

BILLERICA HOUSING AUTHORITY

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APPLICANT REQUIREMENTS FOR WAITING LISTS

667-2 16 River Street – FEDERAL ELDERLY/DISABLED

(NO SMOKING FACILITY) AGE: 62 years of Age or Older

If you are applying for elderly housing and you are a veteran, or spouse of a veteran, you need to submit a copy of your Veterans paper (DD214)

NON-ELDERLY HOUSING (HANDICAPPED OR DISABLED)

If you are applying for non-Elderly/Disabled Housing, you need to be handicapped or disabled and a physician needs to provide verification on the Billerica Housing Authority physician verification form.

THE FOLLOWING DOCUMENTATION MUST BE SUBMITTED ALONG WITH THE COMPLETED APPLICATION(S):

√ CHECKLIST

- Proof of residency (i.e., driver's license, utility bill, voter registration card, etc.)
- Proof of age (i.e., copy of birth certificate, baptismal certificate, census record, Passport/Green card, etc.)
- Copy of Social Security Card
- Copy of Social Security Benefit letter (if applicable)
- Veterans paper DD214 (if applicable)
- Physician verification form (if applicable)



BILLERICA HOUSING AUTHORITY

16 River Street, Billerica, MA 01821
Telephone (978) 667-2175 - Fax (978) 667-1156

STANDARD APPLICATION FOR FEDERALLY SUBSIDIZED HOUSING

Standard Control No. _____

1. Name of Applicant: _____

Current Address: _____

City/Town: _____ State: _____ Zip: _____

Mailing Address: _____ Apt. No. _____

City/Town: _____ State: _____ Zip: _____

Home Telephone No.: _____ Work Telephone No.: _____

2. Type of Housing you are applying for: (circle one)

a. Elderly/Disabled b. 62, Disabled/or Handicapped

3. Do you need a wheelchair accessible unit? (Circle one) YES NO

4. Is anyone in your household a person with disabilities that requires a specific accommodation to fully utilize our programs and services? (Circle one) YES NO
If yes, who _____ what do they require _____

5. Have you been involuntarily displaced from your Billerica Housing residence due to a government/public action, natural disaster, fire, or health condemnation in the last twelve months? (Circle one) YES NO

Are you currently homeless or in imminent danger of becoming homeless? (Circle one) YES NO
if you circle YES, please describe the circumstances below. _____

6. Are you a Veteran of the U.S. Military that received an honorable discharge or the spouse, surviving spouse, dependent parent or child, or divorced spouse with a dependent child of a Veteran of the U.S. Military that received an honorable discharge? (Circle one) YES NO

Dates of Military Service: From _____ To _____

7. Do you or a household family member currently work, or have they been notified that they have been hired to work in the City of Billerica? (Circle one) YES NO

NOTE: To receive the residency preference you will need to be a resident or employed in the City of Billerica at the time your name is selected from the waiting list.

8. Racial Designation: (Responding to this question is optional (circle one))
 American Indian Asian Black Hispanic White Other (specify) _____
9. Do you speak English? (Circle one) YES NO
 Language Spoken _____ Language Read _____
10. Number of Bedrooms needed: (circle one) 1 2
11. List the head of household and all other persons who will be living in the unit should we be able to find you eligible. List name, the relationship of each person to the head of household (son, daughter, husband), birth date, sex, and social security of all persons listed.

Name: First, Middle, Last	Relationship	Social Security Number	Sex		Date of Birth	Occupation
	HEAD		M	F		
			M	F		
			M	F		

12. INCOME BEFORE DEDUCTIONS

Estimate the Gross Income anticipated for ALL Household Members from all sources for the next twelve (12) months. Specify all sources. **Please refer to the attached HOTMA fact sheets, section 103, effective March 16, 2023.**

Household Member Name	Income Sources	Name and Address of Employer of source of Income	Gross Income for Next 12 Months
	Salaries, Wages, Including Overtime/tips		
	TAFDC or Public Assistance		
	Child Support/Alimony		
	Regular Unemployment		
	Pensions and Annuities		
	Disability Compensation		
	Regular Social Security Benefits and/ or SSI		
	Self Employed		
	Other Income		

TOTAL GROSS INCOME \$ _____

13. Were you or a member of your household, a former participant of a BHA Public Housing or rental assistance program whose participation was terminated in bad standing or who currently owes back rent, fees or costs to BHA?

YES NO If yes, please explain: _____

14. Where you or a member of your household ever a participant in a Federal Housing Program?

YES NO If yes, please explain: _____

15. Do you plan to have anyone live with you in the future who is not listed on this application?

YES NO If yes, please explain: _____

16. Do you own a home or any other real estate?

17. Have you sold or given away any real property or any other assets in the past two years? YES NO
 If yes, please provide a description and value of the disposal of asset(s). **(Please refer to the attached HOTMA fact sheets, sections 102 and 104, effective January 1, 2024.)**

18. Do you pay for a care attendant or an equipment for a handicapped member of your household, that is necessary to permit the person or spouse or someone else in the household to work?

YES NO

19. Do your pay for Medicare?

YES NO

20. Do you pay for any other king or insurance?
 if yes, please list the insurance company and monthly premium.

YES NO

21. ASSETS (Please refer to the attached HOTMA fact sheets, sections 102 and 104, effective January 1, 2024.)

Household Member First Name	Asset Type	Asset Current Value	Name of Financial Institution	Account No.
1.				
2.				
3.				
4.				
5.				
6.				

22. List the following information for the last five years in reverse order.

(a) Address: _____ from _____ to present
Name of Landlord: _____ Telephone _____
Address of Landlord: _____

(b) Address: _____ from _____ to present
Name of Landlord: _____ Telephone _____
Address of Landlord: _____

(c) Address: _____ from _____ to present
Name of Landlord: _____ Telephone _____
Address of Landlord: _____

23. References: List two people who know you well. These should not be relatives or household members. They may be employers, neighbors, clergy or social workers.

(a) Name _____ Telephone _____
Address: _____
City: _____ State _____ Zip code _____

(b) Name _____ Telephone _____
Address: _____
City: _____ State _____ Zip code _____

24. Emergency Contact: Name of a relative or friend not planning to live with you. We will contact this person if we are not able to reach you or in case of an emergency.

Name: _____ Relationship: _____
Address: _____ Telephone: _____

25. Do you have any pets? (circle one) YES NO
If ye, please describe: _____

26. Criminal Record:

Pursuant to 803 CMR 5.05(1) the BHA will obtain Criminal Offender Record Information for all applicants and household members 17 years and older.

Have you or any members of your household who will live in the unit been convicted of a misdemeanor in the last five years?

(circle one) YES NO DON'T KNOW

27. Have you or any members of your household who will live in the unit been convicted of a felony in the last ten years?

(circle one) YES NO DON'T KNOW

28. Are you or any members of your household registered or required to register as a sex offender?

(circle one) YES NO DON'T KNOW

If you answered yes to #14, #15, or #21 above, please explain:

Four horizontal lines for providing an explanation.

Applicant's Certification:

I understand that this application is not an offer of housing. I understand that the Billerica Housing Authority will make no more than one offer of an appropriate public housing unit. If I do not accept that offer, my application will be removed from the waiting list.

Based on this application, I understand that it is my responsibility to inform the Housing Authority in writing on any change of address, income, or household composition. I authorize the Housing Authority to make inquiries to verify the information I have provided in this application. I certify that the information I have given in this application is true and correct. I understand that any false statement or misrepresentation may result in the cancellation of my application. I understand that the Housing Authority will request Criminal Offender Record Information from the Department of Criminal Justice Information Services for all adult members of the household.

I acknowledge receipt of the Fair Information Practices Act Statement of Rights for all adult member of the household.

SIGNED UNDER THE PAIN AND PENALTIES OF PERJURY.

Applicant's Signature: _____ Date: _____

Reviewer's Signature: _____ Date: _____

NOTE: SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE MAKES IT A CRIMINAL OFFENCE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

THIS PROVISION APPLIES TO FEDEREL HOUSING PROGRAMS

STATEMENT OF RESIDENCE

The undersigned hereby states that as of this date, the following statements are true. Please check the appropriate box:

_____ The family headed by the undersigned is presently residing in Billerica.

_____ The applicant is presently working in Billerica.

_____ The applicant has been notified that he/she has been hired to work in Billerica.

If you are presently residing in Billerica, please provide the following information:

Current Address: _____

Type of Building: _____
(Single family, two family, three family house, apartment building, etc.)

On what date did you begin residence in this apartment? _____

Name of Landlord: _____

Address of Landlord: _____

IF YOU ARE PRESENTLY WITHOUT A PERMANENT ADDRESS, please list last permanent address.
(Include City and State)

Dates of Occupancy: From _____ To _____

Name and Address of Last Landlord _____

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.

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IMPORTANT NOTICE

NOTICE TO APPLICANTS REGARDING RESTRICTIONS ON ASSISTANCE TO NON-CITIZENS

NOTICE TO APPLICANTS ON THE WAITING LIST

THIS NOTICE IS FOR YOUR INFORMATION ONLY. IF YOU ARE CURRENTLY ON THE WAITING LIST AND HAVE NOT BEEN NOTIFIED FOR A UNIT OFFER, YOU DO NOT NEED TO CALL OR VISIT THE BILLERICA HOUSING AUTHORITY. YOUR ONLY RESPONSIBILITY IS TO BE SURE THAT ALL NON-CITIZENS IN YOUR FAMILY WHO WISH TO RECEIVE PUBLIC HOUSING OBTAIN ALL NECESSARY DOCUMENTS REQUIRED UNDER THIS NEW RULE. YOU MAY CONTACT THE INS AT 617-565-3879 OR GO TO THEIR OFFICE IN GOVERNMENT CENTER AT THE JOHN F. KENNEDY BUILDING, FLOOR 5, IN BOSTON, TO OBTAIN THE PROPER DOCUMENTATION.

Dear Applicant:

THE LAW: Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of Housing and Urban Development (HUD) from making financial assistance available to persons other than United States citizens, nationals and certain categories of eligible noncitizens. Section 214 was implemented by a final rule entitled, Restrictions on Assistance to Noncitizens, which was published in the Federal Register on Monday, March 20, 1995 (60FR 14816-1861).

WHEN THE RULE BECAME EFFECTIVE: The rule became effective on June 19, 1995.

WHAT THE RULE MEANS TO YOU: The Declaration Forms listed below must be signed and the documentation for all non-citizens must be provided to the Billerica Housing Authority and verified by the Immigration and Naturalization Service (INS) for you (as an applicant) to receive acceptance into Conventional Public Housing at the time you are selected from the waiting list.

WHAT EVIDENCE WILL BE REQUIRED: If you are a citizen: A signed Declaration of U.S. Citizenship – Declaration forms will be available to you from the Tenant Selector (ONLY WHEN NOTIFIED BY THE MHA OF THE OFFER OF A UNIT IN PUBLIC HOUSING.).

If you are a non-citizen who is age 62 or over: Signed Declaration of Eligible Immigration status and an original proof of age document.

If you are a non-citizen who does not fall into the category above: Signed Declaration of Eligible Immigration Status, Signed Verification Consent Form and one of the documents listed below:

1. Registered Alien Card (I-551 Form).
2. Arrival Departure Record (I-94 Form) annotated (a) "Admitted as a refugee pursuant to Section 207". (b) Section 208" or "Asylum". (c) "Section 243 (h)" or "Deportation Stayed by the Attorney General" (d) "Paroled Pursuant to Section 212. (d) (5) of the INA".
3. Arrival Departure Record (I-94 Form) not annotated accompanied by one of the following documents: (a) A final court decision to which no appeal was taken granting asylum. (b) A letter from an INS asylum officer granting asylum (If application filed on or after 10/1/90) or from an INS district director (If application filed before 10/1/90). (c) A court decision granting withholding or deportation. (d) A letter from an asylum officer granting withholding of deportation (If application filed on or after 10/1/90).
4. Temporary Resident Card (I-688 Form) which must be annotated "Section 245A" or "Section 210".
5. Employment Authorization Card (Employment Authorization Card 1-688B Form) which must be annotated "Provision of Law 272a.12(11)" or Provision of Law 274a.12").
6. Receipt Indicating Application for Issuance of Replacement Document.

WHEN THE EVIDENCE MUST BE SUBMITTED: This documentation must be presented to the Tenant Selector when you have been notified of an offer of a public housing unit.

WHEN AN EXTENSION OF TIME TO OBTAIN THE DOCUMENTS WILL BE GRANTED:
You may be given additional time to bring in these documents if you certify that:

1. The evidence is temporarily unavailable, and
2. Additional time is required for it to be obtained, and
3. Prompt and diligent efforts will be undertaken to obtain the evidence.

To request an extension, you must fill out a form which is available from the Tenant Selector. These extensions will be in writing. If you do not have something in writing do not assume you have or will be granted additional time to bring these documents to your Tenant Selector.

PLEASE NOTE THAT THIS IS ONLY A NOTIFICATION TO INFORM YOU OF YOUR RESPONSIBILITIES AS AN APPLICANT. THE ABOVE INFORMATION IS REQUIRED ONLY WHEN YOU HAVE BEEN NOTIFIED THAT YOU HAVE REACHED THE TOP OF THE WAITING LIST AND ARE BEING OFFERED A UNIT IN PUBLIC HOUSING.

Sincerely,

BILLERICA HOUSING AUTHORITY

NOTICE TO ALL APPLICANTS:

REASONABLE ACCOMMODATIONS ARE AVAILABLE FOR APPLICANTS WITH MENTAL AND/OR PHYSICAL DISABILITIES

The Billerica Housing Authority does not discriminate against applicants based on mental or physical disabilities. In addition, the Billerica Housing Authority has an obligation to provide “reasonable accommodation” on account of a disability if an applicant or a household member is limited by the disability and for this reason needs such an accommodation. A reasonable accommodation is a change that the Billerica Housing Authority can make to its facilities or practices that will assist an otherwise eligible person with a disability to overcome the limitations imposed by his or her disability and to be able to participate in the Billerica Housing Authority’s housing or programs. Such a change must be financially and programmatically feasible for the housing authority.

An applicant household which has a member with a mental and/or physical disability must still be able to meet essential obligations of tenancy (for example, the household must be able to pay rent, to care for the apartment, to report required information to the Billerica Housing Authority, and to avoid disturbing neighbors), but an accommodation may be the basis by which the household is able to meet those obligations of tenancy.

The Billerica Housing Authority has an Accommodation Coordinator. If you need an accommodation because of a disability, please complete the attached form and return it to the Billerica Housing Authority. You must also submit medical documentation verifying the existence of a disability, and the need for an accommodation to overcome these limitations and to participate in the Billerica Housing Authority’s housing or programs. Within thirty (30) days of receipt of your request and documentation, the Accommodation Coordinator will contact you to discuss what the Billerica Housing Authority can reasonably do to accommodate you on account of your disability.

If you or a member of your household has a mental and/or physical disability, and as a result you need an accommodation, you may request it at any time. However, you are not obliged to make such a request, and if you prefer not to do so that is your right.



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Highlights of Final Rule Implementing Sections 102, 103, 104 of HOTMA

The Final Rule implementing Sections 102, 103, and 104 of the Housing Opportunity Through Modernization Act of 2016 (HOTMA) delivers important benefits to tenants and reduces administrative burdens for public housing agencies (PHAs), multifamily housing owners (MFH owners), and participating jurisdictions. The highlights of the Final Rule are outlined below.

Section 102: Income Reviews

- **Fewer Interim Reexaminations:** HOTMA creates a 10% adjusted income increase/decrease threshold for conducting Interim Reexaminations, and in most cases requires that increases in earned income are not processed until the next Annual Reexamination, allowing families to keep more of their earnings before receiving a rent increase. The new requirements should lead to fewer Interim Reexaminations overall, alleviating burden for both participants and PHAs.
- **Streamlined Verifications:** Several provisions will streamline the verification process for housing providers.
 - **Adults Only Need to Sign Consent Form Once:** HOTMA revises the required consent form that all adult household members sign, allowing them to sign the form only once instead of annually.
 - **Use of Income Determinations from Other Programs:** HOTMA allows PHAs to use income determinations made under other federal benefits programs for reexaminations.
 - **Review of EIV Not Required at Interim Reexamination:** HOTMA eliminates the requirement for PHAs to use EIV to verify tenant employment and income information during an interim reexamination, significantly reducing administrative burden.
- **Increased Standard Deduction for Elderly/Disabled Households:** HOTMA increases standard deductions for families with a head, co-head, or spouse who is elderly or a person with a disability.
- **Additional Income Exclusions:** The rule codifies additional income and asset exclusions, including:
 - Amounts received from Medicaid or other state/local programs meant to keep a family member with a disability living at home
 - Veterans' aide and attendant care
 - Distributions of principal from non-revocable trusts, including Special Needs Trusts.
- **Threshold for Claiming Medical/Disability Expenses Increased:** HOTMA increases the allowance for unreimbursed health and medical care expenses from 3% of annual income to 10%, phased-in over two years.
- **Higher Threshold for Imputing Asset Income:** HOTMA raises the imputed asset threshold from \$5,000 to \$50,000, incentivizing families to build wealth without imputing income on those assets.

- Hardship Relief: HOTMA provides hardship relief for expense deductions, lessening the impact of the increased threshold for medical expenses. HOTMA permits PHAs to grant hardship relief to families unable to pay rent because of unanticipated medical/disability expenses and families who are no longer eligible for the childcare expense deduction.

Section 103: Public Housing Income Limit

- Public Housing Income Limitation: HOTMA imposes continued program participation limits for families exceeding the statutory income limitation in the Public Housing program, also known as the "over-income" provision.

Section 104: Asset Limits

- Asset Limitation: HOTMA imposes a \$100,000 asset limit for eligibility and continued assistance. Families are also ineligible for assistance if they own real property suitable for occupancy. PHAs have the option of delaying enforcement/termination for up to six months if the family is over the asset threshold at the time of annual reexamination.
- Exclusion of Retirement and Educational Savings Accounts: Retirement accounts and educational savings accounts will not be considered a net family asset. This is a major benefit to families, incentivizing savings for important life milestones and opportunities. This will also provide significant administrative relief to PHAs by allowing them to stop verifying and calculating these assets altogether.
- Self-Certification of Assets under \$50,000: HOTMA allows self-certification of net assets if estimated to be at or below \$50,000. This will be a time-savings for families and lower administrative burden for PHAs recertifying income.

Cross-Cutting

- Adjustments for Inflation: Deductions and the asset limitation will be adjusted for inflation annually, ensuring that deductions do not lose value over time and that families are able to build more wealth without losing program assistance. The current deduction amounts have never been adjusted.



Section 103: Over-Income Limits for Public Housing Families Fact Sheet

Section 103 creates new limitations on program participation for families residing in public housing that remain over-income (OI) for 24 consecutive months. After a 24 month grace period, PHA policy may allow OI families to continue to live in a public housing unit paying an alternative rent. If the PHA does not adopt such a policy, the PHA must terminate tenancy of the OI family within six months of the final notification.

The new rules are implemented through two new sections in the public housing regulations: **24 CFR 960.507 Families exceeding the income limit**, and **24 CFR 960.509 Lease requirements for non-public housing over-income families**. Related definitions can be found in 24 CFR 960.102(b).

The provisions implementing section 103 will be effective March 16, 2023. All PHAs must fully implement OI policies no later than June 14, 2023. There are **no exceptions** to the income limitation on public housing program participation.

Over-income (OI) limit: set by multiplying the very low-income level for the applicable area by a factor of 2.4, a limit equal to approximately 120% of the AML. OI procedures are triggered by **annual or interim reexaminations**. During the reexamination, if the family is determined to be OI, the OI notification process begins.

Over-income (OI) family: families whose income exceeds the OI limit, including families during the grace period or before program termination or execution of a non-public housing over-income lease. These families retain all of their rights and obligations as public housing program participants.

Non-public housing over-income (NPHOI) family: a family whose income exceeds the OI limit for 24 consecutive months and remains in the unit paying the alternative non-public housing rent.

These families must have signed an NPHOI lease and are no longer public housing program participants. NPHOI families may not participate in public housing resident councils or programs for low-income or public housing participants. NPHOI families cannot receive a utility allowance from the PHA, be subject to income reexaminations, or be required to comply with Community Service and Self-Sufficiency Requirements.

Alternative Non-Public Housing Rent: A remaining NPHOI family must be charged a monthly rent equal to the higher of: the applicable fair market rent (24 CFR 888(A)), or the amount of the monthly subsidy provided for the unit (HUD will publish annually).



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Section 103: Over-Income Limits for Public Housing Families Fact Sheet

Falling below OI limit: If the PHA determines (in an interim or regular reexamination) that a family's income has fallen below the OI limit at any time during the 24-month grace period the family will remain public housing program participants and return to regular income reexamination periods. If the family becomes OI again, the PHA begins a new 24-month grace period.

Notices: PHAs must give OI families 3 notices, each within 30 days of the income examination that determines the family is, or remains, OI: at the initial determination of OI status, following the reexamination at the conclusion of the 1st 12 months of the grace period, and at the conclusion of the 24 month grace period.

All notices must be provided in writing and state what actions will be taken as required under the PHA's OI policy in the Admissions and Continued Occupancy Policy (ACOP). If applicable, the notice must include the alternative rent amount. All notices must provide information on the family's right to a grievance hearing.

Policies: PHAs must have a continued occupancy policy detailed in its ACOP to either:

- Require OI families to execute a new NPHOI lease within 60 days of notification and charge the family the alternative non-public housing rent, or
- Terminate the tenancy of the family no more than 6 months after the notification.

PHAs may choose to adopt a waitlist preference for NPHOI families who again become income-eligible for readmission to the public housing program. These families would then reapply. OI families who have vacated public housing are not eligible for this preference.

Reporting: The PHA must submit a report annually that specifies:

- The number of OI families residing in a PHA's public housing as of the end of the calendar year. This report will be pulled by HUD via the form HUD-50058.
- The number of families on the waiting lists for admission to public housing. This information will be submitted through the Operating Fund Web Portal beginning January 1, 2024.

Related Resources:

- [Supplemental Guidance for Implementation of Section 103; Limitation on Public Housing Tenancy for Over-Income Families under the Housing Opportunity Through Modernization Act of 2016 \(HOTMA\)](#)
 - » See Appendix for directions on calculating the OI limit.
- [Implementation of Section 103: Over-Income Limits for Public Housing Families recorded training, presentation, and transcript](#)
- [Sample NPHOI lease](#)
- [Sample OI Notices](#)



FY 2023 INCOME LIMITS DOCUMENTATION SYSTEM

HUD.gov [HUD User Home](#) [Data Sets](#) [Fair Market Rents](#) [Section 8 Income Limits](#) [MTSP Income Limits](#) [HUD LIHTC Database](#)

FY 2023 Income Limits Summary

FY 2023 Income Limit Area	Median Family Income <small>(Source: HUD User Home)</small>	FY 2023 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Lowell, MA HUD Metro FMR Area	\$132,400	Very Low (50%) Income Limits (\$) <small>Click for More Detail</small>	46,350	53,000	59,600	66,200	71,500	76,800	82,100	87,400
		Extremely Low Income Limits (\$)* <small>Click for More Detail</small>	27,800	31,800	35,750	39,700	42,900	46,100	49,250	52,400
		Low (80%) Income Limits (\$) <small>Click for More Detail</small>	66,300	75,750	85,200	94,650	102,250	109,800	117,400	124,900

NOTE: **Billerica town** is part of the **Lowell, MA HUD Metro FMR Area**, so all information presented here applies to all of the Lowell, MA HUD Metro FMR Area. HUD generally uses the Office of Management and Budget (OMB) area definitions in the calculation of income limit program parameters. However, to ensure that program parameters do not vary significantly due to area definition changes, HUD has used custom geographic definitions for the Lowell, MA HUD Metro FMR Area.

The **Lowell, MA HUD Metro FMR Area** contains the following areas: Billerica town, MA; Chelmsford town, MA; Dracut town, MA; Dunstable town, MA; Groton town, MA; Lowell city, MA; Peppercell town, MA; Tewksbury town, MA; Tyngsborough town, MA; and Westford town, MA.

* The FY 2014 Consolidated Appropriations Act changed the definition of extremely low-income to be the greater of 30/50ths (60 percent) of the Section 8 very low-income limit or the poverty guideline as established by the Department of Health and Human Services (HHS), provided that this amount is not greater than the Section 8 50% very low-income limit. Consequently, the extremely low income limits may equal the very low (50%) income limits.

Income Limit areas are based on FY 2023 Fair Market Rent (FMR) areas. For information on FMRs, please see our associated FY 2023 [Fair Market Rent documentation system](#).

For last year's Median Family Income and Income Limits, please see here:

[FY 2022 Median Family Income and Income Limits for Lowell, MA HUD Metro FMR Area](#)

Select a different county or county equivalent in Massachusetts:

- Belmont town ▲
- Berkley town
- Berlin town
- Bernardston town
- Beverly city
- Billerica town ▼

Select any FY2023 HUD Metropolitan FMR Area's Income Limits:

- Lowell, MA HUD Metro FMR Area ▼
- [Select HMFA Income Limits Area](#)

Or press below to start over and select a different state:



HOTMA Sections 102 and 104: Income and Assets Fact Sheet

This sheet provides an overview of the changes related to income reviews and asset limitations from the implementation of HOTMA Sections 102 and 104.

Income Definitions — 24 CFR 5.609 (a): Income is now defined broadly with an expanded and clarified list of income exclusions. Annual income includes all amounts received from all sources by each adult family member 18 years or older or the head of household or their spouse, plus unearned income by or on behalf of each dependent under 18 years, plus income from assets.

- **Income Exclusions — 24 CFR 5.609(b):** See the [Income and Exclusions Resource Sheet](#) for the list of all excluded amounts.
- **Student Financial Assistance — 24 CFR 5.609(b)(9):** See the [Student Financial Assistance Resource Sheet](#) for information on deductions, exclusions, and calculating exclusions.

Income from Assets — 24 CFR 5.609(a): In general, income from assets is considered income. If it is possible to calculate actual returns from an asset, the PHA should use that amount. If it is not possible to calculate an actual return on an asset, the PHA must impute income from assets based on the current passbook savings rate as determined by HUD when the family has net assets over \$50,000 (adjusted annually by CPI-W). See the [Asset Resource Sheet](#) for the list of all excluded amounts.

Calculation of Income — 24 CFR 5.609(c): For initial occupancy/assistance and interim reexaminations, the PHA must estimate the family income for the upcoming 12-month period using current income. For all annual reexaminations, the PHA must determine the family income for the previous 12-months **unless** using a streamlined income determination, taking into account any redetermination from an interim reexamination and any unaccounted for income changes.

Interim Income Reexaminations — 24 CFR 960.257(b), 982.516(c), and 882.515(b): A family may request an interim reexamination because of family income or composition changes since the last examination. An interim reexamination should be conducted when a family's adjusted income decreases by 10% or more (or lower threshold per HUD or PHA policy). An interim reexamination should also be conducted when a family's adjusted income increases by 10% or more; however, the PHA may not consider any increase in the earned income of the family when estimating or calculating whether the family's adjusted income has increased, unless the family has previously received an interim reduction during the certification period. See the [Interim Reexaminations Fact Sheet](#).



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HOTMA Sections 102 and 104: Income and Assets Fact Sheet

Safe Harbor: Income Determinations from Other Programs – 24 CFR 5.609(c)(3): The PHA may determine a family's pre-deduction income based on income determinations made by other means-tested federal public assistance programs within the previous 12-months. PHAs are not required to use this method.

Eliminates the Earned Income Disregard: Only families already participating in EID on the effective date of the final rule may continue receiving the benefits up to 2 years from that date. Families receiving the Jobs Plus Earned Income Disregard pursuant to the FY2022 NOFO or earlier may continue to receive the EID under the terms of the NOFO.

Mandatory Deductions – 24 CFR 5.611 (a)(1)-(a)(2): Changes the mandatory deduction amounts to \$480 per dependent and \$525 per elderly and disabled family. These amounts are 2024 figures, adjusted annually for inflation and rounded to the next lowest multiple of \$25.

Health and Medical Expense Deduction – 24 CFR 5.611(a)(3): Increases the threshold for the deduction of unreimbursed health and medical care expenses plus unreimbursed reasonable attendant care and auxiliary apparatus expenses that enable employment to 10% of annual income.

Permissive Deductions – 24 CFR 5.611(b): A PHA may adopt, through written policies, additional deductions from annual income. PHAs will not be eligible for additional HUD funding based on application of these deductions.

Hardship Exemptions to the Health and Medical Expenses Deduction – 24 CFR 5.611(c)(1)-(c)(2): There are two categories of hardship exemptions to the new 10% threshold for unreimbursed health and medical expenses: a phase-in for families already receiving a deduction for expenses over 3% of their income and a general hardship exemption.

Exemption to Continue the Child Care Expense Deduction – 24 CFR 5.611(d): A family whose eligibility for the child care expense deduction is ending may request a financial hardship exemption to continue the deduction.

Limitation on Assets – 25 CFR 5.618(a): The new rule restricts families from receiving public housing or Section 8 benefits if their net family assets exceed \$100,000 (as adjusted annually) or if the family owns real property deemed suitable for the family to live in.

Exclusion from Assets – 24 CFR 5.603(b)(3): There are new exclusions from assets, including related to necessary items of personal property, non-necessary items of personal property when the total value does not exceed \$50,000 (as adjusted), and real property that the family does not have the legal authority to sell.

See the [Assets, Asset Exclusions, and Limitation on Assets Resource Sheet](#) for a complete list and more information on exclusions and real property.

Additional Resources on HOTMA Sections 102/ 104

- HUD Exchange: [HOTMA Income and Assets Training Series](#)