plan must establish annual HOPWA output goals for the planned number of households to be assisted during the year in: (1) short-term rent, mortgage and utility payments to avoid homelessness; (2) rental assistance programs; and (3) in housing facilities, such as community residences and SRO dwellings, where funds are used to develop and/or operate these facilities. The plan can also describe the special features or needs being addressed, such as support for persons who are homeless or chronically homeless. These outputs are to be used in connection with an assessment of client outcomes for achieving housing stability, reduced risks of homelessness and improved access to care.
3. For housing facility projects being developed, a target date for the completion of each development activity must be included and information on the continued use of these units for the eligible population based on their stewardship requirements (e.g. within the ten-year use periods for projects involving acquisition, new construction or substantial rehabilitation).
4. The Plan includes an explanation of how the funds will be allocated including a description of the geographic area in which assistance will be directed and the rationale for these geographic allocations and priorities. Include the name of each project sponsor, the zip code for the primary area(s) of planned activities, amounts committed to that sponsor, and whether the sponsor is a faith-based and/or grassroots organization.

5. The Plan describes the role of the lead jurisdiction in the eligible metropolitan statistical area (EMSA), involving (a) consultation to develop a metropolitan-wide strategy for addressing the needs of persons with HIV/AIDS and their families living throughout the EMSA with the other jurisdictions within the EMSA; (b) the standards and procedures to be used to monitor HOPWA Program activities in order to ensure compliance by project sponsors of the requirements of the program.
6. The Plan includes the certifications relevant to the HOPWA Program.

3-5 Year Strategic Plan HOPWA response:

This section is not applicable to the Maricopa HOME Consortium as is not a recipient of HOPWA.

Specific HOPWA Objectives

1. Describe how Federal, State, and local public and private sector resources that are reasonably expected to be available will be used to address identified needs for the period covered by the strategic plan.

3-5 Year Specific HOPWA Objectives response:

This section is not applicable to the Maricopa HOME Consortium as is not a recipient of HOPWA.

OTHER NARRATIVE

Include any Strategic Plan information that was not covered by a narrative in any other section.

**Maricopa HOME Consortia HUD Table 1A
Homeless and Special Needs Populations 1/**

Continuum of Care: Housing Gap Analysis Chart

		Current Inventory	Under Development	Unmet Need/Gap
		Individuals		
	Emergency Shelter	1,471		596
BEDS	Transitional Housing	993		999
	Permanent Supportive Housing	1,699	181	999
	Total	4,163	181	2,594
Persons In Families With Children				
	Emergency Shelter	1,223		731
BEDS	Transitional Housing	2,006	200	999
	Permanent Supportive Housing	824		999
	Total	4,053	200	2,729


Continuum of Care: Housing Gap Analysis Chart

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Part 1: Homeless Population Number of Families with Children (Family Households):				
1. Number of Persons in Families with Children	173	282	10	465
2. Number of Single Individuals and Persons in Households without children (Add Lines Numbered 1 & 2 Total Persons) 2/	934	1,520	49	2,503
	1,229	1,010	2,377	4,616
	2,163	2,530	2,426	7,119
Part 2: Homeless Subpopulations	Sheltered			
a. Chronically Homeless	363			
b. Seriously Mentally Ill	269			
c. Chronic Substance Abuse	959			
d. Veterans	340			
e. Persons with HIV/AIDS	71			
f. Victims of Domestic Violence	1,224			
g. Unaccompanied Youth (Under 18)	24			

1/ Derived from the Maricopa County Continuum of Care Process, Spring, 2009.

2/ The street count for the Consortia was 450 in '09.

**Maricopa HOME Consortia Table 1B
Special Needs (Non-Homeless) Populations**

 Crystal+Company SPECIAL NEEDS SUBPOPULATIONS	PRIORITY NEED LEVEL High, Medium, Low, No Such Need	UNMET NEED 5/	DOLLARS TO ADDRESS UNMET NEED (in millions)	MULTI-YEAR GOALS	ANNUAL GOALS
Elderly 1/	H	6,900	\$173	2,144	429
Frail Elderly 2/	H	8,300	\$208	762	152
Severe Mental Illness 3/	H	5,500	\$138	125	25
Developmentally Disabled 4/	M	3,630	\$91	447	89
Physically Disabled 4/	M	7,370	\$184	612	122
Persons w/ Alcohol/Other Drug Addictions	H	3,200	\$80	150	30
Persons w/ HIV/AIDS	M	500	\$13	75	15
Victims of Domestic Violence	H	4,500	\$113	150	30
Other					
TOTAL		39,900	\$998	4,465	893

1/ Households with persons aged 62 to 74 with a mobility or self care limitation with housing problems.

2/ Households with persons over 75 with a mobility or self care limitation.

3/ According to 'The Blueprint', 17829 SMI persons existed in Arizona at that time. Increasing the statewide figure to 20,000 and applying the 28% Consortia share would suggest 5,500.

4/ All other renter households (11,000) with a mobility or self care limitation were distributed into the other categories of disability by persons in poverty from the 2007 ACS (35% physical and 16% developmental).

5/ A commitment of \$25,000 per household was assumed for need in the forthcoming five years.

MARICOPA HOME CONSORTIUM - TRANSITION TABLE 1C
SUMMARY OF SPECIFIC HOUSING OBJECTIVES
 (Table 1A/1B Continuation Sheet)

Obj #	Specific Objectives	Sources of Funds	Performance Indicators	Expected Number	Actual Number	Outcome/Objective*
9.00	Homeless Objectives					
9.10	Provide support for homeless facilities (emergency, transitional and permanent), prevention activities and priority support services for homeless individuals.	ESG, CDBG, HOME. Other federal, state and local sources	34,875 individuals	34,875		DH-1
9.20	Provide support for homeless facilities (emergency, transitional and permanent), prevention activities and priority support services for homeless families.	ESG, CDBG, HOME. Other federal, state and local sources	11,701 families	11,701		DH-1
10.00	Special Needs Objectives					
10.10	Provide support for special needs facilities and permanent housing as well as priority support services to both individuals and families that are not homeless but have special needs.	CDBG, HOME. Other federal, state and local sources	4,465 persons	4,465		DH-1

Outcome/Objective Codes

	Availability/Accessibility	Affordability	Sustainability
Decent Housing	DH-1	DH-2	DH-3
Suitable Living Environment	SL-1	SL-2	SL-3
Economic Opportunity	EO-1	EO-2	EO-3


	Availability/Accessibility	Affordability	Sustainability
Decent Housing	DH-1	DH-2	DH-3
Suitable Living Environment	SL-1	SL-2	SL-3
Economic Opportunity	EO-1	EO-2	EO-3

TABLE 2A - 1

OMB Approval No. 2506-0117


Exp. 4/30/2011)

**MARICOPA HOME CONSORTIA
PRIORITY HOUSING NEEDS/INVESTMENT PLAN TABLE**

 PRIORITY HOUSING NEEDS (households)		PRIORITY		UNMET NEED 1/
RENTER	Small Related	0-30%	H	7,859
		31-50%	H	8,911
		51-80%	M	7,962
	Large Related	0-30%	H	3,731
		31-50%	H	3,738
		51-80%	H	4,493
	Elderly	0-30%	H	4,332
		31-50%	H	4,748
		51-80%	M	3,733
	All Other	0-30%	H	10,392
		31-50%	H	8,331
		51-80%	M	8,566
OWNER	Small Related	0-30%	M	4,596
		31-50%	H	5,082
		51-80%	H	13,345
	Large Related	0-30%	M	2,258
		31-50%	H	3,370
		51-80%	H	6,189
	Elderly	0-30%	H	9,871
		31-50%	H	9,224
		51-80%	H	8,773
	All Other	0-30%	M	3,782
		31-50%	H	2,853
		51-80%	H	6,077
Non-Homeless Special Needs	Elderly	0-80%	H	4,205
	Frail Elderly	0-80%	H	5,600
	Severe Mental Illness	0-80%	H	5,500
	Physical Disability	0-80%	M	1,770
	Developmental Disability	0-80%	M	3,500
	Alcohol/Drug Abuse	0-80%	H	3,200
	HIV/AIDS	0-80%	M	500
Victims of Domestic Violence	0-80%	H	1,500	

1/ Households with problems by income class are derived from special 2003 CHAS runs extrapolated to 2010. For special needs populations, CHAS households with self-care or mobility limitations were used.


**MARICOPA HOME CONSORTIUM- Table 2A - 2
PRIORITY HOUSING NEEDS/INVESTMENT PLAN GOALS 1/**

 Crystal+Company PRIORITY NEED	5-YR. GOAL PLAN/ACT	YEAR 1 GOAL PLAN/ACT	YEAR 2 GOAL PLAN/ACT	YEAR 3 GOAL PLAN/ACT	YEAR 4 GOAL PLAN/ACT	YEAR 5 GOAL PLAN/ACT
Renters	3,954	791	791	791	791	791
0 - 30% of MFI	1,105	221	221	221	221	221
31 - 50% MFI	559	112	112	112	112	112
51 - 80% MFI	2,289	458	458	458	458	458
Owners	4,504	901	901	901	901	901
0 - 30% of MFI	1,333	267	267	267	267	267
31 - 50% MFI	1,871	374	374	374	374	374
51 - 80% MFI	1,300	260	260	260	260	260
Homeless						
Individuals	34,845	6,969	6,969	6,969	6,969	6,969
Families	11,701	2,340	2,340	2,340	2,340	2,340
Non-Homeless Special Needs						
Elderly	2,144	429	429	429	429	429
Frail Elderly	762	152	152	152	152	152
Severe Mental Illness	125	25	25	25	25	25
Physical Disability	612	122	122	122	122	122
Developmental Disability	447	89	89	89	89	89
Alcohol/Drug Abuse	150	30	30	30	30	30
HIV/AIDS	75	15	15	15	15	15
Victims of Domestic Violence	150	30	30	30	30	30
Total	4,465	893	893	893	893	893
Total Section 215						
215 Renter	8,418	1,684	1,684	1,684	1,684	1,684
215 Owner	4,504	901	901	901	901	901

H
H
H
H
H

1/ Average annual CAPER performance compared to the most recent CAPER with the City of Mesa information excluded to generate goals.

**MARICOPA HOME CONSORTIUM - Table 2A -3
PRIORITY HOUSING ACTIVITIES 1/**

 Crystal+Company PRIORITY NEED	5-YR. GOAL PLAN/ACT	YEAR 1 GOAL PLAN/ACT	YEAR 2 GOAL PLAN/ACT	YEAR 3 GOAL PLAN/ACT	YEAR 4 GOAL PLAN/ACT	YEAR 5 GOAL PLAN/ACT
CDBG						
Acquisition of existing rental units	included in rehab of existing units					
Production of new rental units	50	10	10	10	10	10
Rehabilitation of existing rental units	57	11	11	11	11	11
Rental assistance	6,500	1,300	1,300	1,300	1,300	1,300
Acquisition of existing owner units	included in rehab of existing units					
Production of new owner units	0	0	0	0	0	0
Emergency Home Repair	1,250	250	250	250	250	250
Rehabilitation of existing owner units	575	115	115	115	115	115
Homeownership assistance	35	7	7	7	7	7
HOME						
Acquisition of existing rental units	included in rehab of existing units					
Production of new rental units	0	0	0	0	0	0
Rehabilitation of existing rental units	57	11	11	11	11	11
Rental assistance	62	12	12	12	12	12
Acquisition of existing owner units	included in rehab of existing units					
Production of new owner units	210	42	42	42	42	42
Rehabilitation of existing owner units	140	28	28	28	28	28
Homeownership assistance	200	40	40	40	40	40
HOPWA						
Rental assistance						
Short term rent/mortgage utility payments	MARICOPA HOME CONSORTIA					
Facility based housing development	DOES NOT RECEIVE HOPWA RESOURCES					
Facility based housing operations						
Supportive services						
OTHER						

1/ Average annual CAPER performance compared to the most recent CAPER with the City of Mesa information excluded to generate goals. Previous Con Plan goals also reviewed.

**MARICOPA HOME CONSORTIUM - TRANSITION TABLE 2C
SUMMARY OF SPECIFIC HOUSING OBJECTIVES
(Table 2A/2B Continuation Sheet)**

ALL OBJECTIVES ARE FOR FIVE YEARS

Obj #	Specific Objectives	Sources of Funds	Performance Indicators	Expected Number 1/	Actual Number	Outcome/Objective*
1.00	Rental Housing					
1.10	Acquisition and/or Rehabilitation of rental units. Provide housing choice vouchers.	CDBG, HOME, LIHTC, HTF, Other.	57 units	57		DH-2
1.20	Production of new rental units.	Section 8 & Public Housing	6,562 units	6,562		DH-2
1.30		CDBG, HOME, LIHTC, HTF, MRB, Other.	350 units	350		DH-2
2.00	Owner Housing					
2.10	Rehabilitation of existing owner units.	HOME/CDBG	715 units	715		DH-1
2.20	Provide homebuyer downpayment support.	HOME/CDBG	235 units	235		DH-2
2.30	Provide an emergency repair program.	CDBG	1,250 units	1,250		DH-1
2.40	Production of new owner units.	HOME/CDBG	210 units	210		DH-2

MRB in

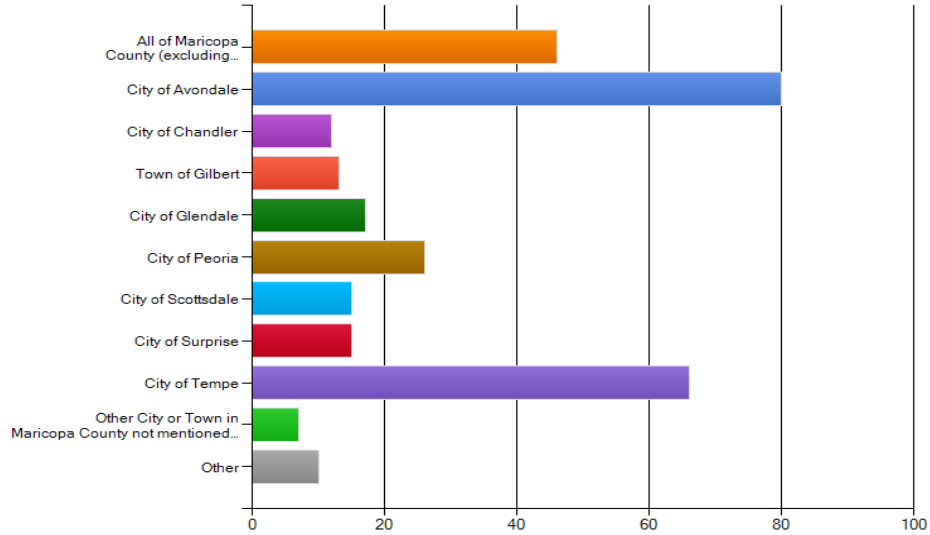
MRB?

***Outcome/Objective Codes**

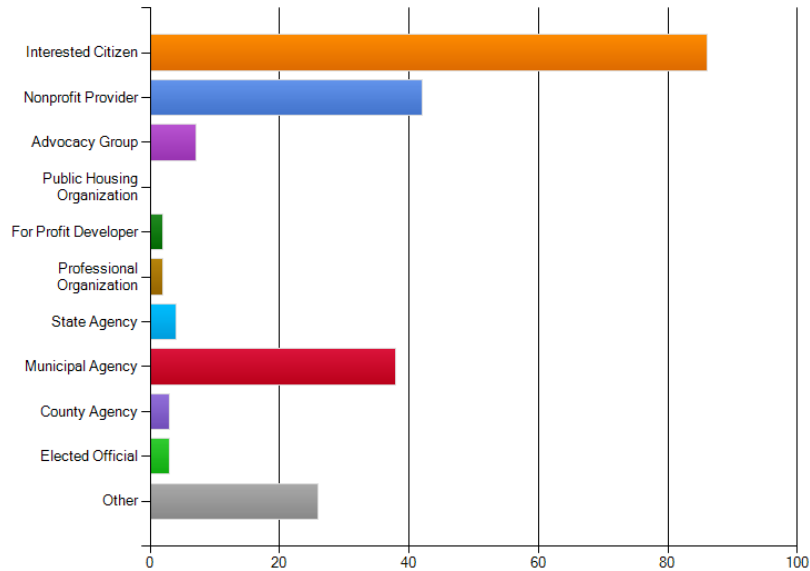
	Availability/Accessibility	Affordability	Sustainability
Decent Housing	DH-1	DH-2	DH-3
Suitable Living Environment	SL-1	SL-2	SL-3
Economic Opportunity	EO-1	EO-2	EO-3

**MARICOPA HOME CONSORTIUM FY 2010-2014
 CONSOLIDATED PLAN INTERNET SURVEY RESULTS
 September 20, 2009 – December 31, 2009
 249 Surveys Returned, 163 Fully Completed**

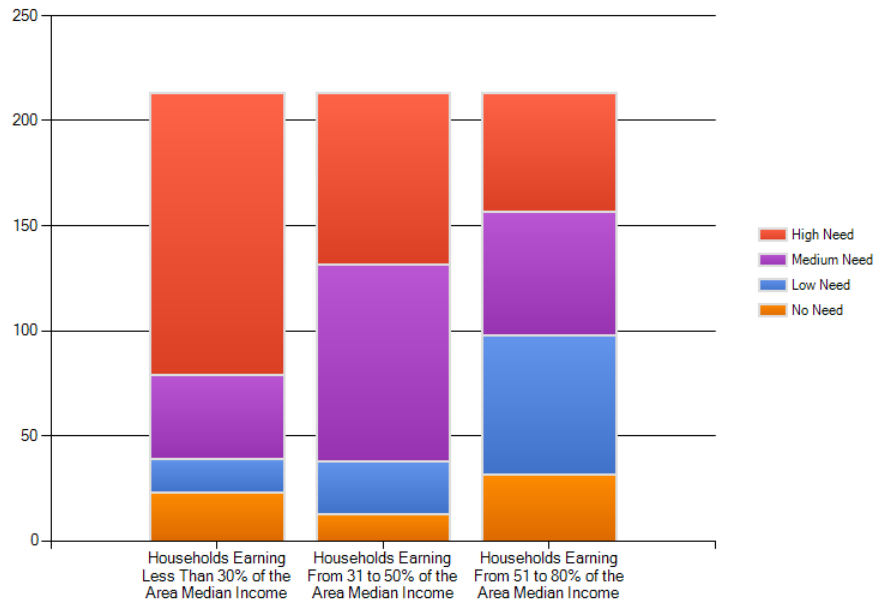
Please indicate the geographic area you are addressing in this survey (select all applicable).



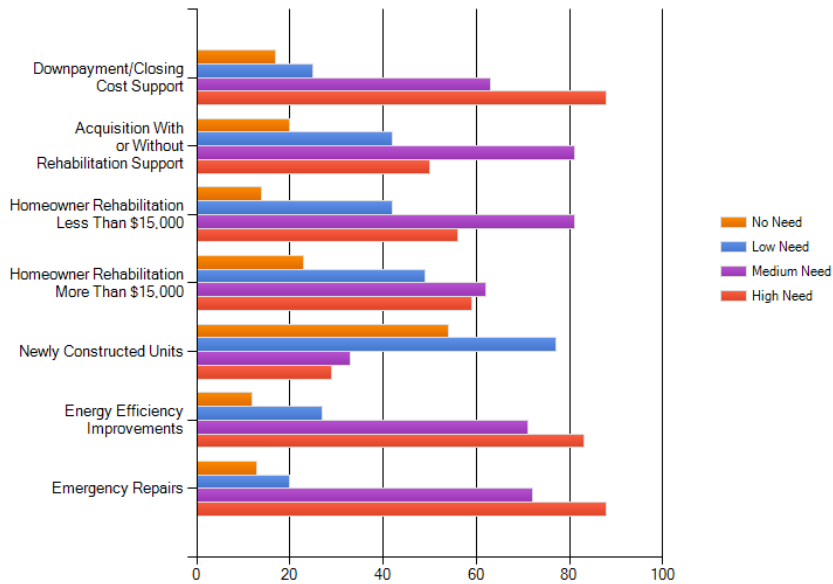
Please indicate who you represent (pick only one):



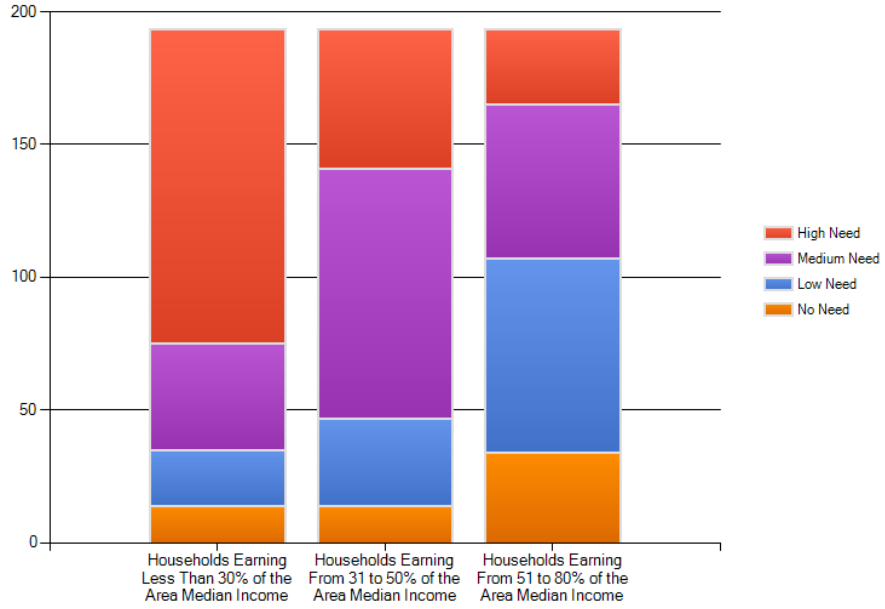
Please note your perspectives on priority homeowner needs (please select one item per row).



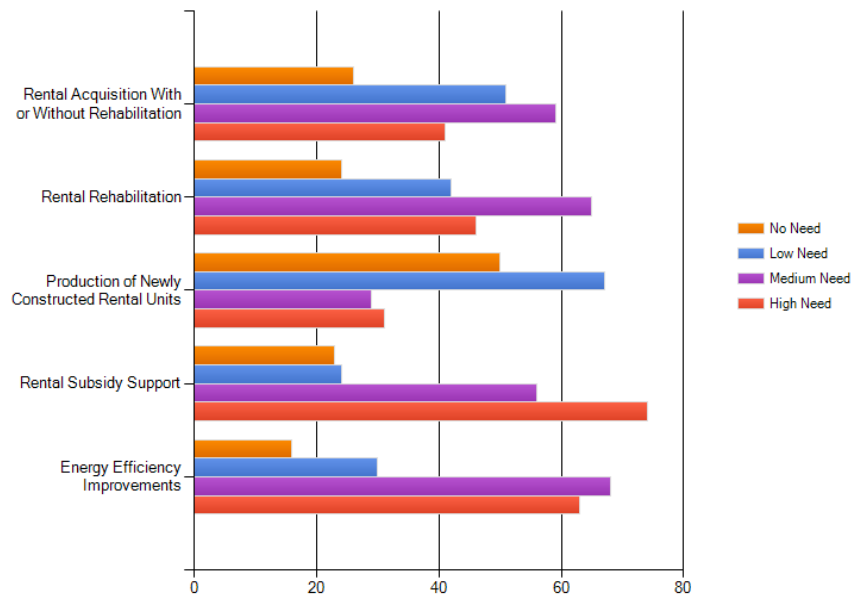
Please note your perspectives on priority homeowner program needs (please select one item per row).



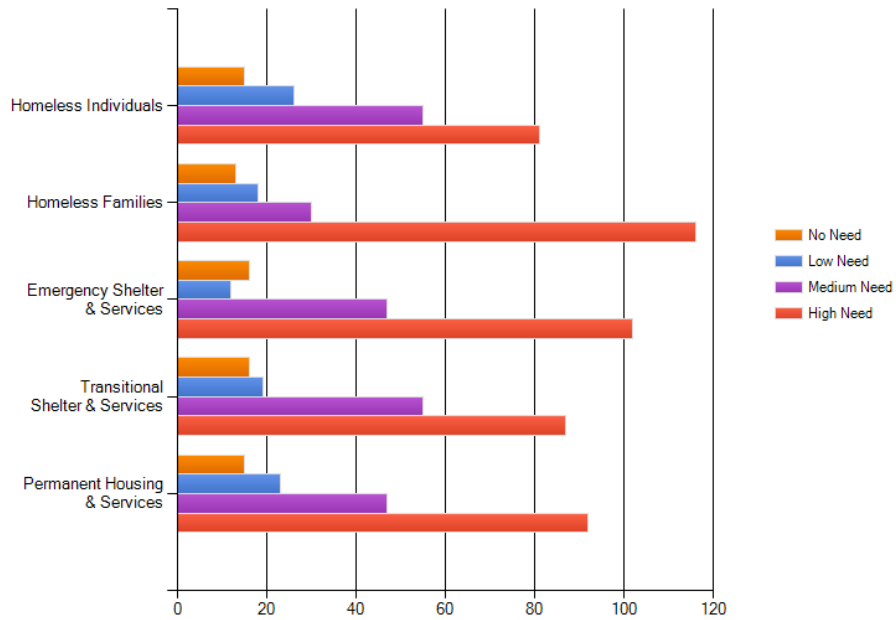
Please note your perspectives on priority rental housing needs (please select one item per row).



Please note your perspectives on priority rental program needs (please select one item per row).



**Please note your perspectives on priority needs for homeless persons
(please select one item per row).**



**Please note your perspectives on priorities for special populations with
supportive housing needs (please select one item per row).**

