

## CHAPTER THREE: Strategic Plan

The Strategic Plan establishes priorities among the needs identified in Chapter Two and outlines specific objectives for the next five years. Priority needs are identified in each of the three statutory areas – decent housing, economic opportunity and a suitable living environment – and then brought together into a single table in Section IV of this Chapter. (HUD prescribes the categories that appear in the various priority needs tables.) The Strategic Plan also identifies geographic priority areas.

This chapter also describes who does what in carrying out affordable housing and community development in Burlington, as well as what stands in the way of achieving the city's affordable housing and community development goals. And, this chapter lays out the basic framework for the citizen participation process.

### I. DECENT HOUSING

#### General Housing Policies

Housing is the essence of Burlington's neighborhoods. Support for affordable housing allows elders to remain in the homes and neighborhoods they know. Homebuyer purchase and rehabilitation programs allow the next generation of residents to own and modernize older homes.

Affordable housing is a balance to economic development. In boom times, affordable housing ensures that there is housing for workers and that rising prices do not displace residents. In a troubled economy, affordable housing development is an economic engine and its subsidies ensure that low-income residents are not made homeless. Finally, the use of affordable housing to redevelop distressed neighborhoods prevents the loss of value of the surrounding properties and encourages long-term investment by other property owners.

All the citizens of Burlington have the right to live and raise their families in homes that are safe and sound, at a cost that allows them to afford the other necessities of life. The free market for housing is often not a fair market for low-income residents. Thousands of Burlington's residents have been left behind in the free housing market through no fault of their own. They include the elderly and disabled, as well as many workers whose wages have not kept up with housing costs. Left unchecked, market forces will allow housing to deteriorate, push people from their homes and leave others with no homes at all.

The city will protect its residents from this harm through enforcement of its housing ordinances (including its inclusionary zoning ordinance, which makes affordable housing an integral part of every newly constructed residential project in the city) and the provision of housing outside the private market. Nonprofit housing organizations serve a crucial role in the development of affordable rental housing and housing for the most vulnerable populations, and the city will continue to support these community-based

nonprofit developers. In addition, the city will continue to look for ways to protect residents from unfair property speculation and to give tenants the protection of just cause eviction laws.

Control of affordable housing should rest with the community as a whole and with the residents of that housing. Government subsidies for housing should remain with the assisted housing, and not simply provide profits to the initial occupant or developer.

Burlington's housing policy is shaped around the concept of a housing tenure ladder. The ladder is an affordable housing system that combines security and mobility, one that guarantees both a "right to stay put" and a "chance to move on." The rungs of the housing tenure ladder consist of a wide range of living situations, including single room occupancy (SRO), family-sized apartments, detached homes, cooperatives, condominiums, group homes and co-housing. This housing includes a wide range of tenures, including public ownership, for-profit rental, nonprofit rentals, cooperative ownership, limited equity condominiums and houses, and market-priced condominiums and houses.

The many different rungs allow residents to change their housing when their needs or circumstances change, from living situations that are precarious to those that are more secure; from situations that are cramped to those that are more commodious; from housing that has become overly commodious to more appropriately sized housing; from situations requiring each and every resident to "go it alone" to those that provide support or allow more cooperative sharing of residential responsibilities, burdens and risks. At each rung, the tenure of residents must be secure and opportunities must be created, with an easy process for moving from one rung to another. The city will continue to support new models of housing tenure that create additional rungs on the housing tenure ladder, bridging the yawning gap between for-profit rental housing and market-priced homeownership.

91.215 (b)

*With respect to affordable housing the consolidated plan must include the priority housing needs table prescribed by HUD.*

#### I(A). Priority Housing Needs

Table 2A1 below summarizes the city's priority housing needs by income group and by household type. These priorities are incorporated into Table 2A3 / 2C1 on pages 3-29 to 3-30 in the form of specific objectives, with funding sources and target dates for completion.

"High" priority means that activities to address this need will be funded by the city with its CDBG and/or HOME funds, either alone or in conjunction with the investment of other public or private funds, during the period beginning July 1, 2008. "Medium" priority means that if CDBG and/or HOME funds are available, activities to address this need may be funded; also, the city will take other actions to help this group locate other sources of funds (i.e., letters of support, facilitation of group applications, etc.). "Low" priority means that the city will not fund activities to address this need with CDBG or HOME funds, but will consider certifications of consistency for other entities' applications for federal assistance. "No need" means either that no need exists or that this need is already substantially addressed.

<b>TABLE 2A1 Housing Priorities by Income Level and Household Type</b>	Household Income	# of Households with Any Housing Problem	Need Level
<b>RENTER HOUSEHOLDS</b>			
Elderly	0 - 30% of MFI	274	H
	31 - 50% of MFI	38	M
	51 - 80% of MFI	67	M
	80 - 95% of MFI	0	N
Small Families (2 to 4 members)	0 - 30% of MFI	572	H
	31 - 50% of MFI	349	H
	51 - 80% of MFI	137	M
	80 - 95% of MFI	20	L
Large Families (5 or more members)	0 - 30% of MFI	81	H
	31 - 50% of MFI	76	H
	51 - 80% of MFI	50	M
	80 - 95% of MFI	0	N
All Other	0 - 30% of MFI	974	H
	31 - 50% of MFI	941	H
	51 - 80% of MFI	543	M
	80 - 95% of MFI	45	L
<b>OWNER HOUSEHOLDS</b>			
Elderly	0 - 30% of MFI	219	H
	31 - 50% of MFI	53	M
	51 - 80% of MFI	32	M
	80 - 95% of MFI	24	L
Small Families (2 to 4 members)	0 - 30% of MFI	60	H
	31 - 50% of MFI	58	M
	51 - 80% of MFI	210	M
	80 - 95% of MFI	90	L
Large Families (5 or more members)	0 - 30% of MFI	0	N
	31 - 50% of MFI	47	M
	51 - 80% of MFI	43	M
	80 - 95% of MFI	10	L
All Other	0 - 30% of MFI	43	H
	31 - 50% of MFI	80	M
	51 - 80% of MFI	199	M
	80 - 95% of MFI	75	L

91.215(a)(2)

*Describe the rationale for establishing the allocation priorities given to each category of priority needs, particularly among extremely low-income, low-income, and moderate-income households.*

91.215(b)(1)

*The affordable housing section shall describe how the characteristics of the housing market and the severity of housing problems and needs of extreme low-income, low-income, and moderate-income renters and owners identified in accordance with Sec. 91.205 provided the rationale for establishing allocation priorities and use of funds made available for rental assistance, production of new units, rehabilitation of existing units, or acquisition of existing units (including preserving affordable housing units that may be lost from the assisted housing inventory for any reason). Household and income types may be grouped together for discussion where the analysis would apply to more than one of them. If the jurisdiction intends to use HOME funds for tenant-based assistance, it must specify local market conditions that led to the choice of that option.*

### Priority by Income Group and Household Type

The highest priority for all renter households is the extremely low-income group, because that is where the greatest need appears. At the same time, the city has a commitment to mixed-income housing, which means that no city-funded permanent housing projects will be dedicated exclusively to extremely low-income households. The city will continue to seek a balance between meeting the needs of its lowest income residents and avoiding segregating those residents.

For all renter households except the elderly, low-income households are also a high priority based on the numbers of households with housing problems in that income group.

Among the different types of households, the elderly, small family and large family renter households are all high priority. Although large family renters are a small group, their needs are equally pressing – and the size of the group is increasing, driven in large part by incoming refugee households with many children.

While the “other renter households” group has the highest number of cost-burdened households, it also contains a large number of student households, where cost burden is often temporary. Among the 1,915 households at the low- and extremely low-income level, at least half are estimated to be student households. Therefore, while both extremely low- and low-income households in this group remains a high priority, the effective need level is reduced by around 50%.

Among owner households, the highest priority is extremely low-income elderly, small family and other households because these are the owners with the fewest household resources to meet their housing needs. The city will try to meet the needs of low- and moderate-income homeowners, where there are large numbers of

cost-burdened households, to the extent that public resources are available.

### Priority by Activity Type

To address the imbalance of housing supply and demand, and the high number of cost-burdened renters in the city, the preservation of existing affordable units and the creation of new units is a high priority. To address the fact that the city’s housing stock is aging, housing rehab is a high priority. Support of homeownership will principally come from resources other than CDBG and HOME, though the city will continue to make limited investment of those resources to support increased homeownership.

The city has never used HOME funds for tenant-based assistance but may do so in the next five years. If the National Housing Trust Fund comes to fruition, it will supply

much needed additional resources for affordable housing. Because the National Housing Trust Fund mandates that at least 75% of funds must go to extremely low-income families (below 30% of median income or below the national poverty level) and that at least 10% of funds must go to families with incomes over 50% of the local area median income, the city may need to fill the gap for renters in the low-income category (between 30% and 50% of median income) by providing supplemental rental assistance through its HOME program.

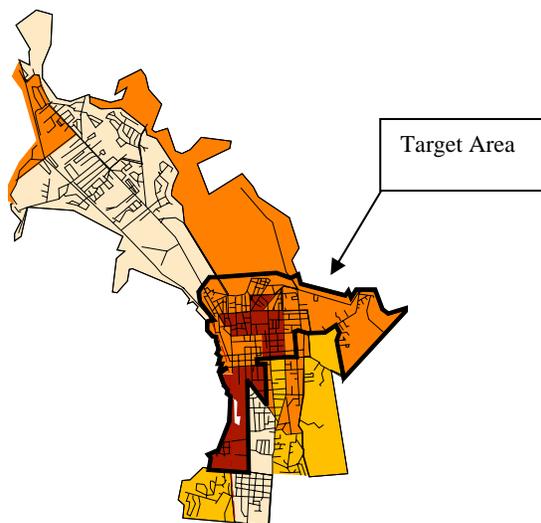
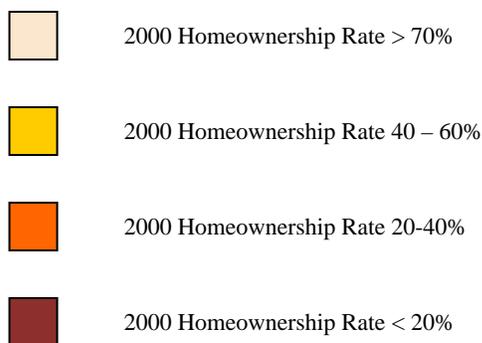
Table 2A2 below summarizes the city’s housing priorities by activity type. These priorities are also incorporated into Table 2A3 / 2C1 in the form of specific objectives.

<b>TABLE 2A2</b>		
<b>Housing Priorities by Activity Type</b>		
<b>CDBG</b>	Acquisition of existing rental units	H
	Production of new rental units	H
	Rehabilitation of existing rental units	H
	Rental assistance	N
	Acquisition of existing owner units	M
	Production of new owner units	M
	Rehabilitation of existing owner units	H
	Homeownership assistance	H
<b>HOME</b>	Acquisition of existing rental units	H
	Production of new rental units	H
	Rehabilitation of existing rental units	H
	Rental assistance	M
	Acquisition of existing owner units	M
	Production of new owner units	M
	Rehabilitation of existing owner units	H
	Homeownership assistance	M
	Security Deposits	L

91.215 (a)

- Describe the geographic areas of the jurisdiction (including areas of low income families and/or racial/minority concentration) in which assistance will be directed.
- Describe the basis for allocating investments geographically within the

Burlington has an approved Neighborhood Revitalization Strategy Area (NRSA) covering census tracts 3, 4, 5, 6 and 10, and housing resources are targeted to that area based on area income levels, the age of the housing stock and homeownership rates. (The map below shows the NRSA minus the floodplain areas of the Intervale, where there is no housing.) Based on individual household needs and on the city’s desire to continue to have affordable housing available throughout the city, CDBG and HOME resources may be directed outside of the target area under extenuating circumstances.



91.215(a)(3)

Identify any obstacles to meeting underserved needs.

The principal obstacle to meeting underserved needs is lack of resources, especially for extremely low-income households. The monthly cost to provide a rental housing unit is around \$500; the rent that an extremely low-income household can afford to pay is \$250. This mismatch between revenue and expense must be offset by a public subsidy, typically a Section 8 voucher. However, it appears to be unlikely that additional vouchers will become available in the near future.

Funding for the development and preservation of affordable housing is shrinking, in the face of growing needs. And although the National Housing Trust Fund, should it come to fruition, will supply much needed funding for extremely low-income rental households (i.e., those at less than 30% of median income), the resource gap for low-income renters (those between 30 and 50% of median income) will remain.

There is limited land available in the city for development. This means that creating new affordable housing must occur through adaptive reuse of existing structures (including vacant upper story space) as well through infill and development of those larger appropriately-zoned parcels that do exist.

There has always been a community tension between the need for development (including the development of new housing) and the desire to preserve the status quo, between the need to rehabilitate and maintain the housing stock and the desire for architectural and historic preservation. Recently, rather than seeking a balance, the pendulum seems to have caught on the side of preservation – making affordable housing development and rehab more expensive and, sometimes, impossible.

The recent rewrite of the city’s zoning ordinance, which extended over a period of several years, contributed uncertainty to the development process and delayed several affordable housing projects. With the recent passage of the new ordinance, some of this uncertainty has been resolved – although it is anticipated that the new ordinance will face ongoing amendment.

Rising home heating prices are an obstacle to decent and affordable housing for both owners and renters.

Discrimination, as discussed more fully in the Fair Housing section of this Plan, is an ongoing obstacle for both renters and owners.

91.215 (i)

- *Explain the institutional structure through which the jurisdiction will carry out its consolidated plan, including private industry, non-profit organizations, and public institutions.*
- *Assess the strengths and gaps in the delivery system.*

A full description of the institutional structure through which the city’s affordable housing and community development initiatives are implemented appears later in the Consolidated Plan beginning at page 3-58. The local housing delivery system is, overall, strong, diverse (with public, private and third sector participation) and well-coordinated.

There are, nonetheless, some gaps in the delivery system. One is the lack of temporary transitional housing for refugee families when they first arrive in Vermont. There is usually very short notice when refugees arrive, and some form of “Welcome Housing” – perhaps several small apartments with a common area for educational purposes – would meet urgent short-term housing needs as well as easing transition into a new culture.

Free tax assistance sites help low-income homeowners access income-based property tax relief and low-income renters access renters rebates. These sites do not, however, have the capacity to serve all eligible households, leaving those who are not comfortable with the relatively complicated state tax forms to seek paid help – too often with excessively high fees.

CDBG and HOME funding levels are too low to provide for the rehab needs of low-income homeowners, and the rehab resources of the Champlain Housing Trust (funded by the state CDBG program and by Rural Development) are not available to Burlington homeowners.

*91.215(d)*

*With respect to homelessness, the consolidated plan must include the priority homeless needs table prescribed by HUD and must describe the jurisdiction's strategy for the following:*

- 1. Helping low-income families avoid becoming homeless;*
- 2. Reaching out to homeless persons and assessing their individual needs;*
- 3. Addressing the emergency shelter and transitional housing needs of homeless persons; and*
- 4. Helping homeless persons (especially any persons that are chronically homeless) make the transition to permanent housing and independent living.*

*91.215(a)(2)*

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

I(B). Priority Homeless Needs

Burlington was the first city in New England, and the first small city in the nation, to develop a 10-Year Plan to End Homelessness. The Plan outlines a series of steps designed to make permanent housing available to everyone (including the chronically homeless), affordable and in a form appropriate to their needs, with services also available to ensure stable tenure.

Continuum of Care services for the homeless in the greater Burlington metropolitan area are delivered through a consortium of nonprofit organizations, faith-based organizations, housing developers, government agencies and the Burlington Housing Authority. The private, nonprofit Committee on Temporary Shelter (COTS) serves as the coordinating entity for the Continuum of Care system.

Components of the Continuum include:

1. **Prevention:** Services include back rent assistance, home heating fuel aid, transportation, tenants' rights advocacy and legal representation. The Fair Housing and

Weatherization programs run by the Champlain Valley of Economic Opportunity also serve as prevention resources. The Continuum is working with the state's Economic Services Division to increase prevention resources for families facing evictions, and specifically to expand the back rent program to include single adults as well as families with children; resulting savings in state-funded temporary motel stays could be redirected to the development of permanent supportive housing. COTS is working to increase private prevention fund resources to shore up precariously housed families. The Continuum is also working to develop an Early Intervention Plan for persons in permanent housing on the brink of homelessness that will include financial education, back-rent assistance and additional legal support services.

2. **Outreach, Intake, and Assessment:** Peerworkers, funded through the McKinney P.A.T.H. Program as well as the AmeriCorps Program, provide aggressive street outreach and assessment to identify a person's or family's needs and to make appropriate referrals for medical treatment, mental health services, substance abuse counseling, coordinated case management and vocational services. Outreach is a collaborative effort between nonprofit agencies. There are also specialized street outreach and assessment programs for homeless youth, homeless persons with HIV/AIDS, and homeless persons who are mentally ill.
3. **Emergency Shelter and Shelter Services:** There are seven emergency shelters in Burlington. COTS Waystation and the Burlington Emergency Shelter provide emergency overnight shelter to single adults, including veterans. COTS Daystation is a

drop-in center for homeless adults and families, and is the central location for accessing support services. COTS Firehouse and Main Street Family Shelters serve homeless children and their families, and the confidential shelter operated by Women Helping Battered Women serves homeless women and children fleeing domestic abuse. Spectrum Youth and Family Services operates a one-stop shelter for homeless youth.

Each shelter offers case management and housing search assistance to help participants move quickly out of shelter into transitional or permanent housing, with necessary follow-up support for maintaining housing.

- Supportive Services: Community-based organizations provide job training and placement, substance abuse counseling and referrals for treatment, medical and dental care, legal advocacy and representation, mental health counseling and residential treatment programs, child care, housing search assistance and security deposit assistance.
  - Transitional Housing: COTS provides transitional housing to homeless individuals and families. The Howard Center's Transitional Housing Programs provide transitional housing for homeless persons with mental illnesses. Spectrum provides transitional housing for youth in the community. New transitional housing is now available for women exiting corrections, and will shortly be available for victims of domestic violence. COTS will pursue Veterans funding to create transitional housing similar to the privately funded COTS Smith House, which has a 65% success rate of moving chronically homeless individuals into permanent housing.
4. Permanent and Permanent Supportive housing: Burlington's inventory of permanent supportive housing includes a range of SRO housing. In addition, a wide variety of permanent housing options exist due to the collaborative efforts of city government, local public housing authorities, nonprofit housing developers, and private landlords. Over the next ten years, the Continuum will work with the Champlain Housing Trust to implement a "Hard to House Initiative" that will convert ten housing units (20 beds) into service-enriched permanent housing for hard-to-house families. The Continuum worked with the Burlington Housing Authority (BHA) to re-institute a "fast track" program for victims of domestic violence, with ten housing vouchers reserved for this population. Under the fast track program, the family gets permanent housing immediately with BHA guaranteeing vouchers when they become available and the state paying interim rent with Emergency Assistance funds. The Continuum will continue to advocate for increased funding for state homeless programs, so HUD McKinney/Vento funding can be used for permanent supportive housing. The Continuum is also proposing that the State Qualified Allocation Plan (QAP) require 10% of all units in any tax credit development be dedicated to permanent supportive housing, and will hold a Housing Summit with Chittenden County housing managers to explore supportive housing models that could lead to new permanent housing opportunities for homeless and marginally housed individuals and families.

The Continuum's efforts to increase the percentage of homeless persons moving into permanent housing include training ten case managers to utilize the new online Directory

of Affordable Housing resource to find permanent housing for consumers. The Continuum will also try to expand affordable housing opportunities for Community Rehabilitation and Treatment (long-term mental health care) individuals leaving state hospitals through newly developed “Recovery Housing.”

The Continuum is working to increase the percentage of homeless persons staying in permanent housing with efforts that include developing an advocacy plan to increase funding to provide additional support services beyond 6 months to households in permanent housing with complex issues; developing a financial training program for homeless individuals and families before they move into permanent housing; implementing a required case management plan for families receiving Family Unification Vouchers; and applying for funding from the Substance Abuse and Mental Health Services Administration (SAMHSA) to support homeless persons in permanent housing beyond 6 months who have complex mental health and substance abuse issues.

Table 1A3 below shows the priorities for CDBG and HOME funding for the homeless over the next five years by population type. Again, “high” priority means that activities to address this need will be funded by the city with its CDBG and/or HOME funds, either alone or in conjunction with the investment of other public or private funds, during the period from July 1, 2008 to June 30, 2013. “Medium” priority means that if CDBG and/or HOME funds are available, activities to address this need may be funded; also, the city will take other actions to help this group locate other sources of funds (i.e., letters of support, facilitation of group applications, etc.).

<b>TABLE 1A3</b> <b>Part 1: Homeless Population</b>	Sheltered		Unsheltered	Total	Priority
	Emergency	Transitional			
1. Homeless Individuals	66	20	28	114	H
2. Homeless Families with Children	24	15	3	42	H
2a. Persons in Homeless Families with Children	75	43	7	125	
Total (lines 1 + 2a)	141	63	35	239	
<b>Part 2: Homeless Subpopulations</b>	Sheltered		Unsheltered	Total	
1. Chronically Homeless	15		14	29	H
2. Severely Mentally Ill	59			59	H
3. Chronic Substance Abuse	41			41	H
4. Veterans	10			10	H
5. Persons with HIV/AIDS	1			1	M
6. Victims of Domestic Violence	13			13	H
7. Youth (under 18 years of age)	5			5	M

All of the population groups with sizable numbers are a high priority. The housing needs of those living with HIV/AIDS are currently being met, although there may be a future need for permanent supportive housing for this population as they age and there is an ongoing need for services. Although the number of youth reflected on Table 1A3 is

relatively low, the local 12-bed youth shelter is always full and the 9-room SRO designated for youth is usually full. For the most part, youth cannot be appropriately sheltered or housed with adults experiencing housing problems, and need additional designated shelter and housing options. Youth who are experiencing mental health issues but who do not qualify for Community Rehabilitation and Treatment (CRT) services are an especially high need group.

Table 2B1 below shows priorities by activity type for homeless facilities and services (including homeless prevention). The priorities from Tables 1A3 and 2B1 are incorporated into Table 2A3 / 2C1 on pages 3-29 to 3-30 in the form of specific objectives.

<b>TABLE 2B1 Homeless Priorities by Activity Type, Services and Facilities</b>	<b>Priority</b>
Homeless Facilities (not operating costs)	M
Facilities for AIDS Patients (not operating costs)	N
Operating Costs of Homeless/AIDS Patients Programs	H
Battered and Abused Spouses	H
Public Services (Other) – Homeless Prevention	H
Tenant/Landlord Counseling	M

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

The principal obstacle to meeting underserved needs is, again, insufficient resources. The Chittenden County Continuum of Care has experienced an erosion of federal funds – from \$1.6 million in 1996 to \$765,755 last year. The way in which HUD calculates a continuum's pro-rata need puts rural states like Vermont at a competitive disadvantage. The chronic homeless bonus in the annual HUD funding competition would provide only one voucher locally under the current pro rata formula.

While money may be available for the bricks and mortar part of supportive housing, funding for the service side of supportive housing is often unavailable – or is unavailable on a sustainable basis.

Criminal, eviction and credit histories continue to be obstacles to housing placement.

No cause eviction is an obstacle to renter housing stability.

91.215 (i)

- *Explain the institutional structure through which the jurisdiction will carry out its consolidated plan, including private industry, non-profit organizations, and public institutions.*
- *Assess the strengths and gaps in the delivery system.*

The institutional structure of the Continuum of Care is laid out in the explanation of the components of the Continuum and in the homeless services chart.

The local system for serving the homeless and those at risk of homelessness is, overall, well-coordinated. There are, however, gaps in:

- **Medical respite care.** As discussed on page 2-49, the homeless who require post-discharge and out-patient medical care do not have adequate and appropriate housing options. The current system of temporarily housing such individuals in motels, paid for with state assistance, is untenable for a number of reasons (cost, state eligibility criteria, forced room changes and limited length of stay) and cannot continue.
- **Chronic inebriates.** Many who are actively using/abusing alcohol and/or drugs are unwilling or unable to meet the short-term sobriety requirements of local shelters, to participate in treatment, to maintain sobriety, or to obtain/maintain employment. Those who come to the attention of law enforcement (and, sometimes, those who self-refer) compete for the six detox beds available at Act One, a 24-hour supervised shelter for clients who are intoxicated and incapacitated by drugs and/or alcohol.
- **Veterans.** There is no transitional housing in Burlington specifically for veterans, such as exists elsewhere in the state. With increasing numbers of veterans now returning from Iraq, this is a growing gap.
- **Families.** The transitional program at Smith House for “hard-to-house” individuals (those who have poor credit, bad landlord references, personal or other “bad housing risk” behaviors) has proved to be effective in moving people into more stable permanent housing situations. Families need a similar option, with the addition of childcare services and emergency placement plans for children. While there are six transitional supportive family apartments available to women who are clients of the Lund Family Center, that program always has a waiting list.
- **Minor parents.** There are essentially no local shelter or housing options for a minor two-parent or single-father family.
- **Women whose parental rights have been terminated.** Clients of the Lund Family Center who do not maintain custody of their children can no longer receive agency services – and are then at risk of becoming homeless, as they often have other barriers to stable housing which brought them to the agency in the first place. Additional transitional housing could serve these women.
- **There is no housing structure that accommodates the needs of major mental health clients who are arsonists or sex offenders or who cannot work within a group home setting.** And, those on the Lifetime Sex Offense Registry are permanently denied access to any type of federally-subsidized housing.
- **There is a need for outreach case management, working in field (i.e., in people’s homes) to identify those experiencing housing problems and to help them salvage their housing situation.**

91.215 (e)  
With respect to special needs of the non-homeless, the consolidated plan must provide a concise summary of the priority housing and supportive service needs of persons who are not homeless but who may or may not require supportive housing (i.e., elderly, frail elderly, persons with disabilities (mental, physical, developmental), persons with alcohol or other drug addiction, persons with HIV/AIDS and their families, and public housing residents). If the jurisdiction intends to use HOME funds for tenant-based assistance to assist one or more of these subpopulations, it must specify local market conditions that led to the choice of this option.

91.215(a)(2)  
Describe the basis for assigning the priority given to each category of priority needs.

I(C). Priority Special Needs

Table 1B2 below shows special needs priorities by population type. As in earlier sections of the Plan, “high” priority means that activities to address this need will be funded by the city with its CDBG and/or HOME funds, either alone or in conjunction with the investment of other public or private funds, during the period from July 1, 2008 to June 30, 2013. “Medium” priority means that if CDBG and/or HOME funds are available, activities to address this need may be funded; also, the city will take other actions to help this group locate other sources of funds (i.e., letters of support, facilitation of group applications, etc.). “Low” priority means that the city will not fund activities to address this need with CDBG entitlement or HOME funds, but will consider certifications of consistency for other entities’ applications for federal assistance. “No need” means either that no need exists or that this need is already substantially addressed.

Priority levels for residents with special needs are based primarily on the extent to which resources other than CDBG and HOME are available to meet the needs of those populations. For example, other funding for senior center services and for access modifications is currently very limited. A 2007 Report from the City Council Ad Hoc Committee on

senior centers states that a lack of sustainable operating funds is putting the city’s two senior centers at risk of closure. And, some special needs facilities have known or potential renovation needs. For example, the Heineberg Senior Center was built in 1941 and has ongoing rehabilitation needs, including but not limited to replacement of its lift. The city will use HOME funds for tenant-based assistance for residents with special needs only in the situations where it would use HOME funds for tenant-based assistance generally, as described on page 3-5.

<b>TABLE 1B2 Special Needs Priorities by Population Type</b>	<b>Number</b>	<b>Priority Need Level</b>
Total residents age 65 and older	5,054 people	H
Elderly with Mobility and/or Self-Care Limitation	844 households	H
Non-Elderly with Mobility and/or Self-Care Limitation	1,214 households	H
Persons w/ Severe Mental Illness	912 peoples	M
Developmentally Disabled	637 people	M
Alcohol/Other Drug Addicted	3,319 people	M
Persons w/ HIV/AIDS & their families	Not Available	M
Public Housing Residents	234 people	L

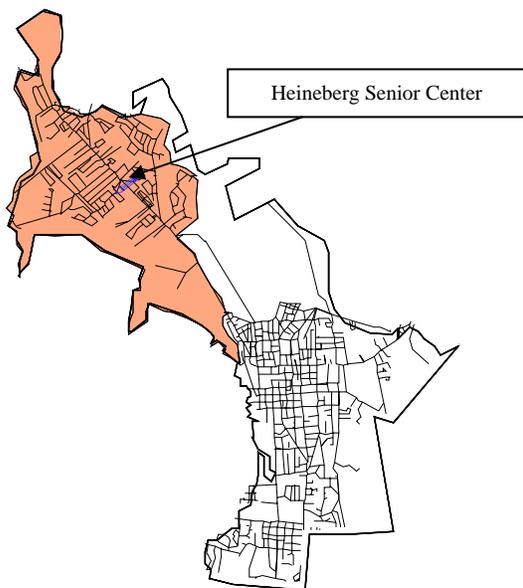
Table 2B2 below shows priorities by activity type for special needs services and

facilities. The priorities from Table 1B2 and Table 2B2 are incorporated into specific objectives in Table 2A3 / 2C1 on pages 3-29 to 3-30.

<b>TABLE 2B2 Special Needs Priorities by Activity Type, Services and Facilities</b>	<b>Priority</b>
Senior Services	H
Handicapped Services	H
Mental Health Services	M
Substance Abuse Services	M
Senior Centers	H
Handicapped Centers	L
Mental Health Centers	L

*91.215 (a)  
 Describe the geographic areas  
 of the jurisdiction . . . in which  
 assistance will be directed.*

In 2006 and 2007, AARP Vermont sponsored a planning initiative for the city and other stakeholders to examine ways to improve the city’s livability for seniors. One of the things to emerge from that process was the opportunity to focus on the city’s New North End as an area where there is an existing, naturally-occurring concentration of older residents. As of the 2000 Census, 41% of city residents over age 65 were living in that area. This concentration includes seniors who



are aging in place in their family homes as well as seniors living in the Heineberg Senior Housing complex. (This concentration does not mean that senior housing is located exclusively in the New North End; there are large senior housing complexes downtown at Cathedral Square and at South Square Apartments on College Street, and further south at Decker Towers on St. Paul Street.)

There is a theoretical framework for “Naturally Occurring Retirement Communities” (or “NORC’s”) which encompasses both housing complexes and independent housing units where older residents live, as well as community resources such as community centers, houses of worship, health care providers, shopping centers, and public transportation. In the New

North End, there is an opportunity to use the Heineberg Senior Housing complex and the Heineberg Senior Center as the focal point for expanding supportive services to residents living nearby and to thereby develop an organizational structure to help those residents more successfully age in place. The relative cost to partner services with congregate housing and to perhaps spread access to people living near congregate housing pales in comparison to the cost of developing and operating more specialized and licensed forms of supportive housing.

Cathedral Square Corporation will be exploring this opportunity over the next few years. Cathedral Square owns or manages 1,100 homes for seniors and persons with special needs, and reports an increased level of need for supportive services among its residents. This need is driven by a variety of factors in addition to the Choices for Care waiver, including consumer preference, increased demand coupled with funding reductions that result in reductions in services, and lack of alternatives. Cathedral Square is seeking funding to demonstrate three models of service delivery that could stretch available dollars, serving more people efficiently. Those models include Congregate Housing Service HUBS, Neighborhood Services Networks and Integrated Communities. Cathedral Square plans to test each of those models in the city of Burlington. Mental health and medication management needs are the two largest unmet needs that could be satisfied through these three new models.

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

As in other needs areas, the principal obstacle to meeting underserved needs is insufficient resources. Again, as in other needs areas, the cost of meeting needs is greater than the revenues available. For example, the average cost to care for an elder or

adult with a disability in an assisted living setting is \$127 per day. The state reimbursement rate ranges from \$85.25 to \$98.25 per day, depending on the need level of the resident – leaving a minimum annual funding gap of \$10,408 per resident. These issues are more fully explored in the report entitled *Reimbursement Practices and Issues in Vermont's Long-Term Care Programs*, November 2006, prepared by the Paraprofessional Healthcare Institute for the Long-Term Care Workforce Policy Committee of the Community of Vermont Elders (COVE).

The availability of transportation is often an obstacle to independent living for residents with special needs, who need safe and affordable transportation to get to meals sites, to doctor's appointments, to shop. Specialized transportation, the kind provided by SSTA, is expensive. For example, a 2005 state study which found that the average cost of transporting a senior to a meals program was \$12.40 per trip. The state uses federal monies to fund the Elders and Persons with Disabilities Transportation Program, with a 20% match from grant recipients who deliver the services. Insufficient funding means that services are cut and become either unavailable or less reliable. Meeting the actual demand was estimated in 2004 to require doubling the funding for the program. More information is available in the report entitled *Vermont Elders and Persons with Disabilities Transportation Program Review*, Submitted to the State of Vermont Department of Aging and Independent Living by Wilbur Smith Associates, April 2005.

91.215 (i)

- Explain the institutional structure through which the jurisdiction will carry out its consolidated plan, including private industry, non-profit organizations, and public institutions.
- Assess the strengths and gaps in the delivery system.

The institutional structure through which housing and supportive services are provided to residents with special needs is outlined on pages 2-53 to 2-54.

Gaps in the delivery system include substance abuse and mental health services for clients who do not meet the “severe and persistent mental illness” eligibility criteria of the Community Rehabilitation and Treatment (CRT) program. Missing those criteria by as little as one point means that housing and services

become extremely limited. Those who are CRT-eligible obtain supportive housing three times as easily as those who are not eligible but who nonetheless have significant mental health issues – with an even wider gap for those who also have substance abuse issues.

There is also a gap in bringing medical services into the community for residents with special needs, especially for residents with mental illness who are unwilling to go to a hospital for services.

There is a shortage of housing for senior who want to downsize and remain in their neighborhood – either in an age-specific or multi-generational setting. The lack of options for downsizing contributes to a lack of turnover in the housing market, and leaves fewer homes available for purchase by the next generation.

There is no adequately funded or organized system of supportive services that delivers preventive services to people in their homes or independent living apartments so they can maintain good health and independence as they age. The Choices for Care waiver establishes the framework for this to occur, but there is no model for delivery of supportive services in a neighborhood, such as the New North End, where seniors live in a variety of settings.

Finally, with rare exceptions, elders who choose to obtain their care at home under the Choices for Care program do not receive the 24/7 care available in a nursing home. As a result, very low-income, very frail seniors are living without 24/7 oversight in housing arrangements that were designed and funded as independent housing. The trend toward independent housing as a setting for nursing home level of care – without any additional funding – generates significant new risks both for residents and for the stability of affordable senior housing communities. The growing number of high-need individuals living in Burlington affordable rental housing for seniors (229 units of Cathedral Square housing and 209 units of Burlington Housing Authority housing) is creating unsafe situations for those individuals and increased operating costs for the housing providers, which they will not be able to meet without increased revenues. Savings from the Choices for Care program were intended to build the home- and community-based services that are needed for the seniors who are electing to stay at home rather than be in a nursing home. However, deficits in the Choice for Care program have actually led to proposed reductions in funding for the Vermont Housing & Conservation Board in order to pay for the Medicaid program. The Choices for Care program is not able to serve

everyone in need, so in February 2008, the Department of Aging & Independent Living established a waiting list for people who need nursing home level of care at a high need.

### Fair Housing

Fair housing continues to be an issue of growing concern in Burlington. The city's population is increasingly diverse, and regional market conditions have had an increasingly significant effect on fair housing choice both within the city and within the surrounding region. Since the last Consolidated Plan was prepared in 2003, some of the communities surrounding Burlington have taken an increasingly active role in encouraging the development of new affordable housing. However, with a rental vacancy rate in December 2007 of only 1.3%, conditions exist that could exacerbate the impediments to fair housing choice in the greater Burlington area.

#### Analysis of Impediments to Fair Housing Choice and Action Plan

The city completed an Analysis of Impediments to Fair Housing Choice and Action Plan, a comprehensive review of policies, demographics, practices and procedures that affect the location, availability and accessibility of housing and current residential patterns and conditions. The Analysis of Impediments (AI), the recommendations of which were formally adopted by the City Council on January 25, 1999, was prepared by a consultant under contract with CEDO.

In order to ensure that the city's policies, practices and procedures affirmatively further fair housing, the Community & Economic Development Office (CEDO) is preparing to update the AI during the calendar year 2008. The Champlain Valley Office of Economic Opportunity Fair Housing Project (FHP) and the Vermont Human Rights Commission (HRC) have both agreed to participate in the process of updating the AI.

#### Actions to Address Impediments to Fair Housing Choice

The Analysis of Impediments identified a number of impediments to fair housing choice and suggested action items, categorized by geographic area (city of Burlington; surrounding Chittenden County communities), by industry (rental property management; real estate; home building; banking, finance and insurance), and by socio-economic barriers. Of the more than 20 barriers identified in the AI, the following are those barriers and actions for which the city of Burlington has major responsibility to address:

1. Impediment: Insufficient evidence to demonstrate the scope of Burlington's fair housing problems.

When the AI was conducted in 1998, seventy-four (74) housing discrimination charges had been filed with the Vermont Human Rights Commission by Chittenden County residents that year. A lack of quantitative proof about the number of actual fair housing

violations being made against protected classes in the city of Burlington and in Chittenden County was identified as a key impediment to addressing fair housing.

**Action:** The city should continue to support the efforts of the Champlain Valley Office of Economic Opportunity (CVOEO)'s Fair Housing Project to gather and analyze solid evidence.

**Progress:** CEDO has submitted letters of support for CVOEO's Fair Housing Project. CEDO participated in a consultation process with the Vermont Department of Housing and Community Affairs, the Vermont Human Rights Commission and CVOEO – funded by HUD – to develop a fair housing public education program. CVOEO, with CEDO support, successfully applied for Fair Housing Initiatives Program funding from HUD in 1998 to conduct testing and enforcement as well as education and outreach. Since the FHP was created in 1998, there has been significant progress made on this impediment and the Fair Housing Project continues to perform outreach, education and training on fair housing issues.

In 2000, the Fair Housing Project conducted a survey of racial discrimination among housing providers. A total of 14 tests were successfully completed. A successfully completed test required that the property was covered under the fair housing law, and that at least two matched testers contacted the housing provider while the housing was still available. The tester of color was matched with a white tester of the same gender and of a similar age. The two testers were given characteristics that were very similar, such as income and rental history. In 46% of the tests there was evidence of racial discrimination.

The discrimination took many forms. In 21% of the tests, the housing provider did not inform the tester of color about all available housing. Also, in 21% of the tests, the tester of color had difficulty in getting an appointment or seeing the apartment. There was one test that showed evidence of different terms for the two testers, and one test that showed a deliberate steering effort on the part of the housing provider. Most often the tester of color experienced a combination of these different forms of discrimination. Less favorable treatment of the tester of color was observed in 29% of the tests. Therefore, in 33% of the tests where there was discrimination, the tester of color was unaware that anything was wrong. In other words, it was "discrimination with a smile."

In addition to testing for racial discrimination, the Fair Housing Project conducted a survey of family status discrimination; thirty family status tests were completed. A successfully completed test required that the property was covered under fair housing law, that at least two matched testers contacted the housing provider while the housing was still available, and that the family status of each tester was known to the housing provider.

Discrimination against families with children occurred in 30% of the tests conducted. Tests were conducted using married couples with children and single parent families. One, two, and three bedroom units in four counties were tested. Thirty percent of families

seeking housing encountered discouraging statements and less favorable treatment. Example statements include: "Are you sure you want to live in Burlington?" and "You should think about whether or not your kids would be happy here." The second most common barrier for families with children was difficulty in making appointments (17%

of the time). For example, this occurred when housing providers told testers with families that they would call them back when they were showing the apartment, while granting the tester without children an immediate appointment. There was also one case of a direct refusal to rent an apartment and one case of steering families with children to certain units.

The Fair Housing Project completed nine tests examining compliance with Fair Housing Act requirements for accessibility in new multifamily construction. The federal Fair Housing Act establishes architectural guidelines for buildings constructed for first occupancy after March 13, 1991. The Fair Housing Project tested buildings covered under this federal law. These guidelines were created to afford people with disabilities greater access to housing. Buildings of four or more units without an elevator are required to make the ground floor units accessible. The guidelines must be incorporated into the design and construction of all units in new multifamily buildings with four or more units and an elevator. Two-story townhouse-type units are exempt from the federal law. Failure to comply with these guidelines is a violation of the Fair Housing Act.

#### Fair Housing Act Accessibility Guidelines:

- An accessible building entrance on an accessible route
- Accessible public and common use areas
- Doors that allow passage by a person in a wheelchair
- An accessible route in and through the unit
- Light switches, thermostats, and other controls in accessible locations
- Reinforcements in bathroom walls for the later installation of grab bars
- Kitchens and bathrooms that allow a wheelchair to maneuver about the space

Of the nine units tested, three were out of compliance, four were in compliance, and two tests were inconclusive. Violations included high thresholds in doorways, narrow doorways, thermostats that were too high, kitchens that were not maneuverable for a person in a wheelchair, and bathrooms that were so small that a person in a wheelchair could not have shut the door. One test that was inconclusive concerned the land gradient and would have required further testing, and the other unit had been altered by the previous occupant in such a way that it was impossible to determine the original design. In 2002, the Fair Housing Project conducted a survey of racial discrimination among real estate agencies. The study looked at real estate agencies' responsibilities to provide equal treatment to their customers under Title VIII of the Federal Fair Housing Act and similar Vermont state statutes, and examined consistency among realtors within the same agency. The study examined testers' experiences walking into real estate offices. The tests took place in nine of Vermont's largest cities including: Bennington, Brattleboro, Middlebury, Montpelier/Barre, Springfield, St. Albans, St. Johnsbury, Rutland, and the greater Burlington area. The real estate agencies tested were selected at random using the

yellow pages and real estate guides, but an effort was made to test the biggest or most advertised agencies in an area. While tests were assigned throughout the state, most tests took place in Chittenden County.

The Fair Housing Project's sales audit study found a 48% incidence of racial discrimination and a 25% incidence of disability discrimination among major real estate

agencies in the biggest nine cities in Vermont. The discrimination took many forms, but in many of the tests the differences in treatment the testers experienced were related to their financial qualifications, the number of listings they were given, and the number of personal questions they were asked. In addition, the study found that 63% of the real estate agencies tested were inaccessible and did not provide designated parking for people with disabilities.

In 48% of the tests there was evidence of racial discrimination:

- In 31% of the tests only the person of color was asked about pre-approval, compared with 7% of the tests where only the white person was asked.
- In 24% of the tests, the tester of color was asked significantly more personal questions, compared to 10% of the tests where the white person was asked more questions.
- In 34% of the tests, the white tester was given more listings. This occurred in tests where the testers requested information on houses with the same number of bedrooms, in the same price range, in the same area.

In 25% of the tests there was evidence of disability discrimination:

- In 19% of the tests, only the tester with a disability was asked about mortgage pre-approval or other financial qualifications. There were no tests where only the control tester was asked about pre-approval.
- In 25% of the tests, the tester with a recognizable disability was asked significantly more personal questions. There were no tests where the tester without a disability was asked more personal questions.
- In 19% of the tests, the agent who met with the tester with a disability did not respond to the accessibility request or provide accessible listings.

In addition to analyzing differing treatment, the study looked at the accessibility of the real estate offices tested and the availability of parking designated for people with disabilities:

- 63% of the offices visited were inaccessible and did not have parking designated for people with disabilities.
- 25% of the offices were accessible and had parking.
- 12% of the offices were partially accessible (had a ramp but the threshold appeared to be above ¼ inch, or had parking but building not accessible, or vice versa).

This study provides evidence that housing discrimination exists within the sales market in Vermont. The rate of discrimination recognizes a significant barrier to people of color settling in Vermont and to those living here wanting to be homeowners, and presents a

barrier to people with disabilities attaining their vision of the American dream. The results from the audit survey suggest that more fair housing training is needed for real estate agents throughout Vermont. Finally, it appears necessary for many real estate offices to renovate their facilities, in order to make them accessible to people with disabilities and to comply with the law.

To maintain progress on the issue of fair housing, the City Attorney and CEDO's Assistant Director for Housing serve on the Fair Housing Working Group that is convened quarterly by the FHP.

2. Impediment: Lack of funding for affordable housing.

Federal, state and local funding resources are needed to assist nonprofit organizations with the production of affordable rental and home ownership opportunities for low and moderate-income families in the city of Burlington and surrounding Chittenden County communities.

Action: The city should continue to support the creation of affordable housing in Burlington and surrounding communities.

Progress: The city supports affordable housing in the following approximate annual amounts: \$185,000 of Housing Trust Fund monies, \$500,000 of HOME funds, and \$300,000 of CDBG funds, for total City annual support of around \$975,000.

3. Impediment: Lack of resources for education and enforcement of City's fair housing ordinances.

The city does not have sufficient resources to provide outreach, education and enforcement of its own fair housing laws. The small number of formal complaints to the City Attorney's Office is not an accurate indication of the degree of fair housing violations occurring in Burlington.

Action: The city should seek funding for education and enforcement of its fair housing laws. In addition, the city should assist CVOEO's Fair Housing Project with publicizing and hosting the fair housing month held annually in April.

Progress: The city investigated the process of seeking federal funding for education and enforcement of its own fair housing laws. After consultation with the Vermont Human Rights Commission and CVOEO's Fair Housing Project staff, the city determined that increased collaboration presented greater opportunities for advancing fair housing than the city seeking funds to "go it alone". CEDO has participated in CVOEO's fair housing events that occur each year around the time of fair housing month in April. The City Attorney and CEDO's Assistant Director for Housing serve on the Fair Housing Working Group that is convened quarterly by the FHP.

4. Impediment: The city's fair housing ordinances are disparate and burdensome.

With two distinct ordinances (Sec. 21-11 and Sec.18-200) governing housing discrimination, there is the potential for confusion or incomplete understanding of one's legal protections offered by the city. In fact, the ordinance, which is commonly considered the only protection against housing discrimination, does not mention race, color, national origin, religion or marital status. However, Sec. 21-11 prohibits discrimination because of race, creed, color or national origin. In addition, both ordinances require the city to meet the criminal standard of proof when prosecuting a housing discrimination case. This imposes a substantial burden of proof that makes successful prosecution more difficult.

Action: The city should consolidate disparate housing discrimination ordinances and make them substantially equivalent to federal fair housing laws.

Progress: CEDO and the City Attorney's Office have reviewed the existing ordinances with an eye toward consolidation and making them substantially equivalent to federal fair housing laws. It was decided that the city would collaborate with the VT HRC, CVOEO, Vermont Center for Independent Living and Vermont Legal Aid rather than seek its own funding for fair housing education and enforcement. The benefits of collaboration with existing fair housing organizations were deemed to be greater than the potential short-term benefits of seeking funding for a City fair housing initiative.

5. Impediment: Lack of a regional effort to address need for affordable housing and mobility.

A regional effort must begin to create long-term, fair share housing and mobility by and between the cities of Burlington and Winooski and the surrounding Chittenden County communities.

Action: The city should initiate a dialogue about a regional fair share housing plan. This could be launched through both the Chittenden County Regional Planning Commission and the Champlain Initiative. The latter is a multi-sector collaboration organized to influence the investment of the human and financial resources of the northeastern shores of Lake Champlain.

Progress: The city initiated dialogue about the need for more affordable housing on a regional level with local elected officials from communities surrounding Burlington. As a result, the Chittenden County local elected officials formally adopted a position paper supporting the inclusion of fair share housing in the 2000 Chittenden County Regional Plan. In addition, both the Mayor and CEDO's Assistant Director for Housing served on the Chittenden County Housing Task Force to develop the framework for "Workforce Housing Allocation Plan" for the County. The city was an active participant in the work group that developed the allocation plan and presented it to the CCRPC for adoption in 2003. In addition, the city has contributed funds to conduct the Northwest Vermont Housing Needs Assessment to help quantify the projected need for additional affordable housing units in the region. Through the University of Vermont's Community Outreach

Partnership Center, the city assisted in researching barriers to creating affordable housing in the suburbs. Once the barriers were identified, the city worked with UVM to plan and develop presentations to each municipality's select board and planning commission explaining the findings and discussing ways to support affordable at the local level.

Because low-income people are found in greater proportions among people with disabilities and people of color, land use policies that prevent the construction of affordable housing have been deemed to have a disparate impact on protected classes under federal and state fair housing law and have been overturned or corrected through court-mandated measures. The Mayor's Affordable Housing Task Force recommended that the Chittenden County Regional Planning Commission (CCRPC) conduct an analysis of the potential legal implications of zoning and permitting laws and procedures in Chittenden County, especially with regard to possible disparate impacts on protected classes under state and federal fair housing law. In addition, the Task Force backed a Chittenden County focused fair housing audit of business practices to determine the degree and extent of fair housing law violations perpetrated against individuals in several key protected classes.

CVOEO and the CCRPC have undertaken a series of Fair Housing and Land Use trainings for elected, appointed and career municipal officials working on housing development and land use planning and administration. All municipalities that receive CDBG funds from the State of Vermont are required to complete fair housing training as a condition of funding. The city has allowed regional nonprofit housing organizations to use CDBG funds to develop affordable housing in the greater Burlington area as a means to ensure greater housing choice and mobility for protected classes.

#### Additional Fair Housing Activities

The Community & Economic Development Office has actively encouraged affirmative marketing of HOME-funded units. Recipients of HOME funds must try to provide information to and otherwise attract eligible persons from all racial, ethnic and gender groups in the housing market area. All correspondence, notices and advertisements related to HOME funds must contain either the Equal Housing Opportunity logotype or slogan. Participants in the HOME program are required to use affirmative fair housing marketing practices in soliciting renters or buyers, determining their eligibility, and concluding all transactions. In addition, owners of HOME-assisted housing must comply with the following procedures:

- Any advertising of vacant units must include the equal housing opportunity logo or statement. Advertising media may include newspapers, radio, television, brochures, leaflets or be simply a sign in a window;
- Outreach is expected to community organizations, employment centers, housing agencies, social service agencies, medical centers, schools and municipalities;
- Owners must maintain a file containing a record of all marketing efforts, e.g., copies of newspaper ads, copies of letters, etc.

*91.215(c)*

*The consolidated plan must describe the manner in which the plan of the jurisdiction will help address the needs of public housing, including the need to increase the number of accessible units where required by a Section 504 Voluntarily Compliance Agreement. The consolidated plan must also describe the jurisdiction's activities to encourage public housing residents to become more involved in management and participate in homeownership. 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 to improve its operations and remove the "troubled" designation.*

Public Housing Strategy

The Burlington Housing Authority (BHA) is a designated "High Performer" and does not require financial assistance from the City of Burlington. The Burlington Housing Authority (BHA) is implementing Five Year Plan for Fiscal Years 2005-2009 and an Annual Plan for Fiscal Year 2008. These plans outline BHA's mission, goals and objectives as well as strategies to address housing needs in the community.

BHA supports an affiliate nonprofit organization, Burlington Supportive Housing Initiatives, Inc. (BSHI), which has 501(c)(3) status. The purpose of this nonprofit is to develop affordable supportive housing initiatives and to expand the resident service programs of the BHA. CEDO's Assistant Director for Housing has been appointed as the City's representative on the founding BSHI Board and presently serves as the board president. The City will work with BSHI to increase funding for resident service programs for BHA program participants, including the Family Self-Sufficiency Program, youth mentoring, homeownership, independent living and service-enriched housing.

Homeownership

BHA operates a very successful Section 8 Housing Choice Voucher Homeownership Option Program. Eligible Section 8 Voucher holders who complete a homeownership course with the Champlain Housing Trust assists families with mortgage financing. Public Housing residents are eligible and are encouraged to participate in this program. Three scattered site public housing units have been converted to homeownership. BHA's Section 8 Mortgage Assistance Program has been in operation since 1999 with over 80 households successfully transitioning from renting to homeownership. BHA intends to increase homeownership by at least 12 additional households during this fiscal year. The city supports the implementation and expansion of BHA's Section 8 Homeownership Option Program.

Public Housing Resident Initiatives

Resident Involvement in Management

BHA has not formed a resident management corporation for any of its projects, nor does BHA plan to do so in the near future. This form of direct resident management of public housing units is far less practical in small projects like those owned by BHA than in large projects like those that are found in major

metropolitan areas. Practicality aside, no interest has been expressed by the residents of BHA housing in playing such a direct role in the management of their housing.

BHA has attempted to encourage public housing residents to become more involved in managing their housing indirectly, however, and these activities will continue, including:

- The BHA board will continue to rotate its monthly meetings among BHA projects so that every resident can conveniently attend a BHA board meeting (if they so choose).
- BHA has formed a Resident Advisory Board (RAB) with representatives from all its public housing developments and from the Section 8 program. The RAB meets periodically to provide input on BHA's Plans and Policies.
- BHA will provide continuing financial and staff support for all active resident associations in its public housing developments.
- BHA will provide matching funds for projects carried out by these resident associations.
- One BHA program participant serves on the BHA Board of Commissioners.

#### Self-Sufficiency

The Burlington Housing Authority's Family Self-Sufficiency Program moves families toward economic self-sufficiency through access to career counseling, job training, child care and other services, and through escrow accounts with funds made available to participants at the end of the enrollment period. As of January 2008, the program had 101 participants, 45% of whom have escrow accounts. In fiscal 2007, seven households graduated, two of whom moved on to homeownership. The city supports BHA's Family Self-Sufficiency Program.

#### Additional Resident Services

BHA recently initiated a Skills for Life Program, serving families in public housing, with a particular focus on the needs of African immigrant families. BHA has also successfully implemented a Neighborhood Networks grant to establish a computer training and resource center at Decker Tower which is available to all BHA program participants.

BHA is an active partner with other local affordable housing and supportive service providers, and the city supports those partnerships.

91.215(i)

*The consolidated plan must outline actions proposed or being taken to evaluate and reduce lead-based paint hazards and increase access to housing without such health hazards, how the plan for the reduction of lead-based hazards is related to the extent lead poisoning and hazards, and how the plan for the reduction of lead-based hazards will be integrated into housing policies and programs.*

### Lead Paint Strategy

The City of Burlington has received a \$2.8 million Lead-Based Paint Hazard Control grant from the Department of Housing and Urban Development. These funds will be administered through the Community and Economic Development Office by the Burlington Lead Program to reduce lead-based paint hazards in eligible housing units to eliminate childhood lead poisoning. Funding runs through October 2010. Program goals include evaluating 240 units for lead-based paint hazards, reducing lead-based paint hazards in 180 housing units, and training over 300 individuals in lead-safe work practices, as well as providing outreach and education to the community.

Enrolled units will receive X-Ray Fluorescence testing to determine the presence of lead-based paint, risk assessments, project design and planning, project monitoring and clearance testing. Units enrolled in the Burlington Lead Program will have all lead-based paint hazards addressed and typical interventions consist of; aggressive treatment of friction surfaces such as window sash replacement and removal of lead-based paint on doors and jambs, lead-based paint removal on chewable surfaces such as windowsills, as well as interior and exterior paint stabilization. Other services that are provided to the community include the use of HEPA vacuums to clean lead dust generally missed by non-HEPA vacuums, education on (lead dust) cleaning techniques, guidance to rental property owners on how to comply with the Vermont Lead Law (Act 165), and free classes on Lead Law compliance and Lead-Safe Work Practices. The Burlington Lead Program will also be proceeding with the development and implementation of a citywide lead ordinance, which will help protect future generations from childhood lead poisoning.

The Burlington Lead Program will enroll eligible units through an aggressive media campaign, outreach and education, and by word of mouth from other program enrollees. Units will also be identified by non-profit community partners and by referrals from other Burlington Housing Programs such as HOME and CDBG. Burlington Lead Program participation with these partners will range from guidance on disclosure issues, direction with the compliance of the Lead Safe Housing Rule, to Lead Program enrollment of eligible units. Units enrolled in the Burlington Lead Program usually receive a greater level of treatment than they would otherwise receive by inclusion to other housing programs.

Housing projects funded with local and federal funds are required to comply with state and federal lead laws. In addition, the city ensures that HOME and CDBG funded housing projects comply with the Lead Safe Housing Rule (LSHR) regulations at Title 24 Part 35 of the Code of Federal Regulations. Given that the additional cost of addressing lead hazards can make some rental, duplex acquisition, and homeowner rehab projects infeasible, the city grants a portion of the cost to comply with the LSHR using Burlington Lead Program, CDBG, or HOME funds. Further, the Burlington Lead Program provides technical assistance to city staff for projects which trigger the LSHR.

91.215(h)

*The consolidated plan must describe the jurisdiction's strategy to remove or ameliorate negative effects of public policies that serve as barriers to affordable housing, as [previously identified in the plan.]*

### Strategy to Address Barriers

In 2005, Burlington was recognized by HUD as a model for reducing regulatory barriers that drive up housing costs. There are, nonetheless, several actions which can be taken to reduce further reduce barriers, which include the following steps. These are recommendations of both the Mayor's Affordable Housing Task Force in 2002 and the City Council Housing Super Committee in 2005:

- Adopt a flexible rehab sub-code that provides clear guidelines for each category of rehabilitation, increases the predictability for property owners and reduces the cost of rehabilitation.
- Provide annual training to the Development Review, Design Advisory and Conservation Boards to ensure that members of these review boards fully understand their roles, proper meeting protocols, the rights of all parties and to ensure impartial project review on the part of board members.
- Explore a pilot project for on the record development review hearings for downtown zoning districts as determined by City Council.

I(D). Specific Housing, Homeless and Special Needs Objectives

*91.215(a)(4)*

*Summarize the priorities and specific objectives the jurisdiction intends to initiate and/or complete during the time period covered by the strategic plan and how funds that are reasonably expected to be available will be used to address identified needs. For each specific objective statement, identify proposed accomplishments and outcomes the jurisdiction hopes to achieve in measurable terms as identified and defined by the jurisdiction. This information is to be provided in accordance with guidance to be issued by HUD.*

*91.215(b)(2)*

*The affordable housing section shall include specific objectives that describe proposed accomplishments the jurisdiction hopes to achieve and must specify the number of extremely low-income, low-income, and moderate-income families to whom the jurisdiction will provide affordable housing as defined in 24 CFR 92.252 for rental housing and 24 CFR 92.254 for homeownership over a specific time period.*

The table on the next two pages describes the specific housing, homeless and special needs objectives which the city hopes to achieve over the next five years. Funding amounts are only estimates, as actual amounts will be determined on the basis of specific project/program applications. Funding estimates are for program years 2008 through 2012; funding from program years prior to 2008 is not included on this chart. "Other funds" include the Low Income Housing Tax Credit, bank debt, owner equity, the Vermont Housing & Conservation Fund, the Burlington Housing Trust Fund, reinvestment of HoDAG loans and funding from other HUD programs.

TABLE 2A3 / 2C1 Housing, Homeless and Special Needs Objectives	Estimated Year of Completion	0 - 30% MFI	31 - 50% MFI	51 - 80% MFI	80-95% MFI	> 95% MFI	TOTAL	CDBG Funds	HOME Funds	Other Funds
<b>PRODUCE NEW AFFORDABLE RENTAL HOUSING</b>										
<b>DH-2.1 New Rental Units</b>	<b>5-Year Target</b>	<b>39</b>	<b>40</b>	<b>49</b>	<b>0</b>	<b>0</b>	<b>128</b>	<b>\$256,000</b>	<b>\$542,500</b>	<b>\$22,620,000</b>
King Street*	2008	4	5	11	0	0	20	\$50,000	\$192,500	\$5,120,000
Browns Court*	2010	10	10	10	0	0	30	\$125,000	\$150,000	\$6,000,000
DMV Site*	2011	25	25	25	0	0	75	\$75,000	\$200,000	\$10,500,000
134 Archibald Street	2011	0	0	3	0	0	3	\$6,000	\$0	\$1,000,000
<b>PROMOTE HOMEOWNERSHIP</b>										
<b>DH-2.2 New Owner Units</b>	<b>5-Year Target</b>	<b>2</b>	<b>9</b>	<b>30</b>	<b>33</b>	<b>91</b>	<b>165</b>	<b>\$3,000</b>	<b>\$225,000</b>	<b>\$38,762,000</b>
Co-Housing*	2008	0	0	5	4	22	31	\$3,000	\$0	\$8,512,000
Inclusionary Zoning	2009	0	0	16	4	69	89	\$0	\$0	\$17,800,000
Habitat*	1 Unit Annually	0	5	0	0	0	5	\$0	\$125,000	\$450,000
DMV Site*	2011	0	0	0	25	0	25	\$0	\$100,000	\$5,000,000
New CLT units*	3 Units Annually	2	4	9	0	0	15	\$0	\$0	\$7,000,000
<b>DH-2.3 Buyer Assist</b>	<b>5-Year Target</b>	<b>15</b>	<b>40</b>	<b>65</b>	<b>115</b>	<b>0</b>	<b>235</b>	<b>\$12,000</b>	<b>\$100,000</b>	<b>\$48,250,000</b>
Homeownership Center	40 Households Annually	10	25	50	115	0	200	\$12,000	\$0	\$40,000,000
Section 8 Homeownership*	5 Households Annually	5	15	5	0	0	25	\$0	\$0	\$6,000,000
HIP Downpayment*	2 Households Annually	0	0	10	0	0	10	\$0	\$100,000	\$2,250,000
<b>PRESERVE AND UPGRADE EXISTING HOUSING</b>										
<b>DH-3.1 Acquisition &amp; Rehab of Expiring Subsidy Units</b>	<b>5-Year Target</b>	<b>7**</b>	<b>185**</b>	<b>235**</b>	<b>108</b>	<b>0</b>	<b>535</b>	<b>\$675,000</b>	<b>\$950,000</b>	<b>\$80,100,000</b>
Salmon Run*	2005	0	20	59	0	0	79	\$150,000	\$0	\$15,800,000
Howard Group*	2008	7	0	0	0	0	7	\$0	\$0	\$0
O.N.E.*	2009	0	5	15	0	0	20	\$75,000	\$0	\$3,500,000
Thelma Maple Co-op*	2009	0	5	15	0	0	20	\$50,000	\$100,000	\$3,500,000
Rose Street Co-op*	2011	0	3	9	0	0	12	\$50,000	\$100,000	\$2,100,000
Maple St. / KSNRC*	2011	0	3	8	0	0	11	\$75,000	\$0	\$1,925,000
Maple St. / GE	2011	0	9	28	0	0	37	\$0	\$200,000	\$3,700,000
South Square*	2012	0	65	0	0	0	65	\$0	\$0	\$0
South Meadow*	2012	0	40	0	108	0	148	\$0	\$0	\$29,600,000
BRHIP*	2012	0	8	25	0	0	33	\$150,000	\$100,000	\$5,775,000
Bobbin Mill	2012	0	13	38	0	0	51	\$0	\$300,000	\$5,100,000
Park Place*	2013	0	9	25	0	0	34	\$75,000	\$100,000	\$5,950,000
Pearl & Union SRO*	2013	0	5	13	0	0	18	\$50,000	\$50,000	\$3,150,000

\*Meet the Section 215 criteria

\*\*Targeting is for less than 50% and less than 60% of median; actual households will include more at less than 30% of median

<b>DH-3.2 Rehab Rental Units</b>	<b>5-Year Target</b>	<b>20</b>	<b>29</b>	<b>25</b>	<b>0</b>	<b>0</b>	<b>74</b>	<b>\$98,470</b>	<b>\$0</b>	<b>\$4,362,000</b>
Free Paint	5 Units Annually	8	9	8	0	0	25	\$48,470	\$0	\$50,000
Archibald Refinancing/Rehab	2009	12	20	17	0	0	49	\$50,000	\$0	\$4,312,000
<b>DH-3.3 Rehab Owner Units</b>	<b>5-Year Target</b>	<b>10</b>	<b>15</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>33</b>	<b>\$232,653</b>	<b>\$125,000</b>	<b>\$40,000</b>
Free Paint	4 Units Annually	7	9	4	0	0	20	\$38,775	\$0	\$40,000
Emergency Repair	2 Units Annually	3	5	2	0	0	10	\$193,878	\$0	\$0
Major Rehab	3 Units	0	1	2	0	0	3	\$0	\$125,000	\$0
<b>PROTECT THE VULNERABLE</b>										
<b>DH-3.4: Housing Retention</b>	<b>Annual Target</b>	<b>2,534</b>	<b>533</b>	<b>349</b>	<b>169</b>	<b>0</b>	<b>3,585</b>	<b>\$63,776</b>	<b>\$10,000</b>	<b>\$623,000</b>
Emergency, Heating and Other Housing Retention Assistance	2,750 People Annually	2,065	344	219	122	0	2,750	\$10,000	\$0	\$73,000
Services for Seniors and Persons with Disabilities	825 People Annually	464	184	130	47	0	825	\$15,000	\$0	\$500,000
Homesharing	30 People Annually	10	5	5	10	0	30	\$5,000	\$0	\$250,000
Access Modifications	2 Households Annually	5	5	0	0	0	10	\$38,776	\$10,000	\$50,000
<b>SL-1.1: Homeless Shelter and Services</b>	<b>Annual Target</b>	<b>880</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>880</b>	<b>\$40,300</b>	<b>\$0</b>	<b>\$1,450,000</b>
Homeless Single Adults	400 People Annually	400	0	0	0	0	400	\$15,800	\$0	\$465,000
Placed in Transitional / Permanent Housing	95									
Homeless Families	300 People Annually	300	0	0	0	0	300	\$10,000	\$0	\$85,000
Placed in Transitional / Permanent Housing	95									
Victims of Domestic Violence	500 People Annually	500	0	0	0	0	500	\$14,500	\$0	\$900,000
Receiving Shelter / Emergency Housing	180									
Placed in Transitional / Permanent Housing	85									
<b>DH-1.1 New Transitional Housing</b>	<b>5-Year Target</b>	<b>36</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>36</b>	<b>\$0</b>	<b>\$230,000</b>	<b>\$6,757,000</b>
Victims of Domestic Violence (Sophie's Place)*	2009	11	0	0	0	0	11	\$0	\$0	\$1,757,000
Veterans- Single Individuals*	2010	10	0	0	0	0	10	\$0	\$80,000	\$2,000,000
Veterans - Families*	2010	5	0	0	0	0	5	\$0	\$50,000	\$1,000,000
Other Family Transition Housing*	2012	10	0	0	0	0	10	\$0	\$100,000	\$2,000,000
<b>DH-1.2 New Permanent Supportive / Special Needs Housing</b>	<b>5-Year Target</b>	<b>53</b>	<b>15</b>	<b>15</b>	<b>5</b>	<b>0</b>	<b>88</b>	<b>\$75,000</b>	<b>\$80,000</b>	<b>\$12,600,000</b>
HUD 811 (Cathedral Square) Deaf and DD	2009	10	0	0	0	0	10	\$0	\$0	\$2,000,000
St. Joseph's Relocation	2009	18	0	0	0	0	18	\$0	\$0	\$2,300,000
DMV Site*	2011	15	15	15	5	0	50	\$75,000	\$80,000	\$7,500,000
Hard to House Initiative	2010	10	0	0	0	0	10	\$0	\$0	\$800,000
<b>DH-3.5 Lead Hazard Reduction</b>	<b>5-Year Target</b>	<b>0</b>	<b>80</b>	<b>100</b>	<b>0</b>	<b>0</b>	<b>180</b>	<b>\$0</b>	<b>\$0</b>	<b>\$360,000</b>
<b>TOTAL ESTIMATED 5-YEAR FUNDS</b>		<b>3,596</b>	<b>946</b>	<b>876</b>	<b>430</b>	<b>91</b>	<b>5,939</b>	<b>\$2,547,501</b>	<b>\$2,262,500</b>	<b>\$211,612,000</b>

\*Meet the Section 215 criteria