



Commonwealth of Massachusetts
**DEPARTMENT OF HOUSING &
 COMMUNITY DEVELOPMENT**
 Mitt Romney, Governor ♦ Kerry Healey, Lt. Governor ♦ Jane Wallis Gumble, Director

Public Housing Notice 2004-08

MEMORANDUM

TO: All Local Housing Authorities
 FROM: Carole E. Collins, Director, Bureau of Housing Management
 RE: Revised Income Limits for Admission and FMRs for Continued Occupancy
 DATE: August 25, 2004

Attached please find the 2004 revised income limits for admission to state-aided public housing and for participation in the AHVP effective August 9, 2004. Pursuant to 760 CMR 5.06 these income limits are set at two year intervals and are the "Low Income Limits" set by the United States Department of Housing and Urban Development (HUD) for a similarly sized household in the city or town in which the LHA is located. Please review the attached listing and have the appropriate area limits for your Authority adopted by the Board. Each LHA should adopt limits for each specific household size, one through eight. You will find the current Fair Market Rents (FMRs) for the area enclosed as well for your use in determining eligibility for continued occupancy. Remember DHCD only sends the current FMR when it revises the income limits for admission, however, LHAs should use then current FMRs when making determinations of eligibility for continued occupancy.

If you have any questions, please contact your Housing Management Specialist.



NET INCOME LIMITS BY HOUSEHOLD SIZE FOR DETERMINING ADMISSION FOR STATE-AIDED PROGRAMS

EFFECTIVE AUGUST 9, 2004

PMSA	ONE	TWO	THREE	FOUR	FIVE	SIX	SEVEN	EIGHT
Barnstable - Yarmouth	34600	39550	44500	49450	53400	57350	61300	65250
Boston	46300	52950	59550	66150	71450	76750	82050	87350
Brockton	40250	46000	51750	57500	62100	66700	71300	75900
Fitchburg - Leominster	34850	39800	44800	49750	53750	57700	61700	65700
Lawrence	40250	46000	51750	57500	62100	66700	71300	75900
Lowell	40250	46000	51750	57500	62100	66700	71300	75900
New Bedford	34550	39500	44400	49350	53300	57250	61200	65150
Pittsfield	34550	39500	44400	49350	53300	57250	61200	65150
Providence - Fall River - Warwick	38000	43450	48900	54300	58650	63000	67350	71700
Springfield	34550	39500	44400	49350	53300	57250	61200	65150
Worcester	38800	44350	49900	55450	59900	64300	68750	73200

NON-PMSA

Barnstable County	34550	39500	44400	49350	53300	57250	61200	65150
Berkshire	34550	39500	44400	49350	53300	57250	61200	65150
Dukes County	37000	42300	47600	52900	57100	61350	65550	69800
Franklin County	34550	39500	44400	49350	53300	57250	61200	65150
Hampden	37750	43150	48550	53900	58250	62550	66850	71150
Hampshire	38000	43450	48900	54300	58650	63000	67350	71700
Nantucket County	47100	53800	60550	67300	72650	78050	83450	88800
Worcester	34550	39500	44400	49350	53300	57250	61200	65150

FAIR MARKET RENTS

EFFECTIVE AUGUST 9, 2004

<u>METROPOLITAN FMR AREAS</u>	<u>OBR</u>	<u>1BR</u>	<u>2BR</u>	<u>3BR</u>	<u>4BR</u>
Barnstable - Yarmouth	541	724	967	1212	1357
Boston	1007	1135	1419	1775	2084
Brockton	647	853	1046	1300	1483
Fitchburg - Leominster	441	620	805	1035	1125
Lawrence	639	771	971	1214	1492
Lowell	682	881	1065	1334	1491
New Bedford	592	723	823	1029	1155
Pittsfield	353	501	617	775	959
Providence - Fall River - Warwick	414	564	678	851	1050
Springfield	439	544	686	857	1055
Worcester	549	663	827	1033	1158
<u>NONMETROPOLITAN COUNTIES</u>	<u>OBR</u>	<u>1BR</u>	<u>2BR</u>	<u>3BR</u>	<u>4BR</u>
Barnstable County	526	722	960	1202	1347
Berkshire	419	509	600	823	987
Dukes County	710	723	961	1203	1350
Franklin County	451	560	716	896	1083
Hampden	455	622	829	1102	1360
Hampshire	639	646	862	1082	1210
Nantucket County	807	1082	1443	1803	2019
Worcester	508	530	706	884	989

LHA LETTERHEAD

NOTICE OF NEW TENANT RENT SHARE

Pursuant to Section 1.2 of your AHVP Lease, this serves as a 30 day notice that your tenant rent share has been changed as required by and pursuant to DHCD regulation 760 CMR 6.00. That regulation is posted in the Housing Authority Office. This notice does not affect the regular rent determination process.

DATE:

TENANT: _____ ADDRESS: _____

CURRENT TENANT RENT SHARE: _____

YOUR TENANT RENT SHARE HAS BEEN ADJUSTED BASED ON THE SAME INCOME AND DEDUCTION DATA ON FILE FROM YOUR LAST ANNUAL REDETERMINATION OR INCOME CHANGE, WHICHEVER WAS LATER (ELIMINATING THE \$400 DEDUCTION IN 760 CMR 6.05(4)(a)) AS FOLLOWS:

- (A) HOUSEHOLD'S GROSS ANNUAL INCOME: _____
- (B) TOTAL ALLOWABLE DEDUCTIONS: _____
- (C) HOUSEHOLD'S ANNUAL NET INCOME (A-B): _____
- (D) HOUSEHOLD'S MONTHLY NET INCOME: _____
- (E) YOUR TENANT RENT SHARE IS 25%/30% OF YOUR MONTHLY NET INCOME: _____

NEW TENANT RENT SHARE: _____

EFFECTIVE DATE OF NEW TENANT RENT SHARE: _____ [Date – insert first of second month following the date of this notice (and it's cover letter)]

You are reminded that you are still required by Section 4(A)(1) your AHVP Voucher to report, within 30 days of the changes, any increase in household income and/or composition.

If you do not agree with this rent adjustment, please contact this Office for further assistance. If at that time, you still do not agree that your rent was calculated correctly, and according to the Regulation governing rent as set forth by the Department of Housing and Community Development (DHCD), you may file a Grievance and request a Grievance Hearing, in writing, to this Office. You may present all relevant information pursuant to the Housing Authority's grievance procedure.

A request for a Grievance Hearing must be in writing and must be mailed or delivered to the Housing Authority no later than fourteen (14) days after the date this notice was received. You have the right to examine your file before the Grievance Hearing. You are entitled to be represented at the Grievance Hearing by an attorney or other person of your choice at your own expense. If you or your representative request a Grievance Hearing, you must continue to pay your then current tenant rent share, unless your redetermined share is lower, until disposition of the Grievance. Upon final disposition of the Grievance, you shall pay any additional amounts determined to have been due but not paid since the effective date set out in this notice or the Housing Authority shall credit you with any amounts paid but determined not to have been due.

**ANNUAL AND INTERIM LEASE AMENDMENT
ALTERNATIVE HOUSING VOUCHER PROGRAM (AHVP)**

DATE _____

TENANT (LESSEE)

LANDLORD (LESSOR)

Unit located at _____

At the time that the income or size of the household is renewed or changes, the net income and rent shall be recalculated by the _____ (LHA). This is pursuant to Regulations 760 CMR 53.06 (3) and (4) governing the Alternative Housing Voucher Program, the amount of rent payable by the _____ (LHA), and the Lessee. If the household net income has decreased, the rent shall be decreased effective the first rent payment day following the change in household income or size. If the net income has increased, the rent shall be increased effective the first rent payment day of the second month following the change in household income.

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Based on information supplied by the tenant concerning income and household size, check which applies:

Annual Recertification \_\_\_\_\_

Interim Change \_\_\_\_\_

AHVP regulations require that revisions be made in rental payment responsibilities. Therefore, the lease shall be amended as follows:

Effective as of \_\_\_\_\_

The Contract and Lease are extended to (applicable for renewal only):

\_\_\_\_\_

CURRENT

NEW

TOTAL RENT \_\_\_\_\_

CHANGES TO \_\_\_\_\_

LHA SHARE \_\_\_\_\_

CHANGES TO \_\_\_\_\_

TENANT SHARE \_\_\_\_\_

CHANGES TO \_\_\_\_\_