

**2015-2019**  
**Consolidated Housing and**  
**Community Development**  
**5 Year Strategy and Plan**  
**&**  
**2015 Annual Action Plan**

**DRAFT**

June 1, 2015

**Department of Community Development**  
**City of Milford, Connecticut**

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## Executive Summary

### ES-05 Executive Summary - 24 CFR 91.200(c), 91.220(b)

#### 1. Introduction

The City of Milford's Consolidated Plan for Housing and Community Development was developed in accordance with 24 CFR Part 91. Milford receives funding from the Office of Housing and Urban Development (HUD) through the Community Development Block Grant (CDBG) entitlement grant process on an annual basis. The overall goal of HUD's community planning and development programs is to develop viable communities by providing decent housing and a suitable living environment and expanding economic opportunities principally for low- and moderate- income persons. The Consolidated Plan includes a description of the City's housing and community development needs; a five-year strategy and plan which includes goals, priorities and activities to meet its projected needs and a one year action plan which describes the projected use of funds for the upcoming program year.

#### 2. Summary of the objectives and outcomes identified in the Plan Needs Assessment Overview

##### *Housing*

- Assist low- and moderate-income households paying more than 30% of income for housing.
- Address the needs of the fixed income elderly population
- Improve the existing housing stock
- Increase the housing ownership opportunities
- Improve housing accessibility for people with disabilities.
- Support temporary financial assistance programs.

##### *Homeless and Those at Risk of Becoming Homeless*

- Address the housing and service needs of the homeless and at-risk households.
- Support strategies to reduce homelessness among veterans, families and individuals.
- Support emergency shelter on a temporary basis for those in need.

##### *Non-Housing Community Development*

- Improve infrastructure vulnerable to natural disaster in low and moderate income areas.
- Increase accessibility to public facilities.
- Improve infrastructure that adversely impacts the suitable living environment.
- Support services identified as most in need: child care, crisis shelter, elderly, and persons with disabilities.
- Promote economic development of income eligible business owners.
- Promote energy efficiency in public facilities.

#### 3. Evaluation of past performance

HUD's annual assessment of the CDBG program has been very positive throughout the years. Milford has met the mandates of the statutes and provided opportunity to collaborate with community organizations to achieve the revitalization goals set in the Annual Action Plan and in the 5 Year Strategic Consolidated Plan.

Listed are a few improvements to facilities completed through collaborative efforts and assistance: ADA curb cuts and sidewalk grading, DPW the Department of Public Works (DPW); the West Shore Recreation building, Recreation Department; roof, thermal hot water system, A/C condenser units, windows, the Beth El homeless shelter; and A/C condenser unit, Bridges, A Community Support System.

The single family housing rehabilitation program initiatives continued with a total of 12 households assisted in four years. In 2012 pace of the housing rehabilitation program slowed dramatically, in part due to Tropical Storm Sandy which hit Milford full force, devastating the coast of Milford and homes located near the shoreline. This event resulted in an influx of housing technical assistance questions. The City of Milford was called upon and the

Department of Community Development agreed to administrate the FEMA elevation grants in partnership with the State Department of Emergency Management and Homeland Security. The Homeownership program was discontinued in 2012 due to market conditions and programmatic uncertainty. The current market, interest rates and state of mortgage industry have stabilized and discussions of reinstating the program have begun.

In general, Milford has performed well and met its goals and objectives outlined in the Five-Year Consolidated Plan. The activities are awarded according to the goals, and as the activity progresses, its success correlates to the project outcome and actual program fund expenditures. The HUD system software, the Integrated Disbursement and Information System (IDIS) provides several reports to help the grantee gauge and track its expenditure ratio or "Timeliness" statistically, and individually by activity, in a recently released IDIS mechanism called the "CDBG Activities at Risk Dashboard". It notifies the grantee when neither a draw nor activity accomplishment information has been enter over a certain time period. The total grant allocation in the line of credit available cannot exceed 1.50 on August 2 of each program year, 60 days prior to year end. Historically, Milford's timeliness ratio averages .10 above or below a 1.00 ratio. The ratio is based on expenditure rate and in 2013 and 2014 ratio averaged around 1.25-1.50. This decrease in the expenditure of Housing Rehabilitation funds and follow up on public facility project decreased due to a change in the procurement policy, project scope add-on's and change orders, issues with the homeowner and contractor relations, delays with contractor SAM.gov registrations and schedules, decreased and in the case of Bridges...A Community Support System, the subrecipient had difficulty securing project funds to start the project, then the Tropical Storm Sandy disaster response dominated the weeks. Project preparedness, timely project bid, diligent oversight of project and procurement practices, program monitoring and use of IDIS reports to track progress on stated goals and objectives are keys to meeting the HUD 1.50 expenditure rate each program year.

After HUD monitoring in the 2010 and 2012, HUD Findings, written concerns and issues discussed regarding activity eligibility, project procurement, and financial concerns related to the expenditure of program income prior to entitlement funds, the notice of program income amounts and use of, and the timely submittal of quarterly financial reports. Milford has worked closely with the Hartford Community Planning Development representatives to resolve these issues and adjust internal program procedures to ensure Milford will remain in compliance with all federal and HUD requirements.

An analysis of impediments to fair housing choice identified four critical areas of concern. Milford has taken steps to reduce the impact of these impediments and to improve the availability of affordable, accessible housing and public facilities to benefit both protected and unprotected citizens.

#### **4. Summary of citizen participation process and consultation process**

The City of Milford followed a written Citizen Participation Plan in the preparation of this Consolidated Plan. This process included direct consultation with citizens and agencies in the areas of housing, homelessness, special needs and non-housing community development needs. Many of the agencies consulted serve low- and moderate-income persons and in low and moderate income areas of the City. On March 26, 2015 the Department of Community Development held a public hearing to hear citizens comment and express their views on Housing and Community Development needs, review past program performance and speak about applications for CDBG funding. A second public hearing was held on May 14, 2015. A draft Consolidated Plan is available for a 30-day comment period between June 1, 2015 to July 1, 2015

Public notice(s) included information on both public hearings, the proposed PY41 budget and the Milford locations and time period the proposed plan would be available to review. In addition, copies of the proposed plan were distributed to adjacent communities, the regional planning agency and key participants in the consultation process for their review and comment. The draft Plan was also posted on the City's website for public review and comment.

## **5. Summary of public comments**

The public hearing notices and minutes are included in the draft Plan. Any written comments received during the 30-day public comment period will be included in the final Plan and sent to HUD.

## **6. Summary of comments or views not accepted and the reasons for not accepting them**

Any written comments received during the 30-day public comment period will be included in the final Plan to HUD unless the comments do not pertain to the 5-Year Consolidated Strategic Plan and PY41 Action Plan.

## **7. Summary**

All verbal and written comments received before and during the 30-day comment period were accepted and are included in the Final 5 Year Strategic Consolidated Plan and PY41 Annual Action Plan.

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**The Process**

**PR-05 Lead & Responsible Agencies 24 CFR 91.200(b)**

**1. Describe agency/entity responsible for preparing the Consolidated Plan and those responsible for administration of each grant program and funding source**

The following are the agencies/entities responsible for preparing the Consolidated Plan and those responsible for administration of each grant program and funding source.

<b>Agency Role</b>	<b>Name</b>	<b>Department/Agency</b>
Lead Agency	MILFORD	Community Development

**Table 1 – Responsible Agencies**

**Narrative**

The Community Development Department serves as lead agency for administration of the Community Development Block Grant (CDBG) Program. This department is responsible for the compliance with appropriate CDBG regulations, annual and performance reports, preparation of all funding applications, oversight of sub-recipient program and project progress, and the performance monitoring. In addition, the Department of Community Development Coordinator is directly responsible for the administering a Housing Program(s) and a new pilot Economic Development program to assist eligible owners establish and organize new businesses.

**Consolidated Plan Public Contact Information**

Interest and comments on the Five-Year Consolidated Plan can be directed to the department's Director, Julie Nash and the CDBG Coordinator, Sheila Dravis.

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## **PR-10 Consultation - 91.100, 91.200(b), 91.215(l)**

### **Introduction**

The City of Milford's objective is to, identify and develop through departmental and service consultation and public comment, a strategy to meet the housing and community development needs in the community.

### **Provide a concise summary of the jurisdiction's activities to enhance coordination between public and assisted housing providers and private and governmental health, mental health and service agencies (91.215(l)).**

On behalf of the City of Milford, the Department of Community Development will initiate community outreach and consultation in the preparation of the Consolidated Plan with two public hearings in order to solicit the needs of residents and community service agencies to determine what CDBG activities will best benefit low- and moderate-income persons in the community.

In addition, consultation was conducted with members of the Milford Social Service Network includes organizations that provide housing and supportive services to special needs populations; members of C-RIDE Committee; the Milford Redevelopment and Housing Partnership (Milford public housing authority); the Beth-El Center, the Department of Human Services; the Health Department; the Senior Center; the United Way; the Literacy Center; and Kids Count.

The Department has recommended that it and the Milford Housing Partnership meet to actively assess and evaluate all opportunities to provide both affordable rental and homeownership opportunities. The interest and assistance of a housing developer, non-profit as well as a for-profit, in the process will be sought to participate in a housing acquisition and rehabilitation in exchange for an affordable housing deed restriction.

In addition to active involvement at the local level, the CDBG Coordinator participates in regional and statewide forums related to affordable housing, housing needs and social service needs particularly of the elderly, lower-income and special needs populations. The Coordinator also serves as the City's Fair Housing CDBG officer.

The Director of the Department of Community Development is a member of and supports various national and local business associations as well as participates in State and non-profit forums such as Connecticut Conference for Municipalities; CEDAS; Connecticut Tourism; United Illuminating; DECD; and local business associations including the Milford Chamber of Commerce, the Downtown Business Association (DBA), and Milford Promise. This involvement provides insight and background information on non-housing and housing and community development issues.

### **Describe coordination with the Continuum of Care and efforts to address the needs of homeless persons (particularly chronically homeless individuals and families, families with children, veterans, and unaccompanied youth) and persons at risk of homelessness**

In a continuum of care approach the Beth-El Center and homeless shelter provide housing services to the homeless and the mental health organization, Bridges... A Community Support System, assists with providing program services to people with substance abuse issues, a common challenge to this population as are mental health issues. Support services are provided through the Beth-El Center and include emergency "no freeze" shelter and the soup kitchen to assist families and individuals who are homeless, or at-risk, supportive housing with services which are individually designed and provided in conjunction with a professional case manager who maintains an office in the building. The Case Manager works collaboratively with the families to help them learn and implement the needed skills and to access the resources necessary to maintain self-sufficiency.

**Describe consultation with the Continuum(s) of Care that serves the jurisdiction's area in determining how to allocate ESG funds, develop performance standards and evaluate outcomes, and develop funding, policies and procedures for the administration of HMIS**

The Director of the Beth-El Center and homeless shelter and the mental health organization Bridges... A Community Support System both recognize the need for emergency, supportive and affordable rental housing as the first step to stabilizing the lives of homeless and person’s at risk of homelessness.

**2. Describe Agencies, groups, organizations and others who participated in the process and describe the jurisdictions consultations with housing, social service agencies and other entities**

The Department of Community Development consulted with groups and agencies that engage and assist the homeless clientele and those at-risk of homelessness such as illiterate adults, planning and zoning, non-profit housing developers, the local housing authority, transportation service, seniors and disabled individuals, female headed households, child care, mental illness, substance abuse, victims of domestic violence, and rental properties with code violations. The intent of the groups and agencies is to provide housing, programs and training that provide an opportunity to regain financial and emotional stability in order to prevent low income households from becoming homeless. Individuals in Milford with HIV/AIDS seeking assistance are referred to agencies with the expertise to provide the appropriate or specific service delivery approach.

**Table 2 – Agencies, groups, organizations who participated**

<b>Table 3 – Agencies groups organizations who participated</b>		
<b>PR-10 Consultation - 91.100 91.200(b) 91.215(l)</b>		
Beth El Center	90 New Haven Avenue, Milford, CT 06460	#933555013
BH Care Inc.	P.O. Box 658, 435 E. Main Street, Ansonia, CT 06401	#614711919
Boys & Girls Club of Milford	59 Devonshire Road, Milford, CT 06460	#020024242
Bridges, Community Support System	949 Bridgeport Avenue, Milford CT 06460	#099765851
City of Milford DPW	83 Ford Street, Milford, CT, 06461	#039623681
City of Milford Employment & Training	150 Gulf Street, Milford, CT 06460	#039623681
City of Milford Health Dept.	82 New Haven Avenue, Milford, CT 06460	#039623681
City of Milford Human Resource Development	70 West River Street, Milford, CT 06460	#039623681
City of Milford Public Library	57 New Haven Avenue, Milford, CT 06460	#039623681
City of Milford Recreation Dept	70 West River Street, Milford, CT 06460	#039623681
GNH Community Loan Fund	171 Orange Street, FL 3, New Haven, CT 06510	#603491010
Kids Count of Milford	167 Cherry Street, PMB#169, Milford, CT 06460	#075532684
Literacy Center of Milford, Inc.	16 Dixon Drive, Milford, CT 06460	#839161403
Milford Elderly Services	9 Jepson Drive, Milford, CT 06460	#199198516

Milford Transit District	259 Research Drive, Milford, CT 06460	#175745686
Milford Redevelopment & Housing Partnership	75 Demaio Drive, Milford, CT 06460	#098179245
Rape Crisis Center of Milford	70 West River Street, Milford, CT 06460	#162229827
River Park Apartments	38 West River Street, Milford, CT 06460	
The Milford Bank	33 Broad Street, Milford, CT 06460	
United Way of Milford	20 Evergreen Avenue, Milford, CT 06460	#122203094
Walnut Beach Association	60 Park Avenue, Milford, CT 06460	
Woodruff Family YMCA	631 Orange Avenue, Milford, CT 06460	#060003142

**Briefly describe how the Agency/Group/Organization was consulted. What are the anticipated outcomes of the consultation or areas for improved coordination?**

The Department of Community Development engage in various methods to consult and gather information from program providers, city departments and agency's regarding the needs and/or positive progress being made in the community. These methods include but are not limited to; onsite subrecipient monitoring; monthly human service and housing meeting(s); phone conversations; CDBG public hearings; subrecipient reports and Board of Alderman Meetings. The Department anticipates a greater understanding of the difficulties faced by both the agency and the resident. Holding a yearly meeting with the heads of city departments and other agency's would be beneficial.

**Identify any Agency Types not consulted and provide rationale for not consulting**

State or private nationally operated agency were not consulted directly but rather information collected electronically if needed.

**Describe other local/regional/state/federal planning efforts considered when preparing the Plan.**

Name of Plan	Lead Organization	How do the goals of your Strategic Plan overlap with the goals of each plan?
The ALICE Project (Asset Limited, Income Constrained, Employed)	Connecticut United Way's UnitedWayALICE.org/Connecticut	Disproportionate wage discrepancies affect groups: female-headed households, Blacks, Hispanics, people living with a disability, and unskilled recent immigrants. All live below the ALICE Threshold. Lack of affordable rental units in CT.
Life Changing. Life Saving	Beth El Center	Homelessness, Supportive Housing Development, and support services

**Table 4 – Other local / regional / federal planning efforts**

**Describe cooperation and coordination with other public entities, including the State and any adjacent units of general local government, in the implementation of the Consolidated Plan (91.215(I))**

The Office of Planning and Zoning was consulted regarding the Affordable Housing 8-30g affordability plans. Mayor's Pedestrian and bike initiative includes ADA curb cuts and sidewalk grading improvements and will be coordinated by DPW. The Waste Water Department has brought the need to elevation of flood prone waste water equipment to attention of the Hazard Mitigation Committee of which all City Departments participate. The affordable housing will be a priority for the Housing Partnership and the Department. Sharing of information between area and other CT CDBG Entitlement Communities as well as the Department of Housing and Department of Economic and Community Development are ongoing.

**Narrative (optional):**

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**PR-15 Citizen Participation**

**1. Summarize citizen participation process and how it impacted goal-setting**

The City of Milford followed a written Citizen Participation Plan in the preparation of this Consolidated Plan. This process included direct consultation with citizens and agencies in the areas of housing, homelessness, special needs and non-housing community development needs. Many of the agencies consulted serve low- and moderate-income persons and/or areas of the City where lower income persons reside and CDBG activities are generally carried out. On March 26, 2015 the City held a public hearing to allow citizens an opportunity to express views on Housing and Community Development needs, review past program performance and solicit requests for potential funding. A second public hearing was held on May 14, 2015. The Draft Consolidated Plan was made available for a 30-day comment period (June 1, 2015 to July 1, 2015).

Notice of the public hearing(s) and availability of the Proposed Plan were published in the newspaper and copies of the Plan were made available at several locations in the community. In addition, copies of the Proposed Plan were distributed to adjacent communities, the regional planning agency and key participants in the consultation process for their review and comment. The Draft Plan was also posted on the City's website for public review and comment.

**Citizen Participation Outreach**

Sort Order	Mode of Outreach	Target of Outreach	Summary of response/ attendance	Summary of comments received	Summary of comments not accepted and reasons	URL (If applicable)
1	Public Hearing	Residents & Milford housing and service providers	Minutes of Hearing attached	Minutes of Hearing attached	All comments were accepted	City of Milford, Com Dev <a href="http://ci.milford.ct.us.ct">http://ci.milford.ct.us.ct</a>
2	Consultation	Milford housing & service providers, local agency and City Departments	Each consultation noted low wages a cause for the struggle to afford basic necessities of housing, child care, food, health care and transportation.	Issues included income constraints, and struggle to afford basic necessities of housing, child care, food, health care and transportation.	All comments were accepted	

**Table 5 – Citizen Participation Outreach**

## Needs Assessment

### NA-05 Overview

Consolidated Planning/CHAS Data Comprehensive Housing Affordability Strategy

<http://www.huduser.org/portal/datasets/cp.html>

### Needs Assessment Overview

The housing problems and needs in Milford are presented in the Housing Needs Table which was completed utilizing the new Comprehensive Affordable Housing Strategy (CHAS) data. This data was based on the 2007-2009 and 2009-2011 American Community Survey (ASC) released by the U.S. Department of Housing and Urban Development (HUD) which periodically receives "custom tabulations" of data from the U.S. Census Bureau that are largely not available through standard Census products. These data, known as the "CHAS" data, demonstrate the extent of housing problems and housing needs, particularly for low income households. The CHAS data are used by local governments to plan how to spend HUD funds and may also be used by HUD to distribute grant funds.

The definition of housing problems utilized in these cross tabulations is a non-duplicative count of households with housing problems including those that have: 1) substandard housing (lacking complete kitchen or bathroom); 2) severely overcrowded living conditions (a housing unit with 1.51 person per room with kitchen or bathroom); 3) overcrowded living conditions (a housing unit with 1 to 1.51 person per room and none of the above problems) 4) housing cost burden, including utilities, exceeding 30% of gross income, or a severe housing cost burden, including utilities, exceeding 50% of gross income; and 5) Negative income, and none of above problems. In 2009, there were 1,880 renters and 5,690 owners experiencing housing cost burden in Milford. This compares with 1,377 renters and 3,874 owners in 2000. Housing cost burden is defined as spending more than 30% of income on housing costs. (UW Milford Community Needs Assessment 2013).

In 2013, the United Way of Milford conducted the 2013 Milford United Way Community Needs Assessment to determine the best use of United Way of Milford resources for the residents of Milford. In order to ensure that the perceptions and opinions of many segments of the community were included in the research, data was gathered from residents, community leaders, publicly available data sources, published reports and from the 2-1-1 information and referral service. Housing related needs are a consistent theme throughout all of these assessments. In 1995, community surveys ranked housing/shelter, and affordable housing respectively as the greatest needs. In 2000, the methodology used for the assessment was to survey community leaders rather than conduct a community survey.

"In 2012, there were 4,931 service requests made to 2-1-1, the statewide health and human services information and referral service operated by United Way of Connecticut. The top five calls from Milford residents related to mental health care, housing, utilities, public assistance and disaster assistance." (2013 UWM CAN)

The 2013 Milford United Way Community Needs Assessment identified the following needs by issue area:

#### Children and Youth

Access to affordable child care, Access to more child psychiatrists serving Milford, Expansion of the Boys & Girls Club.

#### Housing

More affordable housing, Expansion of the homeless shelter to serve intact families, Funding for more housing vouchers (Section 8) for low and moderate-income families.

#### Basic Needs

A review of the resources available for emergency food, clothing, energy assistance and diapers, A review of safety standards for all public buildings, Establishment of a shelter for victims of domestic violence.

**Health Care**

Access to programs that offer financial assistance for prescriptions, Establishment of a clinic to provide healthcare to the uninsured and underinsured, Access to more psychiatrists serving Milford.

**Older Adults**

Establishment of assisted living and congregate care facilities in Milford, Home repair services to assist older adult residents who wish to stay in their homes, Access to affordable health care for services not covered by Medicare.

**Disaster Recovery & Preparedness**

Assistance for those who need to elevate their homes to mitigate damage from future coastal storms. (2013 UWM CAN page 8; <http://unitedwayofmilford.org/>)

**NA-10 Housing Needs Assessment - 24 CFR 91.205 (a,b,c)**

**Summary of Housing Needs**

Demographics	Base Year: 2000	Most Recent Year: 2011	% Change
Population	52,305	52,732	1%
Households	20,909	20,818	-0%
Median Income	\$61,183.00	\$79,828.00	30%

**Table 6 - Housing Needs Assessment Demographics**

**Data Source:** 2000 Census (Base Year), 2007-2011 ACS (Most Recent Year)

**Number of Households Table**

	0-30% HAMFI	>30-50% HAMFI	>50-80% HAMFI	>80-100% HAMFI	>100% HAMFI
Total Households *	1,650	2,115	2,215	1,910	12,925
Small Family Households *	309	480	720	835	7,115
Large Family Households *	35	45	159	120	1,120
Household contains at least one person 62-74 years of age	295	624	538	365	2,245
Household contains at least one person age 75 or older	689	755	510	204	819
Households with one or more children 6 years old or younger *	90	128	337	233	1,254

\* the highest income category for these family types is >80% HAMFI

**Table 7 - Total Households Table**

**Data** 2007-2011 CHAS

**Source:**

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## Housing Needs Summary Tables

### 1. Housing Problems (Households with one of the listed needs)

	Renter					Owner				
	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total
NUMBER OF HOUSEHOLDS										
Substandard Housing - Lacking complete plumbing or kitchen facilities	0	15	0	0	15	0	0	0	10	10
Severely Overcrowded - With >1.51 people per room (and complete kitchen and plumbing)	0	35	10	15	60	0	0	0	0	0
Overcrowded - With 1.01-1.5 people per room (and none of the above problems)	0	0	40	20	60	0	10	20	25	55
Housing cost burden greater than 50% of income (and none of the above problems)	475	300	115	0	890	610	670	355	245	1,880
Housing cost burden greater than 30% of income (and none of the above problems)	175	225	370	174	944	139	500	455	619	1,713
Zero/negative Income (and none of the above problems)	45	0	0	0	45	19	0	0	0	19

**Table 8 – Housing Problems Table**

Data 2007-2011 CHAS  
Source:

2. Housing Problems - Households with one or more Severe Housing Problems: Lacks kitchen or complete plumbing, severe overcrowding, severe cost burden)

	Renter					Owner				
	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total
NUMBER OF HOUSEHOLDS										
Having 1 or more of four housing problems	475	350	165	40	1,030	610	680	375	280	1,945
Having none of four housing problems	345	295	505	435	1,580	159	790	1,170	1,155	3,274
Household has negative income, but none of the other housing problems	45	0	0	0	45	19	0	0	0	19

Table 9 – Housing Problems 2

Data 2007-2011 CHAS  
Source:

3. Cost Burden > 30%

	Renter				Owner			
	0-30% AMI	>30-50% AMI	>50-80% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	Total
NUMBER OF HOUSEHOLDS								
Small Related	179	200	155	534	94	210	315	619
Large Related	15	35	64	114	20	10	75	105
Elderly	264	188	104	556	494	775	313	1,582
Other	199	160	195	554	133	185	138	456
Total need by income	657	583	518	1,758	741	1,180	841	2,762

Table 10 – Cost Burden > 30%

**Data** 2007-2011 CHAS  
**Source:**

4. Cost Burden > 50%

	Renter				Owner			
	0-30% AMI	>30-50% AMI	>50-80% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	Total
NUMBER OF HOUSEHOLDS								
Small Related	169	170	20	359	94	180	195	469
Large Related	15	0	0	15	20	10	15	45
Elderly	174	89	20	283	365	355	139	859
Other	124	45	75	244	129	135	14	278
Total need by income	482	304	115	901	608	680	363	1,651

**Table 11 – Cost Burden > 50%**

**Data** 2007-2011 CHAS  
**Source:**

5. Crowding (More than one person per room)

	Renter					Owner				
	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total
NUMBER OF HOUSEHOLDS										
Single family households	0	35	50	35	120	0	10	20	25	55
Multiple, unrelated family households	0	0	0	0	0	0	0	0	0	0
Other, non-family households	0	0	0	0	0	0	0	0	0	0
Total need by income	0	35	50	35	120	0	10	20	25	55

**Table 12 – Crowding Information – 1/2**

Data 2007-2011 CHAS  
 Source:

	Renter				Owner			
	0-30% AMI	>30-50% AMI	>50-80% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	Total
Households with Children Present	104	15	99	218				

Table 13 – Crowding Information – 2/2

**Describe the number and type of single person households in need of housing assistance.**

Tables 4 and 5 illustrate that overcrowding and cost burden were prominent in single family and elderly households that rent and own. The 2013 ACS Occupancy Characteristics state that in Milford, 24.1% of the owner occupied housing units are comprised of a 1-person household and 47% of the renter-occupied homes contain only 1 person per unit.

**Estimate the number and type of families in need of housing assistance who are disabled or victims of domestic violence, dating violence, sexual assault and stalking.**

As cited in the U.S. Census Bureau, 2005-2007 ACS, 1,819 residents live with some form of disability. Of the total, 109 disabled families live in Milford Public Housing and 57 receive housing vouchers as reported in CHAS 2009-2011.

According to the CT Coalition Against Domestic Violence (CCADV), in 2014 CCADV served 46,750 victims of domestic violence in the State of Connecticut and of that, 1,787 victims received safe home services during the period between July 1, 2013 and June 30, 2014. (<http://www.ctcadv.org/information-about-domestic-violence/statistics/>). The area domestic violence organization assists approximately 100-140 Milford residents a year in the Milford Court House with Temporary Restraining Orders and an organized monthly support group.

Due to the confidential and sensitive nature of domestic violence, there were no victims of domestic violence on record as benefiting from public housing assistance in Milford.

The National Domestic Violence Hotline reports that, “On average, 24 people per minute are victims of rape, physical violence or stalking by an intimate partner in the United States — more than 12 million women and men over the course of a year,” and “from 1994 to 2010, about 4 in 5 victims of intimate partner violence were female.” (<http://www.thehotline.org/resources/statistics/>)

**What are the most common housing problems?**

Based upon information contained in the 2007-2011 CHAS data, Table 1. Housing Problems, it is clear that the primary housing problem in Milford is cost burden which appears to impact both renters and owners, in all household income cohorts earning up to and less than 80% of AMI. As seen in Table 2, Housing Problems in households with one or more severe housing problems (no or incomplete kitchen/ plumbing, severe overcrowding, severe cost burden) primarily affect households earning 0 to 50% of AMI. This statistic points to a lack of decent housing and poor living conditions for low income persons. In Tables 4 and 5, overcrowding and cost burden were prominent in single family and elderly households that rent and own.

**Are any populations/household types more affected than others by these problems?**

Housing cost burden appears to impact small and single family renter and ownership households, especially when incomes falls between 0% and 80% of AMI.

**Describe the characteristics and needs of Low-income individuals and families with children (especially extremely low-income) who are currently housed but are at imminent risk of either residing in shelters or becoming unsheltered 91.205(c)/91.305(c)).**

Households at imminent risk of residing in shelters or becoming unsheltered generally have specific financial assistance needs or benefit from short-term housing stabilization services to secure or retain housing. The data is not available from the Census on the number of renter or ownership households with children.

**Also discuss the needs of formerly homeless families and individuals who are receiving rapid re-housing assistance and are nearing the termination of that assistance.**

Single individuals and family households with relatively low barriers to independent living are good candidates to receive rapid re-housing assistance. The services received such as case management, outreach, and housing search provide support and knowledge to prevent them from returning to emergency shelters or living on the street. A future need for temporary financial assistance may arise but households having participated in the rapid re-housing program are better equipped to manage issues and retain housing.

**If a jurisdiction provides estimates of the at-risk population(s), it should also include a description of the operational definition of the at-risk group and the methodology used to generate the estimates:**

“More than 1 million persons are served in HUD-supported emergency, transitional and permanent housing programs each year. The total number of persons who experience homelessness may be twice as high. There are four federally defined categories under which individuals and families may qualify as homeless: 1) literally homeless; 2) imminent risk of homelessness; 3) homeless under other Federal statutes; and 4) fleeing/attempting to flee domestic violence.” (Hud.gov/homelessness assistance)

**Specify particular housing characteristics that have been linked with instability and an increased risk of homelessness.**

A combination of overlapping disadvantages rather than a single factor create housing instability among poor families who fall between stable and at-risk of homelessness. As cited by the Institute for Children, Poverty & Homelessness, the key risks to housing instability are low employment, poor physical health, low social support, single, lack of a high school degree, teen birth, multiple partners, living in someone else’s home, depression, domestic violence, and substance abuse. (<http://www.icphusa.org/index.asp?page=16&report=112&pg=110>)

**Discussion**

According to the Institute for Children, Poverty & Homelessness, unstably housed mothers are at high risk of homelessness because they experience more than six risk factors in a five year period. (<http://www.icphusa.org/index.asp?page=16&report=112&pg=110>).

**NA-15 Disproportionately Greater Need: Housing Problems – 91.205 (b)(2)**

Assess the need of any racial or ethnic group that has disproportionately greater need in comparison to the needs of that category of need as a whole.

**Introduction**

HUD asks its entitlement communities to evaluate the extent that any racial or ethnic group has a disproportionately greater housing need in comparison to the needs of the population as a whole. For this purpose, disproportionately greater need exists when the percentage of persons in a category of need, who are members of a particular racial or ethnic group, is at least ten percentage points higher than the percentage of persons in the category as a whole.

**0%-30% of Area Median Income**

**Has one or more of four housing problems**

White 90%, Black 1.5%, Asian 1%, Hispanic 7%, American Indian 0%, Pacific Islander 0%

Housing Problems	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	1,400	195	64
White	1,260	185	44
Black / African American	20	10	0
Asian	10	0	10
American Indian, Alaska Native	0	0	0
Pacific Islander	0	0	0
Hispanic	95	0	10

**Table 14 - Disproportionally Greater Need 0 - 30% AMI**

**Data** 2007-2011 CHAS  
**Source:**

\*The four housing problems are:

1. Lacks complete kitchen facilities,
2. Lacks complete plumbing facilities,
3. More than one person per room,
4. Cost Burden greater than 30%

**30%-50% of Area Median Income**

**Has one or more of four housing problems**

White 88%, Black .1%, Asian 3.1%, Hispanic 6%, American Indian 0%, Pacific Islander 0%

Housing Problems	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	1,755	355	0
White	1,540	335	0
Black / African American	4	0	0
Asian	55	20	0
American Indian, Alaska Native	0	0	0
Pacific Islander	0	0	0
Hispanic	104	0	0

**Table 15 - Disproportionally Greater Need 30 - 50% AMI**

**Data** 2007-2011 CHAS  
**Source:**

\*The four housing problems are:

1. Lacks complete kitchen facilities,
2. Lacks complete plumbing facilities,
3. More than one person per room,
4. Cost Burden greater than 30%

**50%-80% of Area Median Income**

**Has one or more of four housing problems**

White 89%, Black 2.51%, Asian 3.8%, Hispanic 5%, American Indian 0%, Pacific Islander 0%

Housing Problems	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	1,365	850	0
White	1,220	770	0
Black / African American	35	0	0

Housing Problems	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Asian	50	0	0
American Indian, Alaska Native	0	0	0
Pacific Islander	0	0	0
Hispanic	65	80	0

**Table 16 - Disproportionally Greater Need 50 - 80% AMI**

**Data** 2007-2011 CHAS  
**Source:**

\*The four housing problems are:

1. Lacks complete kitchen facilities,
2. Lacks complete plumbing facilities,
3. More than one person per room,
4. Cost Burden greater than 30%

**80%-100% of Area Median Income**

**Has one or more of four housing problems**

White 83%, Black 0%, Asian 3.9%, Hispanic 10%, American Indian 0%, Pacific Islander 0%

Housing Problems	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	1,110	800	0
White	930	705	0
Black / African American	0	10	0
Asian	44	20	0
American Indian, Alaska Native	0	20	0
Pacific Islander	0	0	0
Hispanic	115	35	0

**Table 17 - Disproportionally Greater Need 80 - 100% AMI**

**Data** 2007-2011 CHAS  
**Source:**

\*The four housing problems are:

1. Lacks complete kitchen facilities,
2. Lacks complete plumbing facilities,
3. More than one person per room,
4. Cost Burden greater than 30%

**Discussion**

In 2010, 89.1% of the population identified as White, 5.4% identified as Asian, 5.2% as Hispanic and 2.5% as Black. The Asian population saw the largest increase at 130.1%, followed by those who identify as Hispanic (57.5%) and those who identify as being of multi or other race (UW Milford Community Needs Assessment 2013).

According to the American Fact Finder, Demographic and Housing Estimates, 2009-2013 American Community Survey (ACS) 5-Year Estimates, 16.8% of the households in Milford Town are of a minority background. In 2000, the CHAS data reported that 10.5% of the total households in Milford were minority households.

According to the 2007-2011 CHAS data, 36% of the total 21,708 occupied households in Milford faced some form of a housing problem. 7,894 of the total occupied households experience a disproportionate housing need of which 33% are White households, .01% and Black households, 1% are Asian households, 2% are Hispanic households, 0% are American Indian households, and 0% are Pacific Islander households.

**0%-30% of Area Median Income, Has one or more of four housing problems**

White 90%, Black 1.5%, Asian 1%, Hispanic 7%, American Indian 0%, Pacific Islander 0%

**30%-50% of Area Median Income, Has one or more of four housing problems**

White 88%, Black .1%, Asian 3.1%, Hispanic 6%, American Indian 0%, Pacific Islander 0%

**50%-80% of Area Median Income, Has one or more of four housing problems**

White 89%, Black 2.51%, Asian 3.8%, Hispanic 5%, American Indian 0%, Pacific Islander 0%

**80%-100% of Area Median Income, Has one or more of four housing problems**

White 83%, Black 0%, Asian 3.9%, Hispanic 10%, American Indian 0%, Pacific Islander 0%

Housing Problems	Area Median income with one or more of four housing problems			
	0-30%	30-50%	50-80%	80-100%
White	1,260	1,540	1,220	930
Black / African American	20	4	35	0
Asian	10	55	50	44
American Indian, Alaska Native	0	0	0	0
Pacific Islander	0	0	0	0
Hispanic	95	104	65	115

**NA-20 Disproportionately Greater Need: Severe Housing Problems – 91.205 (b)(2)**

Assess the need of any racial or ethnic group that has disproportionately greater need in comparison to the needs of that category of need as a whole.

**Introduction**

According to the American Fact Finder, Demographic and Housing Estimates, 2009-2013 American Community Survey (ACS) 5-Year Estimates, 16.8% of the households in Milford Town are of a minority background. In 2000 the CHAS data reported that 10.5% of the total households in Milford were minority households.

**0%-30% of Area Median Income**

<b>Severe Housing Problems*</b>	<b>Has one or more of four housing problems</b>	<b>Has none of the four housing problems</b>	<b>Household has no/negative income, but none of the other housing problems</b>
Jurisdiction as a whole	1,085	500	64
White	1,010	430	44
Black / African American	20	10	0
Asian	10	0	10
American Indian, Alaska Native	0	0	0
Pacific Islander	0	0	0
Hispanic	45	50	10

**Table 18 – Severe Housing Problems 0 - 30% AMI**

**Data** 2007-2011 CHAS  
**Source:**

\*The four severe housing problems are:

1. Lacks complete kitchen facilities,
2. Lacks complete plumbing facilities,
3. More than 1.5 persons per room,
4. Cost Burden over 50%

**30%-50% of Area Median Income**

<b>Severe Housing Problems*</b>	<b>Has one or more of four housing problems</b>	<b>Has none of the four housing problems</b>	<b>Household has no/negative income, but none of the other housing problems</b>
Jurisdiction as a whole	1,030	1,085	0
White	835	1,035	0
Black / African American	4	0	0
Asian	35	40	0
American Indian, Alaska Native	0	0	0
Pacific Islander	0	0	0
Hispanic	94	10	0

**Table 19 – Severe Housing Problems 30 - 50% AMI**

**Data** 2007-2011 CHAS  
**Source:**

\*The four severe housing problems are:

1. Lacks complete kitchen facilities, 2. Lacks complete plumbing facilities, 3. More than 1.5 persons per room, 4. Cost Burden over 50%

**50%-80% of Area Median Income**

<b>Severe Housing Problems*</b>	<b>Has one or more of four housing problems</b>	<b>Has none of the four housing problems</b>	<b>Household has no/negative income, but none of the other housing problems</b>
Jurisdiction as a whole	545	1,670	0
White	490	1,495	0
Black / African American	0	35	0
Asian	40	10	0
American Indian, Alaska Native	0	0	0
Pacific Islander	0	0	0
Hispanic	15	130	0

**Table 20 – Severe Housing Problems 50 - 80% AMI**

**Data** 2007-2011 CHAS  
**Source:**

\*The four severe housing problems are:

1. Lacks complete kitchen facilities,
2. Lacks complete plumbing facilities,
3. More than 1.5 persons per room,
4. Cost Burden over 50%

**80%-100% of Area Median Income**

<b>Severe Housing Problems*</b>	<b>Has one or more of four housing problems</b>	<b>Has none of the four housing problems</b>	<b>Household has no/negative income, but none of the other housing problems</b>
Jurisdiction as a whole	320	1,590	0
White	234	1,400	0
Black / African American	0	10	0
Asian	29	30	0
American Indian, Alaska Native	0	20	0
Pacific Islander	0	0	0
Hispanic	40	110	0

**Table 21 – Severe Housing Problems 80 - 100% AMI**

**Data** 2007-2011 CHAS  
**Source:**

\*The four severe housing problems are:

1. Lacks complete kitchen facilities,
2. Lacks complete plumbing facilities,
3. More than 1.5 persons per room,
4. Cost Burden over 50%

**Discussion**

According to the 2007-2011 CHAS data, 36% of the total 21,708 occupied households in Milford faced severe housing problems. Hispanic households of 0-30% of AMI and 30-50% AMI experience severe housing problems at a slightly disproportionate rate compared to other households in Milford.

**NA-25 Disproportionately Greater Need: Housing Cost Burdens – 91.205 (b)(2)**

Assess the need of any racial or ethnic group that has disproportionately greater need in comparison to the needs of that category of need as a whole.

**Introduction:**

According to 2009-2013 American Community Survey 5-Year Estimate, the population of Milford is 52,894 with 88.5% White households, and 16% (8,503) of White households in Milford are 65 years or older. Of the households over the age of 65, 80% are owner-occupied and 19.9% renter-occupied, 6.5%, or 535 people, are below 100% of the poverty level. In making this comparison, we have ruled out that the cost burden is held by senior citizens and can view the statistics from the standpoint of race/ethnic disadvantage.

**Housing Cost Burden**

Housing Cost Burden	<=30%	30-50%	>50%	No / negative income (not computed)
Jurisdiction as a whole	2,295	2,754	2,785	64
White	11,110	4,415	2,740	44
Black / African American	350	80	25	0
Asian	854	160	49	10
American Indian, Alaska Native	35	20	0	0
Pacific Islander	0	0	0	0
Hispanic	329	244	194	10

**Table 22 – Greater Need: Housing Cost Burdens AMI**

**Data** 2007-2011 CHAS  
**Source:**

**Discussion:**

According to the 2007-2011 CHAS data, 58%, or 12,678 of the total 21,708 occupied households in Milford faced housing cost burdens. At 0-30% of AMI, Asian households experience a higher cost burden than other households and at 30-50% AMI, Hispanic households experience greater cost burden compared to other households in Milford. A combination of disadvantages, rather than a single factor, create housing cost burden among poor families. Factors include low wages, under and seasonal employment, cost of transportation, utilities, and basic necessities.

**NA-30 Disproportionately Greater Need: Discussion – 91.205(b)(2)**

**Are there any Income categories in which a racial or ethnic group has disproportionately greater need than the needs of that income category as a whole?**

Currently the total population in Milford has seen a slight increase in most racial and ethnic households with the exception of a 50% increase in the Asian population and a 4% decrease in the total population of white persons in Milford.

Proportionately, according to the data, African-American owner households and Hispanic owner households have the highest rate of housing problems. White renter households and Other Race owner households had the next highest rates of housing problems. Within the income category, there is not a specific minority household with greater housing problems than another.

**If they have needs not identified above, what are those needs?**

According to the 2013 Milford United Way Community Needs Assessment, affordable housing rental units with standard amenities are in short supply in Milford, a town that is located near major transportation hubs and supports service oriented employment.

**Are any of those racial or ethnic groups located in specific areas or neighborhoods in your community?**

The 2010 Census Interactive Population Map, at the census tract level shows that Milford's ethnic population is generally evenly distributed with a larger percentage of minority household living in Census Tract 1506, a large area on the south east side of Milford.

Subject	<input checked="" type="checkbox"/>	Number	Percent
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
+ Male population	<input checked="" type="checkbox"/>	25,405	48.2
+ Female population	<input checked="" type="checkbox"/>	27,354	51.8
<b>RACE</b>			
- Total population	<input checked="" type="checkbox"/>	52,759	100.0
- One Race	<input checked="" type="checkbox"/>	51,908	98.4
White	<input checked="" type="checkbox"/>	46,989	89.1
Black or African American	<input checked="" type="checkbox"/>	1,328	2.5
American Indian and Alaska Native	<input checked="" type="checkbox"/>	73	0.1
+ Asian	<input checked="" type="checkbox"/>	2,821	5.3
+ Native Hawaiian and Other Pacific Islander	<input checked="" type="checkbox"/>	19	0.0
Some Other Race	<input checked="" type="checkbox"/>	678	1.3
+ Two or More Races	<input checked="" type="checkbox"/>	851	1.6
Race alone or in combination with one or more other races: [4]			
White	<input checked="" type="checkbox"/>	47,715	90.4
Black or African American	<input checked="" type="checkbox"/>	1,620	3.1
American Indian and Alaska Native	<input checked="" type="checkbox"/>	231	0.4
Asian	<input checked="" type="checkbox"/>	3,147	6.0
Native Hawaiian and Other Pacific Islander	<input checked="" type="checkbox"/>	48	0.1
Some Other Race	<input checked="" type="checkbox"/>	918	1.7
<b>HISPANIC OR LATINO</b>			
+ Total population	<input checked="" type="checkbox"/>	52,759	100.0
<b>HISPANIC OR LATINO AND RACE</b>			
- Total population	<input checked="" type="checkbox"/>	52,759	100.0
+ Hispanic or Latino	<input checked="" type="checkbox"/>	2,756	5.2
+ Not Hispanic or Latino	<input checked="" type="checkbox"/>	50,003	94.8
<b>RELATIONSHIP</b>			
+ Total population	<input checked="" type="checkbox"/>	52,759	100.0
<b>HOUSEHOLDS BY TYPE</b>			
+ Total households	<input checked="" type="checkbox"/>	21,708	100.0
<b>HOUSING OCCUPANCY</b>			
+ Total housing units	<input checked="" type="checkbox"/>	23,074	100.0
<b>HOUSING TENURE</b>			
- Occupied housing units	<input checked="" type="checkbox"/>	21,708	100.0
- Owner-occupied housing units	<input checked="" type="checkbox"/>	16,551	76.2
Population in owner-occupied housing units	<input checked="" type="checkbox"/>	42,034	( X )
Average household size of owner-occupied units	<input checked="" type="checkbox"/>	2.54	( X )
- Renter-occupied housing units	<input checked="" type="checkbox"/>	5,157	23.8
Population in renter-occupied housing units	<input checked="" type="checkbox"/>	10,253	( X )
Average household size of renter-occupied units	<input checked="" type="checkbox"/>	1.99	( X )

X Not applicable.

**NA-35 Public Housing – 91.205(b)**

**Introduction**

According to the *91.205(a) General*, The consolidated plan must provide a concise summary of the jurisdiction's estimated housing needs projected for the ensuing five-year period. Housing data included in this portion of the plan shall be based on U.S. Census data, as provided by HUD, as updated by any properly conducted local study, or any other reliable source that the jurisdiction clearly identifies, and should reflect the consultation with social service agencies and other entities conducted in accordance with §91.100 and the citizen participation process conducted in accordance with §91.105.

With the help of the 2015 *Public Housing Agency Plan* for the City of Milford and consultation with the Milford Redevelopment & Housing Partnership (MRHP), the following section addresses: the needs of public housing tenants and applicants on the waiting list for accessible units, the most immediate needs of residents of Public Housing and Housing Choice voucher holders, how these needs compare to the housing needs of the general population.

**Totals in Use**

Program Type									
	Certificate	Mod-Rehab	Public Housing	Vouchers					
				Total	Project-based	Tenant-based	Special Purpose Voucher		
							Veterans Affairs Supportive Housing	Family Unification Program	Disabled *
# of units vouchers in use	No data	No data	313	194	0	194	0	0	0

**Table 23 - Public Housing by Program Type**

**\*includes Non-Elderly Disabled, Mainstream One-Year, Mainstream Five-year, and Nursing Home Transition**

**Data** PIC (PIH Information Center)  
**Source:**

**Characteristics of Residents**

<b>Program Type</b>								
	<b>Certificate</b>	<b>Mod-Rehab</b>	<b>Public Housing</b>	<b>Vouchers</b>				
				<b>Total</b>	<b>Project-based</b>	<b>Tenant-based</b>	<b>Special Purpose Voucher</b>	
							<b>Veterans Affairs Supportive Housing</b>	<b>Family Unification Program</b>
Average Annual Income	<b>No data</b>	No data	15,792	15,379	0	15,379	0	0
Average length of stay	No data	No data	5	8	0	8	0	0
Average Household size	No data	No data	1	2	0	2	0	0
# Homeless at admission	No data	No data	0	0	0	0	0	0
# of Elderly Program Participants (>62)	No data	No data	145	42	0	42	0	0
# of Disabled Families	No data	No data	109	57	0	57	0	0
# of Families requesting accessibility features	No data	No data	313	194	0	194	0	0
# of HIV/AIDS program participants	No data	No data	0	0	0	0	0	0
# of DV victims	No data	No data	0	0	0	0	0	0

**Table 24 – Characteristics of Public Housing Residents by Program Type**

**Data** PIC (PIH Information Center)  
**Source:**

**Race of Residents**

<b>Program Type</b>									
<b>Race</b>	<b>Certificate</b>	<b>Mod-Rehab</b>	<b>Public Housing</b>	<b>Vouchers</b>					
				<b>Total</b>	<b>Project-based</b>	<b>Tenant-based</b>	<b>Special Purpose Voucher</b>		
							<b>Veterans Affairs Supportive Housing</b>	<b>Family Unification Program</b>	<b>Disabled *</b>
White	No data	No data	259	159	0	159	0	0	0
Black/African American	No data	No data	52	32	0	32	0	0	0
Asian	No data	No data	1	3	0	3	0	0	0
American Indian/Alaska Native	No data	No data	1	0	0	0	0	0	0
Pacific Islander	No data	No data	0	0	0	0	0	0	0
Other	No data	No data	0	0	0	0	0	0	0
<b>*includes Non-Elderly Disabled, Mainstream One-Year, Mainstream Five-year, and Nursing Home Transition</b>									

**Table 25 – Race of Public Housing Residents by Program Type**

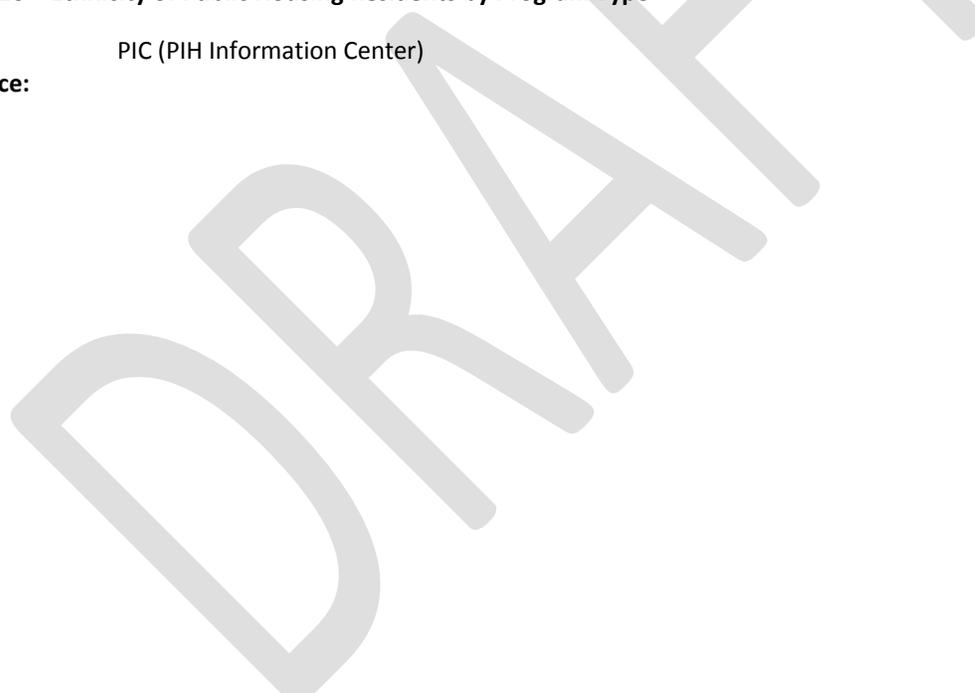
**Data Source:** PIC (PIH Information Center)

**Ethnicity of Residents**

<b>Program Type</b>									
<b>Ethnicity</b>	<b>Certificate</b>	<b>Mod-Rehab</b>	<b>Public Housing</b>	<b>Vouchers</b>					
				<b>Total</b>	<b>Project-based</b>	<b>Tenant-based</b>	<b>Special Purpose Voucher</b>		
							<b>Veterans Affairs Supportive Housing</b>	<b>Family Unification Program</b>	<b>Disabled *</b>
Hispanic	No data	No data	16	29	0	29	0	0	0
Not Hispanic	No data	No data	297	165	0	165	0	0	0
<b>*includes Non-Elderly Disabled, Mainstream One-Year, Mainstream Five-year, and Nursing Home Transition</b>									

**Table 26 – Ethnicity of Public Housing Residents by Program Type**

**Data** PIC (PIH Information Center)  
**Source:**



### **Section 504 Needs Assessment:**

Section 504 of the Rehabilitation Act of 1973 prohibits Federal agencies and all Non-Federal agencies receiving Federal funds from excluding people with disabilities, including psychiatric disabilities, from programs or activities - including specific housing programs -- because of their disability. As part of its Capital Funding Plan, the Milford Redevelopment & Housing Partnership (MRHP) has developed a program to address 504 compliance. CDBG funds have been used to make improvements as part of this program. Currently, 22 of the 465 public housing units are Section 504 compliant.

### **Describe the needs of public housing tenants and applicants on the waiting list for accessible units:**

Affordable housing, a safe living environment, public services, and transportation are needs identified by current tenants and applicants on a waiting list. The overall goal and objective of the MRHP in its 2015 Annual Plan, is to expand the range of quality housing choices to its tenant- based participants through sustaining a 98% utilization rate and attracting five (5) new landlords to participate in the program by December 31, 2015. The MRHP strategy for accomplishing its goals and objectives include but are not limited to: employ effective maintenance and management policies to minimize the time and number of housing units that are not in use (off-line) due to turnover and renovation; Maintain and increase section 8 lease-up rates by establishing payment standards that will enable families, regardless of size, to rent throughout Milford; Increase the number of affordable housing units by applying for additional section 8, leveraging affordable housing through the formation of mixed-finance housing; seek additional public housing for the elderly; assist families with disabilities and make necessary accessibility modifications; general marketing and outreach to agencies to assist disabled families, races/ethnicities shown to have disproportionalte housing needs; and counsel section 8 tenants and property owners outside areas of poverty/minority concentrations.

### **Most immediate needs of residents of Public Housing and Housing Choice voucher holders**

The MRHP recognizes the immediate need for accessibility and affordability by households at or below 50% AMI and elderly tenants as well as more units with 2 or more bedrooms. The MRHP plans to make timely renovations, to create affordable rental housing and increase the number of vouchers and property participants in the tenant-based program in locations outside minority concentrated areas.

### **How do these needs compare to the housing needs of the population at large**

A safe, secure, accessible living environment constitutes a basic essential human need for any type of household and at every income level. The general public is concerned about the availability of affordable owner and rental housing, the maintenance thereof, and emergency shelter during a crisis. Despite low mortgage interest rates and a depressed real estate market, the need for affordable housing was once again perceived to be a major need in Milford. Close to half of survey respondents rated affordable housing as a top five need. While this represents a decline from the 70% that rated housing as a top five need in 2007, it remains of concern for many residents. In addition, close to one third of survey respondents rated the need for crisis shelter as an extreme need in Milford. (UW Milford Community Needs Assessment 2013)

### **Discussion**

Milford maintains that the primary barrier to affordable housing is the high cost of development and the lack of vacant developable land. The City has revised zoning regulations to designate several areas where multi-family housing is permitted if 30% of the units are affordable, but city officials maintain that most of the affordable housing opportunities will be the result of rehabilitation and reuse of existing buildings. The City addresses these needs with HUD Community Development Block Grant (CDBG) funds expended to assist the MRHP and administer a single-family and the proposed 2015 multi-family housing rehabilitation program.

According to the MRHP in its 2015 Annual Plan, discussions with the Executive Director, and the MRHP's Five Year Plan, the City contains 465 public housing units, of which 62 are for families and the rest are for elderly (see table). No units are expected to be lost from the inventory. The MRHP also operates a tenant-based rental assistance program with the assistance of HUD Section 8 Program Funds. The MRHP is authorized for 266 Housing Choice Vouchers although with the high cost of rents in the City, its budget capacity is currently 208 units. The MRHP has a Capital Funding Plan which contains priorities for physical improvements to its properties. This plan is used to determine activities to be funded with CDBG funds on an annual basis.

Project Name	Elderly/ Family	Year Built or Renovated	Units	Address
Jepson Manor	Family	1972	2 BR: 21 3 BR: 23 44 Total	156-176 Harrison Avenue
Catherine McKeen Village	Elderly	1970	Eff: 26 1 BR: 24 50 Total	71-91 Jepson Drive
Foran Towers	Elderly	1970	Eff: 10 1 BR: 31 2 BR: 2 43 Total	264 High Street
Island Park View	Elderly	1973	Eff: 60 1BR: 45 2 BR: 5 110 Total	100 Viscount Drive
DeMaio Gardens	Elderly	1982	1BR: 65 65 Total	75 DeMaio Drive
Scattered Development	Family	2005	2BR: 2 2 Total	76/78 Atwater Street
Scattered Development	Family	2005	3 BR: 2 2 Total	22/24 Casco Street
Scattered Development	Family	2005	2 BR: 2 2 Total	79/81 Elaine Street
Scattered Development	Family	2005	2 BR: 3 3 BR: 3 6 Total	10 Housatonic Ave.
Scattered Development	Family	2005	5 BR: 1 1 total	136 Meriwn Ave.
Scattered Development	Family	2005	3 BR: 2 2 Total	176/178 Platt Street
Scattered Development	Family	2005	3 BR: 2 2 Total	86/88 West Town Street
Scattered Development	Family	2005	3 BR: 1 1 Total	20 White Oaks Terrace
Catherine McKeen Village	Elderly	1970	Eff: 17 1 Br: 8 25 Total	101-111 Jepson Drive
Catherine McKeen Village	Elderly	1973	Eff: 24 1 BR: 16 40 Total	45-65 Jepson Drive
DeMaio Gardens	Elderly	1984	1 BR: 30 30 Total	24-90 DeMaio Drive
Alberta Jagoe Commons	Elderly	1991	1 BR: 40 40 Total	101 - 410 Jagoe Court

## NA-40 Homeless Needs Assessment – 91.205(c)

### Introduction:

“Most people who are homeless do not live on the streets. Many individuals, especially homeless families, are hidden from our view; they live doubled up in apartments or in emergency shelters or transitional housing. For the majority of those who experience homelessness, it is a once-in-a-lifetime event. For these households, homelessness is often brought on by a sudden loss of income or other destabilizing event in their lives.

The chronically homeless make up about one-third of the homeless population. They are the most intense users of emergency shelters and services and often have chronic conditions, like mental illness, substance abuse or another chronic illness, or a physical disability, that make it difficult to stay housed or maintain employment. A smaller percentage of the homeless population is episodically homeless, experiencing repeated episodes of homelessness. While they do not live in the emergency system (as does the chronically homeless population), episodically homeless individuals and families frequently use emergency shelters and services for short periods of time, and face higher risk for becoming chronically homeless unless otherwise prevented.”  
<http://www.psychousing.org/what-we-know-about-homelessness>.

### **If data is not available for the categories "number of persons becoming and exiting homelessness each year," and "number of days that persons experience homelessness".**

HUD’s definition of chronic homelessness is a person or family that is homeless continuously a year or longer or has had at least four episodes of homelessness in the past three years. These periods of homelessness are considered chronic if they are coupled with a disabling condition of indefinite duration that strikes a person as incapable of living independently.

Experts state that it is difficult to collect data needed to determine the number of days a person experiences homelessness due to the changing number of locations where the homeless take shelter such as a street, park, vehicle, abandoned buildings, and temporary housing with a non-family member. Also, the number of homeless fluctuates seasonally and tends to rise in the summer months.

According to the Connecticut Counts 2015 Report on Homelessness in Connecticut, including: HUD Point-in-Time Count and Statewide Youth Homelessness Count (Connecticut Coalition to End Homelessness May 2015) the CT Coalition to End Homelessness, Point-In-Time Count reported that Statewide a total of 4,038 people were experiencing homelessness on February 18, 2015, a snapshot of the number of homeless people Statewide on that day. Of the total, 2,418 were sheltered, including 11 unaccompanied youth, 994 were in transitional housing, and 626 were unsheltered. This represents an overall decrease of 9% statewide from 2014 and a 10% decrease from 2007. Homelessness among sheltered individuals decreased 6%, and 28% among those who were unsheltered. Weather may have contributed to the low unsheltered number, but the statewide coordination to house the longest term, most vulnerable homeless is clearly have an impact on reducing homelessness among individuals.

### **Describe these categories for each homeless population type (including chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth):**

“The annual count of Connecticut’s homeless on February 18, 2015 shows major gains made in the efforts to end family, chronic and veteran homelessness, according to Point-in-Time Count reports released. The February 18 count, coordinated by the Connecticut Coalition to End Homelessness (CCEH), showed that overall, homelessness in Connecticut is down 10 percent compared to 2013 statistics. Specifically, the number of people living in shelters is down 4% from 2014, and the number of people living on the streets is down 32% from 2013, the last time a count of the unsheltered homeless was completed. The count registered the lowest total since statewide counts started in Connecticut in 2007, and identified 4,038 homeless individuals (down from 4,506 counted in 2013). The decline follows major investments to end homelessness by the administration of Gov. Dannel P. Malloy and the General Assembly.

**Families with children:** Family homelessness showed a decline of 4% in shelters and similar facilities from 2014 and a 67% decline among those living without shelter since 2013. \*

Families experiencing homelessness are similar to other, housed families living in poverty. In fact, many poor families – homeless or not – share similar characteristics: they are usually headed by a single woman with limited education, are usually young, and have high rates of domestic violence and mental illness. Some families living in poverty, however, fall into homelessness usually due to some unforeseen financial challenge, such as a death in the family, a lost job, or an unexpected bill, creating a situation where the family cannot maintain housing. According to Part 1 of the Department of Housing and Urban Development's 2014 Annual Homeless Assessment Report, 216,261 people in families were homeless on a single night in 2014, making up 37% of all homeless people counted. That estimate represents a 3% decline compared to HUD's 2013 estimate and an 8% decline compared to its 2007 estimate. Fortunately, homelessness among families is typically not a long-term experience. About 75% of families who enter shelter are able to quickly exit with little or no assistance and never return. Some families, however, require more intensive assistance. One of the most important strategies for lifting families from homelessness is rapid re-housing. The more quickly families are connected with permanent housing, the more quickly their homelessness can be solved and their lives can return to relative stability. Similarly, prevention strategies – in the form of cash assistance, housing subsidies, and other services – can avert homelessness before it starts. \*\*

**Chronically homeless individuals and families:** The number of chronically homeless, defined as the long-term homelessness of people with severe disabilities, showed a decrease of 21% across Connecticut. \*

Under the Department of Housing and Urban Development's definition, a chronically homeless individual is someone who has experienced homelessness for a year or longer, or who has experienced at least four episodes of homelessness in the last three years and has a disability. A family with an adult member who meets this description would also be considered chronically homeless. Chronically homeless people are among the most vulnerable people in the homeless population. They tend to have high rates of behavioral health problems, including severe mental illness and substance abuse disorders, conditions that may be exacerbated by physical illness, injury or trauma. Consequently, they are frequent users of emergency services, crisis response, and public safety systems.

The chronically homeless population, 84,291 individuals, accounted for 14.5% of all experiencing homelessness on a given night in 2014, according to Part 1 of HUD's 2014 Annual Homeless Assessment Report. Research shows that, for chronically homeless individuals, stable housing is an essential component of successful recovery. The solution to the problem of chronic homelessness is **permanent supportive housing**, which is housing coupled with supportive services. With appropriate supports, permanent housing can serve as a foundation for rehabilitation, therapy, and improved health.\*\*

**Veterans and their families:** The count found only 80 veterans in emergency shelters, most of who are engaged in VA services. The state is part of the national *Zero: 2016* initiative to end veteran homelessness by 2015, a goal set by President Obama, and to end chronic homelessness by 2016.\*

Homeless veterans tend to be male (91%), single (98%), live in a city (76%), and have a mental and/or physical disability (54%). Black veterans are substantially overrepresented among homeless veterans, comprising 39% of the total homeless veteran population but only 11% of the total veteran population. As troops return from operations in Iraq and Afghanistan, the face of veteran homelessness has changed: homeless veterans are increasingly younger, female, and heads of households. Despite this, homeless veterans are still most likely to be males between the ages of 51 and 61 (43%) and to have served in the Vietnam War. And, in the next 10 to 15 years, it is projected that the number of homeless veterans over the age of 55 could increase drastically. Homeless veterans can receive assistance both from the U.S. Department of Veterans Affairs (VA), provided they have an eligible discharge status, and the U.S. Department of Housing and Urban Development (HUD), regardless of discharge status. In a joint supportive housing program between the two departments (HUD-VASH), Section 8 Housing Choice Vouchers are combined with case management and supportive services at VA medical centers.

Additionally, the HUD-VASH program has been found to have a one-year cost savings of approximately \$6,000 per participant on health services.

In 2012, the VA introduced the Supportive Services for Veteran Families (SSVF) program, with the parallel goals of both preventing veteran homelessness and rapidly re-housing veterans and veteran families who do fall into homelessness. The program provides a variety of time-limited services and financial assistance. In its first two years, the SSVF program aided almost 100,000 individuals in over 61,000 households, spending \$2,480 per household. After being housed, only 9.4% of veteran families returned to homelessness one year after exiting the program, and only 15.5% returned to homelessness two years after exit.

**Unaccompanied youth:** This year, CCEH also coordinated the first-ever statewide count of homeless unaccompanied youth age 24 and under. The count was a collaborative effort among advocates, service providers, and educators and other experts and included surveys and direct community outreach to youth experiencing homelessness. The count showed that Connecticut has as many as 3,000 youth who are homeless or without a stable place to live. The results provide policy makers a sense of the scope of this important problem. “Homelessness and severe housing instability severely impact the ability of these youth to attend school and work, and leave them highly vulnerable to abuse and exploitation,” said Stacey Violante Cote, Director of the Teen Legal Advocacy Project of the Center for Children’s Advocacy. (CT Coalition to End Homelessness, 2015 Count Finds Homelessness Down 10 Percent Across Connecticut 2/18/15.)\*

The National Alliance to End Homelessness estimates that during a year, approximately 550,000 unaccompanied, single youth and young adults up to the age of 24 experience a homelessness episode of longer than one week. It’s not always easy to identify youth on the streets through typical counts of unsheltered people experiencing homelessness. Homeless youth are less likely to spend time in the same places as homeless people who are in an older age range. They are often less willing to disclose that they’re experiencing homelessness or may not even identify as homeless. They also may work harder to try to blend in with peers who aren’t homeless.

\*The Connecticut Counts 2015 Report on Homelessness in Connecticut. Including: HUD Point-in-Time Count and Statewide Youth Homelessness Count

\*\*The National Alliance to End Homelessness

**Survey Collection**

Table 21 shows the detail of where all of the community surveys were collected.

**Table 21 (n=585)**

City	Under 18	18-24	Total
Ansonia	-	0.2%	0.2%
Bridgeport	4.8%	13.2%	18.0%
Bristol	0.3%	2.1%	2.4%
Danbury	-	0.9%	0.8%
East Hartford	-	0.3%	0.3%
Hartford	10.9%	14.9%	25.8%
Killingly	-	0.7%	0.7%
Manchester	0.2%	0.2%	0.3%
Meriden	5.1%	3.2%	8.4%
Middletown	-	0.5%	0.5%
Milford	-	0.5%	0.5%
Naugatuck	0.2%	-	0.2%
New Britain	-	1.9%	1.9%
New Haven	2.7%	11.1%	13.9%
New London	-	0.8%	0.9%
New Milford	-	0.2%	0.2%
Norwalk	0.5%	1.5%	2.1%
Norwich	-	2.7%	2.8%
Plainville	0.2%	0.2%	0.3%
Shelton	-	0.2%	0.2%
Stamford	0.9%	4.1%	5.0%
Torrington	0.3%	2.1%	2.4%
Wallingford	-	0.2%	0.2%
Waterbury	5.5%	6.3%	11.8%
Westport	-	0.3%	0.3%
Windsor	0.2%	0.00%	0.2%
<b>Total</b>	<b>31.8%</b>	<b>68.2%</b>	<b>100.00%</b>



## HUD's 2014 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations

*Important Note About This Data:* This report is based on point-in-time information provided to HUD by Continuums of Care (CoCs) as part of their CoC Program application process, per the Notice of Funding Availability (NOFA) for the Fiscal Years 2013 and 2014 Continuum of Care Program Competition. CoCs are required to provide an unduplicated count of homeless persons according to HUD standards (explained in HUD's two guides to Counting Sheltered and Unsheltered Homeless People at [https://www.hudexchange.info/resources/documents/counting\\_unsheltered.pdf](https://www.hudexchange.info/resources/documents/counting_unsheltered.pdf)). HUD has conducted a limited data quality review but has not independently verified all of the information submitted by each CoC. The reader is therefore cautioned that since compliance with these standards may vary, the reliability and consistency of the homeless counts may also vary among CoCs. Additionally, a shift in the methodology a CoC uses to count the homeless may cause a change in homeless counts between reporting periods.

### State Name: Connecticut

#### Summary by household type reported:

	Sheltered		Unsheltered	Total
	Emergency Shelter	Transitional Housing*		
Households without children <sup>1</sup>	1,692	512	826	3,030
Households with at least one adult and one child <sup>2</sup>	263	195	37	495
Households with only children <sup>3</sup>	4	1	0	5
<b>Total Homeless Households:</b>	<b>1,959</b>	<b>708</b>	<b>863</b>	<b>3,530</b>
<b>Persons in households without children<sup>4</sup></b>	<b>1,726</b>	<b>512</b>	<b>826</b>	<b>3,064</b>
Persons Age 18 to 24	114	22	53	189
Persons Over Age 24	1,612	490	773	2,875
<b>Persons in households with at least one adult and one child<sup>2</sup></b>	<b>751</b>	<b>537</b>	<b>93</b>	<b>1,381</b>
Children Under Age 18	458	317	56	831
Persons Age 18 to 24	69	45	5	119
Persons Over Age 24	224	175	32	431
<b>Persons in households with only children<sup>3</sup></b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>5</b>
<b>Total Homeless Persons:</b>	<b>2,481</b>	<b>1,050</b>	<b>919</b>	<b>4,450</b>

#### Summary of homeless persons by subpopulations reported:

	Sheltered	Unsheltered	Total Population
Chronically Homeless	847	368	1,215
Chronically Homeless Individuals	696	330	1,026
Chronically Homeless Persons in Families	151	38	189
Chronic Substance Abuse	1,436	537	1,973
HIV/AIDS	89	33	122
Severely Mentally Ill	1,166	286	1,452
Veterans	221	74	295
Victims of Domestic Violence	393	158	551

\* Safe Haven programs are included in the Transitional Housing category.

<sup>1</sup>This category includes single adults, adult couples with no children, and groups of adults.

<sup>2</sup>This category includes households with one adult and at least one child under age 18.

<sup>3</sup>This category includes persons under age 18, including children in one-child households, adolescent parents and their children, adolescent siblings, or other household configurations composed only of children.

Tuesday, October 07, 2014

### Nature and Extent of Homelessness: (Optional)

Milford does not receive any funds from HUD to address homelessness issues as part of grant programs for this specific purpose. There is a New Haven Continuum of Care and a Bridgeport-Stratford-Fairfield Continuum of Care which address homelessness in the region; however, Milford is not a member of either of these particular Continuums of Care. Milford is included within the Connecticut Balance of State Continuum of Care, which encompasses the areas of the state that do not have their own regional or municipal continuums.

It is estimated by the United States Interagency Council on Homelessness that Connecticut has a rate of 1-2.9% of chronically homeless people. According to numerous studies on chronic homelessness, providing housing that connects the chronically homeless with supportive services decreases homeless events dramatically, improves health conditions, and in doing so it reduces use of crisis services and lowers public costs.

### Estimate the number and type of families in need of housing assistance for families with children and the families of veterans.

Since the 2014 CT PIT, the number of families in shelters increased by 3% and unaccompanied children by 12%. Family homelessness in transitional housing declined by 11%. There is very little data to address specific information for families with children and families of veterans.

### **Describe the Nature and Extent of Homelessness by Racial and Ethnic Group.**

No ethnic or racial breakdown of the homeless or potentially homeless population from or in Milford is available by the Census. The Beth-El Center, received facility improvement funds in 2013-2014 and reported having sheltered 162 people in a 12-month period. Please note the racial and ethnic breakdown reported by the Beth-El Center during the same time period:

<b>Race: White</b>	<b>Sheltered: 78</b>	<b>Unsheltered (optional)</b>
<b>Race: Black</b>	<b>Sheltered: 71</b>	<b>Unsheltered (optional)</b>
<b>Ethnicity: Hispanic</b>	<b>Sheltered: 0</b>	<b>Unsheltered (optional)</b>
<b>Race: American Indian/Alaskan</b>	<b>Sheltered: 2</b>	<b>Unsheltered (optional)</b>
<b>Race: Multi-Racial</b>	<b>Sheltered: 11</b>	<b>Unsheltered (optional)</b>
<b>2013-14 Total Sheltered</b>	<b>162</b>	

CT Coalition to End Homelessness did not either request or report the racial and ethnic data on adult individuals within the 2015 Point-In-Time Count report except within the CT Youth Count section. When surveyed about race/ethnicity, 19% declined to respond to the question. Of the 416 that answered, 38% were African American. The data from Connecticut's HMIS adult population in emergency shelters are very similar. \*

### **Describe the Nature and Extent of Unsheltered and Sheltered Homelessness.**

The 4% decline in homelessness came entirely from the unsheltered population. In 2013, 28,283 fewer people were sleeping on the streets or other places not meant for human habitation than in 2012. In that time, the number of sheltered homeless people actually increased. Here are some highlights from the decreases in the unsheltered population from 2012 to 2013: The number of unsheltered homeless individuals decreased by 10,502 people while the number of sheltered individuals increased; The number of unsheltered people in families decreased by 17,781 people while the number of sheltered people in families increased; The number of unsheltered chronically homeless people decreased by 4,072 people; and the number of unsheltered veterans decreased by more than 4,322 people.

What appears to be driving these decreases in unsheltered homelessness probably has something to do with the increase in the number of available shelter beds in 2013—an increase of 9,502 shelter beds nationally. That added capacity is allowing more people to get off the streets and into shelter than in 2012. But that is not enough to account for the entire decrease. Communities are making better use of available beds and providing more permanent housing options in the form of rapid re-housing and permanent supportive housing. While there was an increase in the number of shelter beds nationally, we have seen a decrease of transitional housing beds.

It is important to note however, that this year is the first year communities separately reported the number of rapid re-housing “beds” in their communities. Rapid re-housing beds were previously classified as transitional housing beds so it is impossible to determine how many of these rapid re-housing beds are new and how much of the decrease in transitional housing stock was simply the differentiation between transitional housing beds and rapid re-housing. What we do know is homelessness, specifically unsheltered homelessness, decreased despite apparent decreases in transitional housing stock.

Decreases in the number of people experiencing unsheltered homelessness are nothing to scoff at. People living on the streets and their cars face real dangers and threats. But, our work is not done. Despite these decreases, over 200,000 people were still unsheltered. That remains as unacceptable as it was when it was closer to 250,000. It will remain unacceptable until the number is zero.\*\*

**Discussion:**

According to numerous studies on the issue of chronic homelessness, creating permanent supportive housing with supportive services decreases the number of people living in chronic homelessness dramatically, improves health conditions, and in doing so it reduces use of crisis services and lowers public costs.

The lack of affordable housing is one of the main reasons for homelessness, but as noted supportive services and housing, or ideally permanent supportive housing, is the most permanent solution and reduces overall costs. Across Connecticut, approximately 13,000 individuals utilize an emergency housing shelter annually. In Milford, the Beth-El Center has been providing shelter and support services to homeless individuals and families since 1988. The Center also provides case management to five supportive housing units that are operated by Neighbor Works/New Horizons.

The Beth-El Center has the capacity to serve up to 34 homeless people a night for a maximum of 90 days. The resident population of Beth-El tends to be comprised of men in their 40s and 50s, many of whom are working but are still unable to afford housing. However, in recent years the Center has served an increased number of women with children. In 2012, the Center served 165 clients, a 65% increase over the previous year (see table). The Center had to turn away 361 individuals and 200 families due to lack of space. The Center noted that there is an increase in housing needs for single women, veterans of all ages, and families that have gone through or are facing foreclosure.

The City of Milford currently provides support to the Beth-El Center in the form of a City grant and through CDBG funds to make facility improvements. The Center has discussed moving toward a continuum of care approach for the chronically homeless. The continuum of care model would allow all agencies in Milford that serve the homeless population to work in unison to assist clients. This could be used to help shelter residents as well as those who are chronically homeless but do not utilize the homeless shelter. In 2010 Beth-El opened a No-Freeze shelter with space for up to ten individuals. \*

Beth-El Center Homeless Shelter Statistics – 2010 to 2012			
	2010	2011	2012
Total Clients	77	100	165
Number of parents	6	17	23
Number of children	11	28	38
Turned Away - Family (no beds available)	NA	NA	220
Turned Away - Singles (no beds available)	NA	NA	361
Source: Connecticut Coalition to End			

Of the 405 Milford residents who called 2-1-1 in 2012 looking for information on housing, 160 were seeking a homeless shelter. It should be mentioned that the numbers of the sheltered homeless population reflect the capacity of the current shelter and transitional housing beds available at each project. The number of available beds in Connecticut has not changed since the CT PIT 2014, but an increase or decrease of beds would have a dramatic effect on the various homeless populations in the shelter category.

\*Data from BethElMilford.org

## **NA-45 Non-Homeless Special Needs Assessment - 91.205 (b,d)**

### **Introduction:**

As part of the Balance of State Continuum of Care process and the City's Consolidated Plan update process, it is recognized that supportive service and/or supportive housing is required on a permanent or temporary basis.

### **Describe the characteristics of special needs populations in your community:**

Special needs populations are very low income households and are among the highest priority due to their inability to work or lack of ability to hold a full-time job. Supportive housing is the highest priority among the non-homeless special needs population. The population includes the elderly, frail elderly, persons with disabilities (mental, physical, developmental), persons with substance abuse issues, persons with HIV/AIDS, and domestic violence victims. As part of the Continuum of Care planning process, permanent housing and permanent supportive housing continues to receive the highest priority.

### **What are the housing and supportive service needs of these populations and how are these needs determined?**

The City recognizes its resources are not sufficient to address the needs of these groups, so it must refer many individuals to area agencies to meet needs such as: accessibility for the disabled and elderly, affordability by households at and below 80% AMI, and housing units with 2 or more bedrooms. Drug and mental health treatment, employment services, food delivery, the creation of affordable rental housing and an increase in the number of vouchers and property participants in the tenant-based program are priorities in the community.

### **Discuss the size and characteristics of the population with HIV/AIDS and their families within the Eligible Metropolitan Statistical Area:**

HIV is largely an urban disease, with most cases occurring in metropolitan areas with 500,000 or more people. The South has the highest number of individuals living with HIV, but when you take population size into account, the Northeast has the highest rate of persons living with new HIV infections.

### **Discussion:**

Bridgeport has the highest number of AIDS cases reported to the Center for Disease Control in the EMSA and has been allocated approximately 46% of the HOPWA funding. Stamford is the second highest and has been allocated 32% of the funding; Norwalk has been allocated approximately 13%; and Danbury has been allocated 9% of the funding to in order to assure geographic disbursement.

## **NA-50 Non-Housing Community Development Needs – 91.215 (f)**

### **Describe the jurisdiction's need for Public Facilities:**

Facility improvements have recently focused on those facilities that serve residents in low and moderate-income areas. Projects that began in 2014 include the long awaited ADA accessibility upgrades to Parson's Government Center and ADA sidewalk and curb-cut improvements, the resurfacing of public tennis courts at a neighborhood recreational facility, and energy efficiency upgrades at the homeless facility with completion of a new roof and solar panel installation and new insulated windows.

The City of Milford funds the ADA portion of handicap accessible projects in an effort to assist non-profits to remove barriers and allow persons with disabilities access to all facilities. The Community Development staff will continue to refer substantial residential ADA accessible projects to the Corporation for Independent Living.

The City of Milford has formed an inter-departmental committee designed to discuss grant opportunities and to identify potential partnerships for projects. The committee initially established a list of projects for which grant funding would be helpful. Some of the identified projects included improvements at Eisenhower Park, WiFi accessibility in public parks, solar panels on the roofs of certain City buildings, athletic facility improvements including scoreboards, and a digital media lab and business resource center. Working together, City employees are on the path to making many of these projects a reality.

### **How were these needs determined?**

These needs were determined based on requests that come through the Department of Economic and Community Development, grant projects that are managed in the department, and the compiled projects list collected by department staff.

### **Describe the jurisdiction's need for Public Improvements:**

**Parking-** Based on a parking study completed for the City of Milford, additional downtown parking is needed for both downtown visitors and those using the train. The waiting time for train station parking is currently four years. Parking downtown on weekends and in the evenings can be difficult. While there are many small pockets of public parking available, they are largely hidden and difficult to locate. The City of Milford recently purchased a large parcel of land parallel to the train station for redevelopment. In stage one, the area will be paved and serve as additional train station parking. It is the ultimate plan to then create a mixed-used property including retail and housing on one piece of the land. There are also plans to build a one story parking structure, providing another level of parking. Now that the land has been acquired, an environmental study must be completed before a bidding process can begin for development.

**Transit Oriented Development-** Studies done through the Regional Plan Association and the Office of Policy and Management have highlighted the need in Milford for transit-oriented development. The parking structure mentioned above fits into this need by addressing parking issues next to the train station.

The City has also been promoting biking, as a sustainable alternative, through its many events for National Bike Month throughout May. Milford was the first town in Connecticut to open a contra-flow bike lane as part of the East Coast Greenway, a bike path that runs from Maine to Florida. The City also recently installed 12 new bike racks around downtown. In listening to the community, more initiatives to promote bike safety should be

undertaken. This may include adding additional bike lanes, but it also means educational and advocacy initiatives around biking. A biking committee is being considered.

There are a number of initiatives being undertaken to improve the train station in an effort to increase ridership. These projects include a photography project on the platform, a mural project beneath the train trestle to connect both sides of downtown, and a signage project to welcome individuals to Milford. In addition to increasing train use, these projects are intended to make downtown more walker-friendly, increase foot traffic to downtown businesses, and create an overall safe and welcoming downtown environment.

**Brownfields-** The State recently collected data from Connecticut towns on Brownfields. It is the hope of the state to fund redevelopment projects for these spaces to benefit the economic needs of the cities. Milford participated in this data collection process, but unfortunately all of the Brownfields in Milford are privately owned. We will continue to work with the state to identify opportunities for redevelopment.

#### **How were these needs determined?**

These needs were determined based on studies done through the Regional Planning Association and the State of Connecticut.

#### **Describe the jurisdiction's need for Public Services:**

Based on the United Way Needs Assessment, the following describes areas of potential improvement in public services:

##### Children and Youth

The greatest need in the area of children and youth is affordable child care. More than half of respondents in the UW survey identified the cost of childcare and the availability of after-school programs as an extreme need. This was similarly identified as a need in the 2007 UW Needs Assessment survey. Since that time, the Boys and Girls Club opened near the former Simon Lake School in the Devon section of Milford. The Club has over 275 members from nine of the City's 13 schools, with a daily attendance of nearly 90 members. While 55% of survey respondents say there is an extreme need for more after-school programs, focus group participants indicated that between the Boys and Girls Club, the YMCA, school programs, and town recreation programs, there are many opportunities. It was suggested that what is needed is a centralized calendar of programs for youth and a review of the transportation options available.

In addition to affordable child care, there is a need for affordable and accessible preschool. According to the Connecticut Department of Education, 81% of Milford children have preschool experience. This number translates to 105 kids in Milford without preschool experience. Attendance in a quality preschool program can help children get off to a good academic start. The average cost of a preschool center in Milford is \$223 per week or \$11,596 annually, which is just over the state average of \$10,660 annually. Meanwhile the cost of an infant/toddler center in Milford is \$14,040 per year, also higher than the statewide average of \$13,000. Compared to 2007, there are more child care centers, but fewer family day care homes and nursery schools.

The Milford Prevention Council commissioned a survey of 7<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> grade in 2009 to measure the use of alcohol and other substances. The MPC works to reduce underage drinking and substance abuse through prevention education, the support of law enforcement, and the collaboration of various community entities. In terms of risky behavior, the focus groups centered on the work of the MPC as well as the need for more social workers within the school system.

Mental health services for children and youth are provided by Bridges...A Community Support System and Milford Youth and Family Services. There are a range of services available. Focus group findings suggest that there is a need for more child psychiatrists. Participants cited a waiting period of several weeks for psychiatric evaluation. This need is not unique to Milford, as nationally it is estimated that there is a need for twice as many child psychiatrists than are currently certified.

### Basic Needs

Milford's Department of Human Services provided services to 5,704 residents between July 2012 and March 2013. The department connects residents to community services and programs for low-income and disabled residents. The department reports an increase in the number of people seeking assistance since the recession, especially in people seeking assistance for multiple needs.

The top six requests for basic needs through United Way's 2-1-1 in 2012 were utility assistance, food pantries, SNAP food stamps, homeless shelters, temporary financial assistance, and clothing and household goods. With the exception of utility assistance, the number of requests in each category increased since 2008. According to survey results, the 33% of respondents identified crisis help for those in need of food as an extreme need, while job training programs were identified by 30% of respondents, and transportation to work was identified by 18%.

### Food

Requests for food pantries and SNAP food snaps had the greatest increases. In Milford, there is only one soup kitchen which is operated by the Beth-El Center. The 50-seat soup kitchen served 18,289 for lunch in 2012, serving an average of 70-90 meals per day. In addition to regular hours Monday-Friday and two Saturdays and Sundays per month, the Center also has a new meals-to-go program that served an additional 4,789 meals in 2012. Milford also has six food pantries available, but the need for emergency food is evident.

### Diapers and Clothing

United Way of Milford is the central repository for the city's diaper drive with over 11,000 baby and adult diapers collected in 2013. There are also three agencies that assist those in need of clothing.

### Energy Assistance

Requests for energy assistance decreased since 2007, but were still the highest request through 2-1-1. In 2012, Milford Department of Human Services assisted over 2,100 clients through energy assistance and rebate programs.

### Transportation

Eighteen percent of survey respondents identified the need for transportation to work as an extreme need. Milford is currently served by Milford Transit District, Norwalk Transit District, Greater Bridgeport Transit, and Metro North. In addition, the Milford Senior Center provides service for the elderly and disabled.

### Safety

School safety was a much-discussed topic in the focus groups. Since the Sandy Hook shooting, the Police Department placed four school resource officers in schools in 2014. In addition, focus group participants suggested that other public buildings like The Milford Library and The Parsons Complex should be reviewed for safety.

Over one third of survey respondents said there is an extreme need for a domestic violence shelter in Milford. In 2012, the 18 shelters of the Connecticut Coalition Against Domestic Violence provided services to 57,785 victims of domestic violence. A site for a domestic violence safe house was identified, but was rejected by Planning and Zoning.

### Health

Results of a healthcare survey showed that respondents are most concerned about access to mental health care resources, substance abuse services and the affordability of prescriptions. In Connecticut, it was estimated that close to 9% of the population was uninsured (312,564 individuals) at the time of the UW Report. In Milford, that accounted for 3% of children under 18 (348) and 8% of adults ages 18 to 64 (2,777). In the 2013-2014 enrollment period for insurance through the new state market place, the number of uninsured in Connecticut was reduced by about half, and individuals continue to enroll. Statewide, the greatest need around health insurance will be educated health workers that can help newly insured individuals navigate the healthcare system.

In 2012, there were 3,601 children and adults covered by HUSKY in Milford. The Number of HUSKY recipients increased 19% between 2008 and 2012. Due to the Affordable Care Act, more individuals now qualify for HUSKY.

46% of survey respondents identified help with the cost of prescriptions as an extreme need. Currently, FamilyWizePrescription Drug Discount Card is available to all residents with no eligibility requirements. FamilyWize cards have saved 3,070 people in the community more than \$409,658 on the cost of their medicine.

In Connecticut, close to 109,000 adults and 39,000 children live with a serious mental health condition. In Milford, 51% of survey respondents identified support for those in need of mental health services as an extreme need. The lack of psychiatrists for both children and adults was mentioned in the focus groups as a growing challenge.

Since July 1, 2011, the Housing Inspector and the Case Manager have responded to 25 new requests/complaints: six involved hoarding, 11 involved severe housekeeping, 15 involved property neglect, and 16 had other housing or social service issues. Sixteen of these cases involved elder and/or disabled persons. The Health Department and the Department of Human Services in Milford have voiced concerns about hoarding in the City. At the state level, there are a number of bills currently being considered to help provide resources to cities to deal with this issue.

### Older Adults

Of older adult respondents, 34% rated home health care services as an extreme need, 39% rated preventative health services for older adults (medical and dental) as an extreme need, 30% rated more senior housing as an extreme need, and 32% of respondents rated more transportation options and help with home maintenance and repair as an extreme need.

By 2025 it is estimated that 20% of Connecticut's residents will fall into the age 65 or older age category. In Milford, 16% of residents are age 65 or older. Milford's older adult population increased by 10% from 2000 to 2010, while that age group increased 7.5% as a whole.

In Milford, the median household income for older adults is \$36,760. Approximately 47% of older adults fall below the average expense levels of older adults. Social security is the sole source of income for 20% of older adults in Connecticut. In Milford, 11% of elder households have incomes under \$15,000. That translates to approximately 526 households living below the federal poverty level.

40% of older adults who completed the needs assessment survey said there is an extreme need for more transportation options. Milford operates a door to door van service. The service is available to the disabled and those ages 60 and older. The charge in Milford is \$4.00 per round trip and \$12.00 for out of town trips.

Only 17% of older adult survey respondents said that there is an extreme need for more social programs in Milford. This may be due to the programs available through the Milford Senior Center.

With an aging population, Milford's Senior Center is a critical facility that provides meal programs, insurance assistance, educational offerings, energy assistance, and transportation. Working together with the Senior Center, the City continues to address the growing needs of this population.

#### **How were these needs determined?**

The United Way of Milford performed a Needs Assessment in 2013-2014 that consisted of focus groups, interviews, web-based and paper surveys, and data from publicly available sources. Two focus groups were held with community leaders focusing on housing, mental health care, basic needs, children and youth, and public safety. Eight interviews were conducted with community leaders focusing on similar issues. A needs assessment survey was fielded online on the United Way website and distributed to various sites including the Senior Center, Milford Public Library, Boys and Girls Club, YMCA, Beth-El Center, and Milford Health Department, with a total of 309 responses. Additional data was collected to assess population trends, economic conditions, education, health and healthcare. The additional data also included information from the 2-1-1 referral service.

## **Housing Market Analysis**

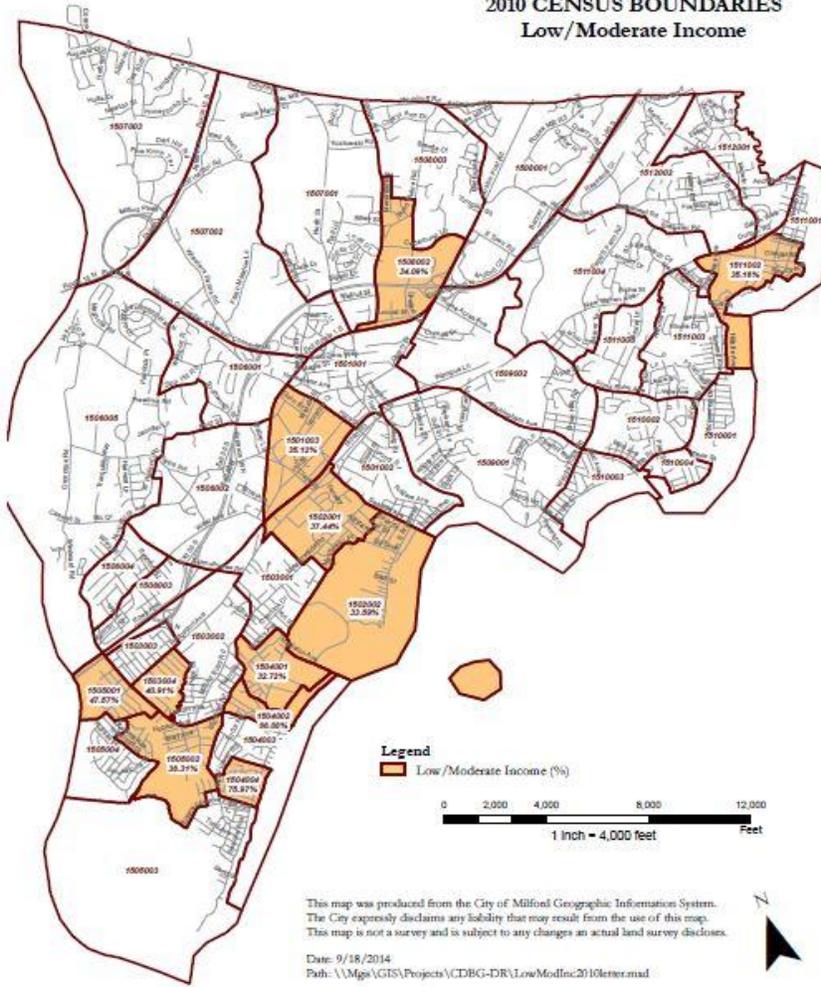
### **MA-05 Overview**

#### **Housing Market Analysis Overview:**

The City of Milford is located in New Haven County, in the south central portion of the State of Connecticut. Spread out over 26 square miles, the City has a total population of approximately 52,894 people residing in Census Tracts CT1 501-1512. Milford's excellent location relative to interstates and commuter rail lines coupled with increased demand for housing from New York and Lower Fairfield County made Milford a popular residential community even before the housing boom of the mid-2000s. According to 2009-2013 American Community Survey 5-Year Estimate, the population is 52,894, 88.5% of households are white, and 16% (8,503) of white households in Milford are 65 years or older. The City contains over 21,708 occupied housing units, 77% of which are owner-occupied.

Milford is a desirable location for single and family households looking to rent and buy. An impediment to affordable homeownership is evident by the 102% increase in the median home value and a median monthly rent of \$1,377. The devaluation of owner occupied property and decrease in rental property due to storm damage has opened a housing investment market which may be playing a part in the most recent upswing in the price of housing costs. Currently, the cost of housing requires funding assistance and a low interest rate to make it achievable and the City considers a homeownership program in Milford a priority. The limited supply of rental opportunities and the continued rise in fair market rents are impediments to suitable housing for families, seniors and low to moderate-income families. The high cost of and unavailability of land, and limited multi-family zoning necessary to build moderate to high density housing that includes affordable rents is also a concern.

**City of Milford, Connecticut  
2010 CENSUS BOUNDARIES  
Low/Moderate Income**



**MA-10 Number of Housing Units – 91.210(a) & (b) (2)**

**Introduction**

A comparison of housing tenure data from the 2006-2008 ACS dataset to 2007-2011 ACS indicates that the rate of homeownership has remained virtually unchanged. Of the 21,708 housing units in Milford, the overall percentage of owner-occupied housing units in the City was 77.4% in 2008 versus 75% as shown below.

The percentage of the total 21,708 housing units in various residential structure types has not changed significantly since 2006-2008 ACS data. Approximately 70% of the Town’s housing stock is in the form of single family detached homes. The percentage of two- to four-family structures is still 9%, while the share of five to nineteen-unit structures increased from 4.2% to 7%. In 2006-2008, approximately 7.6% of the City’s housing units were in buildings with 20 or more units compared to 8% in 2011.

**All residential properties by number of units**

Property Type	Number	%
1-unit detached structure	15,455	70%
1-unit, attached structure	1,216	5%
2-4 units	2,068	9%
5-19 units	1,486	7%
20 or more units	1,764	8%
Mobile Home, boat, RV, van, etc	191	1%
<b>Total</b>	<b>22,180</b>	<b>100%</b>

**Table 27 – Residential Properties by Unit Number**

Data 2007-2011 ACS  
Source:

**Unit Size by Tenure**

	Owners		Renters	
	Number	%	Number	%
No bedroom	23	0%	158	3%
1 bedroom	842	5%	1,721	37%
2 bedrooms	3,670	23%	1,859	40%
3 or more bedrooms	11,589	72%	956	20%
<b>Total</b>	<b>16,124</b>	<b>100%</b>	<b>4,694</b>	<b>100%</b>

**Table 28 – Unit Size by Tenure**

**Data** 2007-2011 ACS  
**Source:**

**Describe the number and targeting (income level/type of family served) of units assisted with federal, state, and local programs.**

Priority has been given to the elderly and families living on fixed incomes and young families attempting to purchase their first home. The MRHP holds 277 section 8 tenant vouchers. The majority of the public housing units in Milford are senior and disabled units. Financial assistance programs have been established to support rental and ownership housing through direct loans to property owners or grants to the Housing Authority and other non-profit providers. In PY40/FY2014, CDBG funds were allocated to the Beth-El Center, Inc. for the acquisition of property. The intent is to provide rental housing opportunities with a preference to veterans and their families. Support services would be provided as needed by the Beth-El Center, Inc.

**Provide an assessment of units expected to be lost from the affordable housing inventory for any reason, such as expiration of Section 8 contracts.**

The City of Milford expects to lose approximately 11 units in the in the next 5 years as well as increase the number of units by approximately 32 before 2019.

**Does the availability of housing units meet the needs of the population?**

The availability of housing units meets the needs of the population in many respects. The cost is a concern for all citizens whether it is direct housing cost such as disrepair, purchase cost, or taxes. The main concern for residents struggling to pay the rent, utilities and basic household needs is overcrowding and deteriorating housing conditions.

**Describe the need for specific types of housing:**

For the first time it is expected that the population 65 years and older will outnumber people younger than 18 years of age. The City will require senior housing so that it can continue to attract individuals and families that make it a viable town and tax base.

**Discussion**

According to the 2007-2011 CHAS data, 58%, or 12,678 of the total 21,708 occupied households in Milford faced housing cost burdens. The 58% earn pay at or below AMI 0-30%. Milford is located on the I-95 corridor; it is not a rural town. Due to its location and small town atmosphere, it attracts individuals and families with a variety of income levels and racial backgrounds who want to commute no more than 20 minutes to work, and want to live here so as to improve their quality of life, and provide a healthy, safe, and suitable living environment for their themselves and families.

**MA-15 Housing Market Analysis: Cost of Housing - 91.210(a)**

**Introduction**

Milford is a desirable location for single and family households looking to rent and buy. The increase in the median home value by 102% and a median monthly rent to \$1,377 is great news for residents, but inhibits households earning less than the median household income of \$80,000 from purchasing a home or a \$53,378 median renter income from renting a home without expending over 30% AMI on housing.

**Cost of Housing**

	<b>Base Year: 2000</b>	<b>Most Recent Year: 2011</b>	<b>% Change</b>
Median Home Value	166,000	335,900	102%
Median Contract Rent	766	1,164	52%

**Table 29 – Cost of Housing**

**Data** 2000 Census (Base Year), 2007-2011 ACS (Most Recent Year)

**Source:**

<b>Rent Paid</b>	<b>Number</b>	<b>%</b>
Less than \$500	591	12.6%
\$500-999	1,285	27.4%
\$1,000-1,499	2,153	45.9%
\$1,500-1,999	478	10.2%
\$2,000 or more	187	4.0%
<b>Total</b>	<b>4,694</b>	<b>100.0%</b>

**Table 30 - Rent Paid**

**Data** 2007-2011 ACS

**Source:**

**Housing Affordability**

<b>% Units affordable to Households earning</b>	<b>Renter</b>	<b>Owner</b>
30% HAMFI	365	No Data

<b>% Units affordable to Households earning</b>	<b>Renter</b>	<b>Owner</b>
50% HAMFI	704	179
80% HAMFI	1,583	631
100% HAMFI	No Data	1,975
<b>Total</b>	<b>2,652</b>	<b>2,785</b>

**Table 31 – Housing Affordability**

**Data** 2007-2011 CHAS

**Source:**

**Monthly Rent**

<b>Monthly Rent (\$)</b>	<b>Efficiency (no bedroom)</b>	<b>1 Bedroom</b>	<b>2 Bedroom</b>	<b>3 Bedroom</b>	<b>4 Bedroom</b>
Fair Market Rent	958	1,011	1,249	1,581	1,762
High HOME Rent	993	1,047	1,294	1,525	1,681
Low HOME Rent	807	865	1,037	1,198	1,337

**Table 32 – Monthly Rent**

**Data** HUD FMR and HOME Rents

**Source:**

**Is there sufficient housing for households at all income levels?**

The number of single attached housing units and 5-19 unit housing has increased since the 2000 Census, but median home value has increased by 102% and rental costs are at an all-time high. Though the increase in housing 5-19 units includes 8-30g affordable units, still 73% of Milford’s 4,694 rental units have a gross rent of \$1,000 per month, according to 2007-2011 ACS data, and only 10% rent for \$750 or less.

**How is affordability of housing likely to change considering changes to home values and/or rents?**

Low vacancy rental rates, high rent, and a growing population indicates additional pressure on housing prices, not more affordable rental or home values. HUD “Market at a Glance” for New Haven County states that the rental market rate is soft as builders scaled back construction in response to a weaker economy. The current vacancy rate is estimated at 8.0%, down from 8.3% in 2010, but significantly higher than 6.4% vacancy rate in 2000. According to housing data from the Partnership for Strong Communities, Connecticut has consistently ranked near the bottom in housing permits per capita when compared to other states.

**How do HOME rents / Fair Market Rent compare to Area Median Rent? How might this impact your strategy to produce or preserve affordable housing?**

According to housing data from the Partnership for Strong Communities, 73% of Milford's 4,694 rental units have a gross rent over \$1,000 a month. The market rent and the cost to build and own property affects the market and can drive up the monthly rental cost. The Department of Community Development will seek, and provide technical assistance to, developers, property owners and service providers who are interested in providing/preserving affordable housing through CDBG funding.

**Discussion**

Other factors in housing affordability include costs shouldered by the property owner and the builder, location appeal, number of units available, and economic stability. The housing market is recovering from the initial investor buyout of homes sold at low prices due to seller mortgage issues. The national sales market is seeing a slowdown and reduction in prices. In Milford, the housing crash and then the devaluation of owner occupied property and subsequent decrease in rental property due to storm damage has opened a housing investment market which may be playing a part in the most recent upswing in the price of housing costs.

## MA-20 Housing Market Analysis: Condition of Housing – 91.210(a)

### Introduction

According to 2007-2011 ACS figures, 55% of Milford’s housing stock was built earlier than 1950, over 66 years ago.

### Definitions

The households with one or more Severe Housing Problems are defined as: Lacks kitchen or complete plumbing, severe overcrowding, or severe cost burden. Substandard condition refers to a dwelling unit that does not meet acceptable conditions per the City's Department of Housing and Commercial Code and is structurally in need of significant renovation or rehabilitation, or in worst cases, demolition/condemnation. Substandard condition but suitable for rehabilitation means a structure is in poor condition and may have one or more housing code violations, however it is financially and physically feasible to rehabilitate it and return it to a condition that satisfies City code. This definition does not include units that require only minor cosmetic work or maintenance work.

HUD has identified four housing problems, which are 1) overcrowding, 2) lacks complete kitchen, 3) lacks complete plumbing, or 4) cost burden. Overcrowding means that there is more than one person per room living in a housing unit. The lack of complete kitchen or lack of plumbing is self-apparent.

The U.S. Census estimates the total number of substandard units in a geographic area by calculating both owner- and renter-occupied units 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, and 3) 1.01 or more persons per room (extent of housing overcrowding). The U.S. Census defines “complete plumbing facilities” to include: (1) hot and cold piped water; (2) a flush toilet; and (3) a bathtub or shower. All three facilities must be located in the housing unit.

Overcrowding is defined by HUD as 1.01 to 1.50 persons per room, while severe overcrowding is 1.51 or more persons per room. HUD data on the number of persons residing in housing units provides some insight into the potential for homelessness.

Another factor to consider when discussing the condition of housing stock is the age of the housing stock.

Housing Problems	Area Median income with one or more of four housing problems			
	0-30%	30-50%	50-80%	80-100%
White	1,260	1,540	1,220	930
Black / African American	20	4	35	0
Asian	10	55	50	44
American Indian, Alaska Native	0	0	0	0
Pacific Islander	0	0	0	0
Hispanic	95	104	65	115

**Condition of Units**

Condition of Units	Owner-Occupied		Renter-Occupied	
	Number	%	Number	%
With one selected Condition	6,074	38%	2,056	44%
With two selected Conditions	29	0%	81	2%
With three selected Conditions	0	0%	0	0%
With four selected Conditions	0	0%	0	0%
No selected Conditions	10,021	62%	2,557	54%
<b>Total</b>	<b>16,124</b>	<b>100%</b>	<b>4,694</b>	<b>100%</b>

**Table 33 - Condition of Units**

Data 2007-2011 ACS  
Source:

**Year Unit Built**

Year Unit Built	Owner-Occupied		Renter-Occupied	
	Number	%	Number	%
2000 or later	994	6%	610	13%
1980-1999	2,857	18%	900	19%
1950-1979	7,457	46%	2,010	43%
Before 1950	4,816	30%	1,174	25%
<b>Total</b>	<b>16,124</b>	<b>100%</b>	<b>4,694</b>	<b>100%</b>

**Table 34 – Year Unit Built**

Data 2007-2011 CHAS  
Source:

**Risk of Lead-Based Paint Hazard**

Risk of Lead-Based Paint Hazard	Owner-Occupied		Renter-Occupied	
	Number	%	Number	%
Total Number of Units Built Before 1980	12,273	76%	3,184	68%
Housing Units build before 1980 with children present	667	4%	245	5%

**Table 35 – Risk of Lead-Based Paint**

**Data** 2007-2011 ACS (Total Units) 2007-2011 CHAS (Units with Children present)  
**Source:**

**Vacant Units**

	Suitable for Rehabilitation	Not Suitable for Rehabilitation	Total
Vacant Units	No data	No data	1,561
Abandoned Vacant Units	No data	No data	
Real Estate Owned (REO) Properties	No data	No data	
Abandoned REO Properties	No data	No data	

**Table 36 - Vacant Units**

**Need for Owner and Rental Rehabilitation**

The combination of Milford’s aging housing stock and population create the need for a housing repair program to continue in Milford with CDBG funds administered by the Department of Economic and Community Development. The Department will find a balance between housing rehabilitation and affordable housing.

**Estimated Number of Housing Units Occupied by Low or Moderate Income Families with LBP Hazards**

According to the updated 2011 CHAS data tables above, of the 15,457 housing units in Milford built before 1980 that may contain lead based paint, 4% of the owner-occupied and 5% of the renter-occupied units have children six years or younger living in them, representing 912 children. It should be noted that not all of these units contain a health risk since many units are well-maintained and may not necessarily contain deteriorated painted surfaces, lead paint dust, or lead contaminated soil. Toddlers and young children are the subpopulation most at risk for lead poisoning, while children six years of age and older are at limited risk.

**Discussion**

This data includes the number of households residing in housing units built before 1980 by household income level. Using these figures and applying the estimated percentages of lead hazard occurrence, it is estimated that approximately 1,330 extremely low income and very low income households (0%-50% of HAMFI) are residing in housing units with potential lead paint hazards.

**MA-25 Public and Assisted Housing – 91.210(b)**

**Introduction**

This section addresses public housing needs for Milford. As per the consolidated planning requirements, the City has described the number and physical condition of public housing units within the City. This description includes the physical condition of such units, the restoration and revitalization needs, and results from the recently completed *Public Housing Agency Plan* for the City of Milford.

**Totals Number of Units**

Program Type									
	Certificate	Mod-Rehab	Public Housing	Vouchers					
				Total	Project-based	Tenant-based	Special Purpose Voucher		
							Veterans Affairs Supportive Housing	Family Unification Program	Disabled *
# of units vouchers available	0	0	330	266			0	0	0
# of accessible units	0	0	DTF	DTF	DTF	DTF	DTF	DTF	DTF
*includes Non-Elderly Disabled, Mainstream One-Year, Mainstream Five-year, and Nursing Home Transition									

**Table 37– Total Number of Units by Program Type**

**Data** PIC (PIH Information Center)

**Source:**

**Describe the supply of public housing developments:**

The supply of housing stock managed by the MRHP is generally in good, clean condition. The need for ADA accessible improvements and modernization within the units is addressed in a timely manner.

**Describe the number and physical condition of public housing units in the jurisdiction, including those that are participating in an approved Public Housing Agency Plan:**

The MRHP manages 465 housing units and it is reported that 95% of the units are filled and another 2% are offline awaiting repair to house new tenants.

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**Public Housing Condition**

<b>Public Housing Development</b>	<b>Average Inspection Score</b>
<b>465</b>	<b>ITF</b>

**Table 38- Public Housing Condition**

**Describe the restoration and revitalization needs of public housing units in the jurisdiction:**

The MRHP plans to make timely renovations, to create affordable rental housing, and increase the number of vouchers and property participants in the tenant-based program in locations outside minority concentrated areas.

**Describe the public housing agency's strategy for improving the living environment of low- and moderate-income families residing in public housing:**

The MRHP recognizes the immediate need for accessibility and affordability by households at or below 50% AMI and elderly tenants as well as more units with 2 or more bedrooms.

**Discussion:**

The MRHP has allocated 266 Housing Choice Vouchers, although with the high rents in Milford, its budget capacity is currently 208 units.

**9. Statement of Housing Needs**

**A. Housing Needs of Families in the Jurisdiction/s Served by the PHA**

<b>Housing Needs of Families in the Jurisdiction by Family Type</b>							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	451	5	3	2	5	3	1
Income >30% but <=50% of AMI	372	4	3	2	5	3	1
Income >50% but <80% of AMI	442	3	2	1	4	2	1
Elderly	232	4	3	2	4	2	1
Families with Disabilities	75	5	3	2	4	2	1
Black Non-Hispanic	143	NFA	NFA	NFA	NFA	NFA	NFA
Hispanic	252	NFA	NFA	NFA	NFA	NFA	NFA
White Non-Hispanic	860	NFA	NFA	NFA	NFA	NFA	NFA
Race/Ethnicity							

Code 1-5: One being no impact, five being severe impact.

\* No Information Available – NFA

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**MA-30 Homeless Facilities and Services – 91.210(c)**

**Introduction**

The Beth-El Center shelter program offers a clean, safe and stable environment in which residents are provided the support that will assist them in moving towards success in housing, employment with the support of community resources, a soup kitchen and a 34 bed capacity emergency shelter. Our shelter program consists of dorm-style living to single men and single women. Beth-El also offers support for families, with six individual rooms for families with children. During their 90-day temporary shelter stay, residents develop an individualized service plan with an assigned case manager, while learning how to access community resources. All residents are expected to observe curfews, follow center policies, and participate in chores while living at the shelter.

The Beth-El Center, with funding support from the City, provides facilities and services to homeless individuals and families with children. The management at the Beth-El Center was instrumental in developing a five-unit supportive housing complex to serve the chronically homeless and manages the facilities support service program. The Beth-El Center does not currently work within the Balance of State Continuum of Care; rather, it operates independently to fulfill local needs. The shelter has a 34 bed capacity and serves up to 125 to 175 people yearly. The Men’s dorm has twelve beds, while the women’s has five. The family unit can accommodate up to six families, with six adult family beds and the remainder of beds varying from crib to bunk. In 2009, Beth-El opened a seasonal No-Freeze shelter program to provide ten beds and food to homeless individuals seeking shelter on nights the temperature falls below 32 degrees. The No-Freeze shelter was open for 104 nights between mid-December 2014 and the end of March 2015, and assisted 53 unduplicated individuals. The 50-seat soup kitchen associated with the shelter serves approximately 33,000 meals per year, to an average of 74 unduplicated individuals per month.

**Facilities and Housing Targeted to Homeless Households**

	Emergency Shelter Beds		Transitiona l Housing Beds	Permanent Supportive Housing Beds	
	Year Round Beds (Current & New)	Voucher / Seasonal / Overflow Beds	Current & New	Current & New	Under Development
Households with Adult(s) and Child(ren)	17 (6 beds + 11 cribs, cots, bunk)	0	0	0	0
Households with Only Adults	17	0	0	0	0
Chronically Homeless Households	0	0	0	0	0
Veterans	0	0	0	0	10
Unaccompanied Youth	0	0	0	0	0

**Table 39- Facilities and Housing Targeted to Homeless Households**

**Describe mainstream services, such as health, mental health, and employment services to the extent those services are use to complement services targeted to homeless persons.**

Bridges...A Community Support Service is a mental health and addiction recovery programs that serves adults, children and families move toward healing, recovery and renewal. Bridges is unique in its ability to offer care and treatment for the whole family, children and adults, in the same location, which can make it easier to access services and afford better outcomes for all. As the state-designated Local Mental Health Authority for Milford, Orange, and West Haven, Bridges offers recovery-focused services to support individuals with severe and prolonged mental illness and addiction problems.

The facility offers a comprehensive range of evidenced-based behavioral health, substance abuse and primary care services for adults. Bridges provides person-centered services that take into account each individual's choice, self-determination and stage of readiness for change, including employment services. This helps our clients become equal partners in collaboration with their clinicians to fully develop their treatment and recovery plans.

The Beth-El Center and Bridges offer job placement assistance to their clients. When specific resume and job interview assistance is required, clients are referred to the Milford Employment & Training office and the Main Public Library for use of computers. Reference Table SP-40 and MA-35 for additional service detail.

**List and describe services and facilities that meet the needs of homeless persons, particularly chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth.**

Supportive social services provided include but are not limited to: job training, life skills training (are abilities for adaptive and positive behavior that enable us to deal effectively with the demands and challenges of everyday life, in other words psychosocial competency), alcohol and drug abuse programs, community support services (e.g., child care, educational programs, coffee roundtables), and case management to populations in need of assistance. Supportive services are intended to be pragmatic solutions that help people have better lives while reducing, to the extent feasible, the overall cost of care. Reference Table SP-40 and MA-35 for additional service detail.

**If the services and facilities are listed on screen SP-40 Institutional Delivery Structure or screen MA-35 Special Needs Facilities and Services, describe how these facilities and services specifically address the needs of these populations.**

Facilities and services that meet the special needs of non-homeless, homeless and HIV/AIDS sufferers are in place because they address the specific issues of these populations and typically, the population receives services because it is their last resort or all other options have been depleted.

## **MA-35 Special Needs Facilities and Services – 91.210(d)**

### Introduction

As part of the Balance of State Continuum of Care process and as part of the City's Consolidated Plan update process, the needs of persons requiring supportive housing, including the elderly, frail elderly, persons with disabilities (mental, physical, developmental), persons with alcohol or other drug addiction, persons with HIV/AIDS and their families and other special needs categories were analyzed and discussed. As part of the Continuum of Care planning process, permanent housing and permanent supportive housing continues to receive the highest priority.

**Including the elderly, frail elderly, persons with disabilities (mental, physical, developmental), persons with alcohol or other drug addictions, persons with HIV/AIDS and their families, public housing residents and any other categories the jurisdiction may specify, and describe their supportive housing needs**

### **Elderly/Frail Elderly**

The 2011-2013 ASC Census tables below provide the number of elderly in Milford exhibiting difficulty with self-care and living independently. Elderly persons who cannot self-care or live independently are experiencing limitations in activities of daily living (ADLs) and are considered frail elderly. According to the 2011-2013 ASC, approximately 8,775 residents over the age of 65 live in Milford. Of the 8,775 over the age of 65, 462 (5.3%) reported living with a self-caring difficulty and 952 (10.9%) with an independently living difficulty.

The Administration on Aging (AoA) report on Disability and Activity Limitations references findings from the U.S. Census Bureau's American Community Survey whereby some type of disability (i.e., difficulty in hearing, vision, cognition, ambulation, self-care, or independent living) was reported by 36% of people age 65 and over in 2013. The percentages for individual disabilities ranged from almost one quarter (23%) having an ambulatory disability to 7% having a vision difficulty (Figure 9). Some of these disabilities may be relatively minor, but others cause people to require assistance to meet important personal needs.

Using ADLs and instrumental activities of daily living (IADLs) to measure disability, in 2012, 33% of community-resident Medicare beneficiaries age 65+ reported difficulty in performing one or more ADLs, and an additional 12% reported difficulty with one or more IADLs. By contrast, 96% of institutionalized Medicare beneficiaries had difficulties with one or more ADLs and 83% of them had difficulty with three or more ADLs. ADLs include bathing, dressing, eating, and getting around the house. IADLs include preparing meals, shopping, managing money, using the telephone, doing housework, and taking medication. Limitations in activities because of chronic conditions increase with age. To support the housing needs of the elderly, the State of Connecticut offers a Homeowner Tax Credit Program and Renter's Rebate Elderly and Disabled Relief Program. The City of Milford offers the Milford Single Family Housing Rehabilitation program through the Milford Transit District and Milford Senior Center; the Assessor's Department offers the Local Tax Credit Benefit; and the Milford Department of Human Services administers the Connecticut Energy Assistance Program and provides space to the Milford Service Unit of the Salvation Army which handles requests for financial assistance. Other service providers include but are not limited to: Comfort Caregivers based in Milford which provides live-in home care and homemaker/personal care assistance; Connecticut Home Care Program for Elders (CHCPE); CT Home Care Program for Disabled Adults; and Medicaid for Employees with Disabilities, now known as MED-Connect.

18106

**SEX BY AGE BY SELF-CARE DIFFICULTY**  
 Universe: Civilian noninstitutionalized population 5 years and over ⓘ  
 2011-2013 American Community Survey 3-Year Estimates

Table View

Actions: [Modify Table](#) | [Add/Remove Geographies](#) | [Bookmark/Save](#) | [Print](#) | [Download](#)

Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, it is the Census Bureau's best estimates of the population for the nation, states, counties, cities and towns and estimates of housing units for states and counties.

Versions of this table are available for the following years:

- [2013](#) ▶
- [2012](#)
- [2011](#)
- [2010](#)

Milford town, New Haven County, Connecticut		
	Estimate	Margin of Error
Total:	50,121	+/-450
Male:	24,207	+/-763
5 to 17 years:	3,932	+/-493
With a self-care difficulty	32	+/-38
No self-care difficulty	3,900	+/-497
18 to 34 years:	5,033	+/-531
With a self-care difficulty	55	+/-48
No self-care difficulty	4,978	+/-536
35 to 64 years:	11,902	+/-585
With a self-care difficulty	272	+/-191
No self-care difficulty	11,630	+/-616
65 to 74 years:	1,903	+/-288
With a self-care difficulty	26	+/-29
No self-care difficulty	1,877	+/-292
75 years and over:	1,437	+/-223
With a self-care difficulty	124	+/-82
No self-care difficulty	1,313	+/-201
Female:	25,914	+/-601
5 to 17 years:	3,667	+/-445
With a self-care difficulty	30	+/-34
No self-care difficulty	3,637	+/-437
18 to 34 years:	4,418	+/-437
With a self-care difficulty	20	+/-32
No self-care difficulty	4,398	+/-438
35 to 64 years:	12,394	+/-499
With a self-care difficulty	216	+/-96
No self-care difficulty	12,178	+/-520
65 to 74 years:	2,819	+/-297
With a self-care difficulty	25	+/-30
No self-care difficulty	2,794	+/-297
75 years and over:	2,616	+/-368
With a self-care difficulty	287	+/-142
No self-care difficulty	2,329	+/-345

B18107

**SEX BY AGE BY INDEPENDENT LIVING DIFFICULTY**  
 Universe: Civilian noninstitutionalized population 18 years and over ⓘ  
 2011-2013 American Community Survey 3-Year Estimates

Table View

Actions: [Modify Table](#) | [Add/Remove Geographies](#) | [Bookmark/Save](#) | [Print](#) | [Download](#)

Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, it is the Census Bureau's Pop estimates of the population for the nation, states, counties, cities and towns and estimates of housing units for states and counties.

Versions of this table are available for the following years:

**2013** ▶  
 2012  
 2011  
 2010

		Milford town, New Haven County, Connecticut	
		Estimate	Margin of Error
27	Total:	42,522	+/-726
of	Male:	20,275	+/-733
27	18 to 34 years:	5,033	+/-631
	With an Independent living difficulty	82	+/-59
	No Independent living difficulty	4,951	+/-633
	35 to 64 years:	11,902	+/-585
	With an Independent living difficulty	359	+/-202
	No Independent living difficulty	11,543	+/-620
	65 to 74 years:	1,903	+/-288
	With an Independent living difficulty	99	+/-60
	No Independent living difficulty	1,804	+/-298
	75 years and over:	1,437	+/-223
	With an Independent living difficulty	238	+/-128
	No Independent living difficulty	1,199	+/-196
	Female:	22,247	+/-668
	18 to 34 years:	4,418	+/-437
	With an Independent living difficulty	54	+/-58
	No Independent living difficulty	4,364	+/-440
	35 to 64 years:	12,394	+/-499
	With an Independent living difficulty	313	+/-120
	No Independent living difficulty	12,081	+/-530
	65 to 74 years:	2,819	+/-297
	With an Independent living difficulty	143	+/-79
	No Independent living difficulty	2,676	+/-301
	75 years and over:	2,616	+/-368
	With an Independent living difficulty	809	+/-257
	No Independent living difficulty	1,807	+/-299

Source: U.S. Census Bureau, 2011-2013 3-Year American Community Survey

**Persons with HIV/AIDS**

The Connecticut Department of Health reports data on the number of AIDS cases by year for selected cities and counties.

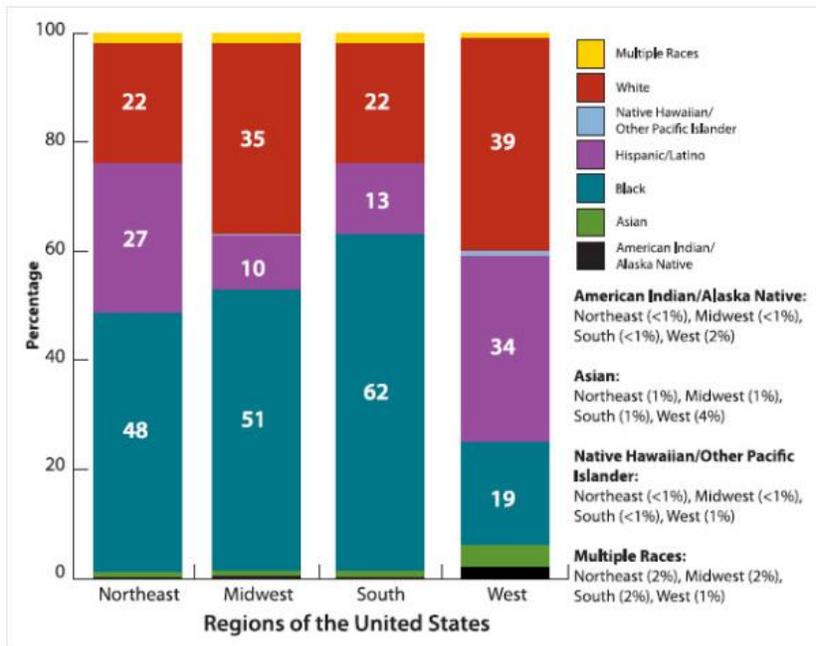
**Connecticut Department of Public Health HIV Surveillance Program  
New Haven County HIV Infection Cases by Year of First Diagnosis, Sex, Race, and Risk  
(2002 - 2013)**

Diagnosis Year	Total Number	Sex		Race/Ethnicity				Risk					
		Male % of Total	Female % of Total	Black % of Total	Hispanic % of Total	White % of Total	Other % of Total	IDU % of Total	MSM % of Total	MSM/IDU % of Total	Hetero % of Total	Pedi % of Total	Oth/Unk % of Total
		2002	228	58.4	41.6	29.2	26.5	40.7	3.5	44.2	19.9	2.2	19.9
2003	203	65.0	35.0	25.6	36.9	37.4	0	38.9	23.6	0.5	27.6	0	9.4
2004	188	67.0	33.0	33.0	31.4	34.0	1.6	30.3	26.6	0.5	17.0	0.5	25.0
2005	147	71.4	28.6	30.6	37.4	27.9	4.1	27.2	25.2	2.7	22.4	2.7	19.7
2006	142	66.2	33.8	38.0	31.0	30.3	0.7	16.2	23.2	2.1	21.8	0.7	35.9
2007	141	73.0	27.0	32.6	34.0	32.6	0.7	23.4	25.5	1.4	16.3	0	33.3
2008	110	70.9	29.1	43.6	26.4	28.2	1.8	9.1	31.8	2.7	20.9	0	35.5
2009	110	75.5	24.5	52.7	21.8	24.5	0.9	14.5	34.5	3.6	22.7	0.9	23.6
2010	97	76.3	23.7	47.4	20.6	28.9	3.1	13.4	36.1	2.1	24.7	0	23.7
2011	94	73.4	26.6	46.8	19.1	33.0	1.1	9.6	44.7	1.1	30.9	0	13.8
2012	92	71.7	28.3	47.8	27.2	22.8	2.2	9.8	46.7	2.2	29.3	0	12.0
2013	89	85.4	14.6	37.1	28.1	30.3	4.5	15.7	52.8	1.1	13.5	0	16.9
<b>Total</b>	<b>1,639</b>	<b>66.4</b>	<b>30.6</b>	<b>36.5</b>	<b>29.4</b>	<b>32.2</b>	<b>2.0</b>	<b>24.6</b>	<b>29.8</b>	<b>1.8</b>	<b>22.0</b>	<b>0.5</b>	<b>21.3</b>

The Ryan White HIV/AIDS Program is administered by the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB). The Ryan White Service Areas are Hartford TGA which includes Hartford, Tolland, and Middlesex counties and New Haven EMA which includes New Haven and Fairfield counties. The Mayor’s office guides the planning for and expenditure of federal grants for health and social services for persons with HIV or AIDS in the two-county area within which Milford is located. The Ryan White HIV/AIDS Program reaches an estimated 536,000 people each year. In 2012, 67% of Ryan White HIV/AIDS Program clients had an annual household income at or below the federal poverty level, and 89% of clients had an annual household income at or below 200% of the federal poverty level.

In 2012, more than 73% of Ryan White HIV/AIDS Program clients self-identified as members of racial or ethnic minority groups. In the same year, 70% of Program clients were male, 29% were female, and 1% was transgender.

**Race/Ethnicity of Persons Diagnosed with AIDS in 2010 in the 50 States and District of Columbia, by Region of Residence**



In the 2012-2015 New Haven Counties Ryan White Planning Council Comprehensive Strategic Plan within the New Haven County/Fairfield County TGA, the following needs were cited for the 2010 In Care Needs Assessment: housing assistance as it relates to entry into HIV medical care, followed by 'other primary medical care,' and then equivalent service needs of transportation to care, medication assistance, outpatient substance abuse treatment, and oral health care. Medical care for HIV was ranked highest under the Core Medical Service category. Most of the housing, health, and social services for persons living with HIV or AIDS in their immediate region are located in the larger nearby cities of New Haven and Bridgeport. Although no data is available to quantify the housing needs of Milford residents living with HIV or AIDS, the City is aware that local mental health and homeless providers refer HIV clients to the health and social services provided by the service providers in both New Haven and Fairfield counties. Housing support services included but are not limited to: Beth-El Center/Homeless and the State of Connecticut Department of Housing programs including: Opportunities for Persons with HIV/AIDS; Transitional Living Program; Connecticut AIDS Drug Assistance Program; Rapid Re-Housing Program; and State Rental Assistance.

### **Veterans**

Data from the 2009-2013 Census indicates that 3,423 people in Milford were civilian veterans, or approximately 8% of the civilian population age 18 or older and 6% of the entire population of Milford. The percentage of veterans service by era include: Gulf Wars (1990 and 2001), 17.8%; Vietnam, 39.9%; Korean, 13.8%; and World War II, 12.3%. The majority age of the veteran population in Milford is 55 and older. The status of poverty over a period of 12 months was reported to be 5.5%. 22.4% of veterans report some form of disability.

Supportive housing services include, but are not limited to: State of Connecticut Additional Veterans Exemption; Security Deposit Program; Rental Assistance Program Utility Allowance Schedule, Rapid Re-Housing Program; State Rental Assistance; and in the City of Milford: the Milford Transit District; Milford Senior Center; the Milford Single Family Housing Rehabilitation program; a Veterans Tax Exemption Local Option offered through the Assessor's Department; VA Healthcare Systems of Connecticut; City of Milford Single Family Housing Rehabilitation program; Beth-El Center/Homeless; and CT Housing Search, a service supported by the State of Connecticut.

### **Persons with Alcohol/Drug Addiction**

Milford recognizes that substance abuse problems exist among all age groups throughout the population. The City provides financial support to Bridges... A Community Support System, Inc.(Bridges), a regional organization that provides a range of outpatient mental health and addiction services to people of all ages in Milford, Orange, and West Haven. Bridges main office is located in Milford. In addition to preventive programs, Bridges provides the following services:

For adults - outpatient mental health and addiction services; access and central intake, including mobile crisis; jail diversion; community support services, such as case management, social and vocational rehabilitation, and residential services; young adult services; and self-help groups including 12-step programs.

For Teens and Young Adults - Young Adult Services (YAS) mission is to assist individuals affected by serious mental illness and/or traumatic events, so they may reach their fullest potential. Bridges' YAS program helps young adults ages 18 – 25, who may be transitioning out of DCF or foster care and have mental health needs. Services include: clinical, case management, social integration, educational and/or employment support and residential assistance.

For children and families – outpatient mental health and addiction services; access and central intake; intensive family preservation and safety planning programs; intensive in-home psychiatric services for children and adolescents; emergency mobile psychiatric services; care coordination; and the Caring Network for grieving children and their families.

Bridges estimated it served more than 7,600 individuals in fiscal year 2011.

In addition to Bridges, area organizations sponsor AA and NA meetings; church-sponsored addiction dependency support groups meet at the Higher Ground Ministry Milford Grace Baptist Church, and The Kingdom of Life

Community Resource Center offers a Christian based 12-step support group for adults with any kind of addiction. Other alcohol treatment facilities in New Haven, Stratford and Bridgeport, Connecticut include: Family Resource Associates; APT Foundation Inc.; Greater Bridgeport Community MH Center; Liberation Programs Inc.; VA Healthcare Systems of Connecticut; Chemical Abuse Services Agency Inc.; New Era Rehabilitation Center Inc.; and Connecticut Mental Health Center. Supportive housing services include but are not limited to: State of Connecticut's Renter's Rebate Elderly and Disabled Relief Program; CT Fair Housing Foreclosure Prevention Clinics; and CT Housing Search, a service supported by the State of Connecticut.

### **Persons with Physical Disabilities**

The 2011-2013 American Community Survey 3-Year estimated 5,524 persons with a disability in Milford. Of that, 2.5% are age 5-17 years; 8.0% are age 18-64 years, and 28.9% are age 65 and over. An independent living difficulty, hearing, and ambulatory difficulty comprised 27.7% of the issues that persons age 65 or older face.

Locally based service providers for persons with physical disabilities include: the Southern Connecticut Chapter of the National Federation of the Blind; supportive housing services including but not limited to the Milford Transit District, Milford Senior Center, and the Milford Single Family Housing Rehabilitation program; Comfort Caregivers based in Milford which provides live-in home care, and homemaker/personal care assistance; Connecticut Home Care Program for Elders (CHCPE); CT Home Care Program for Disabled Adults; Medicaid for Employees with Disabilities, now known as MED-Connect; and CT Housing Search a service supported by the State of Connecticut.

### **Persons with Mental and Developmental Disabilities**

According to the 2011-2013 ASC, there are an estimated 5,524 (10.5%) disabled individuals in Milford, 13.6% with cognitive difficulty and 20.7% with ambulatory difficulty. Supportive housing services include but are not limited to: State DDS licensed Community Companion Home (CCH); Brain Injury Alliance of Connecticut; Community Based Services; and the Family Support Grant (FSG). Several services for the mentally and developmentally disabled are located in Milford, including but not limited to: the Board of Education: Arc of Greater New Haven – Milford site; Connecticut Center for Child Development: A special; Foundation School High School, Boys and Girls Village; Children and Families, Connecticut- Milford Area Office; and the Kennedy Center which serves individuals with intellectual disabilities and multiple needs.

### **Natural Disaster Victims**

Prior to Storm Irene in 2011 and Hurricane Storm Sandy in 2012, the City of Milford assisted three homeowners to elevate their homes through the State DEMHS to offer FEMA Assistance and Elevation Grants. Since August 2011, the City assembled a Long Term Recovery Committee and used the expertise on the Hazard Mitigation Committee to coordinate technical assistance, storm information, and relief funds to non-profit organizations on the forefront of the storm relief efforts. The City of Milford Department of Planning and Zoning and Community Development fielded 100s of general and elevation related inquiries from storm victims. On their behalf, the Department of Community Development prepared and submitted 38 housing FEMA elevation grant applications to DEMHS.

### **Public housing residents**

The Milford Redevelopment and Housing Partnership (MRHP) prepares a Five Year Plan and a yearly Action Plan. It incorporates MRHP's Comprehensive Grant Program Plan and Annual Statement. The tenants are actively involved in the management of the various housing complexes. The Resident Council has 26 meetings a year. The Board rotates its meetings among the various complexes. MRHP shall continue to hold monthly meetings with the tenants at different sites, and increase support services to facilitate and achieve a higher level of independent living. Recommendations are to encourage resident initiatives. Including encouraging residents to assist local aldermen and raise awareness on housing improvements by participating at least three monthly City Commission and Board of Aldermen meetings.

The MRHP has no plans to convert any units to homeownership during the period covered by this strategy. The MRHP does not administer any specific homeownership programs for its assisted families. The MRHP recognizes the need to create additional affordable housing. This need includes Workforce Housing for people earning 60 to

80% of median income. With the recession, an increasing number of people are going from 110% of median income to the 60 to 80% range. There is also a growing need for housing for returning disabled veterans. The City has addressed public housing needs through the expenditure of CDBG funds for the rehabilitation of public housing units. The selection of activities for funding is coordinated with the MRHP Capital Plan.

**Describe programs for ensuring that persons returning from mental and physical health institutions receive appropriate supportive housing**

The Connecticut State Department of Mental Health and Addiction Services policy specifies that each patient treated in a Department of Mental Health facility shall have a specialized treatment plan suited to his/her disorder, which shall include a discharge plan for appropriate aftercare of the patient. The treatment team or clinician responsible for the inpatient care should plan the aftercare services needed by the patient, in conjunction with the community case manager who is responsible to ensure linkages in the community.

The Connecticut Department of Social Services designed and developed “My Community Choices” a public information service that provides options for nursing home residents about returning to the community. DSS has subcontracted the project to Connecticut Association of Centers for Independent Living. Independent living centers are organizations and operated within a local community by individuals with disabilities.

**For entitlement/consortia grantees: Specify the activities that the jurisdiction plans to undertake during the next year to address the housing and supportive services needs identified in accordance with 91.215(e) with respect to persons who are not homeless but have other special needs. Link to one-year goals. (91.220(2))**

In the City of Milford, several special needs programs and service organizations assist persons with housing and supportive services that benefit the elderly, youth and the disabled in Milford. Such services consist of the assessment of elderly households by the Milford Health Department; energy and rental assistance through the Department of Human Services; the Milford Transit District and the Milford Senior Center, the Agency on Aging of South Central Connecticut, provides transportation services and activities to Milford senior residents; and the Department of Community Development offering Housing Programs and Fair Housing services. In addition, leaders of City departments and agencies participate in the Milford Social Services Network and Collaborative for Residential Integrity of the Disabled & Elderly (C-RIDE) which meet monthly to coordinate social service, troubled housing issues and service delivery.

In June 2010, NeighborWorks New Horizons and Beth-El Center completed a five unit permanent supportive housing development for persons leaving mental/physical health facilities that require support services to remain in housing.

**MA-40 Barriers to Affordable Housing – 91.210(e)  
Negative Effects of Public Policies on Affordable Housing and Residential Investment**

The City of Milford as a public policy has encouraged a diversity of housing types and densities through its zoning powers. The Planning and Zoning Board specifically amended its zoning regulations to require multi-family housing construction in certain zoning districts to provide 30% of the units as affordable housing. There are no other policies, rules or regulations that may constitute barriers to housing affordability or contribute to a concentration of racial/ethnic minorities. The City has a Fair Housing Plan and an appointed Fair Housing Officer.

Milford maintains that the primary barrier to affordable housing is the high cost of development and the lack of vacant developable land, and a focus on improvement to the current housing stock is another opportunity to create affordable housing. The City has a Fair Housing Plan and an appointed Fair Housing Officer. The City addresses these needs with HUD Community Development Block Grant (CDBG) funds expended to assist the MRHP and administer a single-family and the proposed 2015 multi-family housing rehabilitation program.

In terms of non-assisted affordable housing the City, has utilized its zoning approval process to allow cluster, smaller lot, higher density, and deed-restricted or common land ownership development to make units more affordable in the private market. These types of developments have increased housing choice for young families, moderate-income families, and/or elderly households.

CDBG funds will continue to be used to assist the MRHP to undertake housing modernization projects and implement a Housing Program(s) to assist home owners in making the necessary maintenance repairs and property owners to make building and housing code improvements to rental properties to keep them affordable to low- and moderate- income tenants. The Homeownership program will be reinstated to assist income eligible households to become first-time homebuyers.

The Department of Economic and Community Development will seek, and provide technical assistance to developers, property owners and service providers who are interested in providing/preserving affordable housing through CDBG funding.

## MA-45 Non-Housing Community Development Assets – 91.215 (f)

### Introduction

The City of Milford has a relatively low unemployment rate; a quality school system; and numerous social service agencies including the United Way, YMCA, Boys and Girls Club, and Bridges...A Community Support System. The City is focused on transit-oriented development (TOD), growing small business, and building coastal resilience against storms. Working together with key community partners, the City has sought out and received over \$30 million in grant funding over the past year to go toward planning projects in TOD, parking improvements, hazard mitigation and resilience, and infrastructure projects. Milford's proximity to New York combined with its beautiful coastline, booming retail and manufacturing industries, and dedicated lifelong residents, makes Milford a strong community that continues to grow and succeed.

### Economic Development Market Analysis

The tables below outline the main industries in Milford and highlight the relatively low unemployment rate and high education level of most residents.

Milford has a booming retail industry, led by the Post Mall and other shopping destinations on the Post Road. The Department of Economic and Community Development is working to expand the success of that area to the downtown area as well. Working to enhance downtown parking and plan more downtown events, the Department hopes to attract more small business downtown, especially retail.

Milford also has a high number of small manufacturing companies. In the past year, the Department of Economic and Community Development has placed a special emphasis on assisting local manufacturers to expand their businesses and take advantage of state incentive programs for manufacturing.

The City took a hit through Storms Sandy and Irene, with mostly residential areas impacted. A tremendous number of resources have been allocated to Storm Recovery and continue to be. The State and Federal governments have granted Milford 38 residential elevation projects and numerous resiliency grants, and rebuilding efforts continue. While Milford was lucky to have so little of its business community affected, the impact on individuals has been tremendous. As a result, efforts to build a more resilient community must be at the forefront of all future economic initiatives in the City.

### Business Activity

Business by Sector	Number of Workers	Number of Jobs	Share of Workers %	Share of Jobs %	Jobs less workers %
Agriculture, Mining, Oil & Gas Extraction	21	38	0	0	0
Arts, Entertainment, Accommodations	2,010	2,796	9	10	1
Construction	702	846	3	3	0
Education and Health Care Services	5,085	3,639	23	13	-10
Finance, Insurance, and Real Estate	2,033	1,943	9	7	-2
Information	499	602	2	2	0

<b>Business by Sector</b>	<b>Number of Workers</b>	<b>Number of Jobs</b>	<b>Share of Workers %</b>	<b>Share of Jobs %</b>	<b>Jobs less workers %</b>
Manufacturing	2,993	3,780	14	14	0
Other Services	865	1,081	4	4	0
Professional, Scientific, Management Services	1,953	2,440	9	9	0
Public Administration	0	0	0	0	0
Retail Trade	2,793	5,460	13	20	8
Transportation and Warehousing	549	380	2	1	-1
Wholesale Trade	1,169	1,677	5	6	1
Total	20,672	24,682	--	--	--

**Table 40- Business Activity**

**Data** 2007-2011 ACS (Workers), 2011 Longitudinal Employer-Household Dynamics (Jobs)

**Source:**

**Labor Force**

Total Population in the Civilian Labor Force	30,500
Civilian Employed Population 16 years and over	28,615
Unemployment Rate	6.18
Unemployment Rate for Ages 16-24	22.25
Unemployment Rate for Ages 25-65	4.38

**Table 41- Labor Force**

**Data** 2007-2011 ACS  
**Source:**

<b>Occupations by Sector</b>	<b>Number of People</b>
Management, business and financial	8,085
Farming, fisheries and forestry occupations	1,026
Service	2,162
Sales and office	7,254
Construction, extraction, maintenance and repair	2,370
Production, transportation and material moving	1,476

**Table 42– Occupations by Sector**

**Data** 2007-2011 ACS  
**Source:**

**Travel Time**

<b>Travel Time</b>	<b>Number</b>	<b>Percentage</b>
< 30 Minutes	18,355	68%
30-59 Minutes	5,864	22%
60 or More Minutes	2,610	10%
<b>Total</b>	<b>26,829</b>	<b>100%</b>

**Table 43- Travel Time**

**Data** 2007-2011 ACS  
**Source:**

**Education:**

Educational Attainment by Employment Status (Population 16 and Older)

Educational Attainment	In Labor Force		
	Civilian Employed	Unemployed	Not in Labor Force
Less than high school graduate	626	53	549
High school graduate (includes equivalency)	5,636	415	1,351
Some college or Associate's degree	6,940	483	979
Bachelor's degree or higher	11,227	357	1,191

**Table 44- Educational Attainment by Employment Status**

**Data** 2007-2011 ACS

**Source:**

Educational Attainment by Age

	Age				
	18–24 yrs	25–34 yrs	35–44 yrs	45–65 yrs	65+ yrs
Less than 9th grade	1	31	24	179	441
9th to 12th grade, no diploma	513	188	173	633	1,172
High school graduate, GED, or alternative	994	986	1,782	4,673	3,037
Some college, no degree	1,288	1,168	1,320	3,404	1,174
Associate's degree	97	468	675	1,367	300
Bachelor's degree	625	1,900	2,279	3,140	849
Graduate or professional degree	18	1,643	1,473	2,340	963

**Table 45- Educational Attainment by Age**

**Data** 2007-2011 ACS

**Source:**

Educational Attainment – Median Earnings in the Past 12 Months

Educational Attainment	Median Earnings in the Past 12 Months
Less than high school graduate	0
High school graduate (includes equivalency)	0
Some college or Associate's degree	0
Bachelor's degree	0
Graduate or professional degree	0

**Table 46– Median Earnings in the Past 12 Months**

**Data** 2007-2011 ACS

**Source:**

**Based on the Business Activity table above, what are the major employment sectors within your jurisdiction?**

Based on the Business Activity table, the major employment sectors in our jurisdiction include education and healthcare; manufacturing; retail; finance, insurance and real estate; and arts, entertainment, and accommodations.

**Describe the workforce and infrastructure needs of the business community:**

Milford’s business community has strong advocates in the Chamber of Commerce, the Downtown Milford Business Association, and the Economic Development Commission. Each organization is active in engaging local businesses to stay involved in Milford activities, helping to promote local business, and welcoming new businesses.

Downtown retail businesses have struggled recently, while restaurants have done very well. The City, in partnership with the aforementioned business organizations, is assessing different ways to improve the downtown business climate.

Manufacturing is a major sector in Milford, and there are numerous small manufacturing companies located throughout the City. A recent event hosted by the City shed light on the technical needs of such companies. There is a growing need for skilled manufacturing professionals that have not only the educational background, but also on-the-job training that is not currently being provided.

**Describe any major changes that may have an economic impact, such as planned local or regional public or private sector investments or initiatives that have affected or may affect job and business growth opportunities during the planning period. Describe any needs for workforce development, business support or infrastructure these changes may create.**

Walnut Beach Enhancement Committee

The Walnut Beach Enhancement Committee was appointed by the Mayor to oversee the investment in public improvements using a \$1 million grant from the Connecticut Department of Economic and Community Development. The work has focused on the municipal park and the creation of linkages between the public

facilities and the village business district in Walnut Beach. Infrastructure improvements along Naugatuck Avenue are being combined with private investments in the storefront facades to revitalize this commercial center.

The committee will complete its task as a public improvements advisory board in June 2015. It will continue to review proposals and issue commitments for funding of its façade grant program whereby the business owner received a grant for 50% of the cost to make building improvements and pays the balance of 50% of the project cost. Enhancements approved by the committee to date include replacement fencing, invasive species removal, infrastructure repairs, sidewalk replacement, lighting upgrades, handicapped access improvements, park improvements, and a pedestrian connection between Silver Sands State Park and Walnut Beach Municipal Park. Some of the approved projects have been implemented, and the others will be completed by June 2015.

Some of the improvements recently implemented include the addition of bike racks and signage to create a more cohesive beach community. Through these efforts, it is the hope of the City that Walnut Beach will attract new businesses and thrive as an active economic beach community.

#### Downtown Parking & Transit-Oriented Development

The City of Milford is invested in Transit-Oriented Development. The City was awarded a technical assistance grant through the Connecticut Transit Oriented Technical Assistance Program offered by the Regional Plan Association. The plan will focus on parking inventory, recommendations for parking requirements, and ongoing management, as well as review the rail station walkways and pedestrian connectivity with recommendations for strategic pedestrian improvements. To expand on this plan, the City applied and received a Transit Oriented Development Grant through the Office of Policy and Management through the State. If awarded, this grant will allow the City to capitalize on the recommendations from the RPA grant and fund a strategic plan of development for downtown.

The City was approved for bond funding in the amount of \$5 million to acquire land adjacent to the train station in order to create additional parking opportunities. This will be a tremendous improvement for those residents wishing to commute on the train, as there is currently a four year waiting list for train station parking. Based on the results of the TOD Planning grants, the City also hopes to further develop the land into a mixed-use development with both housing and commercial components.

#### Storm Recovery

As Milford was one of the hardest hit towns through Storms Sandy and Irene, the Department of Economic and Community Development is currently managing dozens of home elevation grant projects that are running through the state and federal government. Milford has taken part in conversations with a number of groups including the Regional Planning Association in order to determine a long-term resilience plan. Milford is still in recovery mode in many ways, but the City will continue to look at longer-term resilience projects. One such project is the National Disaster Resilience Competition through HUD. The City of Milford is currently in the process of applying for this grant opportunity which will fund a creative project to promote economic development in areas susceptible to storm damage.

Milford was also awarded 6 grants through the CDBG-DR grant program to fund storm-related infrastructure projects including drainage projects and a generator to be placed on Jonathan Law High School. Additionally, the City was awarded funding for a microgrid which will provide power to key locations like the High School and Senior Center in the event of power loss.

The storms changed the direction of Milford's economic development strategies and will continue to shape grant seeking and larger project plans for the City.

**How do the skills and education of the current workforce correspond to employment opportunities in the jurisdiction?**

Milford has a highly educated workforce, and the Board of Education is committed to continuing to uphold high standards of educational excellence.

Based on feedback from community members and employers, there are some gaps in technical training that should be a focus for the City. Not unique to Milford, the need for trained manufacturers and other technical expertise is higher than the number of qualified workers. Milford is lucky to have Platt Technical High School right in the City. Platt has program offerings in automotive, carpentry, computer design, culinary arts, electronics, hairdressing, HVAC, information technology, manufacturing, plumbing, and more. Students graduating from Platt are well suited for the variety of industries in Milford.

To address workforce challenges, the Public Library in Milford has been working hard to create a maker's space which would include tools like a 3D printer. The Library has received a number of donations, and the space will be opening this summer. It is the hope of the City that the space continues to grow. A maker's space has the potential to expand opportunities for individuals wishing to enter into a technical career by helping them discover new avenues.

The Library is also invested in creating a business resource center to help individuals in their job search.

Lastly, the City is working with the Board of Education to create an exploratory learning committee aimed at integrating students better into real-world learning experiences. An initial round of internships was held at the end of May, and nearly 30 high school students participated. Following the internship program, a period of evaluation and planning will take place to establish future programs aimed at workforce development.

**Describe any current workforce training initiatives, including those supported by Workforce Investment Boards, community colleges and other organizations. Describe how these efforts will support the jurisdiction's Consolidated Plan.**

This spring, the Department of Economic and Community Development partnered with the Small Business Association and the Small Business Development Center (SBDC) to offer a series of four workshops. The workshops ranged in topics including financing a small business, growing a small business online, marketing and networking for small business, and searching for bids. Attendance ranged from 30 to over 60 attendees at each workshop.

The demand for this type of initiative prompted the City to partner with SBDC to set up a virtual location at the Milford Public Library. Adding to the nearly 30 virtual locations around the state, the new station in Milford offers a laptop equipped with Google Hangouts. Individuals wishing to connect with a CTSBDC representative can meet virtually right from the Library. Training was provided to librarians to assist anyone unfamiliar with Google Hangouts. The virtual setup is confidential and allows individuals to work on business documents and applications for funding with the help of skilled business advisors, all without leaving Milford. Additionally, a representative from CTSBDC is now available twice monthly right in the Community Development office in Milford. The representative assists, guides, and educates prospective and existing business owners.

## **Does your jurisdiction participate in a Comprehensive Economic Development Strategy (CEDS)?**

Yes, as part of the South-central Region of Connecticut which comprises 15 towns.

### **If so, what economic development initiatives are you undertaking that may be coordinated with the Consolidated Plan? If not, describe other local/regional plans or initiatives that impact economic growth.**

Consistent with the 2013 CEDS for South Central Connecticut, Milford is committed to infrastructure improvements including multi-modal transportation, communications, and an information system that facilitates the efficient and convenient movement of people goods and data. The CEDS outlines a number of objectives to address to goal of infrastructure improvements. One objective, the commitment to telecommunications, is being addressed in Milford in two ways. The City is currently working with local cable companies to install WiFi in public areas like parks and the town green. Milford is also involved with a statewide initiative called Gigabyte, which will bring faster internet service to the City.

The CEDS outlines energy and water infrastructure as areas of focus. The City of Milford has a number of organizations committed to sustainable projects including Milford Recycles and the Energy Advisory Committee which works with Solarize Milford. Solarize Milford assists individuals wishing to install solar panels on their homes. The City is currently working on forming a sustainability committee which will serve as an umbrella organization for all sustainable organizations in order to build a more cohesive marketing brand and to consolidate programmatic efforts. Additionally, the City recently received a grant from the State to install an electric vehicle charging station next to the Milford Public Library.

Business development and retention was another goal identified by CEDS in the 2013 report. Their first objective was to develop and implement a regional business assistance program to address retention. The City of Milford is committed to retaining its current businesses and works closely with businesses considering moving outside of the City. Currently however, the City does not have a comprehensive retention strategy. One of the greatest needs the City has identified is a better way to communicate with local businesses. The first step to improving communication is to build a comprehensive database of businesses that is updated annually. This is a project currently under review in the Department of Economic and Community Development.

The second two objectives identified by CEDS under business development and retention were entrepreneurs and start-ups and small business development. As mentioned previously in this report, the City is committed to small-business growth and has partnered with the Small Business Development Council to offer on-site office hours and a virtual SBDC station at the library. The City is also committed the growth of young professionals, having merged its young professionals group with Connecticut Young Professionals. This organization is growing across the state, and Milford now has their first city-specific board. By hosting events around Milford, CTYP helps attract young entrepreneurs to the City. Through its transit-oriented development activities, the City also plans to assess more ways to bring small business into the downtown area.

The fourth objective under business development and retention was identified as “improve regulatory environment.” The City is proud that over the past two years, the permitting process has been streamlined. As part of the process, there are now open coordination meetings prior to new projects submitting planning documents. The open coordination meetings bring together representatives from each key City department, giving the potential applicant insight into the application process. This streamlines the process and reduces the number of changes needed to be made one the approval process is underway.

The fourth goal of the CEDS was identified as workforce enhancement and housing. The Board of education is committed to the primary objectives, namely aligning education to business growth. However, the City has identified this as a potential area for improvement. The Department of Economic and Community Development intends to investigate opportunities for improving the alignment, especially in areas like manufacturing and technology.

Another objective outlined under this goal was to support community colleges and high school technical programs. Gateway Community College in New Haven continues to grow, with a new facility completed in downtown New Haven just last year. The school is easily accessible by both bus and train and offers an excellent opportunity for career-focused education. Here in Milford, Platt Technical High School continues to provide outstanding educational opportunities to students seeking careers in a range of technical fields including HVAC, Automotive, Carpentry, Electrical, Manufacturing, and Information Systems.

The fourth objective is to educate primary and secondary school students on cluster industries and entrepreneurship. Jonathan Law High School in Milford has recently implemented an internship program, in which it has partnered with the City. Approximately 25 interns participated in the internship program this year, completing 80 hours each over a three week period. Six of those students interned in City departments. It is the goal of the schools and the City to expand this program, allowing more students to gain real, on-the-job experience. In addition, the City and the schools are in early talks to expand this type of experiential learning to other program offerings. Such project-based work is essential for Milford students to be competitive in the workplace.

The fifth objective is aimed at retaining and attracting young professionals. As mentioned in an earlier section, the City worked to coordinate a Milford Young Professionals group, which ultimately merged with Connecticut Young Professionals. CTYP is growing organization that coordinates events all over the state. Milford has the first city-specific board that plans events in Milford. These events are open for anyone to attend, thus attracting non-Milford residents and introducing the City to a range of individuals. The goal over the coming years is to foster this relationship and work with the group to plan City events that will also attract a young professional crowd. With the aging population of Milford, this is a crucial focus to build business and maintain a tax base.

## **Discussion**

**ITF**

## **MA-50 Needs and Market Analysis Discussion**

### **Are there areas where households with multiple housing problems are concentrated? (include a definition of "concentration")**

There is no data as to where the majority of the housing problems or are if there the issues are concentrated in a particular area. A concentration of housing problems can mean a relative number of commercial, business, public infrastructure and houses in dilapidated of disrepair.

### **Are there any areas in the jurisdiction where racial or ethnic minorities or low-income families are concentrated? (include a definition of "concentration")**

There is no data as to where the majority of the racial or ethnic minorities live or concentrate. The Census map under section MA-5 show the low-moderate income areas in Milford. According to the Census data, Milford's upper quartile % of low and moderate income tracts is 32.72% to its highest concentration of low-moderate income tract at 75.97%. Again, it should be noted that this is a significantly high number and is suspected to be related to a change in residence brought on the housing damage from the 2012 Storm Sandy.

### **What are the characteristics of the market in these areas/neighborhoods?**

A relative number of commercial, business, public infrastructure and houses in dilapidated of disrepair.

### **Are there any community assets in these areas/neighborhoods?**

Yes- recreation facilities, public housing, small business district and beach amenities exist in these areas.

### **Are there other strategic opportunities in any of these areas?**

A Silver Sands State park and boardwalk, and Charles Island are located just east of the Walnut Beach and Devon neighborhoods.

## Strategic Plan

### SP-05 Overview

#### Strategic Plan Overview

Though the Devon and Walnut Neighborhood (Block groups in Census Tract 1503,1504, 1505) remains the highest percentage of low and moderate income in Milford the Devon Neighborhood revitalization project was completed in 2014. The City will target its resources and CDBG funds to benefit in low and moderate income area, person(s) and businesses.

The City of Milford has established its priority needs in the community to be: Public Facility and Infrastructure Improvements; Homeownership Assistance; Public Service Programs; Business Development; Homeless Assistance and Prevention; Rental Assistance; Housing Repair Assistance; and Permanent Supportive Housing. All needs have been prioritized to meet the community and economic needs of the disabled, elderly, family, business, mental health and the homeless. These investments are consistent with the primary objectives of the National Affordable Housing Act which are to develop viable communities by providing decent housing and a suitable living environment and expanding economic opportunities principally for low- and moderate- income persons.

The priority needs are consistent with Milford's three primary goals which are:

- Improve low and moderate-income neighborhoods
- Improve and expansion of the housing supply for persons of low and moderate income.
- Strengthen support services for persons of low and moderate income.

The focus on creating a viable community with decent housing, in a suitable living environment and expanding economic opportunities for low- and moderate- income persons is a daily goal that the City reaches to achieve. According to 2007-2011 ACS, since 2000, the median home value has increase to \$335,900 (+102%) and the median gross rental is \$1,377, a 31% housing cost for a median renter income of \$53,378. With very competitive housing conditions in both owner and rental market, and high loan standards and down payment requirements, low and moderate income households are struggling and require housing assistance of all kinds.

The CDBG and the MRHP federal resources anticipated to be available as well as other resources and estimated dollars when appropriate.

The institutional delivery system is functional and the City remains focused on instituting proactive not reactive policy; improved coordination, collaboration, and information sharing between departments and the public; and improve informational outreach, project timeliness and coordination.

The City's goals will be achieved by providing direct CDBG assistance for the rehabilitation of homes and the provision of homeownership assistance as well as various activities of the Milford Redevelopment and Housing Partnership (previously the Milford Housing Authority). The revitalization of neighborhoods will be supported by improvements to neighborhood facilities and community centers. These physical improvements will be coordinated with supportive services for those segments of the community in need. These client groups will include elderly, youth, persons with disabilities and the homeless. This multi-faceted program for housing and community development will allow a holistic program for meeting community needs.

Rental Housing will be addressed through the Milford Redevelopment and Housing Partnership (MRHP). MRHP has applied for additional number of Section 8 Vouchers but due to unavailable resources from the U.S. Department of Housing and Urban Development. In addition, the MRHP is implementing an improvement program at several of its complexes. It is anticipated that CDBG funds will be used to support the program. Although there is limited privately owned rental housing stock in the City, the City will initiate a Rehabilitation Program for Owner-Occupied Rental Housing.

Milford is a desirable location for single and family households looking to rent and buy. An impediment to affordable homeownership is evident by the 102% increase in the median home value and a median monthly rent of \$1,377. The devaluation of owner occupied property and decrease in rental property due to storm damage has opened a housing investment market which may be playing a part in the most recent upswing in the price of housing costs. Currently the cost of housing requires funding assistance and a reasonable interest rate to make it achievable and the City considers a homeownership program in Milford a priority. Other impediments to affordable rental housing include the high cost of and unavailability of land and limited area of multi-family zoning for moderate to high density housing developments to build housing that includes affordable rents.

The City of Milford will directly support the most urgent needs of the homeless and at-risk of homelessness. Beth-El Center provides a community soup kitchen and funding to improve the shelter facility are a priority. Rental assistance is a top 5 housing related request in Milford and is in the strategic plan for year two.

The City of Milford Department of Health and Community Development promote lead-based paint awareness through article publication and the dissemination lead-based paint work safe practice to educate the public on how to safely renovate a home built prior to 1978. Effort to increase housing stock without LBP occurs when a homeowner participates in a CDBG housing program and due to the age of the house a LBP test is required. All units receiving CDBG funds where children under 6 years of age are present will be abated for lead-based paint and the inhabitants relocated until the project is completed.

The City of Milford strategy to address poverty in its population through the use of the limited resources and a coordinated effort to improve the local economy and support education and employment services to residents. In the City, programs designed to alleviate poverty can be found in City departments and local organizations such as the Assessor Office, Employment and Training office, Boys & Girls Club, Milford Transit District, Department of Human Services and the Center on Aging/Milford Senior Center to administer programs such as tax relief, job training services, after-school child care local transportation, Meals on Wheels, Energy Assistance. The City of Milford relies on the state and federal agencies and the private sector, a very important resource, to create employment opportunity, food, housing and health care programs all components of persistent poverty.

The Department of Community Development conducts yearly on-site monitoring of its subrecipients on a rolling basis to monitor all of its federal activities, programs, and projects and to ensure compliance with program requirements. The Department of Community Development works to ensure that the projects meet the goals of the Consolidated Plan and the funds are expended in a timely manner.

**SP-10 Geographic Priorities – 91.215 (a)(1)**

**General Allocation Priorities**

Describe the basis for allocating investments geographically within the jurisdiction (or within the EMSA for HOPWA)

CDBG funds will be targeted to benefit in low and moderate income area, person(s) and businesses. Continued allocation and investment of CDBG funds toward housing, public facilities, neighborhood facilities, including installation of ADA accessible curb cuts to assist in the town wide sidewalk improvement and bike lane initiative to encourage pedestrian’s to walk and bike and to support flood prevention measures at waste water pump stations that are in flood zones. The City has purchased property adjacent to the downtown rail road station and has proposed the construction of downtown parking, retail and transportation hub.

All housing and facility improvements have been prioritized to meet the community and economic needs of the disabled, elderly, family, business, mental health and the homeless. These investments are consistent with the primary objectives of the National Affordable Housing Act which are to develop viable communities by providing decent housing and a suitable living environment and expanding economic opportunities principally for low- and moderate- income persons.

**Geographic Area - Table 47**

<b>Area Name:</b>		LOW MODERATE INCOME AREAS
<b>Area Type:</b>		Local Target area
<b>Other Target Area Description:</b>		
<b>HUD Approval Date:</b>		
<b>% of Low/ Mod:</b>		
<b>Revital Type:</b>		Public Facility & Infrastructure Improvements.
<b>Other Revital Description:</b>		
<b>Identify the neighborhood boundaries for this target area.</b>	Area Name: The target neighborhood(s) are in the low/mod neighborhoods in the City.	
<b>Include specific housing and commercial characteristics of this target area.</b>	These neighborhoods the housing, commercial buildings and surrounding public spaces are typically older, and in disrepair.	
<b>How did your consultation and citizen participation process help you to identify this neighborhood as a target area?</b>	These neighborhoods were mentioned in the course of discussion with service groups and comment duringin public hearings, ascorroborated by the Census data.	

<b>Identify the needs in this target area.</b>	The principal needs are: public improvements to improve/revitalize neighborhoods, small business assistance (loans, facades, training), programs for youth.
<b>What are the opportunities for improvement in this target area?</b>	Neighborhood improvements provide safe, suitable living environment and improve the quality of life by revitalizing these neighborhoods economically and in their appearance.
<b>Are there barriers to improvement in this target area?</b>	Significant financial barrier due to the effort and resources needed to provide the necessary assistance.

<b>Area Name:</b>	LOW MODERATE INCOME AREAS
<b>Area Type:</b>	Local Target area
<b>Other Target Area Description:</b> Areas adjacent to Low/mod income census tracts	
<b>HUD Approval Date:</b>	
<b>% of Low/ Mod:</b>	
<b>Revital Type:</b>	Housing
<b>Other Revital Description:</b>	
<b>Identify the neighborhood boundaries for this target area.</b>	Area Name: The target neighborhood(s) are in the low/mod neighborhoods in the City.
<b>Include specific housing and commercial characteristics of this target area.</b>	In each of these neighborhoods the housing stock is typically older, often in disrepair.
<b>How did your consultation and citizen participation process help you to identify this neighborhood as a target area?</b>	These neighborhoods were frequently mentioned in the course of discussion with service groups and comment duringin public hearings, as corroborated by the Census data.
<b>Identify the needs in this target area.</b>	Housing rehabilitation for both owner and renter units, rental assistance for extremely low-income households threatened with homelessness, new affordable rental construction.
<b>What are the opportunities for improvement in this target area?</b>	Improvements ensure safe, suitable living environment, affordable housing and decrease risk of homeless in low income households.

<b>Are there barriers to improvement in this target area?</b>	Significant financial barrier due to the effort and resources needed to provide the necessary assistance.
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SP-25 Priority Needs - 91.215(a)(2)

Priority Needs

Table 48 – Priority Needs Summary

<b>1</b>	<b>Priority Need Name</b>	Public Facility/Infrastructure Improvement
	<b>Priority Level</b>	High
	<b>Population</b>	Non-housing Community Development - Low Moderate
	<b>Geographic Areas Affected</b>	LOW MODERATE INCOME AREAS
	<b>Associated Goals</b>	Increase business success & employment opportunity
	<b>Description</b>	Economic Development
	<b>Basis for Relative Priority</b>	Increase employment opportunities Strengthen local economy Develop new businesses

<b>2</b>	<b>Priority Need Name</b>	Housing
	<b>Priority Level</b>	High
	<b>Population</b>	Community Development
	<b>Geographic Areas Affected</b>	LOW MODERATE INCOME HOUSING
	<b>Associated Goals</b>	Lower owner and rental housing cost
	<b>Description</b>	Housing development
	<b>Basis for Relative Priority</b>	Improve housing stock

<b>3</b>	<b>Priority Need Name</b>	Public Services
	<b>Priority Level</b>	High
	<b>Population</b>	Community Development
	<b>Geographic Areas Affected</b>	LOW MODERATE INCOME PERSON
	<b>Associated Goals</b>	Increase services
	<b>Description</b>	Public support services
	<b>Basis for Relative Priority</b>	Quality of life Support public service organizations.

Narrative (Optional)

**SP-30 Influence of Market Conditions – 91.215 (b)**

**Influence of Market Conditions**

<b>Affordable Housing Type</b>	<b>Market Characteristics that will influence the use of funds available for housing type</b>
Tenant Based Rental Assistance (TBRA)	
TBRA for Non-Homeless Special Needs	
New Unit Production	
Rehabilitation	
Acquisition, including preservation	

**Table 49 – Influence of Market Conditions**

**SP-35 Anticipated Resources - 91.215(a)(4), 91.220(c)(1,2)**

**Introduction**

The City of Milford faces the similar task of address the increasing housing and community development needs with decreasing and/or fluctuating city, state and federal resources. Based upon an analysis of programs with the potential to meet housing and community development needs the table below reflects the PY41/FY15 allocation and the projection is based on anticipating a level funding over the “remainder of the ConPlan”.

Anticipated Resources								
Program	Source of Funds	Uses of Funds	Expected Amount Available Year 1				Expected Amount Available Reminder of ConPlan\$	Narrative Description
			Annual Allocation: \$	Program Income: \$	Prior Year Resources: \$	Total: \$		
HUD & CDBG	Public – Federal	Admin, Public Facilities, Housing, Economic Development, Public Services	438,013	50,000	50,000	538,013	1,752,052	Based on PY41/FY2015 allocation. Program income & prior year resources are estimates and subject to change
DOI & CT State, DEMHS	Public – State	Housing elevation	0	0	0	0	0	2012 FEMA HMGP grant to eligible homeowners
HUD & CT State, Dept of Housing, CDBG-DR	Public – Federal	Housing reconstruction, elevation and rehabilitation	\$1,500,000	0	0	\$1,500,000	0	The storm recovery funds available via DOH/HUD in Fairfield and New Haven County. Up to \$150,000 available to eligible homeowners based on number of participants (10 estimated)
HUD & CT State, Dept of Housing, CDBG-DR – Tranche 2	Public – Federal	Rehabilitation and reconstruction of public facility infrastructure	4,153,950	0	0	4,153,950	0	DOH/HUD the storm recovery flood mitigation \$2.2 million grant.

CT State, Dept of Revenue Services	Public – State	Neighborhood Assistance Act,	0	0	0	0		Business donate to non-profit projects in return for a tax credit
State CT, DEEP	Public - State	Micro-Grid, tax credits and grants	--	--	--	--	--	Micro-Grids
State CT, DEEP	Public - State	Energize CT - tax credits and grants	--	--	--	--	--	Solar PV panels & solar powered electric vehicle charging stations

**Table 50 - Anticipated Resources**

**Explain how federal funds will leverage those additional resources (private, state and local funds), including a description of how matching requirements will be satisfied.**

The City of Milford administration recognizes that the City's annual entitlement are not sufficient to meet all of its needs. The City of Milford will continue to cultivate funding partners to match the City's investment of CDBG funds and leverage affordable housing development.

**If appropriate, describe publically owned land or property located within the jurisdiction that may be used to address the needs identified in the plan**

The City of Milford leases publically owned property to several public service agencies for \$1 a year to assist them in their endeavors to address the needs identified in the plan.

**Discussion**

City grants are provided to several service organizations and the homeless shelter. The city budget has not been completely set though figures are available for the Mayor's recommendation and the approved funding levels by the Board of Finance. The Milford Board of Alderman must approve the final budget.

**SP-40 Institutional Delivery Structure – 91.215(k)**

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

Responsible Entity	Responsible Entity Type	Role	Geographic Area Served
City of Milford	Municipal	Coordinator/Facilitator	City of Milford

**Table 51- Institutional Delivery Structure**

**Assess of Strengths and Gaps in the Institutional Delivery System**

The Department Community Development (the Department) is the lead agency and responsible for coordinating outreach efforts to allocate funds to programs through government agencies and private sector organizations that will meet the goals of the Consolidated Plan. The Department prepares and distributes the CDBG funding application in an effort to reach community programs that meet the Plan goals. The Department provides technical assistance to applicants in the application process, evaluates applications, and recommends organizations with eligible activities, and the capacity to administer the funding, to the Housing Partnership Committee and the Mayor for final approval by the Board of Alderman.

It is the Departments goal to allocate funds to service providers with the expectation that it builds financial and administrative leverage and increase eligibility to see additional funding resources. One of the strengths of the delivery system is the City’s outreach and information efforts and its involvement with local agencies, organizations and institutions. In the new five year Consolidated Plan period it will hold public participation hearing(s) at a neighborhood community center located in a low/mod income area, provide a subrecipient CDBG program training session, and seek out promote and coordinate multi-financed housing acquisition projects for deed restriction with the assistance of the Housing Partnership Committee, which currently is involved in the CDBG application review process. The Department Director is the Chair of the Housing Partnership Committee.

The housing and community development needs in Milford require the Department require cooperation among state and local units of government to address. Milford has worked cooperatively with state agencies including the Department of Economic and Community Development and the Department of Transportation to address these needs. In the past the Department was allocated \$750,000 in state-administered HOME funds to address housing needs and the Department Director secured state funding to undertake infrastructure improvements as part of Devon and Walnut Beach neighborhood stabilization programs. The regional workforce board is a resource for employment training. The South Central Regional Planning Agency, acting as the Metropolitan Planning Organization (MPO), coordinates transportation improvements throughout the region. Milford participates in these regional coordination initiatives.

Economic development with private industry and local businesses, and the Chamber of Commerce is coordinated by the Director of Community Development, works closely with the Permitting and Land Use Department and facilitates the efforts of the Economic Development Commission. Longstanding complaints regarding the lengthy time involved in the issuance of building permit and zoning approvals prompted the City to restructure the flow of work and institute an online permitting program to create the Permitting and Land Use Department to coordinate planning and building in Milford.

<b>Availability of services targeted to homeless persons and persons with HIV and mainstream services.</b>			
<b>Homelessness Prevention Services</b>	<b>Available in the Community</b>	<b>Targeted to Homeless</b>	<b>Targeted to People with HIV</b>
<b>Homelessness Prevention Services</b>			
<b>Counseling/Advocacy</b> Bridges, A Community Support System, Inc.	949 Bridgeport Avenue, Milford, CT 06460; Tel 878-6365	No	No
<b>Legal Assistance</b> New Haven Legal Assistance Association, Inc.	426 State Street, New Haven, CT 06510; Tel 946-4811	No	No
Bridges, A Community Support System, Inc. (Jail Diversion Program)	949 Bridgeport Avenue, Milford, CT 06460; Tel 878-6365	No	No
Connecticut State Department of Education(ensures thatConnecticut children in homeless situations have the opportunity to attend, enroll in, and succeed in school	165 Capitol Ave #312, Hartford, CT 06106, Tel (860) 713-6543	No – Public Service	No - Public Service
Statewide Legal Services	1-800-453-3320	No – Public Service	No - Public Service
<b>Mortgage Assistance</b> Beth-El Center (financial assistance for homeless families and individuals)	90 New Haven Avenue, Milford, CT 06460; Tel 876-0747	Yes	No
<b>Rental Assistance</b> AIDS Project New Haven (Emergency Financial Assistance)	1302 Chapel Street, New Haven, CT 06511; Tel 203-624-0947	Yes	Yes
<b>Utilities Assistance</b> State Department of Housing Energy Assistance Program and Renter’s Rebate Program. Administers by Department of Human Services	150 Gulf Street, Milford, CT 06460; Tel 203-783-3253	No – Public Service	No – Public Service

<b>Street Outreach Services</b>			
<b>Law Enforcement</b> State of Connecticut Judicial Branch – Family Services Division / (also a Court Service Center)	14 West River Street, Milford, CT 06460, Tel 877-0001 / (Court Service Center, Tel 203- 283-8260)	No – Public Service	No – Public Service
<b>Mobile Clinics</b> Charter Oak Community Health Center van, Offers chronic disease management.	21 Grand Street, Hartford, CT 06106; Tel: 860-550-7500	Yes	Yes
<b>Other Street Outreach Services</b> Beth El Center Soup Kitchen  Angel Food Ministries	90 New Haven Avenue, Milford, CT 06460; Tel 876-0747  870 First Avenue, Vineyard Christian Fellowship, West Haven, CT 06516	Yes  No	No  No

Homelessness Prevention Services	Available in the Community	Targeted to Homeless	Targeted to People with HIV
<b>Supportive Services</b>			
<b>Alcohol &amp; Drug Abuse</b>			
<p>Substance Abuse Meetings</p> <p>Bridges, A Community Support System, Inc. (adolescent and adult substance abuse evaluation and treatment)</p> <p>Milford Prevention Council (mission to reduce underage drinking and substance abuse through prevention education, the support of law enforcement and the community collaboration).</p> <p>Errera Community Care Center (ECCC) serves veterans with substance abuse disorders, homelessness, and/or aging</p>	<p>Milford meetings</p> <p>949 Bridgeport Avenue, Milford, CT 06460; Tel 878-6365</p> <p>70 West River Street, Milford, CT 06460; Tel 203-783-6676</p> <p>114-152 Boston Post Rd, West Haven, CT 06516; Tel 203-479-8000</p>	<p>No</p> <p>No</p> <p>No – Public service</p> <p>Yes - Veterans</p>	<p>No</p> <p>No</p> <p>No – Public service</p> <p>No</p>
<b>Child Care</b>			
<p>Care 4 Kids (helps low to moderate income families pay for child care costs; program sponsored by CT Office of Early Childhood.)</p> <p>Milford child care facilities in with low cost tuition or scholarships to low/mod families</p> <p>Boys &amp; Girls of Milford</p> <p>Kid Count of Milford</p> <p>Woodruff YMCA</p>	<p>1344 Silas Deane Highway, 3<sup>rd</sup> Floor, Rocky Hill, CT 06067, Fax 1-877-868-0871</p> <p>59 Devonshire Road,</p> <p>167 Cherry Street</p> <p>181 Orange Ave</p>	<p>No – Public service</p> <p>No</p> <p>No</p> <p>No</p>	<p>No – Public service</p> <p>No</p> <p>No</p> <p>No</p>

**Table 52- Homeless Prevention Services Summary**

**Describe how the service delivery system including, but not limited to, the services listed above meet the needs of homeless persons (particularly chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth).**

The State of Connecticut has invested extensive resources to reduce homelessness, is part of the national *Zero: 2016* initiative to end veteran homelessness by 2015, a goal set by President Obama, and to end chronic homelessness by 2016.\* The services above, represent the dedication and commitment to assist homeless person's in the Milford/New Haven County area. These are but a fraction of what is available in the entire state.

Most of the housing, health and social services for persons living with HIV or AIDS in their immediate region are located in the larger nearby cities of New Haven and Bridgeport. Although no data is available to quantify the housing needs of Milford residents living with HIV or AIDS, the City is aware that local mental health and homeless providers serve and refer HIV clients to the health and social services provided by the service providers of the New Haven and Fairfield County. Housing support services included but are not limited to: Beth-El Center/Homeless, the State of Connecticut Department of Housing programs: Opportunities for Persons with HIV/AIDS; Transitional Living Program; Connecticut AIDS Drug Assistance Program; Rapid Re-Housing Program; and State Rental Assistance.

**Describe the strengths and gaps of the service delivery system for special needs population and persons experiencing homelessness, including, but not limited to, the services listed above.**

The 2012-2015 New Haven Counties Ryan White Planning Council Comprehensive Strategic Plan indicated that within the New Haven County/Fairfield County TGA, cited the following needs in its 2010 In Care Needs Assessment. Housing assistance as it relates to entry into HIV medical care followed by 'other primary medical care' then equivalent service needs of transportation to care, medication assistance, outpatient substance abuse treatment and oral health care. Medical care for HIV was the ranked highest under Core Medical Service category.

**Provide a summary of the strategy for overcoming gaps in the institutional structure and service delivery system for carrying out a strategy to address priority needs**

In the City of Milford, several special need program and service organizations assist persons with housing and supportive services that benefit the elderly, youth and the disabled in Milford. Such services consist of assessment of elderly households by the Milford Health Department, energy and rental assistance through the Department of Human Services; the Milford Transit District and the Milford Senior Center, the Agency on Aging of South Central Connecticut, provides transportation services and activities to Milford senior residents; the Department of Community Development offers Housing Programs and Fair Housing services. In addition, leaders of City departments and agencies participate in the Milford Social Services Network and Collaborative for Residential Integrity of the Disabled & Elderly (C-RIDE) which meet monthly to coordinate social service, troubled housing issues and service delivery.

**SP-45 Goals Summary – 91.215(a)(4)**

**Goals Summary Information**

Sort Order	Goal Name	Start Year	End Year	Category	Geographic Area	Needs Addressed	Funding	Goal Outcome Indicator
1	Improve Neighborhood	2014	2019	Public Facilities & Infrastructure	Low/Mo d Areas	Public & Economic Development	174,000	CDBG Funds to assist 4 public facilities, 10 ADA curb cuts and 2 businesses
2	Improve & Increase affordable/dec ent housing	2014	2019	Housing	Communi ty	Owner & Rental	142,000	CDBG Funds to assist renters & new buyers, 45 PHA units, 1 multi-family housing unit and 4 households with repairs
3	Strengthen public services	2014	2019	Housing	Communi ty	Public programs & services	65,100	CDBG Funds to assist 4 public facilities, 10 ADA curb cuts and 2 businesses

**Table 53 – Goals Summary**

**Goal Descriptions**

The City of Milford's three primary goals are:

- Improve low and moderate-income neighborhoods: Assist non-profit organizations with facility maintenance so to focus finances on programs
- Improve and expansion of the housing supply for persons of low and moderate income: rehab rental units; rental assistance; home repair; home acquisition  
And homeless prevention
- Strengthen support services for persons of low and moderate income: Provide services to improve the health and well-being of residents

**Estimate the number of extremely low-income, low-income, and moderate-income families to whom the jurisdiction will provide affordable housing as defined by HOME 91.315(b)(2)**

Rehabilitation of Existing Units

- 10 households (via CDBG)

Acquisition of Existing Units

- 1 household (via CDBG)

Rental Assistance

- 15 (via CDBG)

## **SP-50 Public Housing Accessibility and Involvement – 91.215(c)**

### **Need to Increase the Number of Accessible Units (if Required by a Section 504 Voluntary Compliance Agreement)**

Milford Redevelopment and Housing Partnership (MRHP) recognizes the increase of accessible units as a priority. The City of Milford continues to award CDBG funds to improve MRHP housing and in PY41 \$75,000 was proposed to make ADA accessibility improvements to the community and laundry room at Catherine McKeen housing complex.

### **Activities to Increase Resident Involvements**

Milford Redevelopment and Housing Partnership (MRHP) shall continue to hold monthly meetings with the tenants at different sites, increase support services to facilitate and achieve a higher level of independent living, support resident initiatives, encourage residents to assist local alderman level of awareness about local issues and participate at least three (3) monthly City Commission and Board of Alderman meetings.

### **Is the public housing agency designated as troubled under 24 CFR part 902?**

The Milford Redevelopment and Housing Partnership (MRHP) is not designated as a “troubled” housing authority.

### **Plan to remove the ‘troubled’ designation**

## **SP-55 Barriers to affordable housing – 91.215(h)**

### **Barriers to Affordable Housing**

The City of Milford as a public policy has encouraged a diversity of housing types and densities through its zoning powers. The Planning and Zoning Board specifically amended its zoning regulations to require multi-family housing construction in certain zoning districts to provide 30% of the units as affordable housing. There are no other policies, rules or regulations that may constitute barriers to housing affordability or contribute to a concentration of racial/ethnic minorities. The City has a Fair Housing Plan and an appointed Fair Housing Officer.

Milford maintains that the primary barrier to affordable housing is the high cost of development and the lack of vacant developable land and focus on improvement to the current housing stock is another opportunity to create affordable housing. The City has a Fair Housing Plan and an appointed Fair Housing Officer. The City addresses these needs with HUD Community Development Block Grant (CDBG) funds expended to assist the MRHP and administer a single-family and the proposed 2015 multi-family housing rehabilitation program.

### **Strategy to Remove or Ameliorate the Barriers to Affordable Housing**

In terms of non-assisted affordable housing the City has utilized its zoning approval process to allow cluster, smaller lot, higher density and deed-restricted or common land ownership development to make units more affordable in the private market. These types of developments have increased housing choice for young families, moderate-income families and/or elderly households.

CDBG funds will continue to be used to assist the Milford Redevelopment and Housing Partnership to undertake housing modernization projects and implement a Housing Program(s) to assist home owners in making the necessary maintenance repairs and property owners to make building and housing code improvements to rental properties to keep them affordable to low- and moderate- income tenants. The Homeownership program will be reinstated to assist income eligible households to become first-time homebuyers.

The Department of Community Development will seek, and provide technical assistance to, developers, property owners and service providers who are interested in providing/preserving affordable housing through CDBG funding.

## **SP-60 Homelessness Strategy – 91.215(d)**

### **Reaching out to homeless persons (especially unsheltered persons) and assessing their individual needs**

“The annual count of Connecticut’s homeless on February 18, 2015 shows major gains made in the efforts to end family, chronic and veteran homelessness, according to Point-in-Time Count reports released Tuesday. The February 18 count, coordinated by the Connecticut Coalition to End Homelessness (CCEH), showed that overall, homelessness in Connecticut is down 10 percent compared to 2013 statistics. Specifically, the number of people living in shelters is down 4 percent from 2014, and the number of people living on the streets is down 32 percent from 2013, the last time a count of the unsheltered homeless was completed. The count registered the lowest total since statewide counts started in Connecticut in 2007, and identified 4,038 homeless individuals (down from 4,506 counted in 2013). The decline follows major investments to end homelessness by the administration of Gov. Dannel P. Malloy and the General Assembly.

### **Addressing the emergency and transitional housing needs of homeless persons**

The housing needs of homeless persons addressed via multiple agencies and services but are not limited to: Beth-El Center/Homeless, the State of Connecticut Department of Housing programs: Opportunities for Persons with HIV/AIDS; Transitional Living Program; Connecticut AIDS Drug Assistance Program; Rapid Re-Housing Program; and State Rental Assistance. VA Healthcare Systems of Connecticut; City of Milford Single Family Housing Rehabilitation program; Beth-El Center/Homeless; and CTHousing Search a service supported by the State of Connecticut.

**Helping homeless persons (especially chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth) make the transition to permanent housing and independent living, including shortening the period of time that individuals and families experience homelessness, facilitating access for homeless individuals and families to affordable housing units, and preventing individuals and families who were recently homeless from becoming homeless again.**

The 2012-2015 New Haven Counties Ryan White Planning Council Comprehensive Strategic Plan indicated that within the New Haven County/Fairfield County TGA, cited the following needs in its 2010 In Care Needs Assessment. Housing assistance as it relates to entry into HIV medical care followed by ‘other primary medical care’ then equivalent service needs of transportation to care, medication assistance, outpatient substance abuse treatment and oral health care. Medical care for HIV was the ranked highest under Core Medical Service category.

**Help low-income individuals and families avoid becoming homeless, especially extremely low-income individuals and families who are likely to become homeless after being discharged from a publicly funded institution or system of care, or who are receiving assistance from public and private agencies that address housing, health, social services, employment, education or youth needs**

HUD administers the Homeless Assistance Grants, made up of grant programs that provide housing and services for homeless individuals ranging from emergency shelter to permanent housing. The VA operates numerous programs that serve homeless veterans. These include Health Care for Homeless Veterans and the Homeless Providers Grant and Per Diem program, as well as a collaborative program with HUD called HUD-VASH, through which homeless veterans receive Section 8 vouchers from HUD and supportive services through the VA. The Department of Labor also operates a program for homeless veterans, the Homeless Veterans Reintegration Program.

**SP-65 Lead based paint Hazards – 91.215(i)**

**Risk of Lead-Based Paint Hazard**

Risk of Lead-Based Paint Hazard	Owner-Occupied		Renter-Occupied	
	Number	%	Number	%
Total Number of Units Built Before 1980	12,273	76%	3,184	68%
Housing Units build before 1980 with children present	667	4%	245	5%

**Table 54 – Risk of Lead-Based Paint**

**Year Unit Built**

Year Unit Built	Owner-Occupied		Renter-Occupied	
	Number	%	Number	%
2000 or later	994	6%	610	13%
1980-1999	2,857	18%	900	19%
1950-1979	7,457	46%	2,010	43%
Before 1950	4,816	30%	1,174	25%
<b>Total</b>	<b>16,124</b>	<b>100%</b>	<b>4,694</b>	<b>100%</b>

**Table 55 – Year Unit Built**

As stated on the State of Connecticut Public Health Department reports that childhood lead poisoning is the most common pediatric public health problem, yet it is entirely preventable. Once a child, age 6 years and under, has been poisoned, the impairment it may cause is irreversible. Lead harms children’s nervous systems and is associated with reduced IQ, behavioral problems, and learning disabilities. In large doses, it can cause coma, convulsions and death. While lead paint in homes built before 1978 continues to be the most common source of lead exposure, there are other sources of lead that can poison a child or adult. No amount of lead is safe for the body poisoning.

According to the updated 2011 CHAS data tables above, of the 15,457 housing units in Milford built before 1980, that may contain lead based paint 912 have children present, 4% owner-occupied and 5% renter-occupied. It should be noted that not all of these units contain a health risk since many units are well-maintained and may not necessarily contain deteriorated painted surfaces, lead paint dust, or lead contaminated soil. And toddlers and young children are the subpopulation most at risk for lead poisoning, with children 6 years and older the risk is limited risk.

This data includes the number of households residing in housing units built before 1980 by household income level. Using these figures and applying the estimated percentages of lead hazard occurrence it is estimated that approximately 1,330 extremely low income and very low income households (0%-50% of HAMFI) are residing in housing units with potential lead paint hazards.

Data from the State of Connecticut Department of Public Health's report "Childhood Lead Poisoning in Connecticut – 2008 Surveillance Report," indicates that of Milford's 3,749 children under age 6, 834 or 22.2% were screened for lead poisoning in 2008. Of children between the ages of one and two, 58.4% were screened in 2008. According to this data, four (4) children were confirmed as having elevated blood lead levels (greater than 10 µcg/dl). Of these four (4) children, two (2) were between the ages of one and two.

**Actions to address LBP hazards and increase access to housing without LBP hazards**

The City of Milford Department of Health and Community Development promote lead-based paint awareness through article publication and the dissemination of lead-based paint work safe practice to educate the public on how to safely renovate a home built prior to 1978.

Continued effort to increase housing stock without LBP occurs when a homeowner with a home built prior to 1978 participates in a CDBG housing program the home is required to be tested for lead-based paint. All units receiving CDBG funds where children under 6 years of age are present will be abated for lead-based paint. The Health Department administers its own lead abatement program.

Should the housing program find or involve the disruption of surfaces coated with lead-based paint, Lead Safe Work Practices will be followed by tradesmen properly certified to perform this work. Clearance testing will be required.

**How are the actions listed above related to the extent of lead poisoning and hazards?**

The Department of Community Development prepares a Risk Assessment and, if necessary, a Lead Abatement Plan for each unit. The children in residence will also have blood tests performed if recent results are not already available for possible EBL's. If EBL's are discovered, an abatement plan will be developed in consultation with the Health Department.

**How are the actions listed above integrated into housing policies and procedures?**

The Department of Community Development will allocate relocation funds to temporarily house the residents during abatement. During this time there will be continued coordination of activities of the Department of Community Development and Health Department to expedite the lead-based paint abatement.

## **SP-70 Anti-Poverty Strategy – 91.215(j)**

### **Jurisdiction Goals, Programs and Policies for reducing the number of Poverty-Level Families**

The City of Milford strategy to address poverty in its population through use of limited resources and a coordinated effort to improve the local economy and support education and employment services to residents. In the City, programs designed to alleviate poverty can be found in City departments and local organizations such as the Assessor Office, Employment and Training office, Boys & Girls Club, Milford Transit District, Department of Human Services and the Center on Aging/Milford Senior Center to administer programs such as tax relief, job training services, after-school child care local transportation, Meals on Wheels, Energy Assistance. The City of Milford relies on the state and federal agencies and the private sector, a very important resource, to create employment opportunity, food, housing and health care programs all components of persistent poverty.

### **How are the Jurisdiction poverty reducing goals, programs, and policies coordinated with this affordable housing plan.**

The goal of the above policy creates a web of services and benefits to support resident living at the poverty level in Milford. The City of Milford continues to fund housing programs through the CDBG program administered by the Department of Community Development. The housing programs support low/moderate income homeowners, prospective buyers, affirmatively further fair housing choice, assist with affordable housing development plans, and fund housing modernization projects on units owned by Milford Redevelopment and Housing Partnership.

### **SP-80 Monitoring – 91.230**

**Describe the standards and procedures that the jurisdiction will use to monitor activities carried out in furtherance of the plan and will use to ensure long-term compliance with requirements of the programs involved, including minority business outreach and the comprehensive planning requirements.**

The Department of Community Development executes a Subrecipient Agreements based on the organizations proposed application. The agreement provides the scope and goal of services and the expected number of eligible beneficiaries, and the amount of CDBG funds awarded. The agreement provides a road map of the CDBG and federal regulations the grantee and subrecipient are responsible for meeting. Subrecipient will report its activity accomplishment and the race/ethnicity of the program beneficiaries on a monthly or quarterly basis before it will receive a grant reimbursement. The Community Development staff monitor CDBG activities to discuss program accomplishments, review the participant files to ensure compliance and provide technical assistance if necessary.

The department will conduct on-site activity monitoring of its subrecipients to monitor its activities, programs, and projects. The Department of Community Development puts these safeguards in place to meet the goals of the Consolidated Plan and expend activity funds in a timely manner.

## Expected Resources

### AP-15 Expected Resources – 91.220(c)(1,2)

#### Introduction

The City of Milford faces the similar task of address the increasing housing and community development needs with decreasing and/or fluctuating city, state and federal resources. Based upon an analysis of programs with the potential to meet housing and community development needs the table below reflects the PY41/FY15 allocation and the projection is based on anticipating a level funding over the “remainder of the ConPlan”.

**Anticipated Resources**

Anticipated Resources								
Program	Source of Funds	Uses of Funds	Expected Amount Available Year 1				Expected Amount Available Reminder of ConPlan\$	Narrative Description
			Annual Allocation: \$	Program Income: \$	Prior Year Resources: \$	Total: \$		
HUD & CDBG	Public – Federal	Admin, Public Facilities, Housing, Economic Development, Public Services	438,013	50,000	50,000	538,013	1,752,052	Based on PY41/FY2015 allocation. Program income & prior year resources are estimates and subject to change
DOI & CT State, DEMHS	Public – State	Housing elevation	0	0	0	0	0	2012 FEMA HMGP grant to eligible homeowners
HUD & CT State, Dept of Housing, CDBG-DR	Public – Federal	Housing reconstruction, elevation and rehabilitation	\$1,500,000	0	0	\$1,500,000	0	The storm recovery funds available via DOH/HUD in Fairfield and New Haven County. Up to \$150,000 available to eligible homeowners based on number of participants (10 estimated)

HUD & CT State, Dept of Housing, CDBG-DR- Tranche 2	Public – Federal	Rehabilitation and reconstruction of public facility infrastructure	4,153,950	0	0	4,153,950	0	DOH/HUD the storm recovery flood mitigation \$2.2 million grant.
CT State, Dept of Revenue Services	Public – State	Neighborhood Assistance Act,	0	0	0	0		Business donate to non-profit projects in return for a tax credit
State CT, DEEP	Public - State	Micro-Grid, tax credits and grants	--	--	--	--	--	Micro-Grids
State CT, DEEP	Public - State	Energize CT - tax credits and grants	--	--	--	--	--	Solar PV panels & solar powered electric vehicle charging stations

**Table 56 - Expected Resources – Priority Table**

**Explain how federal funds will leverage those additional resources (private, state and local funds), including a description of how matching requirements will be satisfied.**

The City of Milford administration recognizes that the City's annual entitlement are not sufficient to meet all of its needs. The City of Milford will continue to cultivate funding partners to match the City's investment of CDBG funds and leverage affordable housing development.

**If appropriate, describe publically owned land or property located within the jurisdiction that may be used to address the needs identified in the plan**

The City of Milford leases publically owned property to several public service agencies for \$1 a year to assist them in their endeavors to address the needs identified in the plan.

**Discussion**

City grants are provided to several service organizations and the homeless shelter. The city budget has not been completely set though figures are available for the Mayor’s recommendation and the approved funding levels by the Board of Finance. The Milford Board of Alderman must approve the final budget.

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## Annual Goals and Objectives

### AP-20 Annual Goals and Objectives

#### Goals Summary Information

<b>1</b>	<b>Priority Need Name</b>	Public Facility/Infrastructure Improvement
	<b>Priority Level</b>	High
	<b>Population</b>	Non-housing Community Development - Low Moderate
	<b>Geographic Areas Affected</b>	LOW MODERATE INCOME AREAS
	<b>Associated Goals</b>	Increase business success & employment opportunity
	<b>Description</b>	Economic Development
	<b>Basis for Relative Priority</b>	Increase employment opportunities Strengthen local economy Develop new businesses
<b>2</b>	<b>Priority Need Name</b>	Housing
	<b>Priority Level</b>	High
	<b>Population</b>	Community Development
	<b>Geographic Areas Affected</b>	LOW MODERATE INCOME HOUSING
	<b>Associated Goals</b>	Lower owner and rental housing cost
	<b>Description</b>	Housing development
	<b>Basis for Relative Priority</b>	Improve housing stock
<b>3</b>	<b>Priority Need Name</b>	Public Services
	<b>Priority Level</b>	High
	<b>Population</b>	Community Development
	<b>Geographic Areas Affected</b>	LOW MODERATE INCOME PERSON
	<b>Associated Goals</b>	Increase services
	<b>Description</b>	Public support services
	<b>Basis for Relative Priority</b>	Quality of life Support public service organizations.

**Table 57 – Goals Summary**

**Goal Descriptions**

Sort Order	Goal Name	Start Year	End Year	Category	Geographic Area	Needs Addressed	Funding	Goal Outcome Indicator
1	Improve Neighborhood	2014	2019	Public Facilities & Infrastructure	Low/Mo d Areas	Public & Economic Development	174,000	CDBG Funds to assist 4 public facilities, 10 ADA curb cuts and 2 businesses
2	Improve & Increase affordable/decent housing	2014	2019	Housing	Community	Owner & Rental	142,000	CDBG Funds to assist renters & new buyers, 45 PHA units, 1 multi-family housing unit and 4 households with repairs
3	Strengthen public services	2014	2019	Housing	Community	Public programs & services	65,100	CDBG Funds to assist 4 public facilities, 10 ADA curb cuts and 2 businesses

## Projects

### AP-35 Projects – 91.220(d)

#### Introduction

The Program Year 2014-2015 activities will continue to implement the priorities contained in the current city's Strategic Plan.

**Table 58 – Project Information**

	Project Name	Project Information	Budget
	<b>PUBLIC SERVICE 15%</b>		
1	Beth-El Center, Inc.	EmergencyService, No Freeze Shelter	\$8,000
2	Beth-El Center, Inc.	Soup Kitchen Coordinator	\$10,000
3	Boys & Girls Club	After School Program	\$10,100
4	BHCare, Inc, Domestic Violence	Advocacy & Support Services	\$5,000
5	Employment & Training	Project Employ - Resume/Job Training	\$2,500
6	Kids Count	Preschool Scholarship Fund	\$4,250
7	Literacy Center	Adult ESL Program	\$2,250
8	Milford Senior Center	Care-A-Van Driver	\$10,500
9	Milford Transit District	Door-to-Door Van Service	\$10,500
10	Rape Crisis Center	Victim Services & Community Ed.	\$2,000
		<b>Public Service Total</b>	<b>\$65,100</b>
	<b>FACILITY</b>		
11	Boys & Girls Club	West Shore Facility - Security Camera System	\$28,900
12	Bridges, A Community Support Service	Technology Equipment	\$5,200
13	Milford Senior Center	Equipment - Meals on Wheels Vehicle	\$37,510
14	DPW Water/Sewer Facility	Pump Station, Elevate generator/equipment	\$65,000
15	Economic Dev Activity	Business Development & Marketing Assistance	\$13,300
16	DPW ADA Activities	Sidewalk extensions, Grading& Curb Cuts	\$25,000
		<b>Public Facilities Sub-total</b>	<b>\$174,910</b>
	<b>HOUSING</b>		
17	Milford Housing Authority	Catherine McKeen ADA Upgrade Community & Laundry	\$75,000
18	Com Dev Programs	Single Family Housing Rehab+ <b>\$17,500 PI</b>	<b>\$17,500</b>
19	Com Dev Programs	Multi-Family Housing Rehab, Owner Occupied + <b>\$17,500 PI</b>	<b>\$24,700</b>
20	Com Dev Programs	Housing Rehab Program, Admin & Project Manager	\$25,000
		<b>Housing Sub-total</b>	<b>\$142,200</b>
		<b>Facility &amp; HousingTotal</b>	<b>\$317,110</b>
	<b>PLANNING &amp; ADMINISTRATION 20%</b>		
21	<b>Program Administration</b>	Administration Program & Project Management	\$86,803
		<b>Program Income</b>	<b>\$10,000</b>
		Project & Housing Management	\$5,000
		<b>Program Administration Total</b>	<b>\$101,803</b>
		<b>Grand Total</b>	<b>\$484,013</b>

**Describe the reasons for allocation priorities and any obstacles to addressing underserved needs**

Action Plan Table attached hereto provides information on each of the activities proposed for the 2015-2016 Action Plan Year 41. For purposes of clarity and summary of presentation, the following pages provide a list of proposed activities and a brief description of each activity. The total allocation equals \$484,013, and includes the entitlement grant award \$434,013 plus an additional \$50,000 in anticipated 2015 Program Income from loans issued in previous grant years.

Based on the activities conducted by sub-grantees and the programs and projects administered by the city, it is expected that 90% of the budgeted funds will be used to benefit low and moderate-income persons.

AP-38 Project Summary

Project Summary Information

	Project Name	Project Description	Goal / Matrix Code	Target/ National Objective	Need / Accom Activity
1	Beth El Center - Emergency Shelter Services	Soup Kitchen Coordinator	03T Operating Cost Homeless Program	LMC/Presumed	01 / PS
2	Beth El Center - Kitchen Coordinator	Emergency Services "No-Freeze Shelter"	03T Operating Cost Homeless Program	LMC/Presumed	01 / PS
3	BHCare, Center for Domestic Violence Services	Court Advocate & Support Group - Salary	05G Battered/Abused Spouses	LMC/Presumed	01 / PS
4	Boys & Girls Club - After-School Program	After-School Program - Staff salary	05 Other Public Services	LMC	01 / PS
5	Milford Senior Center - Transportation	Senior Transportation - Salary	05A Senior Services	LMC	01 / PS
6	Milford Transit District - Transportation	Transportation - Salary	05E Transportation	LMC	01 / PS
7	Literacy Center - ESL materials & child care	ESL material & childcare - Salary & materials	05H Employment & Training(literacy)	LMC/Presumed	01 / PS
8	Employment & Training	Adult Resume & training - Salary	05H Employment & Training	LMC	01 / PS
9	Kids Count - Preschool scholarship	Preschool Scholarship - Salary	05 Other Public Services	LMC	01 / PS
10	Rape Crisis Center - Victim Services	Victim Services - Salary	05 Pub Serv	LMC	01 / PS
11	Boys & Girls Club - Security System	Security system - Equipment for use in PS	03 Public Facility LMC, <b>Not</b> 03D Youth Center LMA	LMC	01 / PF
12	Bridges, A Community - Equipment/Fax system	Equipment used for patient medical intake purpose	03P Health Facilities	LMC	01 / PF
13	Milford Senior Center - Equipment/Property	Vehicle used in delivery of Meals on Wheels program.	03 Public Facility	LMC	01/PF
14	DPW Waste Water Facility, pump station on Sailors Lane - Equipment	Generator Equipment to be elevated to meet flood zone requirement	03J Water/Sewer Improve	LMA	01/PF

15	Mfd Economic Dev, Business Assistance	In partnership with SBDC, assist owners to realize business plan	18A direct financial asst (or 18B ED tech asst)	LMJ	01/Jobs
16	DPW ADA Compliance Activity -Curb cuts/Sidewalk	ADA accessible modifications	03 Public Facilites	LMC	01 / PF
17	MRHP, Catherine McKeen laundry & 2 bathrooms	ADA accessible modifications	14C Public Housing Modernization	LMH	10 / Hsg
18	Housing Rehab Program Single Family	Single-family program	14A Single Unit Residential	LMH	10 / Hsg
19	Housing Rehab Program M/F OwnerOccupied	Multi Family program	14B Multi-Unit 2 or more	LMH	10 / Hsg
20	Housing Rehab, Admin project costs \$45,000	Housing Administration	14H Rehab Admin	LMI ( LMH)	10 or 01
21	Administration <i>PI</i> <i>Budget \$15,000</i>	General Program Admin	21A Gen Prog Admin	---	---

**AP-50 Geographic Distribution – 91.220(f)**

**Description of the geographic areas of the entitlement (including areas of low-income and minority concentration) where assistance will be directed**

**Geographic Distribution**

Target Area	Percentage of Funds
Low moderate income area	90
Low moderate income people	100

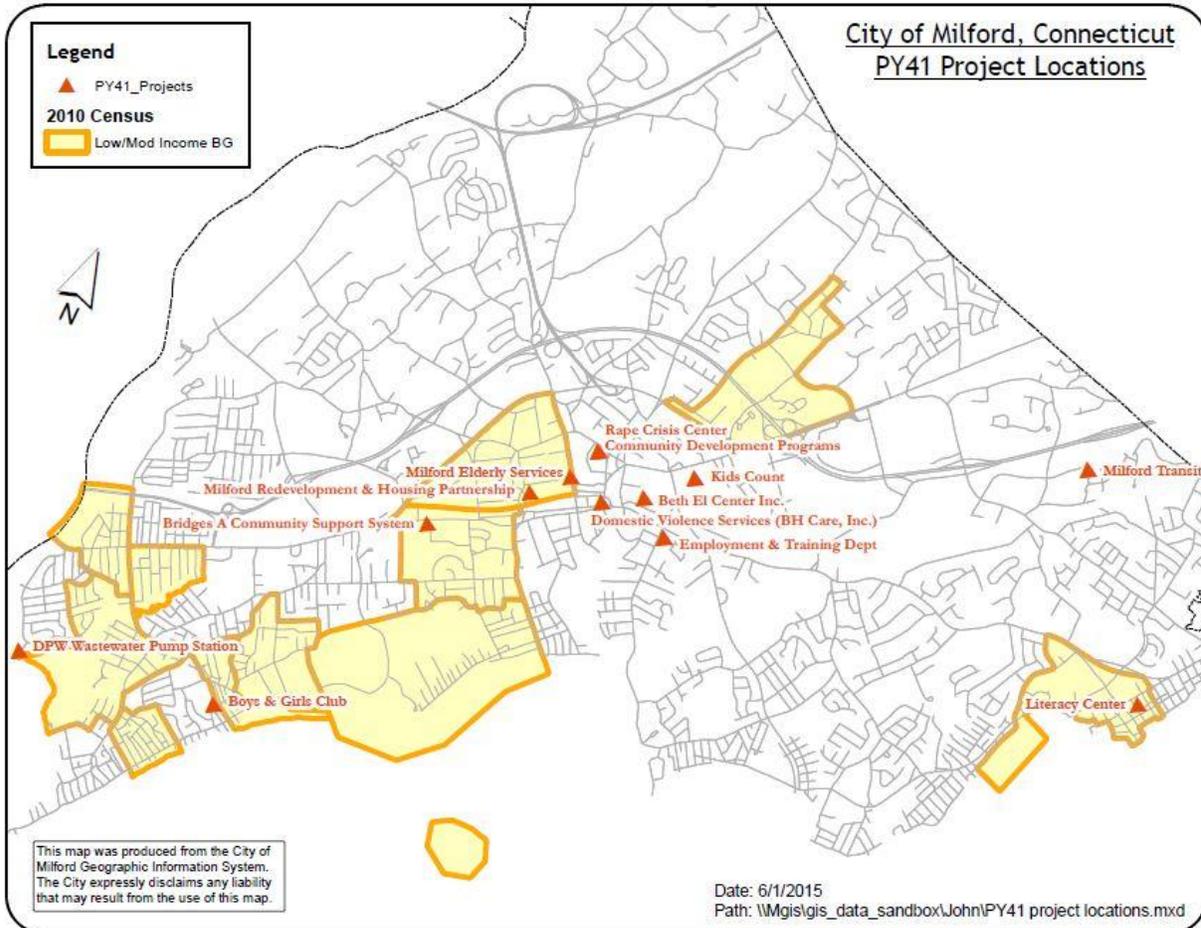
**Table 59 - Geographic Distribution**

**Rationale for the priorities for allocating investments geographically**

The highest percentages of low and moderate-income households are in this southwestern area of the city. Some of the public improvements and public facilities are located in these areas, as noted on the project map.

## Discussion

The map is reflective of the 2010 Census and the 2011-11 ACS low and moderate income census tract/block group provide by HUD to grantee's July 2014.



## Affordable Housing

### AP-55 Affordable Housing – 91.220(g)

#### Introduction

Milford is a desirable location for single and family households looking to rent and buy. An impediment to affordable homeownership is evident by the 102% increase in the median home value and a median monthly rent of \$1,377. The limited supply of rental opportunities and the continued rise in fair market rents are impediments to suitable housing for families, seniors and low to moderate-income families. The high cost of and unavailability of land, and limited multi-family zoning necessary to build moderate to high density housing that includes affordable rents. The

<b>One Year Goals for the Number of Households to be Supported</b>	
Homeless	175
Non-Homeless	300
Special-Needs	350
Total	825

**Table 60 - One Year Goals for Affordable Housing by Support Requirement**

<b>One Year Goals for the Number of Households Supported Through</b>	
Rental Assistance	5
The Production of New Units	3
Rehab of Existing Units	5
Acquisition of Existing Units	0
Total	13

**Table 61 - One Year Goals for Affordable Housing by Support Type**

#### Discussion

Specific affordable housing goals for the homeless, non-homeless and special needs populations have been documented in the Plan. Financial assistance programs have been established to support rental and ownership housing through direct loans to property owners or grants to the Housing Authority and other non-profit providers. As noted CDBG funds have been allocated to the Beth-El Center, Inc. for the acquisition of property. The intent is to provide rental housing opportunities with a preference to veterans and their families. Support services would be provided as needed by the Beth-El Center, Inc.

## **AP-60 Public Housing – 91.220(h)**

### **Introduction**

During the Program Year there will be a continuation of the coordinated effort between the City and the Milford Redevelopment & Housing Partnership (MRHP) to meet the housing needs of lower income persons.

### **Actions planned during the next year to address the needs to public housing**

CDBG funds have been allocated toward ADA accessibility at the Catherine McKeen Village senior housing complex. The community room bathrooms will be modified to create wheelchair accessibility as will the laundry room.

### **Actions to encourage public housing residents to become more involved in management and participate in homeownership**

We continue to work with public housing tenants on property management issues including rent recertification, budgeting and capital repair plans. Most of the residents we have had contact with live in State funded complexes and are therefore prohibited by HUD to be elected resident commissioners. We will continue to work with Housing Authority management and will maintain contact with HUD and CHFA Asset Managers to advocate for public housing residents on management issues.

### **If the PHA is designated as troubled, describe the manner in which financial assistance will be provided or other assistance**

The MRHP is not designated as troubled

### **Discussion**

The MRHP states that any available Federal and State funding is not available is generally used for CT Housing Authorities with greater deferred maintenance. It was noted that it is highly cost prohibited to apply for State grants to develop affordable housing but the MRHP has the ability to bond a project.

## **AP-65 Homeless and Other Special Needs Activities – 91.220(i)**

### **Introduction**

During the Program Year, The Beth-El Center will provide services for the homeless in a continuum of care approach. The mental health organization, Bridges... A Community Support System, also assists with providing program services. Support services are also provided through the Beth-El Center and include emergency housing assistance for families and individuals who are homeless on a temporary basis. Many of the public services provided by the City with the use of CDBG and municipal funding support the homeless and those at risk of homelessness. Offering support services, counseling and referrals, educational opportunities, life skills training and employment development programming accomplish this.

### **Describe the jurisdictions one-year goals and actions for reducing and ending homelessness including reaching out to homeless persons (especially unsheltered persons) and assessing their individual needs.**

This will be addressed via multiple agencies and services starting with Beth-El Center support counselor and Bridges mental health evaluations then service referrals to other agencies and programs such as the State of Connecticut Department of Housing programs: Opportunities for Persons with HIV/AIDS; Transitional Living Program; Connecticut AIDS Drug Assistance Program; Rapid Re-Housing Program; State Rental Assistance; the VA Healthcare Systems of Connecticut; and CT Housing Search a service supported by the State of Connecticut.

### **Addressing the emergency shelter and transitional housing needs of homeless persons**

In 2009 the non-profit Neighbor Works New Horizons (formerly known as the South Central Connecticut Mutual Housing Association) with funding through the Connecticut Housing Finance Authority (CHFA) and the MHA's national affiliate, Neighbor Works America, opened a newly constructed, five-unit supportive housing apartment complex. The Beth-El Center will be providing the required social services and related support to the residents.

Additionally, the housing needs of homeless persons addressed via multiple agencies and services in Milford and New Haven County some of which are: Beth-El Center, the State of Connecticut Department of Housing programs: Opportunities for Persons with HIV/AIDS; Transitional Living Program; Rapid Re-Housing Program; and State Rental Assistance; the VA Healthcare Systems of Connecticut; and CT Housing Search a service supported by the State of Connecticut.

### **Helping homeless persons (especially chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth) make the transition to permanent housing and independent living, including shortening the period of time that individuals and families experience homelessness, facilitating access for homeless individuals and families to affordable housing units, and preventing individuals and families who were recently homeless from becoming homeless again**

The 2012-2015 New Haven Counties Ryan White Planning Council Comprehensive Strategic Plan indicated that within the New Haven County/Fairfield County TGA, cited the following needs in its 2010 In Care Needs Assessment. Housing assistance as it relates to entry into HIV medical care followed by 'other primary medical care' then equivalent service needs of transportation to care, medication assistance, outpatient substance abuse treatment and oral health care. Medical care for HIV was the ranked highest under Core Medical Service category.

**Helping low-income individuals and families avoid becoming homeless, especially extremely low-income individuals and families and those who are: being discharged from publicly funded institutions and systems of care (such as health care facilities, mental health facilities, foster care and other youth facilities, and corrections programs and institutions); or, receiving assistance from public or private agencies that address housing, health, social services, employment, education, or youth needs**

HUD administers the Homeless Assistance Grants, made up of grant programs that provide housing and services for homeless individuals ranging from emergency shelter to permanent housing. The VA operates numerous programs that serve homeless veterans. These include HealthCare for Homeless Veterans and the Homeless Providers Grant and Per Diem program, as well as a collaborative program with HUD called HUD-VASH, through which homeless veterans receive Section 8 vouchers from HUD and supportive services through the VA. The Department of Labor also operates a program for homeless veterans, the Homeless Veterans Reintegration Program.

### **Discussion**

As noted in the Connecticut Coalition to End Homelessness May 2015 Report on Homelessness in Connecticut, the Count and Statewide Youth Homelessness Count (Connecticut 2015) via the HUD Point-in-Time requirement, the Point-In-Time Count reported that Statewide homelessness among sheltered individuals decreased 6%, and 28% among those who were unsheltered. Weather may have been a contributor to the low unsheltered number but the statewide coordination to house the longest term, most vulnerable homeless are clearly having an impact at reducing homelessness among individuals.

As noted in the previous paragraphs, the community of Milford has embraced the need to end homelessness and assist those at risk of homelessness.

## **AP-75 Barriers to affordable housing – 91.220(j)**

### **Introduction:**

The City of Milford as a public policy has encouraged a diversity of housing types and densities through its zoning powers. The Planning and Zoning Board specifically amended its zoning regulations to require multi-family housing construction in certain zoning districts to provide 30% of the units as affordable housing. There are no other policies, rules or regulations that may constitute barriers to housing affordability or contribute to a concentration of racial/ethnic minorities. The City has a Fair Housing Plan and an appointed Fair Housing Officer.

With the start of the new program year, the Department of Community Development reinvigorates its efforts to seek out, and provide technical assistance to, developers, property owners and service providers who are interested in developing new or preserving existing housing stock as deed restricted affordable housing through CDBG, State and private funding.

**Actions it planned to remove or ameliorate the negative effects of public policies that serve as barriers to affordable housing such as land use controls, tax policies affecting land, zoning ordinances, building codes, fees and charges, growth limitations, and policies affecting the return on residential investment.**

In terms of non-assisted affordable housing the City has utilized its zoning approval process to allow cluster, smaller lot, higher density and deed-restricted or common land ownership development to make units more affordable in the private market. These types of developments have increased housing choice for young families, moderate-income families and/or elderly households.

The City of Milford as a public policy has encouraged a diversity of housing types and densities through its zoning powers. The Planning and Zoning Board specifically amended its zoning regulations to require multi-family housing construction in certain zoning districts to provide 30% of the units as affordable housing. There are no other policies, rules or regulations that may constitute barriers to housing affordability or contribute to a concentration of racial/ethnic minorities. The City has a Fair Housing Plan and an appointed Fair Housing Officer.

### **Discussion:**

Milford maintains that the primary barrier to affordable housing is the high cost of development and the lack of vacant developable land and focus on improvement to the current housing stock is another opportunity to create affordable housing. The City has a Fair Housing Plan and an appointed Fair Housing Officer. The City addresses these needs with HUD Community Development Block Grant (CDBG) funds expended to assist the MRHP and administer a single-family and the proposed 2015 multi-family housing rehabilitation program.

CDBG funds will continue to be used to assist the Milford Redevelopment and Housing Partnership to undertake housing modernization projects and implement a Housing Program(s) to assist home owners in making the necessary maintenance repairs and property owners to make building and housing code improvements to rental properties to keep them affordable to low- and moderate- income tenants. The Homeownership program will be reinstated to assist income eligible households to become first-time homebuyers.

## **AP-85 Other Actions – 91.220(k)**

### **Introduction:**

Milford has a number of programs in place to address non-housing, CDBG-eligible community needs.

### **Actions planned to address obstacles to meeting underserved needs**

Continue to fund and support public service programs.

### **Actions planned to foster and maintain affordable housing**

With the start of the new program year, the Department of Community Development reinvigorate its efforts to seek out, and provide technical assistance to, developers, property owners and service providers who are interested in developing new or preserving existing housing stock as deed restricted affordable housing through CDBG, State and private funding.

### **Actions planned to reduce lead-based paint hazards**

Continue to educate homeowners on how to safely renovate their home. Test on homes of participants of CDBG housing programs test built prior to 1979.

### **Actions planned to reduce the number of poverty-level families**

Continue to offer employment and training and affordable housing options.

### **Actions planned to develop institutional structure**

The Department of Community Development engage in various methods to consult and gather information from program providers, city departments and agencies regarding the needs and/or positive progress being made in the community. The City has created a grant committee whereby a monthly meeting is held with the Mayor to receive updates from Department heads regarding available grants and grant project status. Provide a yearly CDBG program training session for subrecipient.

### **Actions planned to enhance coordination between public and private housing and social service agencies**

Continued support of the collaborated efforts for leaders of City departments and agencies participating in the Milford Social Services Network and the Health Department, Collaborative for Residential Integrity of the Disabled & Elderly (C-RIDE) which meet monthly to coordinate social service, troubled housing issues and service delivery.

### **Need to Increase the Number of Accessible Units (if Required by a Section 504 Voluntary Compliance**

**Agreement)** Milford Redevelopment and Housing Partnership (MRHP) recognizes the increase of accessible units as a priority. The City of Milford continues to award CDBG funds to improve MRHP housing and in PY41 \$75,000 was proposed to make ADA accessibility improvements to the community and laundry room at Catherine McKeen housing complex.

### **Activities to Increase Resident Involvements**

Milford Redevelopment and Housing Partnership (MRHP) shall continue to hold monthly meetings with the tenants at different sites, increase support services to facilitate and achieve a higher level of independent living, support resident initiatives, encourage residents to assist local alderman level of awareness about local issues and participate at least three (3) monthly City Commission and Board of Alderman meetings.

### **Is the public housing agency designated as troubled under 24 CFR part 902?**

The Milford Redevelopment and Housing Partnership (MRHP) is not designated as a “troubled” housing authority.

### **Plan to remove the ‘troubled’ designation N/A**

### **Discussion:**

The City of Milford has a relatively low unemployment rate; a quality school system; and numerous social service agencies including the United Way, YMCA, Boys and Girls Club, and Bridges...A Community Support System. The

City is focused on transit-oriented development (TOD), growing small business, and building coastal resilience against storms.

**Program Specific Requirements**

**AP-90 Program Specific Requirements – 91.220(l)(1,2,4)**

**Introduction:**

The following sections address the City's actions, programs and policies to meet program specific requirements for the CDBG programs.

**Community Development Block Grant Program (CDBG)**

**Reference 24 CFR 91.220(l)(1)**

Projects planned with all CDBG funds expected to be available during the year are identified in the Projects Table. The following identifies program income that is available for use that is included in projects to be carried out.

1. The total amount of program income that will have been received before the start of the next program year. The amount that has not yet been reprogrammed	\$87,500 \$0
2. The amount of proceeds from section 108 loan guarantees that will be used during the year to address the priority needs and specific objectives identified in the grantee's strategic plan	\$0
3. The amount of surplus funds from urban renewal settlements	\$0
4. The amount of any grant funds returned to the line of credit for which the planned use has not been included in a prior statement or plan.	\$0
5. The amount of income from float-funded activities	\$0
<b>Total Program Income</b>	<b>\$0</b>

**Other CDBG Requirements**

1. The amount of urgent need activities	\$0
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**Discussion:**

The estimated percentage of CDBG funds that will be used for activities that benefit persons of low and moderate income. Overall Benefit - A consecutive period of one, two or three years may be used to determine that a minimum overall benefit of 70% of CDBG funds is used to benefit persons of low and moderate income. Specify the years covered that include this Annual Action Plan.

## **Appendix – SF424, Certifications, Resolution, Local Data, and Public Comment**

SF424 (Final doc)

Certifications (Final doc)

Board of Alderman Resolution (Final doc)

Project Locations

Project Map

Public Hearing Minutes, Sign-In Sheet, Handouts – May 14, 2015

Public Notice – Hearing date, PY41 Budget and 30-day comment period

Public Hearing Minutes, Sign-In Sheet, Handouts – March 26, 2015

Public Notice – NOFA and Hearing dates

NOFA mailing list