

---

# **CONSOLIDATED PLAN**

**For the Community Development Block Grant and  
HOME Investment Partnerships Program**



# **CITY OF NASHUA, NH**

---

**Prepared for the US Department of  
Housing and Urban Development**

**As Submitted to HUD May 13, 2005  
(Minor editorial revisions, August 30, 2005)**



**Prepared by the Urban Programs Department,  
Community Development Division,  
City of Nashua**

---

Paul Newman, Manager

Klaas Nijhuis, Deputy Manager



**Consultant**

---

Yoel Camayd-Freixas, Ph.D.

Gerald Karush, Ph.D.

Emily Burgo, M.S.

Nelly Lejter, Ph.D.

Applied Research Center  
School of Community Economic Development  
Southern New Hampshire University

[www.arccd.com](http://www.arccd.com)

603-644-3151



[www.gonashua.com](http://www.gonashua.com)

**NOTICE OF PUBLIC COMMENT PERIOD ON THE  
CONSOLIDATED PLAN  
OF THE CITY OF NASHUA  
and  
NOTICE OF PUBLIC HEARING**

As a recipient of Community Development Block Grant and HOME funds, the City of Nashua must prepare a "Consolidated Plan" for approval by the U.S. Department of Housing and Urban Development (HUD). The Plan provides an assessment of and strategies for housing and community development needs and conditions in the City of Nashua, with special emphasis on the needs of low-and moderate-income households and those with special housing needs. It includes the following elements: Description of Institutional Structure; Monitoring Standards; Priority Needs Analysis and Strategy; Lead-Based Paint Strategy; Housing and Homeless Needs Assessment, including general housing needs, supportive housing needs of homeless persons, supportive housing needs for others with special needs, and public housing needs; Housing Market Analysis, including population data, housing conditions and market data, inventory of facilities and services for homeless persons, and an inventory of facilities and services for persons with other special needs; non-housing, community development needs, including public facilities, infrastructure, and economic development.

Public comment will be accepted until April 29, 2005. All comments should be addressed to:

Plan Comments  
Urban Programs Department  
City Hall  
Nashua, NH 03061-2019

Copies of the Plan are available for review at the Urban Programs Department, second floor, City Hall, 229 Main Street, Nashua, and the Reference Department, Nashua Public Library, 2 Court Street, Nashua. Also available is the City's policy on minimizing displacement of households or businesses as a result of proposed activities; it is anticipated that no displacement will actually take place.

**Public Hearing**

The Aldermanic Human Affairs Committee of the City of Nashua will conduct a public hearing on the Plan at 7:00PM on Monday, April 25, 2005, in the Aldermanic Chamber, second floor, City Hall, 229 Main Street, Nashua for the purpose of receiving public comment on the Plan.

# CITY OF NASHUA CONSOLIDATED PLAN

## TABLE OF CONTENTS

<b>1</b>	<b>GENERAL</b>	
	a. Executive Summary	7
	b. Purpose and Scope of the Consolidated Plan	9
	c. Background and Demographics	10
	d. Managing the Process	18
	e. Citizen Participation	18
	f. Institutional Structure	19
	g. Monitoring	26
	h. Priority Needs Analysis and Strategies	27
	i. Lead-based Paint	28
<b>2</b>	<b>HOUSING</b>	
	a. Housing Needs	34
	b. Priority Housing Needs	35
	c. Housing Market Analysis	36
	d. Specific Housing Objectives	44
	e. Needs of Public Housing	45
	f. Public Housing Strategy	47
	g. Barriers to Affordable Housing	49
<b>3</b>	<b>HOMELESS</b>	
	a. Homeless Needs	51
	b. Priority Homeless Needs	73
	c. Homeless Inventory	73
	d. Homeless Strategic Plan	74
	e. Emergency Shelter Grants	74
<b>4</b>	<b>COMMUNITY DEVELOPMENT</b>	
	a. Community Development	75
	b. Antipoverty Strategy	86
	c. Low Income Housing Tax Credit Coordination	89
<b>5</b>	<b>NON-HOMELESS SPECIAL NEEDS</b>	
	a. Specific Special Needs Objectives	90
	b. Non-homeless Special Needs Analysis (including HOPWA)	93
	c. Specific Special Needs Objectives	94
	d. Housing for People with AIDS (HOPWA)	94
	e. Specific HOPWA Objectives	94

<b>6</b>	<b>EXHIBITS</b>	
	Exhibit A. City of Nashua, Significant Accomplishments, 1975–2005	93
	Exhibit B. Five Year Community Planning Questionnaire	97
	Exhibit C. Consolidated Plan Consultations and Participation Matrix	99
	Exhibit D. Greater Nashua Continuum of Care	108
	Exhibit E. Focus Groups Notes	118
	Exhibit F. Summary of Citizen Comments on the Plan	127

# GENERAL

## A. Executive Summary

The City of Nashua submits five-year *Consolidated Plans* to the U.S. Department of Housing and Urban Development as required by the National Affordable Housing Act of 1990. This plan is intended to consolidate planning and submission requirements for the Community Development Block Grant, HOME and McKinney Act homeless grant programs. The City of Nashua was previously funded under only one program --the Community Development Block Grant (CDBG). In 2003 the City also qualified for the HOME program. Distribution of Federal funds for these three programs is based on US Census demographic data. Demographic highlights for the City were developed by consultants from The Applied Research Center at Southern New Hampshire University, and are summarized in Part 1, Section C.

The Consolidated Plan lead agency in Nashua is the Urban Programs Department (UPD) of the Community Development Division. The UPD developed the Consolidated Plan for the Mayor and Aldermen of the City of Nashua. The UPD also manages the HOME Investment Partnerships, the Community Development Block Grant and housing rehabilitation programs for the City. The Consolidated Plan is intended to reflect community needs and to guide the use of CDBG and HOME resources in Nashua over the next five years.

The goals of the Consolidated Plan parallel those of the CDBG program: *"development of viable urban communities by providing decent housing and a suitable living environment and expanding economic opportunities, principally for persons of low and moderate-income"*, and the HOME program: *"strengthen public-private partnerships and to expand the supply of decent, safe, sanitary, and affordable housing, with primary attention to rental housing, for very low-income and low-income families."*

The need areas addressed by the Plan are the following:

- Housing needs of low-income persons and those with special needs, including HIV/AIDS and the homeless
- Public facilities
- Infrastructure
- Seniors
- Youth
- Economic Development
- Anti-Crime
- Public Services
- Planning and Other

The Consolidated Plan was developed via a broad collaborative process whereby community stakeholders contributed to a unified City vision for

housing and community development. Participants included elected officials, City departments, nonprofits, religious institutions, the Nashua Continuum of Care, the Housing Authority, and local businesses, all contributing their expertise. Appendix C includes a list of participants and a matrix.

A community discussion in March was attended by over 70 persons, many representing community organizations serving the targets of the CDBG and HOME programs. Attendees participated in plenary and discussion sessions on community needs: housing, special needs housing, youth, elderly, economic development, anti-crime, public facilities and infrastructure. The public at large and participants were invited to attend an April hearing on the Consolidated Plan draft, held before the Human Affairs Committee of the Board of Aldermen. A summary of citizen testimony and comments on the plan is included in Appendix E.

A wide range of needs were identified through this participatory process. Exhibit A (Significant Accomplishments) in the appendix lists the goals met addressing needs in Nashua since 1975. These include infrastructure improvement in inner-city neighborhoods, rehabilitation of homes, community facilities serving low income and persons with special needs, and economic investment.

The prioritized needs are detailed in the Consolidated Plan. Housing is considered the most immediate concern by participants, even those agencies whose primary focus is not housing. Other priorities include homeless and special needs housing, youth and elderly services, public services, anti-crime, and economic development respectively. Twelve of the twenty-two agencies that responded to questionnaires described capital projects to address community needs. Most projects address affordable housing and transitional housing, and will cost approximately \$18,000,000. The major obstacles to meeting the underserved needs are funding limitations.

Housing priority needs, market and cost analysis for rental and home ownership, are detailed in Part 2 of the Consolidated Plan, and include barriers, special needs housing, public housing, Section 8 vouchers, strategies and a plan of action. Part 3 details homeless needs in the City, and includes a Continuum of Care Gaps Analysis and a homeless inventory.

Community development needs are detailed in Part 4 of the Consolidated Plan. This analysis includes a summary of community development objectives by priority, including neighborhoods, community facilities, seniors, youth, and economic development needs. The focus includes fair and affordable housing and an anti-poverty strategy. Part 5 addresses non-homeless special needs housing, including housing opportunities for persons with AIDS.



## **B. Purpose and Scope of the Consolidated Plan**

Title I of the National Affordable Housing Act of 1990 (NAHA) established the requirement that States and local governments that apply for direct assistance under certain programs of the U.S. Department of Housing and Urban Development (HUD) prepare a "*Consolidated Plan*" at least every five years. This plan is intended to consolidate the planning and submission requirements for the Community Development Block Grant, HOME and McKinney Act homeless grant programs. The local government requirements for the Plan are set forth in 24 CFR Part 91.200 - .230. The City of Nashua last submitted a five-year plan in the year 2000.

Distribution of Federal funds for these three programs is based on US Census demographic data according to program-specific formulae (differing for each). While the City of Nashua previously reached the threshold for funding under only one program --the Community Development Block Grant (CDBG)-- demographic changes documented by the 2000 Census qualified the City for the HOME program, beginning in 2003.

HUD guidelines state that "*the Consolidated Plan is designed to be a collaborative process whereby a community establishes a unified vision for housing and community development actions.*" **Collaborative** is a key word in this context; many City departments and community-based organizations prepare plans and set policies for the purpose of their own work and particular funding sources, often through a participatory process like that used for the Consolidated Plan. Significant examples are the "*Final Report of the Mayor's Task Force on Housing, 2003,*" the "*10-Year Plan for Ending Homelessness*" of the Continuum of Care, the "*United Way Community Needs Assessment, 2002,*" and the "*Community Assessment*" commissioned by Southern New Hampshire Services. In such cases, this plan will describe the interrelationship between plans and policies.

A wide range of needs were identified through this participatory process. Nevertheless, their inclusion in this plan does not imply that the *City* is primarily responsible to meet all such needs. In many cases, other agencies at the local, State or Federal level have historically been the primary source of assistance. It should also be kept in mind that the level of funding that is to be available under the CDBG and HOME programs will likely fall short of meeting all of the needs that are identified. However, it is important that the Plan be as inclusive of all needs as possible, because all projects over the next five years must be associated with a need defined herein.

The need areas addressed by the Plan and as defined by HUD are as the following:

- Housing needs of low-income persons and those with special needs, including HIV/AIDS and the homeless
- Public facilities
- Infrastructure
- Senior
- Youth
- Economic Development
- Anti-Crime
- Public Services
- Planning and Other

The goals of the Consolidated Plan are consistent with those of the CDBG and HOME programs. The CDBG program's principal goal is "*the development of viable urban communities by providing decent housing and a suitable living environment and expanding economic opportunities, principally for persons of low and moderate-income.*" The HOME Program's goal is to "*strengthen public-private partnerships and to expand the supply of decent, safe, sanitary, and affordable housing, with primary attention to rental housing, for very low-income and low-income families*" [Quotes are from Federal legislation enacting the programs].

History can tell us what these programs have meant for Nashua. Exhibit A (Significant Accomplishments, 1975-2005) lists the many accomplishments addressing needs in Nashua since 1975. They include infrastructure improvement in inner-city neighborhoods, rehabilitation of homes, community facilities serving those of low income and those with special needs, and economic investment.

This Plan is intended to reflect the needs determined by a variety of community forums, to guide the use of CDBG and HOME resources over the next five years.

## **C. Background and Demographics**

### **Profile of the City of Nashua**

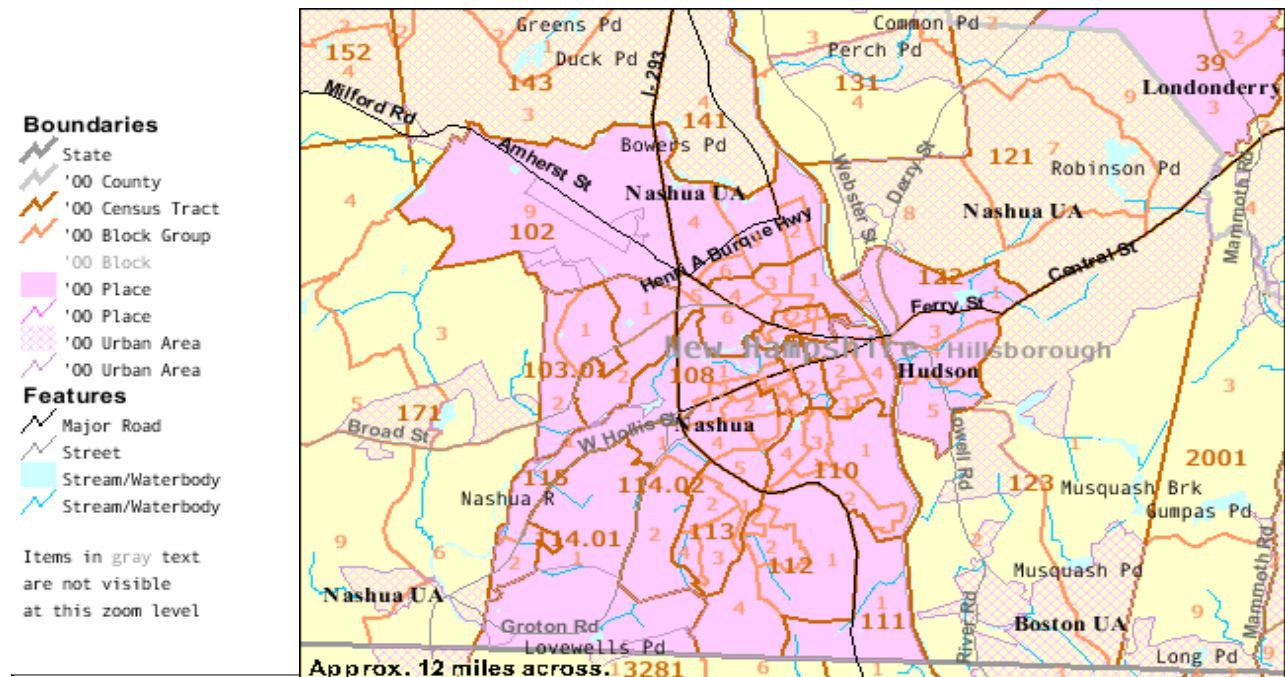
Date of Incorporation: 1853  
Population, 2005:89,230 (est.)

Area: 32 square miles  
Nickname: The Gate City

Nashua is one of several mill cities in the Merrimack River valley, including Manchester, Lowell, and Lawrence, that evolved into regional centers, containing most of their regions' population, commerce, and industry. The exchange of commerce was fueled by waterways (rivers and canals) and then by railroads starting in the 1830's. In the period from the late 1800's to

the early 1900's, Nashua's population grew steadily, from 13,397 in 1880 to 31,463 in 1930. From 1930 to 1960, growth was fairly flat, with an increase of only 7,604 persons (this period includes the Great Depression, the decline of the textile and shoe industries, and World War II).

**Figure 1: City of Nashua NH, and its Census Tracts in 2000**



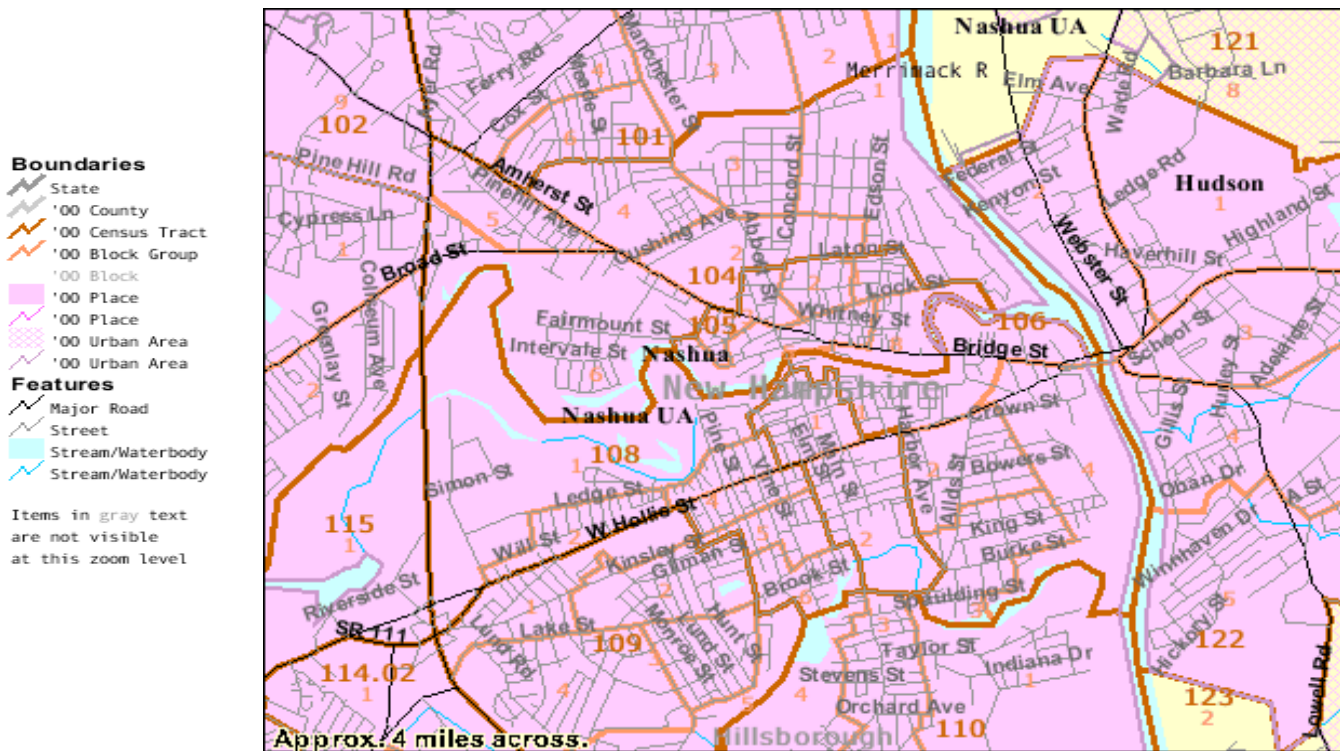
During the single decade of the 1960's, population again grew, from 39,096 to 55,820. This rapid population increase can be attributed to several factors affecting Southern New Hampshire, especially construction of the F.E. Everett Turnpike, New Hampshire's relatively low taxes, low cost of living, and availability of land, all of which attracted expansion from the Boston metropolitan area. During the 1970's, the City's population again increased - -from 55,820 to 67,865. Though not as great as the increase of the 1960's, this rate of growth was still substantial, and the City's status as a high-tech and defense-related employment center continued to grow. This substantial growth continued throughout the 1980's, and Nashua reached a population of 79,662 by 1990.

Growth then slowed markedly. The rate of population and housing growth in the 1990's was substantially less than that of the preceding decades due to the national recession, which hit New England particularly hard. Yet Nashua is still growing, albeit at a slower rate. In the period from 1990-1998, Nashua had a net gain of 1,149 housing units, 943 of which were single-

family homes. Some inner-city neighborhoods, on the other hand, experienced a slight population decline during the 1990's.

The maps shown in figures 1 and 2 above and below depict the outlines of the city and its inner city neighborhoods. Nashua's inner city, depicted in Figure 2, consists of the following census tracts: French Hill (Census Tract 105); Crown Hill and the Bridge/Amory Street Area (Census Tract 106); Downtown (Census Tract 107); and the Tree Streets (Census Tract 108).

**Figure 2: Nashua's Inner City, Census Tracts 105-108 in 2000**



## General Population, Industry and Workforce Characteristics

Table 1 shows Nashua's population growth over the last thirty years, and projects expected growth through 2020. The pattern predicted is one of stable population size and slow growth. Table 1 shows that after 1990 Nashua's population growth tapered off considerably. Growth is expected to remain slightly above 1% per year until 2015, then to increase slightly.

<b>Year</b>	<b>Population</b>	<b>Percent Change</b>
<b>1970</b>	<b>55820</b>	<b>NA</b>
<b>1980</b>	<b>67865</b>	<b>21.60%</b>
<b>1990</b>	<b>79662</b>	<b>17.40%</b>
<b>2000</b>	<b>88605</b>	<b>8.7%</b>
<b>2005</b>	<b>89230</b>	<b>2.60%</b>
<b>2010</b>	<b>91260</b>	<b>1.30%</b>
<b>2015</b>	<b>93220</b>	<b>1.20%</b>
<b>2020</b>	<b>95180</b>	<b>2.30%</b>

Figures for 2005 - 2020 are NH OSP Estimates '96

Figures for 1970 - 2000 are from the US Census (1970, 1980, 1990, 2000)

Source: NRPC

Table 2 shows Nashua population density in 1990 and 2000, and density changes during this period. While the relatively low population density of the state as a whole increased by 11% over the 1990 to 2000 decade, Nashua's already high population density increased by 8.7%. Not surprisingly, this reflects and predicts more crowded conditions in the city versus the state.

**Table 2: Population Density, Persons per Square Mile, 1990 and 2000**

	<b>Total Area (Square miles)</b>	<b>Population 1990</b>	<b>Persons per (Square Mile 1990)</b>	<b>Population 2000</b>	<b>Persons per square mile 2000</b>	<b>Percent Change 1990-2000</b>
<b>Nashua</b>	31.7	79,662	2513	86,605	2,732	8.70%
<b>State of NH</b>	9,282.10	1,109,117	120	1,235,786	133	11.40%

Source: NRPC: based on 1990 and 2000 Census

The City of Nashua has historically been a regional economic hub and employment center, and it continues to provide a wide range of opportunities for business and industry. Despite some recent declines, manufacturing remains a vital contributor to the economy of the City. Manufacturing provides employment to approximately 23% of Nashua's private sector labor force, a high proportion that is roughly twice the national rate. Although manufacturing remains a strong force in Nashua, it is the non-manufacturing businesses that have made the greatest contribution to the local economy in the last decade.

Since 1980, several interesting trends in employment and the manufacturing base can be seen. The number of manufacturing firms ("units" in the terminology of the Department of Employment Security) dropped to a low of 152 in 1989, and stands at 172 currently. The manufacturing sector has since rebounded, but continues to fluctuate. Yet manufacturing retains the

highest number of private sector workers in both Nashua and New Hampshire.

Table 3 summarizes the industrial structure of the labor force in Nashua as of the year 2000. Employment in manufacturing is considerably higher than the average for the state, especially for residents of the inner city tracts where almost 30% are so employed. Employment in construction in the inner city is also higher than for the rest of the city and the state. In Nashua, the proportions employed in professional, scientific, management, administration and waste management are higher than for the State overall.

**Table 3: Industry of Employed Civilian Population, Aged 16 and Over, New Hampshire, Nashua and Inner City Census Tracts, 2000**

		Nashua	Census Tracts 105-108	State of NH
<b>Total</b>	#	45,738	8,940	650,871
<b>Agriculture, Forestry, Fishing, Hunting, Mining</b>	#	118	12	5,837
	%	0.30%	0.13%	0.90%
<b>Construction</b>	#	2,200	647	44,269
	%	4.80%	7.24%	6.80%
<b>Manufacturing</b>	#	10,698	2,598	117,673
	%	23.40%	29.06%	18.08%
<b>Wholesale Trade</b>	#	1,512	172	23,426
	%	3.30%	1.92%	3.60%
<b>Retail Trade</b>	#	6,082	1,231	89,089
	%	13.30%	13.77%	13.69%
<b>Transportation, Warehousing, and</b>	#	1,796	326	27,006
	%	3.90%	3.65%	4.15%
<b>Information</b>	#	1,406	165	17,478
	%	3.10%	1.85%	2.69%
<b>Finance; Insurance; Real Estate; Rental; Leasing</b>	#	2,841	439	40,731
	%	6.20%	4.91%	6.26%
<b>Professional; Scientific; Management; and Waste Management Services</b>	#	5,534	747	57,369
	%	12.10%	8.36%	8.81%
<b>Educational; Health; and Social Services</b>	#	7,833	1,157	130,390
	%	17.10%	12.94%	20.03%
<b>Arts; Entertainment; Recreation;</b>	#	2,779	95	45,001
	%	6.10%	1.06%	6.91%
<b>Other Services except Public Administration</b>	#	1,792	56	27,780
	%	3.90%	0.63%	4.27%
<b>Public Administration</b>	#	1,147	115	24,822
	%	2.50%	1.29%	3.81%

Source: 2000 Census

The rapid growth in Nashua's non-manufacturing industries is centered on the professional and social services sectors. Many companies have chosen to move their businesses to New Hampshire due to the lower tax burden and lower cost of living enjoyed by their employees.

Nashua's retail trade has also increased dramatically in recent years. This is associated with the lack of sales tax in New Hampshire, which continues to attract shoppers from neighboring states. The City of Nashua, well located in

Southern New Hampshire, has evolved into a regional shopping destination, and has become the single largest retail center in the State.

The Nashua service and trade sectors have exploded during the period when manufacturing has moderated. The number of non-manufacturing jobs in Nashua has increased from 16,889 in 1980 to 35,040 in 2000. The City has been adding an average of 1,500 to 2,000 non-manufacturing jobs per year. Nevertheless, data from 2000 to 2003 shows a loss of jobs in the City of 2,934, a 5.4% decline.

**Table 4: Occupation of Employed Civilian Population Age 16 and Over, New Hampshire, Nashua and Inner City Census Tracts, 2000**

		Nashua	Census Tracts 105-108	State of NH
<b>Total Employed Civilian Population, Age 16 and over</b>	<b>#</b>	<b>45,738</b>	<b>8,940</b>	<b>650,871</b>
<b>Management; Professional and Related Occupations</b>	<b>#</b>	<b>18,091</b>	<b>1,895</b>	<b>232,927</b>
	<b>%</b>	<b>39.60%</b>	<b>21.20%</b>	<b>35.80%</b>
<b>Service Occupations</b>	<b>#</b>	<b>5,449</b>	<b>1,549</b>	<b>84,618</b>
	<b>%</b>	<b>11.90%</b>	<b>17.33%</b>	<b>13.00%</b>
<b>Sales and Office Occupations</b>	<b>#</b>	<b>11,982</b>	<b>2,244</b>	<b>173,282</b>
	<b>%</b>	<b>26.20%</b>	<b>25.10%</b>	<b>26.60%</b>
<b>Farming, Fishing, and Forestry Occupations</b>	<b>#</b>	<b>47</b>	<b>9</b>	<b>2,902</b>
	<b>%</b>	<b>0.10%</b>	<b>0.10%</b>	<b>0.40%</b>
<b>Construction, Extraction and Maintenance Occupations</b>	<b>#</b>	<b>3,133</b>	<b>937</b>	<b>60,988</b>
	<b>%</b>	<b>6.80%</b>	<b>10.48%</b>	<b>9.40%</b>
<b>Production, transportation and material moving occupations</b>	<b>#</b>	<b>7,036</b>	<b>2,306</b>	<b>96,154</b>
	<b>%</b>	<b>15.40%</b>	<b>25.79%</b>	<b>14.80%</b>

Source: US Census 2000

Table 4 shows the types of occupations engaged in by Nashua residents. Almost 40% of the City's residents are employed in management, professional and related occupations, compared with an average of 36% for the state as a whole. Residents in the inner city tracts experienced about 21% employment in this occupational category. These residents tended to have higher proportions employed in service occupations compared to the city as a whole as well as the state. The same holds for the Construction, Extraction and Maintenance occupational category, and for the Production, Transportation, and Material moving occupational category.

Compared to other cities within the region, Nashua's economy has generally been strong. Evidence of Nashua's strong local economy is illustrated by the City's low unemployment rate in recent decades. With the exception of the period from the late 1980's to the early 1990's, Nashua's unemployment rate has generally been lower than that of the State and the United States. Nashua's unemployment rate was lowest in 1987, at 2.7%, compared to a

national rate of 5.5%. The unemployment rate in the City then rose every year, peaking at 7.8% in 1991, a rate which was higher than the national average of 6.7%. Since then, unemployment has steadily fallen. Nashua's unemployment rate is currently around 5%. In 2002 it was 6.7%, in 2003 it was 5.8% and in 2004 it was 4.5%.

Notable are the trends amongst wage-earning classes. Mirroring national trends, but much more dramatic in Nashua, is the decline in middle-income households of 1,697, or 10.2%, between 1989 and 1999, compared to declines of 3.3% in the United States and 4.6% in the State. The number of households of lower-income rose 970, while those of upper-income rose 2,530. The number of households in the lowest income bracket (under \$25,000 annually) rose 15.2% in this period.

**Table 5: Nashua Industry and Wage Data By Major Industry Category, 2003**

NAICS Code	Industry	Units	Average Annual Employment	Average Weekly Wage
	<b>Total Private</b>	2,652	46,743	\$827.08
<b>101</b>	<b>Goods-Producing Industries</b>	314	11,398	\$1,273.69
11	Agriculture, Forestry, Fishing and Hunting	n	n	n
21	Mining	0	0	\$0.00
23	Construction	142	1,301	\$1,031.82
31-33	Manufacturing	166	10,047	\$1,327.50
<b>102</b>	<b>Service-Providing Industries</b>	2,338	35,345	\$683.05
22	Utilities	3	96	\$1,145.25
42	Wholesale Trade	264	1,790	\$1,386.09
44-45	Retail Trade	465	10,248	\$486.72
48-49	Transportation and Warehousing	50	965	\$625.69
51	Information	64	1,180	\$1,424.90
52	Finance and Insurance	132	1,306	\$881.17
53	Real Estate and Rental and Leasing	125	641	\$731.38
54	Professional and Technical Service	372	2,504	\$1,224.73
55	Management of Companies and Enterprises	22	422	\$1,497.99
56	Administrative and Waste Services	137	2,330	\$559.60
61	Educational Services	28	910	\$519.52
62	Health Care and Social Assistance	256	6,891	\$722.32
71	Arts, Entertainment, and Recreation	26	494	\$366.05
72	Accommodation and Food Services	188	3,935	\$317.94
81	Other Services Except Public Admin	205	1,630	\$472.64
99	Unclassified Establishments	n	n	n
	<b>Total Government</b>	34	4,659	\$922.42

Source: 2003 Employment & Wages - Specific Cities & Towns (3 digit) XLS (69k)  
<http://www.nhes.state.nh.us/elmi/covempwag.htm>

Table 5 examines more recent (2003) wage data for businesses located in Nashua. The focus of this table is on businesses within the city that hire workers, many of whom are presumed to be residents. These data suggest



that service providing industries are the biggest employers of labor in the city and that weekly wages vary considerably from one sub sector to another. Among goods producing industries, manufacturing businesses located in Nashua are significant employers paying higher overall average wages than employment in the service sector. Though the percentage of people employed in the manufacturing and retail sectors are quite similar, there is a large disparity between wage earnings for the groups.

### **Basis for allocating investments geographically**

US Census data provide evidence of neighborhoods that are predominantly low-income. During the past five years, virtually all CDBG and HOME projects have been located within the lower-income neighborhoods surrounding the downtown area. The selection of the targeted area conforms to the lower-income areas found by the Census (including all of Census Tracts 105, 107, and 108 and parts of Tracts 104 and 106) and is reinforced by data collected through other studies cited in this Plan. Twelve of the housing and non-housing capital projects proposed in response to the Consolidated Plan agency questionnaire for sub-recipients are in this target area and also qualify based on the character of their clientele.

The Community Development Block Grant program allows the designation of "Neighborhood Revitalization Strategy Areas". In certain circumstances, this designation facilitates undertaking activities where the benefit is presumed because of its very local impact on a particular neighborhood. The City has concluded that this designation has little application in Nashua. It appears it would be useful in cities with much larger neighborhoods, having a distinct economic base of their own. Nashua's lower-income neighborhoods are physically and demographically tied together, surrounding the downtown to several blocks of each side, and lack a distinct economic base that would distinguish them from the rest. And, Nashua effectively already has and will continue to target its resources to these neighborhoods, as described elsewhere in the Plan.

### **Basis for Assigning Priorities**

Priorities for assigning allocation priorities are based on the feedback and input from the organizations and agencies who participated in the creation of the Plan through input at workshops and responses to questionnaires. See the Priority Needs Analysis and Strategies at Section h for more detail on the setting of priorities.

## **D. Managing the Process**

### **Lead Agency**

The Urban Programs Department of the Community Development Division developed the Consolidated Plan for the Mayor and Aldermen of the City of Nashua. The Urban Programs Department also manages the HOME Investment Partnerships Program, the Community Development Block Grant and housing rehabilitation programs for the City. The lead legislative body is the Aldermanic Human Affairs Committee of the Nashua Board of Aldermen, which holds the public hearings on the Community Development Block Grant and HOME programs, and the Consolidated Plan.

### **Participating Organizations**

The Consolidated Plan was developed through the collaborative effort of elected officials, City departments, nonprofit agencies, religious institutions, the Nashua Continuum of Care, the Nashua Housing Authority, local businesses and other interested parties.

### **Consultations**

Members of the Nashua Continuum of Care and other nonprofit social service agencies, public agencies, and local businesses in the jurisdiction were consulted on numerous occasions regarding needs and goals for the Plan. These consultations transpired through questionnaires, interviews and discussions groups. Because the City does not receive HOPWA (Housing Opportunities for People with AIDS) funding, this Plan will refer the reader to the State of New Hampshire Consolidated Plan.

## **E. Citizen Participation**

Questionnaires were distributed to thirty area agencies that are eligible for Community Development Block Grant and HOME funding. The questionnaires requested information regarding agency services and planned capital projects that might require funding and lead to CDBG and HOME requests. Twenty-two agencies submitted written information that was managed and incorporated into this Consolidated Plan. Appendix C includes a list of organizations consulted and a participation matrix.

A community review and discussion of the Consolidated Plan was held on March 2, 2005, was attended by over 70 individuals, many representing community organizations serving those targeted by the CDBG and HOME

programs. Attendees participated in an information-sharing plenary, then separated into groups focusing on specific community needs. These included housing, special needs housing, youth, elderly, economic development, anti-crime, public facilities and infrastructure. Presentations of the work of each committee were made to a plenary session of all participants.

The participation of minority groups and non-English speaking persons was encouraged through direct mailings and announcement of hearings, the availability of the plan and questionnaires, and offering of special accommodations at hearings and community forums.

A summary of citizen comments on the plan is included in Appendix E. Participants' comments during discussion sessions are summarized in this exhibit.

The public at large and all those in the participation matrix were again invited to attend a hearing on the draft of the Consolidated Plan, held before the Human Affairs Committee of the Board of Aldermen on April 25, 2005, to hear testimony and comments. Their comments and insights are integrated into the final document.

## **F. Institutional Structure and Coordination**

The following list demonstrates the institutional structure through which Nashua plans to carry out the Consolidated Plan. Organizations that have carried out Federally-funded programs are noted by a "yes" after the title.

### **Institutional Housing Structure: Organizations and Roles**

#### ***a. City Agencies with Housing-Related Functions***

**Nashua Housing Authority** (yes). Owns, maintains, and manages 662 public housing local units; administers tenant-based assistance for 693 households; operates various service programs for residents and some non-residents. Develops new housing under various HUD programs.

**Nashua Welfare Department.** Administers income-maintenance and assistance programs.

**Nashua Urban Programs Department** (yes). Operates HUD-funded housing rehabilitation; administers assistance to nonprofits under Community Development Block Grant; administers the HOME Housing Partnerships program; prepares Consolidated Plan; has capacity to administer lead hazard and abatement programs.

**Nashua Planning Department** (yes). Prepares City Master Plan; City subdivision, zoning, and building ordinances.

**Nashua Building Department.** Administers building codes through plan reviews and inspections.

**Nashua Code Enforcement Department** (yes). Administers enforcement of housing code and zoning ordinances.

**Nashua Assessing Office.** Administers residential property tax exemptions.

### ***b. Public, Statewide Housing Organizations***

**New Hampshire Housing Finance Authority** (yes). Statewide entity for housing finance and State program implementation; prepares State housing plans, including Consolidated Plan; administers HOME program.

**Division of Mental Health Services** (yes). Statewide entity for human services and related & developmental housing programs.

### ***c. Private Housing Organizations***

**Banks and mortgage companies** (yes). Capital lending, access to secondary mortgage financing, loan underwriting.

**Developers** (yes). Real estate and construction expertise.

### ***d. Nonprofit Housing Organizations***

**Area Agency for Developmental Services, Region VI** (yes). Owns, leases, and operates housing for persons with developmental disabilities.

**Bridges** (yes, as sub-recipient). Owns and operates housing for domestic violence and rape victims.

**Greater Nashua Council on Alcoholism** (yes). Leases and operates facility for emergency shelter, for substance abusers.

**Greater Nashua Habitat for Humanity** (yes, as a sub-recipient). Develops or rehabs single-family homes for owner-occupancy through sweat-equity and volunteer labor.

**Harbor Homes** (yes). Owns and operates permanent and emergency housing for mentally ill and the homeless including homeless veterans.

**Marguerite's Place** (yes). Owns and operates transitional housing for women with children; includes case management.

**MP Housing** (yes). Owns and manages housing for independent transitional living.

**Nashua Children's Home** (yes, as sub-recipient). Owns and operates a group foster home for youth and transitional housing for youth aging out of system.

**Nashua Soup Kitchen & Shelter** (yes, as sub-recipient). Owns and operates emergency shelter, transitional housing, and permanent housing.

**Nashua Pastoral Care Center** (yes, as sub-recipient). Provides direct rental assistance, owns, and leases units for transitional housing.

**Neighborhood Housing Services of Greater Nashua** (yes). Owns and operates affordable housing. Acquires, develops, and/or manages properties. Provides down-payment assistance, housing rehabilitation financing, homebuyer counseling, security deposit loans, and other neighborhood-focused activities. Certified as a Community Housing Development Organization (CHDO).

**PLUS Co.** (yes). Owns, leases, and operates housing for mentally-retarded and disabled persons.

**The Salvation Army.** Direct emergency housing assistance, food, clothing, furniture, etc.

**Southern New Hampshire Services** (yes). Develops, owns and manages affordable elderly housing; developed and operates supportive housing for the homeless; provides homeless outreach; carries out HUD-funded housing rehabilitation and weatherization; administers energy assistance programs. Certified as a Community Housing Development Organization (CHDO).

**United Way of Greater Nashua.** While not a direct provider of housing, in 2004 the United Way launched a significant initiative to prioritize affordable housing, and target 20% of its annual general fund from 2004 fund-raising thereto.

### **Institutional Housing Structure: Background**

The National Affordable Housing Act has one theme prevalent throughout, that public agencies must form **partnerships** with the private sector: "*The purposes of this Act are... to extend and strengthen partnerships among all*

*levels of government and the private sector, including for-profit and nonprofit organizations, in the production and operation of housing affordable to low-income and moderate-income families..."*

The early functions of nonprofits in the region were primarily aimed at service delivery. As it became apparent that housing was a principal challenge for the people they served, many have branched out to providing housing as a secondary function. So, capacity has been built among 12 or more nonprofits to own and operate small-scale housing developments. Most consist of four to six apartments per building; the larger are up to 100 apartments.

A few organizations exist principally for the creation and management of affordable housing. The local Housing Authority has existed since the 1940's. Over the years, the Authority has developed projects of up to 100 units. In the community-based, nonprofit realm, recognition of the opportunity for partnerships led to the creation in 1989 of the Greater Nashua Housing & Development Foundation. Then, in 1991, the national Neighborhood Reinvestment Corporation (NRC) aided a group troubled by rapid decline in their neighborhood to establish French Hill Neighborhood Housing Services. After several years of separate and independent activity, the NHS and Housing Foundations merged in 2000 to form Neighborhood Housing Services of Greater Nashua.

## **Institutional Structure: Housing Capabilities**

### **Market Analysis, Pro Forma, Appraisal, Acquisition, Underwriting.**

Nonprofit agencies have typically relied on the professional experience and associations of their board members to seek financial support, both from donors and from financial institutions. Neighborhood Housing Services of Greater Nashua employs a loan officer and homeownership counselor. The City's Urban Programs Department staff has training and experience in this area for the purpose of administering the HOME program. Because of the small scale of local operations, consulting services are used when needed.

**Financing.** Public and nonprofit agencies have primarily relied on categorical Federal and, in some cases, State programs to create affordable housing. These include Low-Income Public Housing Tax Credit, Section 8 Vouchers and Certificates, McKinney Act programs, the HOME program, Section 202 housing for the elderly, and the Community Development Block Grant. The Nashua Housing Authority has used its bonding ability to issue multi-family mortgage revenue bonds for the Clocktower Place project. At least two nonprofits have utilized the Federal Home Loan Bank Board's Affordable Housing Program. The Federal Low-Income Housing Tax Credit

has been used for the Clocktower Place project and privately-owned HOME projects carried out by Neighborhood Housing Services and a for-profit developer. MP Housing has been able to obtain an allocation of state tax credits through the New Hampshire Community Development Finance Authority (CDFA), and other agencies are also now seeing those as a source of equity or debt for their projects. Capital has been attracted away from private, market-rate multi-unit rental, however.

**Development and Construction Management.** In the public and nonprofit sectors, development capabilities exist in varying degrees. There is a very substantial private-sector capacity in the region for the development of housing, as evidenced by the numbers of single-family homes and 55-and-over communities built in recent years. The City's Urban Programs Department operates housing rehabilitation programs with a capacity for 10-15 units per year. The staff recruits and pre-qualifies contractors, prepares rehabilitation work write-ups (including "gut rehabs"), bids, inspects work in progress, and authorizes payments. Outside consulting services for unusual structural and mechanical problems are occasionally employed.

**Project Management.** These range in size from a six-bed shelter to 100 apartments in a single development. The largest affordable housing manager is the Nashua Housing Authority, which owns, maintains and leases 662 public housing units.

**Tenant-Based Assistance.** The Nashua Housing Authority operates the largest tenant-based assistance program, assisting 693 households with Section 8 vouchers and certificates. Harbor Homes has a pool of 75 vouchers for those with special needs. The City Welfare Department provides housing vouchers to households seeking employment and longer-term assistance. The Nashua Pastoral Care Center provides security deposit loans.

**Emergency Housing.** Emergency shelter for the general population is provided by the Nashua Soup Kitchen & Shelter, Harbor Homes, and the Greater Nashua Interfaith Hospitality Network. Emergency shelters serving those with certain special needs are operated by Harbor Homes, Bridges (formerly Rape & Assault Support Services), and the Greater Nashua Council on Alcoholism (Keystone Hall).

**Supportive Services.** Supportive services are described in the "Continuum of Care" narrative.

### **Institutional Housing Structure: Perceived Strengths and Gaps**

Both strengths and gaps are attributed to the institutional structure.

## ***Strengths***

1. A full-service housing authority;
2. Capacity for housing rehabilitation;
3. Municipal planning and building code staff;
3. Emergency shelter network;
4. Community support of nonprofit organizations;
5. Housing experience of nonprofits serving special needs clients;
6. A highly participative resident community that serves on boards of nonprofits.

## ***Gaps***

1. Limited formal involvement of private sector in financing affordable housing;
2. Development partnerships between nonprofits and local business;
3. Technical assistance to nonprofits in project development stages (principally financial resources are needed); and
4. Education on the impacts of affordable housing. Considerable information is available demonstrating that affordable housing will have no greater impact than a private, for-profit development. The Mayor's Housing Task Force Report and, now, the Regional Workforce Housing Coalition highlight the perils of a housing market that is not balanced to accommodate an expanding labor force.
5. Focus needed on the chance to earn a livable wage, so as to afford housing.

## **Institutional Structure: Community and Economic Development**

Nashua has operated a wide variety of projects and programs over the life of the CDBG program, including millions of dollars of investment in public facilities, housing, infrastructure, and economic development. These have been carried out directly and utilizing consulting services as needed. Participation in the HOME program, for many years as a sub-recipient of the state and now as a direct recipient, is described above.

Nashua has built its capacity for economic development in recent years, operating a revolving loan fund for job creation, and undertaking an array of initiatives to further employment opportunities. Currently, Mt. Auburn Associates is preparing an "Economic Situation Analysis" for the City.



Excerpted from the final draft is the following description of existing resources and programs.

#### **Existing Small Business Support Resources**

- ❖ The SBDC: Rivier College houses the Nashua regional office of the SBDC. It runs a number of programs including one-on-one counseling, enterprise forums, and other workshops and clinics. The center is focused on growing existing business as opposed to helping micro, start-up companies.
- ❖ Microcredit New Hampshire: Unlike the SBDC, Microcredit New Hampshire's target audience is specifically those who are interested in starting a business, giving them access to free information workshops, start-up grants, and business training. Those who pay for the services gain access to a peer review group. Microcredit New Hampshire is staffed with six regional managers, one of whom is responsible for a region that includes Nashua and Manchester.
- ❖ Nashua Public Library: The Nashua Public Library has an online and on-site business database for individuals interested in anything from doing business in New Hampshire to learning about businesses.
- ❖ The City of Nashua Revolving Loan Fund: The city of Nashua operates a revolving loan fund for start-up and existing businesses in the Nashua region. The fund is for permanent working capital and fixed asset financing. This fund provides an alternative source of financing for companies that have limited access to the private financial markets. The fund is investing in new technology-based firms, as well as firms in the creative sector.
- ❖ The Greater Nashua Software Entrepreneurs Group: Started in response to the region's Strategic Plan in the early 1990s, the GNSEG continues to meet and to offer members networking opportunities.
- ❖ The Breakfast Club: This is an informal group of local investors in Nashua who are interested in venture investment.

In addition to these local resources, there are a number of programs providing information, management and technical assistance, and financing through state government agencies and nonprofit organizations. These include the Economic Opportunity Center operated by Southern New Hampshire Services, and these noted in the "Economic Situation Analysis:"

- ❖ Procurement Technical Assistance Program (PTAP-NH). Run out of a center in Concord, the New Hampshire Procurement Technical Assistance Program helps New Hampshire businesses apply for federal contracts, including SBIR and STTR awards.
- ❖ New Hampshire Virtual Business Incubator: This collaborative project between The Knowledge Institute, New Hampshire Community Technical College System, and CombiNet-NH is an online or virtual incubator begun in early 2004. The incubator offers three levels of service: a basic web portal that connects business to useful, free information; a virtual "gatekeepers" connection that provides access to resources like specialized equipment; and personalized technical assistance. As of early 2004, the incubator housed 12 companies.
- ❖ EPSCoR: In August 2004, New Hampshire became a member state in the National Science Foundation's Experimental Program to Stimulate Competitive Research (EPSCoR). EPSCoR aids researchers and institutions in securing federal R&D funding, and is managed at the state level by a planning group drawn from business, government, and academia. A consultant's report was completed in March 2005. This project, which is still in the planning phase, has the potential to provide a significant resource for Nashua businesses and entrepreneurs.

Nashua's capacity for non-housing development is reflected in its full-service engineering staff, past experience with multi-million dollar public works projects, and success in competing for state and federal funds.

## G. Monitoring

The City shall use the standards of the Community Development Block and HOME programs in the monitoring of sub-recipients and implementing agencies, as required by 24 CFR Part 85 and 24 CFR 570.501–503. City staff attended HUD-sponsored training on sub-recipient contracting and monitoring in the past, and will use such opportunities as are available in the future. The City uses the publication "*Managing CDBG: A Guidebook for CDBG Grantees on Sub-recipient Oversight*" prepared for HUD in the implementation of sub-recipient procedures, and HOME regulations at 24 CFR 92.504. This is used as a guide for all facets of monitoring, from the development of the Department's sub-recipient management and training system, to on-site monitoring strategies and objectives, sub-recipient risk assessment, program income monitoring and development of sub-recipient agreements.

Sub-recipient agreements include all clauses required in 507.503(b): statement of work, records and reporting requirements, program income, uniform administrative requirements, conditions for religious organizations, suspension and termination, and reversion of assets. The statement of work contains description of the types and amount of work or products, and a specific schedule for completing the work, in sufficient detail to permit effective monitoring. Agencies shall be required to report on assistance received, assistance provided, beneficiaries (including household type, income and race), and other data as required for the applicable program. Operating agencies receive direction on Federal Labor Standards, procurement, and other matters. Annual independent audits are performed for the City each year and are required of each sub-recipient.

The City shall also make use of the findings of performance by the City's Review and Comment Commission and the United Way. Participation in these processes and the City's own comprehensive planning process (the CDBG-administering office is part of the City division that performs comprehensive planning) promote consistency with the plan requirements.

In order to gauge the effectiveness of the City's investment and to satisfy HUD requirements for performance measurement and comprehensive planning requirements, the City as well as the Greater Nashua Continuum of Care have adopted the **HUD Logic Model** as an evaluation tool, and as such has already done several training sessions with the provider community. The Logic model offers the following features:

### ***Sound management practice***

- Incorporates the use of *outcomes* or *results* into the administration, management, and operation of agencies
- Focus on the outcome —the *result* or the *product*— in addition to *program* and *service*.

### ***Accountability***

- Reporting client outcomes, in addition to counting units of service provided
- Linking budget to outcomes and service delivery data

Urban Programs makes available other tools to grant recipients, among them manuals and references. The City maintains minority and disadvantaged business directories in the Urban Programs office, and makes these available to sub-recipients in their procurement efforts.

## **H. Priority Needs Analysis and Strategies**

The needs that have been prioritized for this Plan are as identified by the community who assisted in the development of the Plan, generally corroborated by the findings of the "*Final Report of the Mayor's Task Force on Housing, 2003*," the "*10-Year Plan for Ending Homelessness*" of the Continuum of Care, the "*United Way Community Needs Assessment, 2002*," and the "*Community Assessment*" commissioned by Southern New Hampshire Services.

Housing was considered the most immediate concern by the community participants, even those agencies whose primary focus is not housing. Other priorities include homeless and special needs housing, youth and elderly services, public services, anti-crime, and economic development respectively. Following are results from those surveys:

- United Way, top community issues survey: medical insurance – 62%; affordable housing – 61%
- United Way, top issues identified by service providers: affordable housing – 100% (tied with affordable medications)
- United Way household survey (issues for those households): affordable medical and dental insurance, affordable dental care, and affordable medications were the top concern, mentioned by 32 to 36% of households. Affordable housing was the next most frequent issue, mentioned by 27% of households

- Southern New Hampshire Services, top issues identified by service providers: affordable housing – 54%; jobs with benefits – 34%
- Southern New Hampshire Services, top issues for clients of services: affordable housing – 86%; lack of jobs with benefits – 56%
- Southern New Hampshire Services, top issues for Head Start consumers: affordable housing – 38%; insufficient medical services – 27%

Twelve of the twenty-two agencies that submitted questionnaires described capital project plans to address these community needs. Most of these projects address affordable housing and transitional housing, estimated to cost approximately \$18,000,000 in total.

According to information obtained through questionnaires and the Consolidated Plan Community Discussion Board, the major obstacles to meeting the underserved needs as stated in the Plan are funding allotment and funding restrictions.

## **I. Lead-based Paint**

The City of Nashua, Urban Programs Department, knowing that lead is a potential hazard in older homes which in many cases have been divided into smaller apartments occupied by low-income families, has actively sought to prevent lead-based paint poisoning.

In past years, using HUD Lead Hazard Reduction Grant monies received as a sub-recipient to a grant awarded to and administered by the New Hampshire Housing Finance Authority, and a portion of money awarded through a HUD Economic Development Initiative (EDI) grant, the Urban Programs Department within Nashua's Community Development Division developed expertise in the area of residential lead hazards. The Department has had a track record of working collaboratively with the City's Public Health and Environmental Health Departments, which received some funding from the State Department of Health and Human Services for a "Get the Lead Out" campaign. The City entities work in close association with the State's Child Lead Poisoning Prevention Program in case management, lead abatement legislation and rules writing as well as in the definition of lead hazard reduction training. Urban Program staff members are state licensed as lead abatement contractors and inspectors. The City conducts education for the general public, property evaluation and case management.

Under the latest HUD EDI grant, the City has committed to lead hazard reduction in 30 units. Lead Hazard reduction funds were made available to property owners (in the form of no-interest, mortgages with half the principal forgiven after five years) for housing that serves as residence for families at or below 80% of median area income. Although Census Tracts 105 and 108 are targeted, the funds are available for qualifying properties throughout the City.

### Assessment of Residential Hazards from Lead Paint

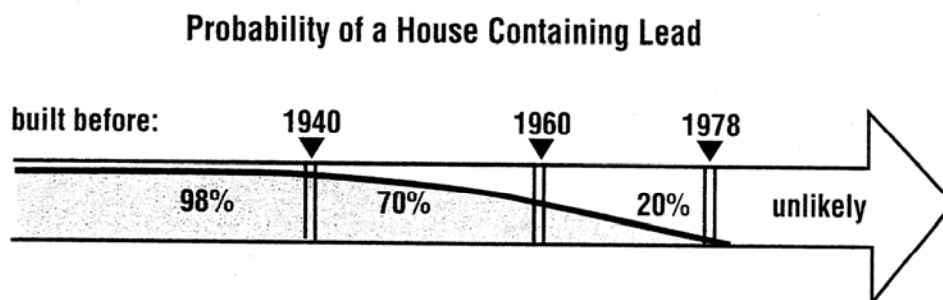
In 1978, lead paint was no longer allowed to be manufactured for residential use. However, its use in homes and apartments was already dwindling in the 1950's. After the 1940's, lead paint was most usually used on building exteriors.

The following graph (Figure 3), adapted from *Lead Paint Safety* published by HUD's Office of Lead Hazard Control, illustrates the likelihood of the presence of lead in a dwelling unit.

Figure 3

#### Most Old Homes Contain Lead-Based Paint

- Most homes built before 1978 contain some lead-based paint. Lead-based paint is more common and was used more extensively in homes built before 1950.



- Homes built before 1950 also used paint that had a higher concentration of lead.

In New Hampshire, a lead paint hazard is defined by the following qualities:

- Paint with a lead content at or above .5 percent by weight or at or above 1.0 milligrams per square centimeter.

- Lead dust on floors in excess of 40 micrograms per square foot; on sills in excess of 250 micrograms per square foot and in window wells in excess of 400 micrograms per square foot.
- Friction, impact and chewable surfaces containing lead paint.
- Deteriorated lead-based paint.

In addition, lead dust from a variety of sources can exist in soil. A presence of 400 micrograms per gram or higher levels of lead by weight in play areas, or 1,200 micrograms per gram in areas of bare soil, are also considered lead hazards.

The hazards are exacerbated by poor housekeeping or maintenance. As revealed by Public Health home visits, these conditions occur at a greater frequency in the neighborhoods covered by Census Tracts 105 and 108 than in the less poor neighborhoods. Coincidentally, lead hazards are also created in these same neighborhoods as families of modest means purchase these lower-priced, "fixer-up" properties in these Census Tracts, and with sweat equity make improvements to their new homes.

Lead poisoning in children under 6 years of age is considered to have occurred when two independent blood tests reveal lead levels at or in excess of 20 micrograms per deciliter. At these levels the home where the child resides will be inspected by the State's Child Lead Poisoning Prevention Program, and if hazards are identified in a rental unit, an abatement order will be issued.

Children with blood lead levels between 15 and 19 micrograms per deciliter will be monitored by Public Health. Quite frequently, they will visit the family's home, making a visual assessment and offering information on housekeeping and other risk reduction procedures.

Nationally, it is projected that 890,000 children have too much lead in their bodies. According to EPA's *Report on the HUD National Survey of Lead Paint in Housing* (April 1995), 64 million homes in the US have lead-based paint as the primary source of exposure. The same report found that roughly 20 million homes have conditions that are likely to expose families to unsafe levels of lead. The December 1990 HUD report to Congress entitled *HUD Comprehensive and Workable Plan for the Abatement of Lead-Based Paint in Privately Owned Housing* states that 90% of homes built before 1940 contain some lead-based paint. In addition, 80% of those built between 1940 and 1959 also have some lead-based paint, as 62% of homes built between 1960 and 1979.

**TABLE 6. Estimates of Housing Units with Lead-Based Paint in the City of Nashua**

Calculation of Units with Lead Hazards

Year Built	Nashua Total			Total for Census Tracts 105-108			Census Tract 105			Census Tract 106			Census Tract 107			Census Tract 108		
	Total Units	Pct Likelihood of Containing Lead	Units with Lead Paint	Total Units	Pct Likelihood of Containing Lead	Units with Lead Paint	Total Units	Pct Likelihood of Containing Lead	Units with Lead Paint	Total Units	Pct Likelihood of Containing Lead	Units with Lead Paint	Total Units	Pct Likelihood of Containing Lead	Units with Lead Paint	Total Units	Pct Likelihood of Containing Lead	Units with Lead Paint
1970-1979	7,324	62%	4,541	468	62%	290	42	62%	26	51	62%	32	156	62%	97	219	62%	136
1960-1969	5,615	62%	3,481	487	62%	302	42	62%	26	183	62%	113	84	62%	52	178	62%	110
1950-1959	2,768	80%	2,214	563	80%	450	103	80%	82	207	80%	166	21	80%	17	232	80%	186
1940-1949	1,542	80%	1,234	783	80%	626	192	80%	154	288	80%	230	51	80%	41	252	80%	202
1939 or older	7,267	90%	6,540	5,083	90%	4,575	1,383	90%	1,245	1,464	90%	1,318	748	90%	673	1,488	90%	1,339
<b>Total Lead Containing Units</b>	<b>24,516</b>		<b>18,010</b>	<b>7,384</b>		<b>6,243</b>	<b>1,762</b>		<b>1,533</b>	<b>2,193</b>		<b>1,859</b>	<b>1,060</b>		<b>880</b>	<b>2,369</b>		<b>1,973</b>

Ratio of Lead Hazard Units to Lead Containing Units	31.25%	31.25%	31.25%	31.25%	31.25%
Total Units with Lead Paint Hazard	5,628	1,951	479	581	617
Percent of Families in Poverty	4.7%	13.9%	16.5%	10.2%	16.6%
Lead Paint Hazard Units Occupied by Families in Poverty	265	272	79	59	102
Adjusting for Cumulative Rounding Errors	270	270			

Based on the proportions of lead-based paint in homes identified in the EPA's *Report on the HUD National Survey of Lead Paint in Housing* (April 1995), the Nashua Urban Programs Department can estimate that the City of Nashua in general, and the targeted census tracts in particular, have the following numbers of homes with lead hazards: (see Table 6)

Table 6 estimates that over 5,600 units of housing within the City probably contain some form of lead-based paint hazard. Almost 2,000 housing units, or about 1/3, exist within Nashua's four poorest census tracts. These are the areas where low to moderate-income households are likely to either buy or rent. It is estimated that 270 of units with lead hazards are occupied by families living in poverty, all in these four census tracts.

These units should be the first addressed with Federal assistance. Given historical cost data of \$15,000 per unit for lead hazard reduction and an additional \$1,000 each for temporary relocation and inspection/design services, it could take \$4,320,000 to correct these hazards in just those 270 units occupied by those living in poverty.

### **Plan of Action**

The City plans to continue to fund housing improvements, which will often include lead hazard reduction, at about \$150,000 per year, in 2005 dollars. It would thus take over 30 years to fully address the problem in units occupied by those at or below the poverty level. It should also be noted that it is unlikely that these families could themselves help defray the costs of renovation.

The Nashua Public Health Department reports that it currently case-manages 14 children with elevated blood lead levels. Most of these cases are, fortunately, still below the 20 microgram per deciliter level. The numbers of children whose cases are being managed have fallen slightly over the past five years. Public Health and Urban Programs continue to work with the families of these children to address the lead hazards which they are presented with.

As stated, the City proposes to use some of its CDBG-funded Housing Improvement Program to help low-income owners reduce lead hazards in their one- to four-family homes. The City also assists by supporting a first-time homebuyer program administered by Neighborhood Housing Services. Urban Programs will continue to offer technical assistance before purchase to help identify lead and other health hazards, and take measures to reduce exposure.



It is planned to expand this technical assistance to other areas of environmental and health risks found in homes, to effectively create a "Healthy Homes" program. Additional hazards to be addressed are asbestos, harmful out-gassing from building materials, vermin, mold/mildew, radon, ventilation and potentially dangerous life-safety issues.

## 2. HOUSING

### A. Housing Needs

Table 7, based on 2000 Census data, shows that among 34,800 households in Nashua, nearly 8,300 or just under 25% are considered low-income; that is, with income at or below 50% of *Median Area Income* (MAI). About 4,100, or 1 in 8, are extremely low-income (under 30% of MAI). Public housing authorities and community action agencies have become the vehicles within communities that address the housing needs of very low-income individuals and households. Private nonprofit community based organizations with the financial assistance of Low Income Housing Tax Credits, the HOME program, and CDBG have focused on the needs of low-income households. The market has served those at or above 80% MAI (moderate income). The situation in Nashua is generally the same, with some exceptions. For example, the 22-unit elderly housing project known as Milette Manor, developed by NHS of Greater Nashua, targets elderly households at or below 30% MAI.

Table 7: Household by Type, Income, and Housing Problem: Nashua 2000

Household (HH) by Type, Income, & Housing Problem	Renters					Owners					Total Households
	Elderly (1 & 2 members)	Small Related (2 to 4 members)	Large Related (5 or more members)	All Other	Total Renters	Elderly (1 & 2 members)	Small Related (2 to 4 members)	Large Related (5 or more members)	All Other	Total Owners	
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	
1. HH Income <= 50% MFI	1,750	1,847	328	1,760	5,685	1,567	480	147	417	2,611	8,296
2. HH Income <=30% MFI	1,130	919	139	840	3,028	688	210	39	144	1,081	4,109
3. % with any housing problems	60.6	86.9	85.6	71.4	72.8	75.4	100	100	90.3	83.1	75.5
4. % Cost Burden >30%	59.7	86.5	78.4	71.4	72	75.4	100	89.7	90.3	82.7	74.8
5. % Cost Burden >50%	39.8	67.5	49.6	51.8	52	49.4	83.3	64.1	83.3	61.1	54.4
6. HH Income >30 to <=50% MFI	620	928	189	920	2,657	879	270	108	273	1,530	4,187
7. % with any housing problems	60.5	70.9	70.9	75.5	70.1	39.2	74.1	92.6	65.2	53.8	64.1
8. % Cost Burden >30%	60.5	67.2	41.8	74.5	66.4	39.2	74.1	78.7	65.2	52.8	61.4
9. % Cost Burden >50%	23.4	11.9	0	21.2	16.9	9.1	46.3	41.7	49.1	25.1	19.9
10. HH Income >50 to <=80% MFI	370	1,005	319	1,164	2,858	973	845	293	475	2,586	5,444
11. % with any housing problems	47.3	29.9	49.8	26.1	32.8	20.3	57.4	59	55.8	43.3	37.8
12. % Cost Burden >30%	47.3	25.9	16.9	23.6	26.7	20.3	57.4	54.3	55.8	42.8	34.4
13. % Cost Burden >50%	10.8	0	0	0.9	1.7	2.5	13	5.1	11.6	7.9	4.7
14. HH Income >80% MFI	449	2,900	380	2,655	6,384	1,844	8,799	1,460	2,373	14,476	20,860
15. % with any housing problems	12	6.2	31.6	2.1	6.4	5.1	8.2	7.5	12.8	8.5	7.9
16. % Cost Burden >30%	8.7	1	0	0.8	1.4	5.1	7.9	3.1	12.6	7.8	5.9
17. % Cost Burden >50%	0.9	0	0	0	0.1	0.8	0.5	0	1.1	0.6	0.4
18. Total Households	2,569	5,752	1,027	5,579	14,927	4,384	10,124	1,900	3,265	19,673	34,600
19. % with housing problems	50.2	33.7	51.8	29.6	36.3	26.4	16	22.2	26.8	20.7	27.4
20. % Cost Burden >30	49.2	29.7	23.6	28.3	32.1	26.4	15.7	17.1	26.7	20	25.2
21. % Cost Burden >50	24.9	12.7	6.7	11.5	13.9	10.5	4.5	4.5	10.2	6.8	9.9

Source of Data: CHAS DAT BOOK: HUD

Housing affordability is generally defined as monthly housing costs (rent or mortgage principal and interest, property taxes and utilities) being no more than 30 percent of a household's gross monthly income.

In Nashua, more than two in three very low-income households that rent have housing cost burdens in excess of that affordability threshold, whereas more than four in five such households that own their own home have such burdens. There are over 3,000 very low-income households that rent, and nearly 1,100 very low-income households that own their own homes.

For low-income households, the numbers are 60% renters with housing cost burdens above the affordability threshold and 50% of owners. There are 2,660 low-income households that rent and 1,530 that own their own homes.

Although the elderly generally fare somewhat better than the general population in Nashua, when it comes to housing affordability issues, it is not by much. Three in five elderly renters are cost burdened, and for those at very-low income, three-quarters of households are cost burdened, but elderly renters making at least 50% of Median Area Income who own tend to fair much better than the general population when it comes to housing affordability.

Besides housing costs being in excess of the affordability thresholds, housing problems also include substandard housing and overcrowding. Those housing problems are found in an additional 1-2% of the housing occupied by very low- and low-income households.

Based on the national figures of the 2000 Census, the City estimates that 4% of households have special needs. This is based on the following statistics: 8.2% of individuals have "*a condition limiting basic physical activities, such as walking, climbing stairs, reaching, lifting, or carrying;*" 2.6% of individuals have "*a physical, mental, or emotional condition causing difficulty in dressing, bathing, or getting around inside a home.*"

## **B. Priority Housing Needs**

The City's Housing Improvement Program is intended to help reduce cost burdens for very low-and low-income homeowners with housing problems as they need to make repairs to their homes so that they can continue to stay there. At current funding capacity, about 10 households per year can be helped with that program.

With a portion of available CDBG allocations and all HOME funds awarded annually to the City, there is the capacity to leverage the production of about 16 rental units per year. These units typically target those at or below 60% of Median Area Income, or those with special needs.

Comparing the very limited production capacity to the needs defined in the accompanying table, it is apparent that progress will be slow in addressing the City's housing needs.

In addition, consideration must be given to the City's emphasis on ending homelessness and the need to produce about 40 units of suitable permanent housing units per year for that population. The Greater Nashua Continuum of Care advocates maximizing the proportion of Nashua CDBG dollars that go into housing production, especially for the population at risk of becoming homeless. The Continuum also recognizes that the maximum allowable percentage of CDBG goes to services that help persons at risk.

### **C. Housing Market Analysis**

Housing opportunities within the City of Nashua range from high-density urban settings to suburban and even a rural area in the southwest quadrant. The higher density single-family, duplex, and multi-family housing is largely concentrated in the older neighborhoods near the urban core. The lower density suburban subdivisions form an arc to the north, south, and west of the older sections.

Nashua's older high-density neighborhoods were developed in the 19<sup>th</sup> and early 20<sup>th</sup> centuries, and include such uses as neighborhood businesses, schools, and churches, as well as housing. Older neighborhoods such as French Hill, Crown Hill, the North End, and the Tree Streets have some of the City's finest buildings and also its housing most in need of attention.

Nashua has grown substantially in recent decades. The number of housing units in Nashua increased dramatically between 1980 and 1990, rising from 25,444 to 33,383, an increase of 31.2%. Between 1990 and 2000, the number of housing units increased another 2000 units. However, while the City's absolute number of housing units increased significantly, the City's relative share of the region's housing actually decreased in that period. This is due to the tremendous amount of residential development in neighboring communities and throughout the State.

In recent years, the focus of new construction has been on single family homes, a sharp variation from that of 1990.

**Table 8: Trends in Authorized Building Permits, Nashua, 1990-2003**

Units Authorized By Permit	Single Family	Multi Family	Mobile Home	Total
1990	73	201	1	275
1991	108	-2	-1	105
1992	77	-6	2	73
1993	99	-15	6	90
1994	111	52	0	163
1995	102	26	1	129
1996	108	91	1	200
1997	116	-14	2	104
1998	189	58	2	249
1999	136	24	0	160
<b>1990-1999 Total Units</b>	<b>1,119</b>	<b>415</b>	<b>14</b>	<b>1,548</b>
2000	120	71	4	195
2001	115	40	0	155
2002	114	0	0	114
2003	141	0	0	141

Source: New Hampshire Office of Energy and Planning

Table 8 shows building trends from 1990-2003 based on building permit data. Most housing that is built in Nashua is single-family homes. The number of multi-family building permits issued is significantly less.

**Table 9: Total Housing Units by Type, 1990 and 2000**

		Nashua	State of NH	Nashua	State of NH
		Number		Percent	
Total Units	1990	33,383	503904	100.0	100.0
	2000	35,387	547024	100.0	100.0
Occupied Units	1990	31,051	411186	93.0%	81.6%
	2000	34,614	474606	97.8%	86.8%
Owner Occupied	1990	17,920	280372	53.7%	55.6%
	2000	19,703	330700	55.7%	60.5%
Renter Occupied	1990	13,131	130814	39.3%	26.0%
	2000	14,911	143906	42.1%	26.3%
Vacant	1990	2,332	92718	7.0%	18.4%
	2000	773	72418	2.2%	13.2%
Seasonal/Recreational/ Occasional Use	1990	54	57177	0.2%	11.3%
	2000	188	56413	0.5%	10.3%

Source: NRPC Based on 2000 Census

Table 9 compares Nashua housing units by type between 1990 and 2000. The growth rate of owner-occupied units as a percent of all units in Nashua is slightly lower than that for the state, increasing from 54% in 1990 to 56% in 2000. Renter occupied-housing as a percent of total housing units increased from 39% in 1990 to 42% in 2000, and is much higher than for the state overall. Of particular interest is that the number of vacant units

decreased significantly over the decade, dropping from 2,332 units in 1990 to 773 units in 2000. This reflects growing housing demand in the City.

**Table 10: Housing units as a Percentage of Occupied Housing Units, 1990 and 2000**

	Owner Occupied		Renter Occupied	
	1990	2000	1990	2000
<b>Nashua</b>	57.7	56.9	42.3	43.1
<b>State of NH</b>	68.2	69.7	31.8	30.3

Source: NRPC Based On 2000 Census

Table 10 shows Nashua trends in owner-occupied versus renter-occupied housing as a percent of *occupied* housing. Here the data show a slight growth in the importance of rental housing over the decade in Nashua, a trend not obvious in the state as a whole.

### Housing Costs

The average selling price of a home in the Nashua area was \$224,000 in 2003. That average selling price surpassed the median value of housing (\$189,000). This is indicative of the rapid rise in housing prices. Between 1970 and 1980, the median value of owner-occupied housing in Nashua increased by 189%. Between 1980 and 1990 it increased by 149%. While it dropped between 1990 and 1994, housing prices have risen steadily since.

**Table 11: Residential Real Estate Sales Nashua, 2001-2003**

Year	Total Number of Sales	% Change from Previous Year	Average # Sales per Quarter	Volume of Sales	% Change From Previous Year Average	Average Sales Price	% Change From Previous Year
<b>2003</b>	1874	1%	469	\$419,776,000	15%	\$224,000	13%
<b>2002</b>	1849	8%	462	\$366,011,000	22%	\$198,000	14%
<b>2001</b>	1719	NA	430	\$299,699,000	NA	\$174,345	NA

Source: NRPC Quarterly Housing Sales Reports

Table 11 shows that the cost of housing in Nashua has increased steadily. Between 2001 and 2003, the average sales price of homes increased by 13 to 14% annually, while the dollar value of sales increased between 15% and 22%, even though the number of actual units sold increased only slightly.

Table 12: Trends in Median Purchase Price of Homes in Nashua, 2000-2004

Year	All Homes		Existing Homes		New Homes		Non-Condominiums		Condominiums	
	Median Purchase Price	Sample Size	Median Purchase Price	Sample Size	Median Purchase Price	Sample Size	Median Purchase Price	Sample Size	Median Purchase Price	Sample Size
2004 Jan-Sept	\$240,000	871	\$232,500	770	\$363,391	101	\$269,900	531	\$190,500	340
2003	\$224,000	1322	\$216,500	1177	\$351,550	145	\$252,000	772	\$176,900	550
2002	\$196,900	1273	\$190,000	1101	\$309,000	172	\$225,000	742	\$162,000	531
2001	\$170,000	1212	\$165,000	1072	\$240,900	140	\$185,720	693	\$138,000	519
2000	\$144,000	1350	\$140,900	1223	\$204,933	127	\$162,000	781	\$118,000	569

Source: NHHFA Purchase Price Database

Note: Calculations based on a sample size of less than 50 are highly volatile and not considered valid. .

Table 12 shows trends in median purchase price of homes in Nashua. Using data from the New Hampshire Housing Finance Authority purchase price database (based on survey data), Table 12 breaks out the price data by type of home. These data show that Nashua’s median purchase prices for all types of homes continue to show an increasing trend. The prevalence of cost growth makes the issue of affordable housing a more pressing need.

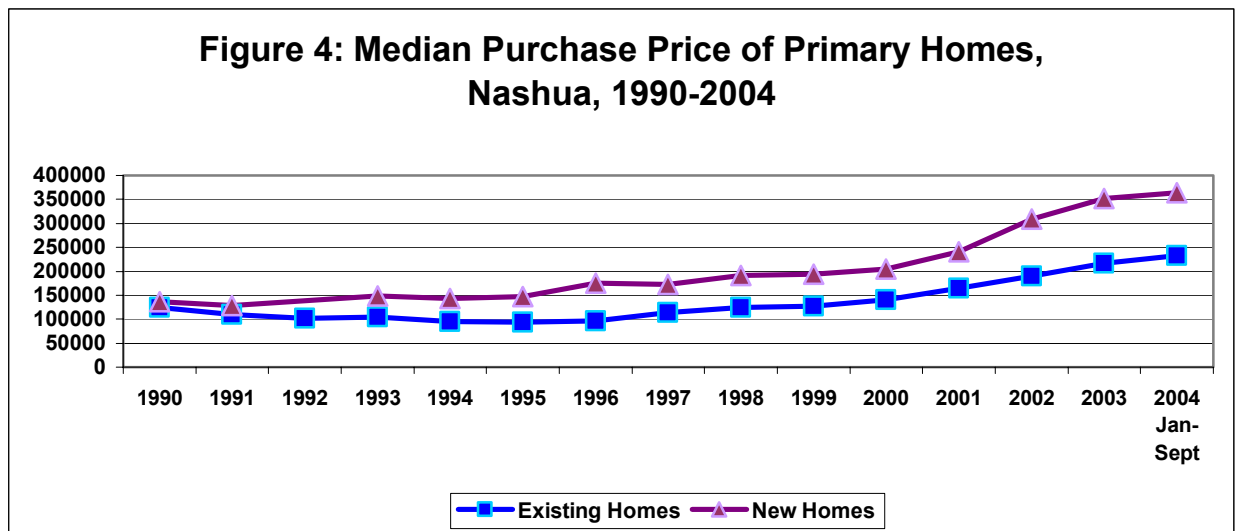


Figure 4 shows recent and longer trend data (since 1990) tracking the median purchase price of primary homes in Nashua; this figure relies on the same NHHFA data base. Of particular interest is the accelerated increase in housing prices since 2000, especially for new homes. This trend suggests that the Nashua regional housing industry is building for the higher end of the market.

# Rental Housing

Nashua has a large rental housing base. In 2000, Nashua had a considerably higher percentage of renter-occupied units (43.1%) than the State (26.3%). Nashua accommodates 10% of the renter-occupied units in the State and two-thirds (68%) of the renter-occupied units in the region. Rental costs have risen sharply in recent years as demand for rental housing has far outpaced supply. In 1990, the rental vacancy rate in Nashua was 17.1%; by 2000 it had dropped to 2.2%. The supply of rental housing over the decade did not keep up with increased demand. For the State, the rental vacancy rate was 8.7% in 1990, and decreased below 2% by 2000. While no more recent surveys of vacancy were available for this Plan, there was a sense that, by 2005, vacancies had increased since 2000, as reflected by the number of classified listings in the local daily newspaper, the number of signs on properties advertising availability, and some advertised incentives.

Given the dramatic drop in vacancy rates during that decade, driven by increased demand, it is hardly surprising that the average cost of a two-bedroom rental apartment in Nashua rose 26% in the six years between 1998 and 2004, going from \$819 to \$1,086. The median monthly gross rental cost for all types of apartments was \$764 in 1998; by 2004 this median monthly gross rental cost had increased to over a thousand dollars per month.

Table 13: Trends in Median Gross Rental Cost, 1990-2004

Year	All Units		0-Bedroom Units		1-Bedroom Units		2-Bedroom Units		3-Bedroom Units		4+-Bedroom Units	
	Median Gross Rental Cost	Sample Size	Median Gross Rental Cost	Sample Size	Median Gross Rental Cost	Sample Size	Median Gross Rental Cost	Sample Size	Median Gross Rental Cost	Sample Size	Median Gross Rental Cost	Sample Size
2004	\$1,041	1,786	\$676	40	\$904	530	\$1,086	1,036	\$1,281	164	#N/A	16
2003	\$1,012	1,832	\$580	46	\$886	543	\$1,024	1,066	\$1,259	165	#N/A	12
2002	\$969	1,405	\$593	33	\$858	390	\$1,019	830	\$1,160	142	#N/A	10
2001	\$966	1,044	#N/A	17	\$859	276	\$977	651	\$1,139	97	#N/A	3
2000	\$874	1,423	\$585	50	\$769	401	\$896	856	\$1,023	113	#N/A	3

Source: NHFA Residential Rental Cost Survey

Note: Calculations based on a sample size of less than 20 are highly volatile and not considered valid.

Table 13 shows trends in median gross rent between 2000 and 2004. This table shows that rents increased during this period for all types of units, from studios, to one, two and three-bedroom units. However, the evidence in this table suggests a possible stabilizing trend. While rents have continued to rise across the board since 2000, the rate of growth seems to have slowed down and perhaps stabilized between 2003 and 2004, largely as a result of a leveling off of rental costs for 2 and 3 bedroom units. It is unclear whether this is an actual stabilizing trend or merely a small slow-down to be followed by a continuation of the overall trend.



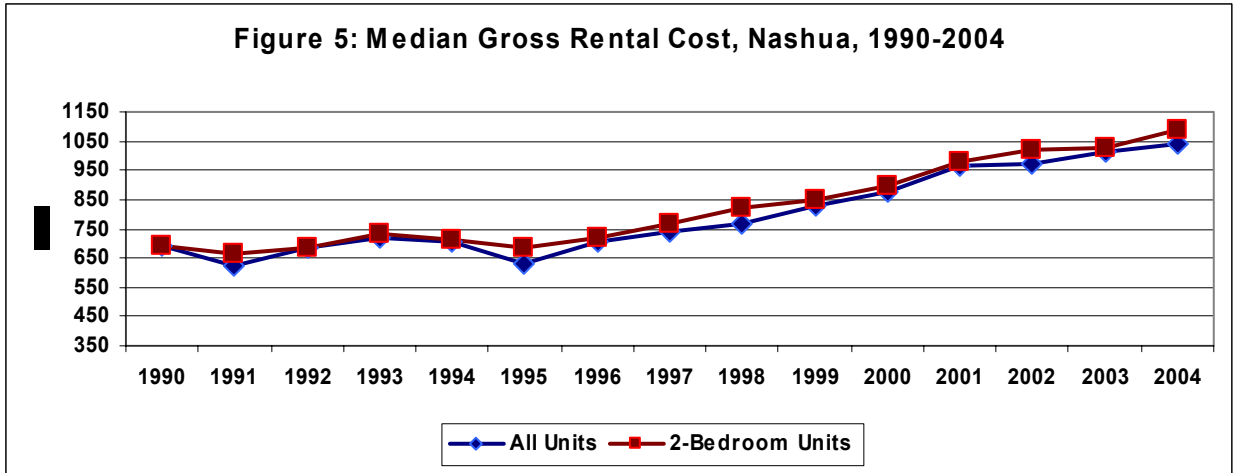


Figure 5 shows recent and longer trend data (since 1990) tracking median gross rental costs in Nashua; this figure relies on the NHHFA Residential Cost Survey data base. This figure shows a long-term rising trend in rental costs in Nashua. Since 1995 rents have increased at a constant annual rate, almost doubling by 2004, and far outpacing wage and income growth.

**Table 14: Percent of Nashua Households With Any Housing Problems: A Comparison of Minority Households with All Households**

Population	Total	Minorities <sup>1</sup>	Blacks	Asians	Latinos
<b>Total Households</b>	34,600	3162	600	1190	1372
<b>Number with any Housing Problems</b>	9480	1239	215	320	704
<b>Percent with any Housing Problems</b>	27.4%	39.2%	35.8%	26.9%	51.3%

<sup>1</sup> Includes only Blacks, Asians, Latinos

Source: HUD SOCDs CHAS DATA ([http://socds.huduser.org/CHAS/CHAS\\_java.htm](http://socds.huduser.org/CHAS/CHAS_java.htm))

Table 14 compares the prevalence of housing problems in Nashua by racial-ethnic group. The data shows that more than half of Latinos and over one-third of Blacks in Nashua have housing problems, compared to 27% of the overall population; the prevalence of housing problems in Asian households is comparable to that of the overall population. There is a higher prevalence of housing problems among minority families in Nashua.

**Table 15: Proportion of Total Households and Minority Households living in Owner-Occupied Units, Nashua 2000**

Households	Total		Minority	
	Number	Percent	Number	Percent
<b>Owner occupied housing units</b>	19700	57%	912	30%
<b>Total Households</b>	34614	100%	3085	9%

Source: Census 2000 Summary File 3, Sample Data

Table 15 compares the rates of home ownership in Nashua by racial-ethnic group. These data demonstrate that while 57% of City households are owner-occupied, a far smaller portion of homeowners in Nashua are minority (30%). This highlights the need for asset development programs to target minority households in Nashua, particularly Latinos, which are the largest and fastest growing minority group in Nashua and the state.

## Special Needs Housing and Services

Table 16 lists assisted and special needs housing resources available in the City of Nashua.

**Table 16. Nashua Assisted and Special Needs Housing**

Amherst Park Apartments 525 Amherst Street	Family 135 124	NHHFA HUD 236 Section 8 NC	Corcoran Management
Brentwood Manor II 18 Merrimack Street	Elderly 22	LIHTC, Sec. 8 mod. rehab.	Stewart Property Mgmt.
Bronstein Apartments Myrtle, Central & Pine Street	Family 48	HUD HUD PH	Nashua Housing Auth.
Brook Village North I 105 Spit Brook Road	Family 160 32	HUD HUD 236 -	First Equity Associates
Clocktower I Factory St	Elderly-Family 143 29	LIHTC, HoDag -	Clocktower Place Associates
Clocktower II 2 Clocktower Place	Elderly-Family 183 55	HUD LIHTC, HoDag, HUD 221(d)4	Clocktower Place Associates
Coliseum Seniors Residence 7 Coliseum Avenue	Elderly 101	NHHFA TE Bonds, LIHTC, Section 8	Stewart Property Mgmt.
Davidson Landing 143 Ledge Street	Elderly 36	HUD 202, PRAC	Southern NH Services
Davidson Landing II 145 Ledge Street	Elderly 46	HUD 202, PRAC	Southern NH Services
Fairmount St. Apartments 7 Fairmount Street	Family 10	HUD HUD PH	Nashua Housing Auth.
Gatewood Manor 27 Will Street	Elderly 97	NHHFA TE Bonds, Section 8	Stewart Property Mgmt.

Harbor Avenue House 60 1/2 Harbor Avenue	Special Needs 5	NHHFA HUD 202, Section 8	The Plus Company
Harbor Homes 8-16 Maple Street	Special Needs 6	HFF, AHF	Harbor Homes Inc.
Harbor Homes I 3 Winter Street	Special Needs 11 9	NHHFA HUD 202 Section 8 SR	Harbor Homes Inc.
Harbor Homes II 30 Allds Street	Special Needs 15 13	HUD HUD 202 Section 8 SR	Harbor Homes Inc.
Harbor Homes III 156 Chestnut Street	Special Needs 12 10	NHHFA HUD 202 Section 8 SR	Harbor Homes Inc.
Ledge Street Homes 11th Street	Family 30	HUD HUD PH	Nashua Housing Author.
Major Drive Elderly 100 Major Drive	Elderly 10	HUD HUD PH	Nashua Housing Author.
Mary's House 123 West Pearl Street	Permanent 40	Sec. 8 Mod. Rehab.	Southern NH Services
Maurice Arel Manor Pine & Lake Street, Rochette Avenue	Elderly-Family 132	HUD HUD PH	Nashua Housing Author.
Maynard Homes Burke, Ingalles & Major Streets	Family 100	HUD HUD PH	Nashua Housing Author.
McLaren Avenue and Ledge St. 2-14 McLaren Avenue	Family 8	HFF, HOME, LIHTC	Finlay Management
Milette Manor 72 Vine Street	Elderly 22	LIHTC	Stewart Property Mgmt.
Parkview Apartments Amherst, Greeley, & Merrimack Street	Family 21 17	LIHTC -	Nashua Housing Author.
Pheasant Run Apartment 1 Silver Lane	Elderly-Family 341 69	LIHTC, TE Bonds -	Princeton Properties
Pratt Homes 583 West Hollis Street	Elderly 45	NHHFA LIHTC, Section 8	Property Advisory Group
Scattered Sites Various Addresses	Family 26	HUD HUD PH	Nashua Housing Author.

Scattered Sites Atwood, Whitney & Pine	Family 17	HUD HUD PH	Nashua Housing Author.
Sullivan Terrace North 56 Tyler Street	Elderly 96	HUD HUD PH	Nashua Housing Author.
Sullivan Terrace South 57 Tyler Street	Elderly 100	HUD HUD PH	Nashua Housing Author.
Temple Street Manor 41 Temple Street	Elderly 43	HUD HUD PH	Nashua Housing Author.
Vagge Village Apartments Burke Street & Vagge Drive	Elderly 50	HUD HUD PH	Nashua Housing Author.
Village Gate Apartments 49 Spit Brook Road	Elderly 39	NHHFA Section 8	EastPoint Properties
Wagner Court 101 Burke Street	Elderly 70	HUD HUD 202, Section 8	Southern NH Services
Wheeler House 6 Summer Street	Elderly 17	LIHTC, Sec. 8 Mod. Rehab.	Eaton Partners
Xavier House 25 Morgan Street	Elderly 34	NHHFA TE Bonds, Section 8 SR	Caleb Foundation, Inc.

---

## D. Specific Housing Objectives

In summary, based on a review of the number of households at risk of homelessness, or who are living in over-crowded conditions or otherwise living in substandard housing, a need is demonstrated to address conditions and cost burdens in approximately 6,374 units of housing. The question becomes: how to address this, and to what level?

For extremely low-income households, the subsidy has to be so deep that it is beyond the capacity of the City itself. Government investment since the late 1930's have been to build and maintain public housing, or to provide vouchers to reduce a family's housing cost burden to no more than 30% of income.

For that population, which earns between 30 and 60% of median area income, the government, in partnership with for-profit and sometimes nonprofit housing developers, has assisted in the development of a variety of housing types which guarantee affordability for a period of time (generally twenty years). These programs, popular in the 1970's, have reached the end

of their affordability commitments. Without social and community pressure, there are limited resources to extend these affordability commitments.

In a more limited way, in this state, the government has worked with nonprofit housing developers to produce housing that remains affordable in perpetuity. In general, this follows the housing trust model, and removes the real estate from the speculative market. An April 1997 study entitled *Balancing Acts: A Strategic Assessment of the New Hampshire Nonprofit Housing Network* written by John Emmeus Davis of Burlington Associates, and commissioned by the Network, documents the struggles as well as the achievements in this sector. The kind of housing produced by the group is responsive to community needs and fits-in well with existing neighborhoods. The problem is that it is carried out at a very small scale that will never catch up with need. This type of housing is dependent on CDBG, HOME, and Low Income Housing Tax Credits (the latter under the administration of the New Hampshire Housing Finance Authority) to fill the gap between total development cost, and what project cash-flow allows in the payment of conventional mortgages. Additional assistance for these projects comes from the banking community, fulfilling its CRA requirements, and the Federal Home Loan Bank, which provides equity or debt.

Recognizing the disparities in housing opportunities for minorities, the community has programs targeting and accommodating non-English speakers. NHS of Greater Nashua runs homebuyer training alternately in Spanish and English, and Urban Programs has a Spanish-speaking project administrator on staff who because of having lived in Mexico, is also familiar with Latin American culture and customs.

## **E. Needs of Public Housing**

### **Public Housing Stock**

Of the 662 public housing units, thirty-two units, or 4.8% of the stock, are fully accessible. Another 16 units have been modified for those who are hearing-impaired. There are effectively no vacant units. All units are re-occupied within ten days.

The rehabilitation needs have been described in the Annual Statement for the Comprehensive Grant Program. The Five-Year Plan has been updated yearly so that all modernization needs are identified, quantified, and ready to be implemented upon receipt of funding. All units meet local codes and Uniform Physical Condition Standards.

## Section 8 Housing Choice Vouchers

Section 8 Housing Choice Vouchers are administered by the Nashua Housing Authority. Vouchers are granted to income-eligible families. The Voucher enables the household to access the private market housing. According to the Nashua Housing Authority, that agency administers 758 vouchers. Of those 758, all but 27 are being utilized in the City of Nashua; conversely, 136 vouchers from other housing authorities are being used in Nashua.

In addition, Harbor Homes has 75 Mainstream housing vouchers for people with disabilities. These certificates are accompanied by some case management and counseling.

## Project Based Assistance

Table 17 summarizes the existing housing assistance units in Nashua by household type: Elderly, Family, and other or combined. Nashua fields a total of 1774 units of assisted housing. As one can see below, these fall far short of the identified needs.

**Table 17. Assisted Housing**

<b>Elderly Assisted</b>	<b>Family Assisted</b>	<b>Other Assisted or Combined</b>	<b>Total Assisted</b>
646	290	836	1,774

## Waiting Lists

Public housing and housing assistance for low and moderate-income families in Nashua faces critical and chronic shortages. The Nashua Housing Authority reports that as of 1 March 2005, it had 1,587 families on its Public Housing waiting list, and another 2,459 on the Vouchers waiting list.

The 1,587 family waiting list for public housing translates into a four to five-year wait. For senior citizens the wait could be much longer, as long as five to seven years.

Assisted housing also faces critical shortages, leading to long waiting lists. Table 18 lists the waiting list information shared by owners/managers of assisted housing. There are significant waiting lists for every type of housing: family, elderly, and special needs. The waiting periods range from six months to seven years, and most waiting periods are in multiples of

years. This table highlights the prevailing evidence that assisted and subsidized housing needs in Nashua are unmet and face critical shortages.

**Table 18. Waiting Lists for Subsidized Housing in 2004**

<b>Project Name</b>	<b>Type</b>	<b>Number on list</b>	<b>Length of wait</b>
Amherst Park	Family	18	1-4 yrs
Brentwood Manor	Elderly	N/A	6 mos.
Brook Vill. 2-BR	Family		
Brook Vill. 3-BR	Family		
Clocktower 1-BR	Elderly/Family	55	1 yr.
Clocktower 2-BR	Elderly/Family	35	1 yr.
Coliseum Sr. Res.	Elderly	100+	3 yrs.
Davidson Landing I-II and Wagner Ct. (combined list)	Elderly	100+	5-7 yrs.
Gatewood Manor	Elderly	25	6 mos. – 1 yr.
Harbor Ave. House	Special Needs		
Harbor Homes (Scattered)	Special Needs	238	6 mos. – 3 yrs.
Harbor Homes – Winter	Special Needs	31	6 mos. – 3 yrs.
Harbor Homes – Allds	Special Needs	152	6 mos. – 3 yrs.
Harbor Homes – Chestnut	Special Needs	31	6 mos. – 3 yrs.
Harbor Homes – Safe Haven	Special Needs	27	6 mos. – 1 yr.
Harbor Homes - Vouchers	Special Needs	33	2 mos. - 2 yrs.
Harbor Homes – Rotary Apts	Family	N/A	5 yrs.
Harbor Homes - Veterans	Transitional	7	10 mos.
Millette Manor	Elderly	12	1 yr.
NHA- 1 BR	Elderly	733	2 yrs.
NHA- 2 BR	Elderly	14	3 yrs.
NHA- 1 BR	Family	26	3 yrs.
NHA- 2 BR	Family	551	3 yrs.
NHA- 3 BR	Family	241	2 yrs.
NHA- 4 BR	Family	20	1 yr.
NHA- 5BR	Family	2	1 yr.
NHA - Vouchers		2459	3 yrs.
Pheasant Run Apt.	Elderly/Family	28	6 mos. – 1 yr.
Pratt Homes	Elderly	26	1-2 yrs.
Village Gate	Elderly	12	6 mos.
Wagner Court	Elderly	See Davidson Land'g	
Wheeler House	Elderly	0	N/A
Xavier House	Elderly	5	6 mos. – 1 yr.

## **F. Public Housing Strategy**

### **General**

The Nashua Housing Authority has scored highly on its federal assessments for management and operations. In the most recent scoring, the Authority achieved a 92% rating, indicative of a high performer.

All lead-based paint has been removed from public housing units in Nashua.

### **Improving the Living Environment**

The Annual Reports of the Nashua Housing Authority provide a comprehensive view of its resident initiatives, including the following:

- Resident association organizations
- Senior Relations Officer of the Nashua Police Department
- Exercise classes (with the YMCA)
- Cooking/nutrition education
- Movies
- Commodity Supplemental Food Program
- Complimentary transportation to grocery store (by Ryder)
- Distribution of free bus passes (funded by the State Department of Elderly and Adult Services)
- Scholarships to the Adult Learning Center

The rehabilitation needs are described in the Annual Statement for the Comprehensive Grant Program. The Five Year Plan has been updated yearly so that all modernization needs are identified, quantified, and ready to be implemented upon receipt of funding.

### **Management and Homeownership by Residents**

Residents participate in a number of ways that affect the management of public housing in Nashua. Residents are formally surveyed and public hearings held for their input into the Capital Fund Program. Many of the activities listed above reflect the preferences of residents, based on participation levels and feedback.

The Authority has previously overseen the sale of 54 units to residents. More recently, there has been a sale of a condominium unit to a resident, and the purchase and rehabilitation of a two-family home in cooperation with the City. The Authority will enroll prospective owners in the Nashua NHS homebuyers class as opportunities arise.

### **City Activities in Support of Public Housing**

The City directly or indirectly supports a number of special services to public housing residents, as follows:

- Police Athletic League programs (in facilities funded by the City)
- Girls Inc. Programs



- Boys & Girls Club programs
- Nashua Youth Council programs
- Public transportation service, including Jobs Access transit
- Economic Opportunity Center of Southern New Hampshire Services
- Head Start programs at Housing Authority sites

Examples of capital expenditures by the City benefiting public housing residents include modernization and expansion of schools (Dr. Crisp, Amherst Street), reconstruction of streets and sidewalks (Burke Street, Lake Street, and many others), and improvement of recreation facilities (Lyons Field, Haines Street fields, the Heritage Rail Trail). The City also operates neighborhood housing improvement programs in areas near public housing.

The City monitors Housing Authority efforts through a number of means, including Housing Authority Commission membership of an Alderman, liaison through the Mayor's office, receipt of regular reports, and interaction with staff at various levels.

## **G. Barriers to Affordable Housing**

### **Description of Public Policies affecting affordable housing**

Nashua, as the central city of a metropolitan area, has historically been the location of most modest and, hence, affordable housing in the region. This stems from its early days as a mill town, while surrounding communities retained their primarily agricultural base.

Currently, there is still the dramatic difference in the characteristics of housing in Nashua compared to its region. Census data show that Nashua has 54% of the multi-family housing in the region, 56% of all duplexes, and 62% of the renter-occupied units. Further, the City has 13% of all the renter-occupied units in the State.

These statistics illustrate the relative opportunity that has existed in Nashua to develop and retain units that tend to be affordable. This is due to the policies of the City with regard to master planning and capital improvements programming.

The development process is regulated by various City departments, but principally the Planning and Building Departments. On-going efforts are made to streamline permitting, and improvements will continue to be sought, while still safeguarding the essential public interest. Fees are evaluated periodically to ensure parity with accepted practice. The City's fees

for building permits, zoning and site plans are historically, overall, below the regional average. The City regularly adopts current editions of the Building Code and the Life Safety Code. These codes include special consideration of conditions in existing buildings. A staff of qualified inspectors is maintained to ensure professional standards are kept. Inspections are regularly made on 24-hour notice, and plan reviews are typically made in about one-half the time allowed under State law. Also, somewhat anecdotally, builders and developers often comment on the quick and efficient permitting system in Nashua, compared to other communities.

The City has utilized the provisions of New Hampshire RSAs ("Revised Statutes, Annotated") to moderate the property tax burden for elderly and disabled households and nonprofit housing owners, although the City does require payment of property taxes on housing assisted through the City's HOME program sub-allocation.

New and innovative means of providing regulatory incentives to the creation of affordable housing are continually evolving. In the late 1990's, the City adopted an ordinance allowing "accessory" dwelling units in existing single-family dwellings. Further study is also needed to determine possible reduction of parking and street requirements in new developments. Under the existing ordinances, consideration may be given to facilitating affordable housing developments through concurrent building permit reviews during the zoning and site plan process. The City is currently considering a comprehensive update to its land use ordinances that includes a section(16-93) on inclusionary zoning which comprehensively addresses affordable/workforce housing under the context of New Hampshire laws.

### **Assessment of Barriers to Affordable Housing**

There are no known public barriers to affordable housing. Most opportunities for new construction lie in rural areas of the City, distant from services and conveniences. Thus, it is strategically preferable to redevelop existing buildings for affordable housing. "Flexible use" zones in the inner city can allow just such conversions.

There are no known laws or regulations that would tend to cause concentrations of racial or ethnic minorities.

## **3. HOMELESS**

### **A. Homeless Needs**

#### **Existing Facilities and Services**

Nashua citizens have long supported charitable efforts, such as the Community Chest (now United Way), the "Poor Farm," the "Sanitarium for Nervous Individuals," the Nashua Protestant and Catholic orphanages, and various other benevolent institutions for decades. Today, many of the service organizations are "nonprofits;" boards of directors are composed of Nashua and area volunteers who hire staff, recruit and train other volunteers to provide services, raise funds, and seek Federal, State, and local government aid. Religious organizations in many cases offer support to their members in crisis as well as undertaking the "mission" of helping the afflicted in the general population. Nashua City government, itself, provides a number of direct services to the homeless, especially health and welfare assistance, and additionally, has a history of support for nonprofit organizations. Welfare assistance is mandated by State law (RSA 165), which says that "...whenever a person in any town is poor and unable to support himself, he shall be relieved and maintained by the Overseers of Public Welfare of such town, whether or not he has residence there."

AMERICAN RED CROSS. The American Red Cross provides relief to victims of disasters. It helps people prevent, prepare for, and respond to emergencies. It collects blood and blood products for use in local hospitals, plans to do disaster prevention education and offers short-term emergency housing with the length of assistance dependent upon the situation. In FY 2004, 57 persons were housed. The organization is planning to advertise its emergency housing program and expects the number to increase.

CITY HEALTH AND COMMUNITY SERVICES DIVISION: WELFARE DEPARTMENT (English/Spanish bilingual capabilities). Serving income-eligible residents of Nashua with basic essential needs such as shelter, food, utility, and medication costs through a voucher system where payment is made directly to the vendor (e.g., landlord, supermarket, utility company) on behalf of the client.

The Welfare Department bridges the gap for those who have insufficient income to maintain basic essential needs due to lack of employment or receipt of other financial assistance programs, such as State Welfare, Unemployment Compensation, or Social Security.

Assistance amounts provided are determined by the size and needs of the household. The assistance provided is for rent (about 78% of all assistance provided), food, utilities, and medication costs, according to the unique needs of the household. Rent allowance for a single person is \$617 per month (studio/0 bedroom unit) and food allowance is \$149 per month. A family needing two bedrooms receives up to \$996 per month for rent and \$499 per month for food. Able-bodied recipients must submit evidence weekly of a bona fide job search, and may also be required to participate in a city work program.

In FY 2004, 1,329 cases were handled and \$1,679,240 was spent in assistance. This was an increase in caseload, but a reduction in amount of assistance over the past year when \$1,900,475 was provided over 1,294 cases.

BRIDGES (formerly Rape & Assault Support Services; English/Spanish bilingual capabilities). This organization provides crisis intervention and support/guidance for victims of domestic violence, sexual assault and child sexual abuse. It offers a school based education program called, "Rights, Responsibility, and Respect". Additionally it offers a twenty-four hour a day crisis line and has on staff a half time NH Dept. of Health and Human services, Division of Child, Youth and Family liaison.

An emergency shelter provides beds for varying terms depending on individual needs. The capacity is ten beds. It is anticipated that in any year, 75 individuals will be housed for 1,900 nights, because permanent housing is so difficult to secure.

McKinney Act funds have been received for operating assistance, along with a range of other local and Federal funding.

CORPUS CHRISTI. Provides a food pantry and meal services for families that are not eligible for government assistance or whose assistance is delayed.

EMERGENCY MEDICAL CARE (English/Spanish bilingual capabilities). The homeless person is often caught in a crisis situation at a hospital emergency room. Two full service hospitals are available in Nashua, Southern New Hampshire Medical Center is located inner city and is chosen more frequently than St. Joseph Hospital, which is full service, but situated a short distance from the inner city.

Homeless children are often seen at the Nashua Area Health Center. Nashua Area Health Center provides comprehensive family-oriented primary health

care services for individuals and families from the City of Nashua and fourteen surrounding towns, regardless of their ability to pay.

Dental care has been very difficult to obtain for low-income individuals. The Dental Connection, a nonprofit dental provider was established about five years ago to help low-income uninsured patients.

**HARBOR HOMES.** Harbor Homes is a private, nonprofit organization providing residential and recreational services to homeless persons with long-term mental illness residing in the Nashua area. The goal of the agency is to help its residents in the development and the implementation of those skills necessary for greater independent functioning and productive living within the community. Primary sources of funding include the New Hampshire Division of Mental Health and Developmental Services, HUD, client fees and individual contributions. The area served is the town of Amherst, Hollis, Hudson, Litchfield, Mason, Merrimack, Milford, Mount Vernon and Nashua.

Harbor Homes provides 19 Community Residence beds, 16 Independent Living units, 101 units of Permanent Housing for persons with severe and persistent mental illness and/or dually diagnosed AIDS positive, a 26 bed emergency shelter for individuals and families and 5 Condominium (homeownership) units for persons with severe and persistent mental illness. Other services offered are Safe Haven, a one 5-bed congregate living facility for persons who are homeless who are living with untreated mental illness, or who are dually diagnosed with a mental illness and HIV/AIDS or substance abuse, 75 Units of Section 8 tenant based vouchers, Veterans Transitional Housing - 20 units of transitional shelter and case management services for homeless veterans (for up to two years), Veterans Per Diem and Capital Grant - 20 units of transitional housing for homeless veterans and their families, employment services and a social club for persons with severe and persistent mental illness, homelessness, etc.

**INTERFAITH HOSPITALITY NETWORK.** A Greater Nashua Interfaith Hospitality Network was established in the period since the last Consolidated Plan. It began providing shelter, food and case management for homeless families in November of 2004. The Network uses a group of eight local churches to provide sleeping accommodations on a weekly rotational basis and buses families to a Day Center that guests use as a home base for seeking work, going to school, doing laundry, homework and play for children and noon-time meals. In August of 2005, the Network will move from the rotational model to a fixed model with round-the-clock accommodations at one facility, a former Novitiate in Hudson, NH.

MARGUERITE'S PLACE. Marguerite's Place provides housing, intensive case management and on-site day care for women and children who are homeless and in crisis. The goal is to move families into self-sufficiency and the lack of affordable housing has prevented this.

The agency provides transitional housing for 10 families that includes one 3 bedroom, one 1 bedroom, and eight 2-bedroom apartments. The waiting list varies, 60 intakes were done in a 12-month period.

MP HOUSING. Noting the lack of affordable permanent housing opportunities for Marguerite's Place transitional housing graduates, MP Housing was established to provide those housing opportunities. Units are provided to graduates at below market rents so that those graduates can continue to build wealth to prepare them for success in the normal housing market. Of note is that, although residences at Marguerite's Place are for women and children alone – the MP Housing units may be occupied by intact families, including adult male household members.

NASHUA SOUP KITCHEN & SHELTER (English/Spanish bilingual capabilities). The Nashua Soup Kitchen and Shelter was established to provide the basic necessities for the areas homeless and indigent, to render emergency shelter and to assure that the long-term housing and employment issues of homeless persons are addressed. The Soup Kitchen provides a daily meal seven days a week, three hundred sixty five days a year, along with emergency food baskets for individuals and families in need. Short-term emergency shelter is available to homeless men, women and families with children. The agency also assists clients in their search for affordable housing and employment opportunities.

The shelter on Ash Street has twenty beds and a newer facility on Kinsley Street has ten, for a total of thirty beds. The shelter is open to all individuals and families who have no housing and would be on the street otherwise. Only persons under the influence of alcohol or drugs, unaccompanied minors, or persons who for any reason cannot care for themselves are ineligible for the service. Eligibility is determined at the intake interview by the shelter staff or the referring agent before placement.

During 2004 a total of 278 single individuals and 48 families were sheltered and 43,660 meals were served.

NASHUA PASTORAL CARE CENTER. The NPCC serves low-income individuals and families at crisis times in their lives through emergency assistance, a security deposit loan fund, transitional housing, food assistance, mental, emotional and spiritual support. The programs offered are the Emergency

Assistance, the Security Deposit, the Transitional Housing, and the Food Pantry. Priority for use of these programs is based upon the greatest degree of need for the service, usually when there are no other sources of funds available. The Nashua Pastoral Care Center sees its role as providing a "safety-net" of assistance.

The Emergency Assistance Program provides help to individuals and families in a variety of different ways including rental and utility intervention, prescription purchase, gas for vehicles for getting to work, keeping doctor and dental appointments and also to provide an opportunity for people to share their fears and feelings. The Security Deposit Loan Program provides loans for deposits to low-income families. Providing no-interest loans repayable over a six-month period makes this assistance. Through this assistance families are able to get into decent permanent housing.

The Transitional Housing Program helps single mothers and children become independent members of the community. The women must be committed to making permanent life changes. They must be participating in an education or job skill program. There is a two-year limit to participants.

The NPCC owns 9 housing units in two buildings and rents three others from area landlords, for a total of 12 units. NPCC acquired the former Norwell Home nursing home, which serves as transitional housing for unwed mothers and their infant children. With the Norwell Home, NPCC transitional housing beds increased to 65, total.

The Food Assistance Program provides basic food items to individuals and families in need.

NASHUA PUBLIC LIBRARY. Homeless individuals often spend their cold weather mornings reading at the main library, after leaving the shelter or having breakfast at the soup kitchen.

SALVATION ARMY. The Army assists the underprivileged in the Nashua area. Services include a food pantry, clothing, furniture, rental, utility, and medication assistance. The Army works with local agencies when dealing with emergency housing needs by referring clients to the area shelters; when the shelters are full, the Army will pay for motel costs depending upon funding availability. Approximately 3000 persons are assisted each year.

SHEEPFOLD ASSEMBLY OF GOD. Provides meals, food, and clothing.

SOUL PURPOSE LIVING. Soul Purpose living serves those who are special needs, including those with mental health and substance abuse issues by

providing them with resources and a structured living environment. Soul Purpose Living is able to accommodate twenty clients in the two recovery houses that the organization operates.

**SOUTHERN NEW HAMPSHIRE SERVICES: MARY'S HOUSE** (English/Spanish/French/Bosnian/Croatian/Swahili multilingual capabilities). Mary's House is designed to provide 40 rehabilitated Single Room Occupancy apartments, supportive services, and Section 8 rent assistance to homeless women from the Nashua area who have been referred and are in need of housing. The Nashua Housing Authority administers project rents.

**SOUTHERN NEW HAMPSHIRE SERVICES: HOMELESS OUTREACH/ INTERVENTION PROJECT.** Under this program, the homeless outreach/intervention specialist provides aggressive outreach activities in order to shelter the unsheltered homeless by engaging them in the shelter system where linkages to additional needed services can be made.

Four to five families are encountered each week; it is difficult to find housing for families with children. In a 4-month period of time, 60 to 70 single homeless persons were provided with services.

**TOLLES ST. MISSION.** Provides clothing and food.

**THE UPPER ROOM.** Provides clothing, coffee, and snacks.

### **Needs of Homeless Persons**

Homelessness, and the threat of it, afflicts a wide range of people: those who suffer from chronic disabilities (mental and physical) and those who suffer from poverty due to a personal crisis, such as loss of employment, health care expenses, domestic abuse, or loss of support. Individuals, families, and children, too, are susceptible to homelessness. Homelessness, or the threat of it, is debilitating; the loss of security can make the individual unable to deal with everyday matters.

The City has an active and effective Continuum of Care. This group has defined the community's needs and presents its findings annually in their grant applications to HUD. That data is collected by the Continuum through polling service providers one day per year. Anecdotal discussion at monthly meetings rounds out the picture of needs.

The unmet need that is voiced the most frequently by service providers is simply for affordable housing. That does not, by any means, imply that the need for homeless shelter beds has declined, but that there are significant



numbers of the homeless population that cannot or will not find stability without opportunity to rent without overly burdening their budget. Others need longer-term housing security together with supportive services. This is typically provided through transitional housing. With transitional housing, services range from emotional support for those in sudden crisis, through clinical support needs for substance abusers. Agencies that see such a need are the Southern New Hampshire Regional Medical Center, Nashua Pastoral Care Center, American Red Cross, Nashua Soup Kitchen & Shelter, Bridges, Nashua Crisis Pregnancy Center, Nashua Housing Authority, and Marguerite's Place.

Short-term financial assistance, helping people with rent security deposits, utilities, and temporary rent assistance in-place, was seen as a need by the Nashua Pastoral Care Center and others. NPCC has developed a security deposit assistance program that answers the need, and the City supports it through CDBG funding.

In the past, several agencies mentioned women with children as those with the greatest need, but in planning for the present Consolidated Plan, the groups that appear to lack sufficient opportunities are single homeless men, veterans, substance abusers and those with mental illness.

According to the Continuum of Care gaps analysis, on January 25, 2005 there were 561 homeless individuals in the area served by the Greater Nashua Continuum of Care.

Shelter stays have increased in length. An average stay approaches 50 days, up from 30 days only five years ago, pointing to the lack of affordable and appropriate housing opportunities for those that have entered the shelter system.

The needs for transitional housing and permanent supportive housing are significant. The Ending Homelessness Plan suggests that some 400 units need to be brought on line in the next 8 years.

Data from the two shelters suggests that the distribution by race of those needing shelter beds matches that of the general population.

### **Continuum of Care Gaps Analysis**

The Greater Nashua Continuum of Care is described in Appendix D. This appendix outlines each agency's work and programs, and serves as a guide for those addressing the needs of the homeless. The board of the Continuum

is comprised of key staff in agencies and local government. It meets monthly or more frequently as specific tasks, opportunities or problems present themselves. There is close collaboration between agencies to make case management as seamless as possible. A website is actively maintained and updated to facilitate this, and to make clients and the general public aware of its function.

The Continuum’s most recent analysis of needs within the community is shown on Table 19 below, which reflects the situation as of 25 January 2005. The numbers are specific to the ten municipalities within the Greater Nashua Continuum of Care catchment area.

The (N) notation in the following chart indicates that the numbers cited are not estimates or by sampling, but are based on a full-count numeration.

**TABLE 19: Continuum of Care Analysis of Needs**

<b>Part 1: Homeless Population</b>	<b>Sheltered</b>		<b>Unsheltered</b>	<b>Total</b>
	<b>Emergency</b>	<b>Transitional</b>		
1. Homeless Individuals	77 (N)	20 (N)	170 (N)	267 (N)
2. Homeless Families with Children	25 (N)	23 (N)	60 (N)	108 (N)
Form 2a. Persons in Homeless Families with Children	75 (N)	53 (N)	166 (N)	294 (N)
<b>Total (lines 1 + 2a only)</b>	152 (N)	73 (N)	336 (N)	561 (N)
<b>Part 2: Homeless Subpopulations</b>	<b>Sheltered</b>	<b>Unsheltered</b>	<b>Total</b>	
1. Chronically Homeless	42 (N)		124 (N)	166 (N)
2. Severely Mentally Ill	47 (N)		127 (N)	174 (N)
3. Chronic Substance Abuse	82 (N)		62 (N)	144 (N)
4. Veterans	24 (N)		8 (N)	32 (N)
5. Persons with HIV/AIDS	0 (N)		14 (N)	14 (N)
6. Victims of Domestic Violence	54 (N)		31 (N)	85 (N)
7. Youth (Under 18 years of age)	3 (N)		3 (N)	6 (N)

## Strategies

The goal of service to the homeless is self-sufficiency. Most approaches over the years have been to the immediate short-term needs for food and shelter, with the hope that that would tide people over; however, it is apparent that most homeless persons continue in a cycle of crises. Nashua, like numerous

other communities, is now implementing a formalized strategy for preventing recurring homelessness, as defined by its Ending Homelessness Plan unveiled in September 2004.

The strategy for preventing and ending homelessness as outlined in this plan consists of the following:

### **1. Homeless Housing**

- a. Provide adequate permanent affordable housing for no and low-income individuals and families.
- b. Provide adequate transitional supportive housing, particularly for the following:
  - i. Aged-out youth
  - ii. Families
- c. Provide adequate Permanent supportive housing.
- d. Provide adequate shelters for targeted populations and special needs as the following:
  - i. Wet shelter (for those under the influence)
  - ii. Elderly persons
  - iii. Veterans
  - iv. Youth

### **2. Homeless Prevention**

- a. Maintain CDBG funding for existing shelter and resource operation.
- b. Obtain HUD funding to maintain existing infrastructure, as a reduction would leave many unserved.

### **3. Supportive Services**

- a. Provide multifaceted services to prevent homelessness relapse.
- b. Provide financial training and services.

### **4. Employment**

- a. Advocate for living wages.
- b. Provide skills-based training.

### **5. Review and Implement the existing Ten Year Plan to End Homelessness**

- a. Monitor progress and evaluate outcomes.
- b. Monitor HUD and Congress for changes that would impact the Plan.

Many organizations not usually thought of as dealing with the homeless are often on the front line. Examples are hospitals (emergency rooms are the health care source for the homeless), police officers (whether due to protective custody, domestic violence or other reasons), fire rescue personnel, and libraries (warm, safe haven).

The goal of the Continuum of Care is to coordinate these efforts and to make the best use of available Federal resources to meet local needs. The City continues to collaborate with nonprofits that serve the homeless to collect information, organize meetings, and disseminate the Continuum philosophy.

The City continues to fund in part the general administration, needed capital projects and services of a majority of the agencies addressing homelessness. Both City general tax revenues and Federal assistance are used for this purpose. Agencies make application annually to the City, describing the needs that will be addressed along with proposed implementation methods.

### **Existing Facilities and Services**

Persons who are not homeless, but require supportive services and priority housing i.e., elderly, frail elderly, persons with disabilities (mental, physical, developmental, persons with alcohol or other drug addiction, persons with HIV/AIDS) and their families have available the following housing support services.

AREA AGENCY FOR DEVELOPMENTAL SERVICES. This organization serves individuals with developmental disabilities and their families. Services include Information and referral, intake and eligibility, service coordination, family support, early intervention, independent living and community supports, consumer-directed services, residential options, vocational options, services for those with acquired brain disorder, adult day service program.

The Area Agency owns 5 residential properties, a condominium and 4 single-family homes. In FY 2004, 200 people were residentially supported. Homeless Prevention assistance was provided in the amount of \$10,800. Forty-two thousand dollars was provided for handicap accessible modifications to families' homes that helped 22 people.

ADULT LEARNING CENTER (ALC) (English/Spanish bilingual capabilities). The ALC offers programs and services which reflect the needs of the Nashua community as determined by the United Way Community Needs

Assessment, NH State Department of Education and Nashua 2000 educational goals.

- Academic Programs: Adult Basic Education, GED Preparation, English as a Second Language, Adult Tutorial Program, JOBS, Clearway Alternative High School, and Even Start Programs address the complex issues of literacy for adults and teenagers who have completed high school.
- Job Training: Office Technology, Career Counseling, and Step by Step Case Management programs provide training and job placement for unemployed or underemployed adults.
- Support Services: Child Care and School Age Care programs provide for preschool children as well as after school, vacation, and before school programs for children of working parents in Nashua, Hudson, Litchfield, and Merrimack public schools.

Each year about 3500 individuals participate in the programs.

**BIG BROTHER AND BIG SISTER OF GREATER NASHUA** (English/Spanish bilingual capabilities). Big Brother and Big Sister of Greater Nashua offers community and school-based mentoring programs. In FY 2004, 500 at-risk children ages 6-17 years were served. The goal is to grow the program by 10% each year, screening matching adults and children to create friendships.

**THE BOYS & GIRLS CLUB OF GREATER NASHUA** (English/Spanish bilingual capabilities). The Boys & Girls Club of Greater Nashua provides high quality, low cost after-school programs for Nashua area youth.

The programs and services offered are health and physical education activities, education, vocational assistance, cultural enrichment programs, Hispanic outreach, a teen club, free transportation, a youth guidance camp, a child care center for children aged 6 weeks through 6 years of age and an after school care program for children 6, 7 and 8 years old, not already served by the Boys and Girls Club.

**CORPUS CHRISTI.** Corpus Christi Food Pantry provides food to persons in need. Statistics show that 54% of clients are children and 8% are the elderly.

**THE CRISIS PREGNANCY CENTER** (English/Spanish bilingual capabilities). Provides supportive services, pregnancy tests, referral to medical care/housing, education programs, maternity cloths, and infant necessities.

THE CAREGIVERS, INC. The Caregivers mission is to help the elderly and disabled remain independent by providing free non-medical services. These services are transportation to the doctor's office, bank, grocery store, dialysis treatment, chemotherapy treatment, etc., arranging Friendly Visitors for those needing companionship.

COMMUNITY COUNCIL OF NASHUA. Community Council is a community mental health center offering prompt professional evaluations and treatment resource development, community education research, case management services, crisis response, vocational services, peer support services, referral system for access to crisis intervention, brief treatment, a 16-bed residential facility and hospitalization.

Community Council provides mental health services to the residents of the Greater Nashua area. In 2000, there were 3,067 clients, 65% of which were Nashua residents.

FRIENDSHIP CLUB. Friendship Club is an organization, which offers socialization to anyone who is handicapped. Approximately 30 individuals meet at bi-weekly sessions.

GREATER NASHUA COUNCIL ON ALCOHOLISM: KEYSTONE HALL (English/Spanish bilingual capabilities). Keystone Hall provides services to substance abusers that are indigent, homeless, without resources or health insurance. The services that are offered are a continuum of care including:

- Crisis intervention: 3-7 days stay, 24 hour monitored, social detoxification in emergency shelter, beds for 5 men and 3 women are available
- Case management/maintenance sobriety: 15-30 days stay, substance abuse education, case management group therapy, and referrals.
- Transitional Housing: 3 to 6 months stay for 7 men and 3 women.

GIRLS INCORPORATED. Girls Incorporated provides a supportive and secure environment designed to cultivate confidence, develop individual skills, overcome the effects of discrimination, provide hands-on informal education, celebrate diversity and build girls' capacity for a responsible, economically-independent and fulfilled adulthood.

THE GREATER NASHUA DENTAL CONNECTION. The Greater Nashua Dental Connection operates a 4-chair clinic on Cross Street in Nashua, offering basic preventative, restorative, and urgent need dental services for those whose income is below 200% of the Federal poverty level, are without insurance,

live the Greater Nashua area, and have been referred through a network of service providers.

HABITAT FOR HUMANITY. Habitat for Humanity is a volunteer organization, which tries to build houses on donated or low priced land and sells to low-income families. This organization is getting many calls. Land is difficult to find. Three houses have been built in Nashua.

HARBOR HOMES, INC. (HHI). HHI provides quality residential and supportive services for persons and their families challenged by mental illness and the homeless.

Safe Haven is a 5-bed congregate living facility for persons who are homeless and living with untreatable mental illness. Emergency shelter for individuals includes one 3-bed for families, one 3-bed for males, and three shelters for families with a 12-bed capacity.

Permanent housing facilities are as follows: 1-1 bedroom apartment, 2-2 bedroom apartments, 3-3 bedroom apartments, 2 Community Residences with 24-hour staffing for persons with mental illness with a 19 bed capacity and 75 apartments/condos which are supportive, scattered apartments for more independent living. At this writing there are 246 individuals on the waiting list.

HHI provides a food pantry and employment opportunities for persons living with mental illness – Signs in a Second (client employment project/sign making and engraving), recycling, landscaping, snow plowing, office cleaning. The Gathering Place is a member operated social club for the mentally ill and homeless. In cold weather, 40 or more persons attend the club, and in summer months the number generally increases to 50 or more

HEALTH AND COMMUNITY SERVICES DIVISION, CITY OF NASHUA  
(English/Spanish bilingual capabilities).

*Public Health Communicable Disease:*

- Investigation and screening of all legally reportable, communicable diseases
- Walk-in immunization, sexually transmitted diseases and HIV antibody counseling and testing clinics
- HIV antibody counseling and testing
- Van and street outreach HIV prevention services
- Substance abuse counseling
- Tuberculosis control including treatment for qualifying persons
- Senior citizen flu vaccine clinics

*Prevention Education:*

- Health education in the schools and the community regarding public health issues

HEALTHY KIDS. NH Healthy Kids Medical Insurance can provide health and dental insurance coverage for children who are under age 19 years. There are three service categories:

- Silver: For which a fee is asked of from 20-40 dollars per child per month plus co-pay for medical appointments. One hundred twenty-one Nashua children receive services in this category.
- Gold: For which families must be Medicaid qualified. Three hundred Nashua children are enrolled in this.
- Optional: A program, which costs 80 dollars a month per child for families who are 300-400% above the poverty level.

HOME HEALTH & HOSPICE CARE (English/Spanish bilingual capabilities). Home Health and Hospice Care is the Community Visiting Nurse Association and Hospice. Prevention, promotion of independence and compassionate care during illness, disability or advancing age and at the end of life are the goals of HHHC. The organization provides care in the home to the elderly, the acute and chronically ill children, newborns and the dying without regard to their ability to pay. Programs include Home Care, Supportive Care and Hospice Care.

- Home Care: Skilled Nursing, Physical Therapy, Occupation Therapy, Speech and Language Therapies, Psychiatric Nursing, Medical Social Services, Intravenous Therapy, Well Child Care, Immunization Clinics, Pediatric Care, Adult Health Clinics, Home Health Aide/Personal Care service, and nutrition counseling.
- Supportive Care: Private Duty RNs and LPNs, Home Health Aides and Companions, Respite Care, Alzheimer's Care, Homemaking Service.

SOUTHERN NEW HAMPSHIRE SERVICES: INFOBANK. InfoBank is a service which provides free information about the more than 500 agencies and organizations in the area providing over 800 human service programs. Several years ago they took over this function from Information and Referral of Greater Nashua housed at Community Council.

MERRIMACK RIVER MEDICAL SERVICES. Merrimack River Medical Services of Hudson, NH is an outpatient facility that provides substance abuse treatment to opium addicted patients. Services include comprehensive assessment and



supported interventions for the opiate-dependent client, ambulatory detoxification, individual and group counseling.

NASHUA AREA HEALTH CENTER --LAMPREY HEALTH CARE (English/Spanish bilingual capability). The Nashua Area Health Center provides comprehensive family-oriented primary health care services for individuals and families from the City of Nashua and fourteen surrounding towns, regardless of their ability to pay. Programs/services provided by this agency are:

- Primary Care
- OB/GYN Care
- Substance Abuse Services and Referrals
- Adolescent Reproductive, mental health, nutrition counseling, teen pregnancy
- Community Health Education
- Translation Services for Spanish and Portuguese
- Nutrition Services
- Diabetes Education
- Social Service Case Management
- Primary care services for children
- Indigent Pharmacy Medication Assistance

The Center serves a Medically Underserved population, ninety-five percent of whom are below 200% of Federal Poverty Guidelines. Twenty-five percent of those served in CY 2001 were minority. The greater majority of all clients served are uninsured. Clients receive services and are charged on a sliding fee scale basis.

THE NASHUA ASSOCIATION FOR THE ELDERLY, SENIOR ACTIVITY CENTER. The Senior Activity Center provides recreational programs, educational, health and cultural workshops and preventive health screenings and referrals. Specific programs/services address supplemental insurance plans housing, moves to other areas, investment issues, safety, legal problem, elder abuse, etc. are offered. A concern is public transportation for the elderly. The number of Nashuans served is around 3500 per year. A new facility is being constructed that shares a site with a 43-unit affordable elderly housing complex to be developed by Southern NH Services in conjunction with the City.

NASHUA CENTER FOR THE MULTIPLY HANDICAPPED. This organization provides community based services for adults with severe/multiple disabilities. Services include:

- Day services for adults with severe/multiple disabilities. (38 clients)

- Residential services (foster care, group homes, etc.) for adults and children with severe/multiple disabilities. (17 foster care families)
- Early supports and services (early intervention) for children birth to three and their families.

NASHUA CHILDREN'S HOME (NCH) (English/Spanish bilingual capabilities). Nashua Children's Home provides residential care to NH children and youth 8 to 18 years of age. Referred by the Division for Children Youth and Families (DCYF) for short term on emergency basis and runaway youth placed by the Nashua Police Department until court process or until picked by their parents. Special education services are provided to students ages 7 to 15 years, who are referred by local school districts. Support counseling is provided to families. The NCH has capacity for 46 children.

The Nashua Children's Home has begun a program for 4 to 6 youth, 16 to 18 years old, which will prepare them for the challenges of independent adult life in an adjacent facility.

NASHUA ENVIRONMENTAL HEALTH DEPARTMENT. The Nashua Environmental Health Department enforces all laws and ordinances that protect the public from harmful environmental conditions.

NASHUA MEDIATION (English/Spanish bilingual capabilities). The Nashua Mediation Program specializes in conflict management, conflict resolution, and violence prevention for individual families and the community at large. In FY 2004, 411 youth were served.

NASHUA OFFICE OF CHILD CARE SERVICES. The Nashua Office of Child Care Services is the community advocate for child care issues and is responsible for identifying the needs for and promotion the development of affordable quality child care in the Nashua area. The office supports parents seeking childcare, potential and existing family or center-based childcare providers and local employers in need of technical assistance regarding childcare issues.

NASHUA SCHOOL DEPARTMENT (English/Spanish bilingual capabilities).

- Free Lunch Program. There are many hidden homeless or children in families doubling up. Free lunches were provided to 2,649 children in School Year 2004-05 and at reduced rates to 897.
- English as a Second Language. The social worker for this program reports an occasional homeless child, many families are supportive of each other and will double up. 194 children participate in this program

at Nashua High School, and 665 children participate in the ESL program in all other grades.

- School Nurses. The school nurse provides skilled nursing treatments on a daily basis in order to keep students health, safe, and ready to learn. Treatments administered are often complex such as tube feedings, catheterizations, colostomy care, diabetic management I.V. line monitoring, and the monitoring of children receiving chemotherapy or organ transplants.

**NASHUA TRANSIT SYSTEM.** Operated by the City of Nashua, Citybus provides over 300,000 trips per year on five regular routes, plus van service for those with disabilities and the elderly. The buses run Monday through Saturday. Recent service improvements include evening service on two routes from Monday to Friday.

**THE YOUTH COUNCIL** (English/Spanish bilingual capabilities). The Youth Council provides counseling for children and families to equip children, teens, and families with skills they need to:

- Protect themselves from or to heal from abuse or neglect.
- Explore the impact that alcohol and other drugs can have on their lives
- Access help when a child is having extreme difficulty at home, in school, or in the community.
- Improve youth's ability to make healthy decisions while being held accountable for delinquent behavior.
- Develop solid parenting skills to reduce potential for issues in the future.

Approximately 2,000 children receive services yearly.

**NEIGHBORHOOD HOUSING SERVICES OF GREATER NASHUA** (English/Spanish bilingual capabilities). The agency mission is to provide affordable quality housing, tenant support services for persons/families of low and very low income and for handicapped individuals through property acquisition, rehabilitation and management.

The agency has recently purchased an inner city catholic church and rectory to be rehabilitated into 28 units of family rental housing for households making 50 and 60% of median area income

**New Hampshire Housing Finance Authority.** Services provided are as follows:

- Section 8.
- Rental Assistance
- Supportive service to elderly referrals

- Single family home owners/mortgage for low and moderate income
- Emergency Housing

LEGAL ADVICE AND REFERRAL CENTER (LARC). LARC provides free information, legal advice and referral services to low-income persons in the areas of family law, local welfare and housing particularly regarding eviction notices and subsidized housing.

NEW HAMPSHIRE DIVISION OF ELDERLY AND ADULT SERVICES. This agency investigates reports of abuse, neglect or exploitation of incapacitated adults and provides protective services when necessary. Other services include those that help elderly and disabled adults remain at home.

NEW HAMPSHIRE LEGAL ASSISTANCE. This agency provides free services to persons with housing problems such as those who are being evicted, especially from subsidized housing. Work is progressing on opening an office in Nashua.

POLICE ATHLETIC LEAGUE (English/Spanish bilingual capabilities). The Nashua Police Department with community involvement has developed a program for children at one site and the plans for a second site has been implemented. The athletic and supportive programs are currently available from 2-7PM at the first site and during vacation from 9-5PM. The sites are located in census tracts, which are designated as medically underserved and are areas where high ratio of police calls is logged. Youngsters 8-15 years of age are welcome, although most participated are 9-11 years of age. Children are from low-income families. Each child is encouraged to develop to his/her fullest potential. In any given year about 600 children participate in the program.

THE PLUS COMPANY (English/Spanish bilingual capabilities). The Plus Company, Inc. provides a wide variety of services for adult individuals with developmental disabilities. Services offered are supported work services, job placement, vocational services, adult education nursing services, independent living, residential services, social activities and recreation. The independent living program provides housing for 45 individuals in the greater Nashua area. Area Agency controls the waiting list.

THE SHEEPFOLD ASSEMBLY OF GOD. Sheepfold provides meals, food, and clothing.

SOUHEGAN NURSING ASSOCIATION (English/Spanish bilingual capabilities). This agency provides home care, on a sliding fee scale or other available

payment methods including, nursing, physical therapy, occupational therapy, hospice and Mommy/Baby visits. Requests for services are rising.

SOUTHERN NH HIV/AIDS TASK FORCE (English/Spanish bilingual capabilities). The Southern NH HIV/Aids Task Force is a multi service provider to persons infected with the Human Immune Deficiency Virus (HIV/AIDS). Services provided are case management, food/nutrition, support groups, HIV prevention/education, client advocacy, mental health and substance abuse counseling, transportation, emergency rental and utility assistance, some therapies such as acupuncture, yoga and massage.

Emergency and interim housing assistance is provided through the Ryan White Care Act, and Housing Opportunities for People with HIV/AIDS (HOPWA) program. This organization provided services to 127 unduplicated people in 2004. 141 people (clients and family members residing with them) were served in FY 2003 through the HOPWA program.

SOUTHERN NH SERVICES: ELDERLY HOUSING. Wagner Court is a 70-unit elderly housing project funded under HUD's Section 202 Supportive Elderly Housing Program. Under this program, low-income elderly tenants pay 30% of their income for rent with the balance subsidized under HUD's Section 8 program. Heat and utilities are included in the tenants' rent. There is a waiting list of 118 households.

Since the last Consolidated Plan, an 80-unit independent living residence was built on City-donated land on Ledge Street.

ST. JOHN NEUMANN CATHOLIC COMMUNITY. St. John Neumann Outreach Programs serve families who are in danger of becoming homeless by paying one-month back rent, utility bills facing disconnection, and food to feed the hungry. Small grants assist with prescription drugs for those who do not have insurance or Medicaid.

ST. JOSEPH COMMUNITY SERVICES. St. Joseph Community Services, Inc. is dedicated to promoting better physical, mental and social well-being of older and other qualified adults by providing nutritious meals, health education, opportunities for social interaction at congregate senior dining sites and with the home delivered program. In FY 1999, 2,462 unduplicated persons were served with meals in greater Nashua, 501 in Nashua. Projected in the year 2001, 2,770 persons will be served in greater Nashua, 506 in Nashua.

ST. JOSEPH HOSPITAL (English/Spanish bilingual capabilities). St. Joseph's Hospital is a full service hospital with continuum of care services, referrals to appropriate social service and home health care agencies. Adult day health

care is offered for those with chronic illness. Services are available to all populations.

**SOCIAL SECURITY.** Social Security services include retirement, disability, survivor benefits, Medicare and supplemental Security Income (SSI) based on need and disability.

**SOUL PURPOSE LIVING.** Soul Purpose Living provides housing for people with substance abuse issues. The organization offers two recover houses that have the capacity to hold twenty tenants collectively. The organization also offers life skills training services and case management services.

**SOUTHERN NEW HAMPSHIRE MEDICAL CENTER** (English/Spanish bilingual capabilities). Southern NH Medical Center is a full service hospital with social services and referrals to area social service and home health care agencies. Services are available to all populations.

**SOUTHERN NEW HAMPSHIRE SERVICES.** SNHS provides activities designed to: assist low-income participants (including the elderly poor) to secure and retain meaningful employment; to attain an adequate education, to make better use of available income, to ameliorate the causes of poverty within our community; to meet urgent and immediate individual and family needs, including health, nutrition, housing and employment related assistance; to address the problems and barriers which block the achievement of self-sufficiency.

In 2003, SNHS served 9,848 clients in Nashua; the total value of those services was \$14, 447,799.

*Transportation Services.* Accompanied Transportation Services is operated under a contractual arrangement with NH Division of Children, Youth, and Family Services that refers Nashua area children and their family members to and from case related counseling appointments, meetings, day care school, stores, recreation sites, residential facilities and homes of family members, as ordered by the court.

*Commodity Supplemental Food Program (CSFP).* CSFP provides eligible low-income elderly, children up to the age of six, and pregnant and post-partum women with free nutritious foods on a monthly basis.

*Child Care Center.* The ChildCare Center in Nashua serves 66 children, with parents paying on a sliding fee scale.

*FEMA Energy Assistance.* FEMA Energy Assistance enables individuals whose emergency heating needs cannot be met under the regular fuel assistance program to receive emergency energy assistance.

*Fuel Assistance Programs.* Fuel Assistance Programs provide the elderly, handicapped and low-income residents with the financial assistance necessary to them to meet vital heating and utility expenses.

*Health Insurance Counseling Education and Assistance Service (HICEAS).* HICEAS trains volunteers to assist elderly to evaluate their insurance needs, answer questions on Medicaid, Medi-gap, or Medicare eligibility and benefits, and help the elderly to organize stacks of medical bills for claims and/or payment.

*Neighbor Helping Neighbor.* This is a charitable fund supported by customers and employees of PSNH, Granite State Electric, and Energy North. Neighbor Helping Neighbor provides energy assistance to needy individuals who have disconnects pending.

*The Child Health Care Support.* This is an essential component of the family case management plans developed by the NH Department of Health and Human Services. This program emphasizes the acquisition of parenting skills, the strengthening of parent-child relationships, home management, communication skills, pre-vocational skill development, and supervised visitation.

*Personal Emergency Response Systems Program.* This program provides immediate twenty-four hour access to community medical and emergency services through the use of a communicator at home and a portable button which can be pushed to send an electronic message to an emergency response center where trained personnel initiate emergency response procedures.

*RSVP.* RSVP not only involves persons over 55 years of age with meaningful opportunities to volunteer skills, expertise, and talent in service to nonprofit or public community organizations, but also promotes volunteerism within the greater Nashua area by providing community awareness of the benefits of volunteering, information about existing volunteer opportunities.

*SEE Science Center.* Classes of Nashua students or other groups can arrange visits to this interactive science learning center in Manchester or a visit in Nashua by the SEEmobile. Numerous displays demonstrate basic scientific principles.

*Summer Youth Feeding.* This program provides daily lunches and snacks to low-income youth participating in summer recreation or other organized youth programs in Nashua. Lunches and snacks are prepared daily and delivered according to USDA nutrition requirements.

*The Weatherization Program.* This program is designed to apply energy conservation measures such as wall and attic insulation, storm windows, and some repair to heating systems in order to improve the energy efficiency of the home, reduce energy costs, and improve comfort.

*WIC.* The Women, Infants, and Children Nutrition Program provides nutrition counseling and monthly food voucher prescriptions for USDA approved supplemental high-protein, high-iron foods to eligible infants, children up to five years of age and pregnant or breast-feeding women.

*Headstart.* An early childhood development program that provides comprehensive services to low-income children and/their families who often lack support. In addition, the children's medical, dental, nutrition, emotional, and social needs are addressed.

*Economic Opportunity Center.* The Center offers free, volunteer income tax assistance focusing on Earned Income Credit utilization, financial literacy training, Individual Development Accounts (IDAs) and a Jumpstart ESL program as well as Chinese language classes.

TOLLES ST. MISSION. Tolles St. Mission provides food and clothing.

YMCA OF NASHUA. The Nashua YMCA programs are available through a sliding fee scale subsidy providing financial assistance by request to an individual or family whose income falls within established guidelines. These guidelines qualify individuals for programs and school age child of summer camp and after school care.



## B. Priority Homeless Needs

Priority needs are outlined on the table on the Continuum of Care Gap Analysis, found in the Homeless section of this Consolidated Plan.

## C. Homeless Inventory

Table 20 below demonstrates the 2005 inventory of homeless beds.

<b>Table 20. Current Inventory of Homeless Beds: 2005</b>			
<b>Emergency Shelter for Homeless Individuals</b>			
Agency	Program	Beds	Restrictions
Harbor Homes	SHA	1	
Harbor Homes	Maple Arms	24	
Nashua Children's Home		2	For under 18
Nashua Soup Kitchen and Shelter		18	
Total		45	
<b>Emergency Shelter for Families</b>			
Agency	Program	Beds	Restrictions
Bridges		10	Domestic Violence
Nashua Soup Kitchen and Shelter		12	
Interfaith Hospitality Network		14	Families with Children
Total		36	
<b>Transitional Housing for Individuals</b>			
Agency	Program	Beds	Restrictions
Harbor Homes	Veterans	20	
Harbor Homes	16 Amherst Street	5	
Nashua Children's Home		7	For under 18
Soul Purpose		19	
Southern NH Services, Mary's House		40	Single women
Total		91	
<b>Transitional Housing for Families</b>			
Agency	Program	Beds	Restrictions
Bridges		2	Domestic Violence
Marguerite's Place		27	Under age 35 Women and Children
Nashua Soup Kitchen and Shelter		11	
Nashua Pastoral Care		65	
Total		105	
<b>Permanent Housing for Individuals</b>			
Agency	Program	Beds	Restrictions
Harbor Homes	SHA	16	
Harbor Homes	CRC	15	
Harbor Homes	12 Amherst Street	102	
Harbor Homes	Perm Hsg 4	5	
Harbor Homes	Perm Hsg 5	7	
Harbor Homes	3WI	10	
Harbor Homes	Perm Hsg 6	5	
Harbor Homes	16 Amherst Street	20	
Nashua Children's Home		46	For under 18
Total		226	
<b>Permanent Housing for Families</b>			
Agency	Program	Beds	Restrictions
Harbor Homes	Rotary Apartments	15	
Harbor Homes	Perm Hsg 4	12	
Harbor Homes	Perm Hsg 5	16	
Total		43	

## **D. Homeless Strategic Plan**

The City of Nashua strongly encourages the adoption of the Greater Nashua Continuum of Care-developed Ten-Year Plan to End Homelessness.

## **E. Emergency Shelter Grants**

Because Nashua does not qualify directly for emergency shelter funding, it relies on the State for those funds.

## 4. COMMUNITY DEVELOPMENT

### A. Community Development

The areas and priorities in community development are detailed in Table 21.

**Table 21**

#### **Summary of Specific Community Development Objectives by Priority Need Category**

*Short-term goals are for a two-year period.*

#### **1. Neighborhood Needs (NN), including infrastructure, facilities, and anti-crime measures serving neighborhoods**

Overall goal: Create a quality neighborhood environment, especially in older, higher density neighborhoods.

<b>Objective NN-1. Renovate neighborhood playlots and playing fields</b>
Need: Replace obsolete equipment; reconfigure sites for modern uses.
Five-year goal: 5 sites
Short-term goal: 2 sites

<b>Objective NN-2. Create a new park at 315 Main Street</b> (Rotary Common)
Need: Eliminate unsafe, blighting influences; expand neighborhood open space
Five-year goal: 1 park
Short-term goal: 1 park

<b>Objective NN-3. Increase housing code enforcement</b>
Need: Eliminate blighting influences; reduce overcrowding due to illegal units & occupancy
Five-year goal: 2 inspectors
Short-term goal: 1 inspector

<b>Objective NN-4. Use discontinued rail lines for open space/recreation</b>
Need: Meet recreational needs in high density neighborhoods
Five-year goal: 1 rail line
Short-term goal: 1 rail line

**Objective NN-5. Increase off-street parking in congested neighborhoods**

Need: Reduce traffic congestion; facilitates snow removal; pedestrian safety; improves visual policing of neighborhoods

Five-year goal: 30 spaces

Short-term goal: 12 spaces

**Objective NN-6. Reconstruct deteriorated streets and sidewalks in central Nashua neighborhoods; install sidewalk ramps**

Need: Stimulate neighborhood reinvestment; pedestrian safety; removal of architectural barriers

Five-year goal: 25 blocks

Short-term goal: 10 blocks

**Objective NN-7. Plant trees along neighborhood streets, especially as a buffer to commercial districts**

Need: Shade; noise reduction; beautification.

Five-year goal: 50 trees

Short-term goal: 20 trees

**Objective NN-8. Install street lighting**

Need: Increase safety and security for residents

Five-year goal: 10 lights

Short-term goal: 4 lights

**Objective NN-9. Support Crime Watch areas and resident participation**

Need: Reduce neighborhood crime

Five-year goal: 2 areas

Short-term goal: 2 areas

**Objective NN-10. Eliminate blighting/vacant buildings through demolition or redevelopment**

Need: Blighting/vacant buildings are known to have a negative effect on an area

Five-year goal: 3 buildings

Short-term goal: 1 building

**Objective NN-11. Correct sewer/storm drainage problems**

Need: Combined sewers and antiquated home connections can lead to flooding and backflow problems

Five-year goal: 15 blocks

Short-year goal: 3 blocks

<b>Objective NN-12. Increase availability of community garden plots</b>
Need: Self-reliance; long waiting list; community spirit
Five-year goal: 100 plots
Short-term goal: 30 plots

## 2. Community Facilities (CF)

Note: By HUD definition, facilities where services are provided to the public are deemed to be "public facilities," whether they are owned publicly or privately.

Overall goal: Provide a safe, decent, accessible, and energy-efficient environment for the delivery of human services to those in need.

<b>Objective CF-1. Renovate and/or increase capacity at facilities providing adult education, placement, and training services to those of lower-income</b>
Need: Replace obsolete building systems; improve energy efficiency; improve security; increase fire safety; make more efficient use of space; increase capacity
Five-year goal: 2 facilities
Short-term goal: 1 facility

<b>Objective CF-2. Remove architectural barriers at buildings where public services are provided</b>
Need: Provide equal access to those with physical disabilities
Five-year goal: 3 buildings
Short-term goal: 1 building

<b>Objective CF-3. Renovate and/or increase capacity at facilities providing child care services to those of lower-income</b>
Need: Child care is needed by many to maintain a sustainable income from employment
Five-year goal: 2 facilities
Short-term goal: 1 facility

<b>Objective CF-4. Establish an office of New Hampshire Legal Assistance</b>
Need: Improved access to legal services
Five-year goal: 1 facility
Short-term goal: 1 facility

**Objective CF-5. Renovate and/or increase capacity at facilities providing youth activities for children of lower-income households**

Need: See "Youth" objectives

**Objective CF-6. Renovate and/or increase capacity at facilities providing health care for lower income households**

Need: Replace obsolete building systems; improve energy efficiency; improve security; increase fire safety; make more efficient use of space; increase capacity

Five-year goal: 4 facilities

Short-term goal: 2 facilities

**Objective CF-7. Renovate and/or increase capacity of facilities providing housing and related services for lower income households (rent assistance, food pantry, housing counseling)**

Need: Replace obsolete building systems; improve energy efficiency; improve security; increase fire safety; make more efficient use of space; increase capacity

Five-year goal: 2 facilities

Short-term goal: 1 facility

**Objective CF-8. Renovate and/or increase capacity of facilities serving those with disabilities**

Need: Replace obsolete building systems; improve energy efficiency; improve security; increase fire safety; make more efficient use of space; increase capacity

Five-year goal: 3 facilities

Short-term goal: 1 facility

**Objective CF-9. Develop a City-owned bus maintenance facility**

Need: Annual savings on rent; efficiency of operation; energy efficiency

Five-year goal: 1 facility

Short-term goal: 1 facility

**3. Senior (SE)**

Overall goal: Improve/maintain the quality of life for aging residents

**Objective SE-1. Provide safety training**

Need: Reduce threats from unsafe use of prescriptions and technology, poor driving habits, and substance abuse

Five-year goal: 1 program/guide

Short-term goal: 1 program/guide

<b>Objective SE-2. Enrich cultural and learning experiences</b>
Need: Stimulation; make use of knowledge and experience; reduce isolation
Five-year goal: 2 programs, and satellite programs to improve accessibility
Short-term goal: 1 program, and satellite program to improve accessibility

<b>Objective SE-3. Provide home health care to the indigent</b>
Need: Reduce burden on families of seniors; reduce isolation
Five-year goal: expand existing program by 100 participants/year
Short-term goal: expand existing program by 50 participants/year

<b>Objective SE-4. Provide respite care for families with elders</b>
Need: Health; reduce isolation.
Five-year goal: expand existing program by 50 households/year
Short-term goal: expand existing program by 20 households/year

<b>Objective SE-5. Provide transportation to medical services, shopping and social activities</b>
Need: Mobility impairment or no auto
Five-year goal: see Public Services strategies
Short-term goal: see Public Services strategies

<b>Objective SE-6. Renovate homes of lower-income owner-occupants</b>
Need: Prevent unsafe conditions; maintain quality of housing stock; encourage home-ownership and independent living
Five-year goal: see Housing Strategies
Short-term goal: see Housing Strategies

<b>Objective SE-7. Provide adult day care services</b>
Need: Avoid more expensive nursing home care; reduce isolation.
Five-year goal: expand existing programs by 50 persons/year
Short-term goal: expand existing programs by 20 persons/year

<b>Objective SE-8. Provide social, recreational and educational programs</b>
Need: expand existing programs to meet increased senior population
Five-year goal: tbd
Short-term goal: tbd

<b>Objective SE-10. Make full use of the new senior center to be built on Temple Street</b>
Need: Use the facility to its capacity for programs
Five-year goal: tbd
Short-term goal: tbd

#### 4. Youth (YO)

Overall goal: Provide a stimulating and safe environment for children of lower-income families and those from abusive/neglectful homes

<b>Objective YO-1. Renovate/expand space for after-school and vacation youth programs</b>
---

Need: meet standards for child care facilities; increase capacity to meet demand; replace obsolete building systems.
--

Five-year goal: 3 facilities
------------------------------

Short-term goal: 1 facility
-----------------------------

<b>Objective YO-2. Provide adequate space for day-care</b>
--

Need: meet standards for child care facilities; increase capacity to meet demand; replace obsolete building systems.
--

Five-year goal: 2 facilities
------------------------------

Short-term goal: 1 facility
-----------------------------

<b>Objective YO-3. Provide bilingual counseling to abused/neglected youth and their families</b>
--

Need: provide equal access to non-English speaking.
---

Five-year goal: 100 households
--------------------------------

Short-term goal: 40 households
--------------------------------

<b>Objective YO-4. Renovate/expand facilities for abused/neglected/delinquent youth</b>
---

Need: provide transitional living situation for teens; increase capacity to meet demand; replace obsolete building systems; increase energy efficiency.
---

Five-year goal: 2 facilities
------------------------------

Short-term goal: 1 facility
-----------------------------

<b>Objective YO-5. Provide training to youth in finance and other life skills</b>
---

Need: prepare youth for independence and adulthood; avoid substance abuse
---

Five-year goal: 200 youth/year
--------------------------------

Short-term goal: 200 youth/year
---------------------------------

<b>Objective YO-6. Provide mentoring/role models for youth</b>
--

Need: structured, real-world experience; lack of role model in family
---

Five-year goal: 100 youth are on waiting list
---

Short-term goal: 100 youth are on waiting list
--



<b>Objective YO-7. Operate after-school and vacation programs</b>
Need: prevent delinquency; educate; socialize
Five-year goal: maintain/expand capacity of existing programs
Short-term goal: maintain/expand capacity of existing programs

## 5. Economic Development (ED)

Overall goal: Provide the opportunity for individual self-advancement, expansion of business enterprise, and attraction of compatible new enterprise to the City, especially in the inner-city where employment opportunities are accessible to those of lower income.

The final draft of the “Economic Situation Analysis” by Mt. Auburn Associates, sets out the following economic development strategies and general opportunities and challenges for the City.

1. **Investing in the Future:** The Role of the City of Nashua in Sustaining its Quality of Life.
2. **Managing for Success:** Advancing a Collaborative Private-Public Sector Culture.
3. **Accelerating Enterprise Development:** Stimulating Innovation and Entrepreneurship.
4. **Promoting the City:** Marketing its Economic Development Product.
5. **Addressing Regional Housing and Workforce Challenges:** Leading and Convening Regional Stakeholders

	<b>Opportunity</b>	<b>Challenge</b>
<i>Workforce</i>	Engineering and technical strengths attractive to technology-based companies.	Unemployed high-tech residents; lower- skilled residents and new immigrants lack capacities needed by employers.
<i>Enterprise Development</i>	Many contractors and unemployed professional and technical workers looking for opportunity; new immigrants with entrepreneurial interests and energy.	Some gaps in venture capital, especially originating from local angel investors; awareness of available resources.
<i>Higher Education</i>	Strength at the associate degree level; numerous business programs, along with programs in nursing, education, and liberal arts.	Lacks strong engineering capacity or research and development center; overly competitive market in some areas.
<i>Source of technology and innovation</i>	Home to a high concentration of private companies that spark new technologies and innovation in their field.	Limited links to university-based R&D; state has relatively few incentives.
<i>Transportation</i>	New commuter rail and improved highway access facilitates community growth; Manchester and Nashua airports improve air access.	Lack of ready-access to the city’s downtown and underutilized mill buildings, some issues with access to retail corridors (namely Pheasant Lane Mall).

<i>Existing Businesses</i>	New areas of technological strength: microwave electronics, biometrics, electro-optics/lasers, robotics, and software.	Growing competition in retail arena; continued vulnerability in technology sector as a result of outsourcing.
<i>Land and Facilities</i>	Vacancies in office space and some industrial space; new rail provides opportunity for transit-oriented development.	Environmental challenges in some remaining development sites; lack of greenfield sites.
<i>Government policies</i>	Commitment to smart growth and high quality built environment; invests in quality of life.	Business community perceives city regulatory process as constraining development.

**Objective ED-1. Provide skills development and retraining for the unemployed/underemployed, make its availability widely known**

Need: technology/business refocusing can make skills obsolete; lack of awareness of training opportunities; provide labor skills for existing and new businesses

Five-year goal: 200 people

Short-term goal: 40 people

**Objective ED-2. Provide financial training**

Need: encourage asset-building; increase financial literacy; promote private enterprise

Five-year goal: 500 people

Short-term goal: 200 people

**Objective ED-3. Convert obsolete buildings to contemporary uses**

Need: put into productive use; contribute to tax base; eliminate slums and blight

Five-year goal: 5 buildings

Short-term goal: 2 buildings

**Objective ED-4. Eliminate slums and blighting influences in downtown redevelopment areas**

Need: encourage reinvestment; protect public health and safety

Five-year goal: 3 areas

Short-term goal: 1 area

**Objective ED-5. Provide financing for economic development opportunities**

Need: venture capital; research and development; business incubators

Five-year goal: 3 facilities

Short-term goal: 1 facility

<b>Objective ED-6. Provide micro-enterprise training</b>
Need: achieve self-sufficiency
Five-year goal: 125 participants; 25 FTE's created
Short-term goal: 50 participants; 10 FTE's created

<b>Objective ED-7. Develop strategic marketing plan to attract businesses</b>
Need: employment opportunities for residents; diversified economy
Five-year goal: 1 plan
Short-term goal: 1 plan

<b>Objective ED-8. Assess and redevelopment "brownfield" sites</b>
Need: eliminate contamination; add to City tax base
Five-year goal: 3 sites
Short-term goal: 1 site

<b>Objective ED-9. Create transit-oriented development zone</b>
Need: "smart" growth; add to City tax base; reduce travel time and traffic congestion
Five-year goal: 1 train station area
Short-term goal: 1 train station area

The reader is encouraged to refer to the "Economic Situation Analysis" for a more detailed description of strategies, as well.

## 6. Public Services (PS)

Overall goal: Support programs that effectively address community service needs.

Note: public services for seniors and youth are described in those Need categories

<b>Objective PS-1. Provide counseling on using benefits and available services</b>
Need: Complex regulations and forms can prevent access to services
Five-year goal: 1 program/guide to services
Short-term goal: 1 program/guide to services

<b>Objective PS-2. Provide affordable health care (medical, dental, vision, and prescription) to those of lower-income who are uninsured/underinsured</b>
Need: Promote health; reduce incidence of disease; avoid job loss
Five-year goal: tbd
Short-term goal: tbd

**Objective PS-3. Provide pre-natal medical and educational services and reproductive health care for those at risk**

Need: Prevent unintended pregnancies; reduce maternal and infant mortality

Five-year goal: 5000 persons

Short-term goal: 2000 persons

**Objective PS-4. Encourage participation of Hispanic/minority youth in youth programs in the city**

Need: Cultural and language barriers

Five-year goal: 200 youth

Short-term goal: 40 youth

**Objective PS-5. Provide education on whole health and prevention**

Need: Holistic approach to individual and family crises

Five-year goal: tbd

Short-term goal: tbd

**Objective PS-6. Provide public transportation to job opportunities, work, necessary services and shopping, education and training**

Need: Needs are set out in the "Transit Plan for the Nashua Region"

Five-year goal: see the "Transit Plan"

Short-term goal: see the "Transit Plan"

**Objective PS-7. Provide culturally appropriate education and outreach**

Need: Diversity of population

Five-year goal: tbd

Short-term goal: tbd

**Objective PS-8. Expand business hours for service provision to evenings and weekends**

Need: Employees cannot access services during work hours

Five-year goal: tbd

Short-term goal: tbd

**Objective PS-9. Provide counseling for substance abusers**

Need: Support independent living for at-risk populations

Five-year goal: 300 persons

Short-term goal: 750 persons

<b>Objective PS-10. Provide affordable child care to families involved in job training, education, working.</b>
---

Need: Makes it possible to move from low-paying jobs, sustain family.
---

Five-year goal: 700 households
--------------------------------

Short-term goal: 280 households
---------------------------------

<b>Objective PS-11. Provide ophthalmology care for uninsured &amp; underinsured</b>
---

Need: Treat diseases of the eyes; correct vision to function independently.
---

Five-year goal: 1,000 persons
-------------------------------

Short-term goal: 400 persons
------------------------------

## **7. Planning, Administration, and Fair Housing (PL)**

Overall goal: Provide financial and technical resources to individuals and local groups to improve living conditions and access to jobs and services, primarily for those of lower income and those with disabilities

<b>Objective PL-1. Develop plan for the corridors along Amherst Street and Broad Street east of the Turnpike</b>
--

Need: Changing land uses, Master Plan recommendation
--

Five-year goal: 1 plan
------------------------

Short-term goal: 1 plan
-------------------------

<b>Objective PL-2. Develop plan for the Canal Street area</b>
---

Need: Mixed land use, Master Plan recommendation
--

Five-year goal: 2 plan
------------------------

Short-term goal: 1 plan
-------------------------

<b>Objective PL-3. Analyze Impediments to Fair Housing Choice</b>
---

Need: Promote fair housing choice; overcome discrimination, if identified
---

Five-year goal: 1 study
-------------------------

Short-term goal: 1 study
--------------------------

<b>Objective PL-4. Conduct a Community Fair Housing Education Program</b>
---

Need: Lack of knowledge of fair housing and tenants' rights
---

Five-year goal: 1 program
---------------------------

Short-term goal: 1 program
----------------------------

<b>Objective PL-5. Prepare a Historic and Cultural Resource Plan</b>
Need: Development/redevelopment threatens sites, artifacts, and buildings
Five-year goal: 1 plan
Short-term goal: na

<b>Objective PL-6. Conduct a Citizen Survey</b>
Need: Assist in setting policies and making financial decisions
Five-year goal: 1 survey
Short-term goal: 1 survey

<b>Objective PL-7. Update the City's Trails Plan</b>
Need: Plan is over 10 years old; aids in development review
Five-year goal: 1 plan
Short-term goal: 1 plan

## **B. Antipoverty Strategy**

This plan focuses on housing but, inevitably, the larger subjects of human welfare and poverty come into play. Housing problems have the following relationship to poverty, as suggested in *"A Report of the Joint Advisory Panel on the Housing Component in Welfare Reform"* (National Association of Housing and Redevelopment Officials and The American Public Welfare Association, 1989):

- Limited housing choices frequently affect a household's ability to achieve self-sufficiency by limiting the mobility needed to seek work and improve social conditions.
- Housing conditions affect the well being of individuals, both physically and mentally. Anxieties and stress from unsafe and unhealthy housing affect the mental health of people.
- Children's ability to develop intellectually and socially is affected by their living environment.

The City's anti-poverty strategy will focus on encouraging housing providers to enroll their clients in the significant number of self-improvement programs that are available, and establishing economic development strategies for job creation. Nashua's policy, like that at the national level, is to stress preparation for work and the temporary provision of welfare with the expectation that self-sufficiency can be achieved. The City's role in reducing poverty is limited to those factors over which the City has control. They are (1) the ability to identify and weigh needs, (2) the encouragement of housing to meet the need of all of its citizens, (3) the coordination of

resources available to combat poverty, and (4) funding of targeted programs. These are described more fully below.

### **Identifying and Weighing Needs**

#### **PARTICIPATION IN THE UNITED WAY COMMUNITY NEEDS ASSESSMENT**

City representatives from the Community Development Division, School Department, Fire Department, Welfare Department, Child Care Office, and Community Health Department participated.

#### **REVIEW AND COMMENT COMMISSION**

The Mayor appoints a volunteer commission to review programs and administration of nonprofit organizations seeking City government support. Over 30 people participate, including City staff. The programs are largely targeted to populations with special needs.

#### **MAYOR'S AFFORDABLE HOUSING TASK FORCE**

The mayor convened a group of 32 staff and interested citizens who looked at issues of housing affordability in the region. They produced a report entitled Mayor's Task Force on Housing 2003 that describes the difficulty many families experience in securing suitable affordable housing.

#### **ECONOMIC SITUATION ANALYSIS (MT. AUBURN ASSOCIATES)**

This report, in final draft at this time, set forth an analysis of employment needs, opportunities and challenges, and strategies, including employment needs for those of lower-income. Excerpts from the report are found elsewhere in this Plan.

### **Encouragement of Housing to Meet the Needs of Citizens**

As mentioned above, this component of the anti-poverty strategy is the main focus of the Consolidated Plan.

### **Coordination of Resources Available to Combat Poverty**

The following outline details efforts by the City to combat poverty:

*Greater Nashua Continuum of Care.* The continuum of care described elsewhere in this Plan is targeted to those in poverty.

*Info-Bank, Southern New Hampshire Services.* This organization is funded to provide information and referral services, operating a hotline for crises, and facilitating the coordination of service delivery.

*Participation on nonprofits.* A large number of City employees and elected officials serve on the boards of agencies targeting services to those in poverty. Examples are the Southern New Hampshire HIV/AIDS Task Force, Greater Nashua Habitat for Humanity, Nashua Soup Kitchen and Shelter, Greater Nashua Interfaith Hospitality Network, NHS of Greater Nashua, and Boys and Girls Club of Nashua.

*Child Care Coordinator.* This position exists in recognition of the importance of childcare to low-income households.

*Nashua Inter-Agency Council.* The agencies delivering services, including housing, also have the Nashua Inter-Agency Council (NIAC) as a vehicle for coordinating anti-poverty services.

*Economic Opportunity Center.* Agency assists lower-income individuals and households in getting information on household economics, accessing mainstream resources, and maximizing savings and income (including assistance with Earned Income Credits).

See also Section 1.g, Institutional Structure, for a complete listing of economic development resources.

### **Funding of Anti-Poverty Programs**

*Municipal Welfare.* Public assistance provided by the City is described elsewhere in the Plan.

*Neighborhood Housing Services of Greater Nashua.* Permanent affordable rental housing for lower-income; first-time homebuyer program; rehabilitation assistance.

*Adult Learning Center.* Adult education and childcare for low-income parents.

*Community Council of Nashua, NH.* Mental health services for those of low-income and the uninsured.

*Nashua Pastoral Care Center.* Funding of security deposit loans for renters and transitional housing.

*Home Health and Hospice Care.* Medical care for the indigent.



*Nashua Area Health Center.* Reproductive healthcare for low-income women.

*Marguerite's Place.* Transitional housing for women.

*Nashua Soup Kitchen & Shelter.* Transitional housing.

### **C. Low Income Housing Tax Credit Coordination**

Because only States can grant Low Income Housing Tax Credits, the City of Nashua has no process or strategy to do so.

## 5. NON-HOMELESS SPECIAL NEEDS

### A. Specific Special Needs Housing Objectives

Table 22

#### Summary of Specific Housing, Special Needs Housing and Homelessness Objectives by Priority Need Category

##### 1. Housing Needs (HN), for the general population

Overall goal: Create and maintain appropriate affordable housing opportunities.

<b>Objective HN-1. Expand supply of permanently affordable rental housing</b>
Need: With low vacancy rates and very high rents there is a need for appropriately configured, well built and managed rental units for various types of households made available at affordable rents
Five-year goal: 40 units
Short-term goal: 16 units
<b>Objective HN-2. Preserve and expand housing vouchers to help reduce housing cost burdens.</b>
Need: Nearly a third of all renters in the City spend more than 30% of income on housing.
Five-year goal: 10% increase in available vouchers
Short-term goal: maintain current number of vouchers
<b>Objective HN-3. Increase housing code enforcement</b> (see also NN-3)
Need: Eliminate unsafe and illegal housing units, address tenant concerns
Five-year goal: 2 inspectors
Short-term goal: 1 inspector
<b>Objective HN-4. Provide funds and technical assistance for housing rehabilitation</b>
Need: One- to four-family homes in the inner city in need of improvements to preserve livability; encourage continued homeownership
Five-year goal: 50 units
Short-term goal: 20 units

<b>Objective HN-5. Secure sites for affordable housing development</b>
Need: Funding for site acquisition and predevelopment to offset high cost of acquisition
Five-year goal: 2 sites
Short-term goal: 1 site

<b>Objective HN-6. Support non-profit housing development agencies that will produce, manage permanently affordable housing developments</b>
Need: Sustaining agencies capable of delivering housing development and management functions: securing funding, locating sites and carrying out development
Five-year goal: 2 Effective Community Housing Development Organizations
Short-term goal: 1 Effective Community Housing Development Organization

<b>Objective HN-7. Encourage homeownership</b>
Need: Training, counseling and down payment assistance in English and Spanish
Five-year goal: 100 households
Short-term goal: 40 households

## 2. Special Needs Housing (SN)

Overall goal: Appropriate housing and alterations to housing to accommodate those with special needs.

<b>Objective SN-1. Increase supply of transitional and permanent supportive housing with appropriate services</b>
Need: Special needs populations need suitably configured housing units with supports
Five-year goal: 40 units
Short-term goal: 16 units

<b>Objective SN-2. Remove architectural barriers in units and at buildings where disabled reside</b>
Need: Provide equal access to those with physical disabilities
Five-year goal: 10 units
Short-term goal: 4 units

<b>Objective SN-3. Support agencies that provide special needs housing</b>
Need: Sustain agencies that create and maintain supportive housing and deliver services to those with special needs
Five-year goal: 4 agencies
Short-term goal: 4 agencies

<b>Objective SN-4. Maintain existing special needs housing</b>
Need: Provide funding and technical assistance to do capital replacement
Five-year goal: 5 buildings
Short-term goal: 2 building

<b>Objective SN-5. Maintain and increase housing vouchers for those with special needs</b>
Need: Assistance with rents to limit housing cost burden for those households with special needs
Five-year goal: 10% increase in vouchers
Short-term goal: maintain existing vouchers

<b>Objective SN-6. Make site and neighborhood improvements to accommodate the disabled</b>
Need: Remove barriers that limit mobility of those with special needs
Five-year goal: 5 sites
Short-term goal: 1 site

### 3. Homelessness (HO)

Goal: End homelessness in community by 2012 by implementing Ending Homelessness Plan

<b>Objective HO-1. Prevent people from becoming homeless</b>
Need: Fund a security and rent loan pool
Five-year goal: 1 program
Short-term goal: 1 program

<b>Objective HO-2. Help strengthen tenant &amp; landlord relationship</b> (see CF-4)
Need: Legal assistance and tools to help landlords and tenants with their respective responsibilities
Five-year goal: Legal Assistance office established
Short-term goal: Toolkit for tenants and landlords

<b>Objective HO-3. Support agencies that serve the homeless</b>
Need: Community capacity for shelter, food, health and other basic needs of the homeless
Five-year goal: 5 agencies supported
Short-term goal: 5 agencies supported

<b>Objective HO-4. Physical improvements to facilities that serve the homeless</b>
Need: Alterations to facilities for accessibility, serviceability, modernization
Five-year goal: improvements to 3 facilities
Short-term goal: improvements to 1 facility

<b>Objective HO-5. Maintain existing and expand transitional housing for the homeless</b>
Need: Shelter plus case management to help move homeless from shelter to mainstream housing
Five-year goal: 20 new units
Short-term goal: 4 new units

<b>Objective HO-6. Maintain existing and expand permanent supportive housing for the homeless</b>
Need: Adequate and appropriate housing with services for those who are unable to live independently
Five-year goal: 40 new units
Short-term goal: 8 new units

<b>Objective HO-7. Provide an effective collaborative network of providers</b>
Need: Well supported Continuum of Care that maximizes availability and utilization of resources.
Five-year goal: 1 Continuum
Short-term goal: 1 Continuum

**B. Non-homeless Special Needs Analysis** (including HOPWA)

The greatest need voiced by the City and involved organizations is affordable housing, however, there are other connections to housing than simply affordability.

To address the homelessness issue in Nashua, the City and other organizations must address the underlying issues of those who are threatened with homelessness. These issues span a vast range and include illness, HIV/AIDS, domestic violence, incarceration, disability, generational poverty, and displacement.

Due to HIPAA (Health Insurance Portability and Accountability Act) regulations, capturing the number of persons in Nashua who are considered special-need is quite difficult. However, providers who work with these

subpopulations continue to stress the concerns for available appropriate service delivery due to demand and cost.

### **C. Specific Special Needs Objectives**

Access to public transportation, and modifications to the built public environment in areas where the disabled live, work and visit were among the special needs accommodations discussed in the Community Workshop.

### **D. Housing Opportunities for People with AIDS (HOPWA)**

The City of Nashua does not receive Federal HOPWA funding, however the State does. Please refer to the State of New Hampshire Consolidated Plan for information regarding HOPWA.

### **E. Specific HOPWA Objectives**

The City of Nashua does not receive Federal HOPWA funding, however the State does. Please refer to the State of New Hampshire Consolidated Plan for information regarding HOPWA.

## 6. EXHIBITS

### Exhibit A: Significant Accomplishments, 1975-2005 Community Development Block Grant

#### Housing

Type	Number	Investment thru 2000	2001-2005 investment	Total investment
Rehab of low-income, owner-occupied housing	291 homes	\$2,390,000	\$761,000	\$3,151,000 (loan repayment to date: \$700,000)
Equity provided for affordable rental housing	20 apartments	\$40,000	\$75,000	\$115,000
Homes for abused, neglected children	3 buildings	\$435,000	\$218,000	\$653,000
Equity provided for transitional housing	63 apartments	\$213,000	\$194,000	\$407,000
Homeownership counseling	500+ participants	\$100,000	\$100,000	\$200,000
Rehab of group homes for developmentally disabled	4 homes	\$4,000	\$89,000	\$93,000
<i>Total</i>				<i>\$4,619,000</i>

## Community facilities and services

Type	Beneficiaries	Investment thru 2000	2001-2005 investment	Total investment
Girls and boys club buildings	Children of lower-income families	\$332,000	\$110,000	\$442,000
Adult education buildings	Lower-income; unemployed	\$219,000	\$230,000	\$449,000
Youth counseling buildings	Court referrals; children from troubled families	\$39,000	\$20,000	\$59,000
Handicapped day centers	Physically, multiply handicapped	\$130,000	\$56,000	\$186,000
Mental health centers	Persons with mental illness	-	\$125,000	\$125,000
Developmental disabilities centers	Developmentally disabled	\$9,000	-	\$9,000
Senior centers	Senior citizens	\$124,000	\$225,000	\$349,000
Food pantry, soup kitchen	Homeless, low-income		\$55,000	
Substance abuse counseling buildings	Substance abusers/at risk of homelessness	\$30,000	\$50,000	\$80,000
Child daycare buildings	HeadStart program	\$53,000	-	\$53,000
Neighborhood centers acquired	Lower-income neighborhoods	\$208,000	\$139,000	\$347,000
Human services	Emergency shelter, substance abuse counseling, health services, etc.	\$2,103,000	\$656,000	\$2,759,000
				<i>\$4,858,000</i>



## Infrastructure, neighborhood improvements, and elimination of architectural barriers

Type	Number	Investment thru 2000	2001-2005 investment	Total investment
Inner-city streets and sidewalks reconstructed	Over 150 city blocks	\$2,848,000	-	\$2,848,000
Play/recreation areas created	6	\$250,000	-	\$250,000
Play areas modernized, rehabilitated	10	\$42,000	\$186,000	\$228,000
Pedestrian Rail Trail built	1	\$91,000	-	\$91,000
Swim pool built	1	\$115,000	-	\$115,000
Skate parks built	2	\$91,000	\$60,000	\$151,000
Pedestrian bridge accessing park built	1	\$120,000	-	\$120,000
Slum buildings acquired, demo'd	12 buildings	\$395,000	-	\$395,000
Sewer, storm drains	5 city blocks	\$315,000	-	\$315,000
Buildings made accessible to handicapped	3 buildings	\$69,000	-	\$69,000
				<i>\$4,582,000</i>

## Economic development

Type	Outcome	Investment thru 2000	2001-2005 investment	Total investment
Area plans	6 plans	\$45,000	-	\$45,000
East Hollis Street Redevelopment	Traffic improvement, new healthcare facilities built	\$308,000	-	\$308,000
Revolving Loan Fund	3 businesses add L/M jobs	\$100,000	-	\$100,000
Temple/Court Redevelopment	Blighting influences eliminated	\$524,000	-	\$524,000
Railroad Square Redevelopment	Re-investment in 6 buildings; TIF created	\$265,000	\$304,000	\$569,000
Public transit study	First public transit in City began	\$15,000	-	\$15,000
Downtown Redevelopment	7 blocks of streetscape built	\$1,466,000	-	\$1,466,000
				<i>\$3,027,000</i>

### Capacity investments: related programs managed by CDBG staff

Type	Outcome	Value thru 2000	2001-2005 investment	Total investment
Housing Development Action grants	84 affordable units created	\$15,000,000	-	\$15,000,000
Rental Rehabilitation program	55 buildings rehabbed	\$668,000	-	\$668,000
HOME sub-allocations from NHHFA	70 affordable apartments rehabbed, created	\$2,000,000	\$1,400,000	\$3,400,000
Urban Development Action grant	1 industrial expansion	\$210,000	-	\$210,000
Long-range Planning	6 years	\$133,000	-	\$133,000
Downtown Main Street program	3 years	\$98,000	-	\$98,000
Area plan implementation	2 years	-	\$40,000	\$40,000
Downtown EDI grant	2 years	-	\$92,000	\$92,000
Housing EDI grant	2 years	-	\$1,000,000	\$1,000,000
Affordable Housing Trust Fund	2 years	-	\$100,000	\$100,000
				<i>\$20,741,000</i>

### HOME Investment Partnerships Program

Type	Number	Investment thru 2000	2001-2005 investment	Total investment
Transitional Housing for youth aging out of system	5 units	\$0	\$150,000	\$150,000
Rental Housing Development *	28 apartments	\$0	\$750,000	\$750,000
CHDO Capacity Grant – leading to HOME eligible projects	2 years	\$0	\$66,000	\$66,000
Expansion of transitional apartments **	2 apartments	\$0	\$131,000	\$131,000
<i>Total</i>				<i>\$1,097,000</i>

\* Project underway

\*\* Funding commitment pending

## Exhibit B

### Five-Year Community Planning Questionnaire

January 2005

**City of Nashua, New Hampshire  
Urban Programs Department  
Community Development Division**

Please complete and return the questionnaire by January 31, 2005, to –

#### II. "Community Planning Questionnaire"

Urban Programs Department

#### III. City Hall, Nashua, NH 03061-2019

If space provided is not sufficient, use the reverse side of the page to continue or attach additional paper, noting the question numbers. Thank you for your participation.

##### 1. Contact Information

Agency Name:		
Address:		ZIP
Contact Person/Title:		
Phone:	Facsimile:	Email:

##### 2. Scope of Needs Addressed by the Organization

Please check each area that applies to your organization:

- |  |  |
|--|--|
| 1. <input type="checkbox"/> Low Income Housing Needs | 2. <input type="checkbox"/> Youth                |
| 3. <input type="checkbox"/> Homeless Housing Needs   | 4. <input type="checkbox"/> Anti-Crime           |
| 5. <input type="checkbox"/> HIV/AIDS Housing Needs   | 6. <input type="checkbox"/> Economic Development |
| 7. <input type="checkbox"/> Public Facilities        | 8. <input type="checkbox"/> Public Services      |
| 9. <input type="checkbox"/> Physical Infrastructure  | 10. <input type="checkbox"/> Planning and Other  |
| 11. <input type="checkbox"/> Senior Citizens         | 12. <input type="checkbox"/> Other (explain):    |

##### 3. Description of Organization per 2000 submittal:

Please review the description of your organization submitted in 2000 (enclosed), and make changes or attach an updated *summary* description.

#### **4. Description of Service Programming Modifications**

Please describe any program terminations and/or additions since 2000. Please describe the reason(s) for these terminations/additions.

#### **5. Description of Changes to Organizational Capacity**

Please describe any substantial changes to staff capacity since 2000, and the reason(s) for these changes.

Please describe changes to language capacity since 2000, and the reason(s) for these changes.

Please describe planned changes to language capacity in the 2005–2010 timeframe and the reason(s) for these changes.

#### **6. Target Population**

Please describe those served by your organization in terms of *race, ethnicity, disability, gender, parental status, homelessness, abused/neglected children, HIV/AIDS, low-income, youth, senior citizens* and/or any other significant demographic information.

Please describe any significant changes to your organization's target population since 2000.

#### **7. Capital Projects**

The Consolidated Plan must include all capital projects that the City may elect to fund from HUD resources over the next five years. For this purpose, "capital projects" are those building/facility/equipment needs that exist or will occur in the next five years and are expected to cost at least \$20,000 each. For each project, please describe the following:

- (a) Depending on how far advanced the project is, describe its relative scale in terms of size (building square footage), cost, and/or number of units, and whether it is new construction, demolition, renovation/rehabilitation, property purchase, or reduction of mortgage debt;
- (b) Describe the location, if known, at least noting whether or not it is likely to be within the City of Nashua;
- (c) Describe the factors creating the need for the project, and the effects it will have on your service capacity, operating cost, efficiency, sustainability, and/or health and safety;
- (d) Please describe any known public opinion regarding the project; and
- (e) Describe the status of the project, such as fundraising, site selection, program development, specifications, and cost estimation.

## **Exhibit C**

### **Community Consultations and Participation Matrix**

Consultations and coordination with appropriate public and private agencies, local housing agencies and social service agencies regarding the housing needs of children, elderly persons, homeless persons, persons with disabilities, including persons with HIV/AIDS and their families, other categories of residents and those within city departments was used as a method to assure that the Consolidated Plan is a comprehensive document and addresses legislative purposes.

The following list contains those organizations with whom consultations occurred for the purposes of obtaining information for the Consolidated Plan.

Adult Learning Center  
American Red Cross  
Area Agency  
Big Brothers and Big Sisters  
Boys and Girls Club of Nashua  
Bridges  
Catholic Charities of New Hampshire  
City Year  
Community Council of Nashua  
Corpus Christi  
Fellowship Baptist Church  
Girls, Inc.  
Grace Fellowship Church  
Greater Nashua Dental Connections  
Greater Nashua Interfaith Hospitality Network  
Harbor Homes  
Marguerite's Place  
Mary's House  
Nashua Area Health Care  
Nashua Association for the Elderly  
Nashua Center for the Multiply Handicapped  
Nashua Children's Home  
Nashua Housing Authority  
Nashua Pastoral Care Center  
Nashua Police Athletic League  
Nashua Soup Kitchen and Shelter  
Neighborhood Housing Services of Greater Nashua  
Neighborhood Health Care Center for Greater Nashua  
The PLUS Company

Pregnancy Crisis Center of Nashua  
St. John Neumann Catholic Community  
Salvation Army of Nashua  
Sheepfold Assembly of God  
Soul Purpose Living  
Southern New Hampshire Services  
Southern New Hampshire HIV/AIDS Task Force  
Southern New Hampshire Medical Center  
St. Joseph Hospital Mission  
Tolles Street Mission  
The Upper Room  
The Youth Council

<b>Consolidated Plan Participation Matrix</b>						
		Survey		Workshop		Public
<b>Agency</b>	<b>Name</b>	<b>Sent</b>	<b>Response</b>	<b>Attended</b>	<b>Focus Grp.</b>	<b>Hearing</b>
Adult Learning Center	Mary Jordan	x				
Allard Contracting	James Allard					
Alpha Lead Consultants	Gene Goddard					
American Cancer Society	Penny Maliska					
American Red Cross - Greater Nashua	Barbara Bernard	x				
Amoskeag Fencing Club	Bob Tipton					
Anheuser-Busch, Inc.	Dennis Nesbitt					
Area Agency Region VI	Beth Raymond	x	x			
Area Agency Region VI	Martha Green			x	2	
Arlington St. UMC	Melissa Tustin					
BAE Systems	Nancy Huntley					
Bank of America	Dave Haney					
Bank of New Hampshire	Michael Fox					
Big Brothers and Big Sisters		x				
Boys and Girls Club of Nashua	Norm Bouthilette	x				
Bridges	Dawn Reams	x	x			
Caregivers	Donny Guillemette					
Catholic Charities of NH	Ramon Andrade	x				
CDFA	Paul Denton					
Chamber of Commerce	Chris Hodgdon					
Child and Family Services	Pam Rodrick					
Citizens Bank	Kathleen Reardon					
Citizens for NH Land and Community Heritage	Brian Hart					
City of Nashua – City Clerk’s Office	Paul Bergeron					
City of Nashua – Public Library	Joseph Dionne					
City of Nashua – Inner City Ward Alderman	Kevin Gage					
City of Nashua – School Department	Joseph Giuliano					
City of Nashua – Fire Department	Roger Hatfield					
City of Nashua – Police Department	Timothy Hefferan					
City of Nashua – Community Development Division	Kathy Hersh			x	1	

City of Nashua – Planning Department	Roger Houston			x	4,5,7,&10	
City of Nashua – Urban Programs Department	Linda Jeynes			x		
City of Nashua – Administrative Services Division	Maureen Lemieux					
City of Nashua – Welfare Department	Robert Mack			x	4,5,7, & 10	
City of Nashua – Assessing Department	Angelo Marino					
City of Nashua – President, Board of Aldermen	Brian McCarthy					
City of Nashua – Office of Economic Development	Jay Minkarah			x	1	
City of Nashua – Mediation Program	Sandy Mulcahy			x		
City of Nashua – Urban Programs Department	Paul Newman			x		
City of Nashua – Urban Programs Department	Klaas Nijhuis			x	4,5,7, & 10	
City of Nashua – Urban Programs Department	Sheila O’Riordan			x	6	
City of Nashua – Inner City Ward Alderman	Marc Plamondon					
City of Nashua – Urban Programs Department	Bob Rice			x	8 & 9	
City of Nashua – Health and Community Services Division	Stefan Russakow			x	6	
City of Nashua – Public Works	Richard Seymour					
City of Nashua – Urban Programs Department	John Slebodnick			x	4,5,7, & 10	
City of Nashua – Vice President, Board of Aldermen	Jim Tollner					
City of Nashua – Fire Marshal	Michael Vaccaro					
City of Nashua – Public Works	John Barry			x		
City of Nashua – Code Enforcement	Laura Games					
City of Nashua – Code Enforcement	Nelson Ortega					
City of Nashua – Code Enforcement	Tom Malley					
City Year New Hampshire	Thane Harrison					
City Year New Hampshire	Mim Easton			x		
City Year New Hampshire	Jen Hallee	x		x		
Citybus	Robert Jeniski					
Clocktower Place	Tia Phillips					
Community Council of Nashua, NH, Inc.	Scott Brennan					
Community Council of Nashua, NH, Inc.	Susan Mead	x	x			
Community Council of Nashua, NH, Inc.	Linda Purdy			x	1	
Community Loan Fund	Michael LaFontaine					
Congressman Charles F. Bass	Madeline Saulnier					
Congressman Charles F. Bass	Jennifer Warren					
Corpus Christi Emergency Assistance	Joan Koliss	x				



Daniel Webster College						
Dartmouth - Hitchcock Clinic	Lynne Weihrauch					
Department of Health and Human Services	Germano Martins			x	2	
Department of Health and Human Services - Homelessness	JoAnn Maynard			x	3	
Elizabeth Durfee Hengen – Historic Consultant	Elizabeth Hengen					
Endowment for Health in NH	Mary Vallier-Kaplan					
Family Planning and TANF Collaborative	Robin Zellers					
FannieMae	Ignatius MacLellan					
Federal Home Loan Bank of Boston	Liz Nickerson					
Fellowship Baptist Church	Bertha Perkins	x				
Foundation for Healthy Communities	Shawn LaFrance					
Foundation for Healthy Communities	Rachel Rowe					
Franklin Pierce College						
Friends of Recovery New Hampshire						
Friendship Club for the Handicapped						
Gate City Workcamp						
Girls, Incorporated of Greater Nashua	Cathy Duffy	x	x			
Grace Fellowship Church	Paul Berube	x				
Granite Credit Union	Gerald Barlow					
Granite State Environmental	Brian Hansen					
Great American Downtown	Sarah DiSano					
GreatBridge Properties	William Caselden					
GreatBridge Properties	Chris Davies					
Greater Nashua Council on Alcoholism	Sandra Hurd			x	6	
Greater Nashua Dental Connections	Kim Anastasiou	x		x	6	
Greater Nashua Habitat for Humanity	Jerry Harrow					
Greater Nashua Interfaith Hospitality Network, Inc.	Laurie Skibba	x				
Greater Nashua Interfaith Hospitality Network, Inc.	Rev Tom Woodward			x	3	
Half Moon Sober Festival	Cheryl Rawe					
Harbor Homes	Peter Kelleher	x	x	x	3	
Harbor Homes	Joseph Ntengeri					
Harbor Homes	Miles Pendry			x	3	
Harbor Homes	Jean Russell			x	3	
Harbor Homes	Russell Haight			x	2	
Hesser College						

Historic Consultant	Lisa Mauslof					
Home Health and Hospice	Karen Baranowski					
Hunt Memorial Building	Hillary Booth					
Intervalley Project	Chuck Hotchkiss					
Jensen's (Mobile Home) Park	Chuck MacDonald					
Lamprey Health Care dba Nashua Area Health Center	Mariellen Durso	x	x			
Lamprey Health Care dba Nashua Area Health Center	Niki Watson			x	6	
Lamprey Health Care dba Nashua Area Health Center	Shayana Owen			x	6	
Lamprey Health Care dba Nashua Area Health Center	Solanda Ownen			x	6	
Lamprey Health Care dba Nashua Area Health Center	Maria Greiggs			x	6	
Linbar Property Management	Linda Roberts					
Marguerite's Place	Ruth Morissette	x	x	x	3	
Mary's House	Jerusha Mangera	x		x	3	
Mason Street Crime Watch	Ruth Tamulonis					
Meals on Wheels	Meghan Brady					
Merrimack County Savings Bank	Lori Piper					
Merrimack River Medical Associates	Matt Davis					
MicroCredit-NH	Rob Riley					
MicroCredit-NH	Sara Varela			x	1	
Minority Health Office, DHHS	William Walker					
MP Housing	Vince Tully					
MP Housing	Sister Sharon Walsh			x	2	
Nashua Advocacy Group	Laura Nault			x	3	
Nashua Area Interfaith Council	William Manseau					
Nashua Association for the Elderly (Senior Activity Center)	Patricia Francis	x	x	x	8 & 9	
Nashua Center for the Multiply Handicapped	Brian Young	x	x			
Nashua Children's Home	Lori Cardin			x		
Nashua Children's Home	David Villiotti	x	x	x	8 & 9	
Nashua Foundation for Mental Health	Jody Stephens					
Nashua Housing Authority	Grace Grogan	x				
Nashua Pastoral Care Center, Inc.	Yvette Martin			x	2	
Nashua Pastoral Care Center, Inc.	Maryse Wirbal	x	x			
Nashua Police Department	Robert Henderson			x	8 & 9	
Nashua Police Department	Ed Lecius			x	4,5,7, & 10	
Nashua Regional Planning Commission	Mark Archambeault					

Nashua Regional Planning Commission	Angie Rapp					
Nashua Regional Planning Commission	Stephen Williams					
Nashua School Department- Outreach	Robert Zimmerman					
Nashua Soup Kitchen and Shelter, Inc.	Lisa Christie	x	X	x	3	
Nashua Soup Kitchen and Shelter, Inc.	Mary Andosca			x	3	
Nashua Soup Kitchen and Shelter, Inc.	Eileen Brady			x	3	
Nashua Soup Kitchen and Shelter, Inc.	Donna Juskiewicz			x	3	
Nashua Sr. High School	Susana Middleton					
Nashua Tax Payers Assoc	Edith Hogan					
Nashua YMCA						
Nashua Youth Council	Betsy Abrahams	x	X			
Nashua/Manchester Bd of Realtors	Bonnie Guevin					
Neighborhood Housing Services of Greater Nashua	Bridget Belton-Jette	x		x	2	
Neighborhood Reinvestment Corporation	Mia Ford					
New Hampshire Catholic Charities	Ramon Andrade					
New Hampshire Community Technical College	Lucille Jordan					
New Hampshire Division of Historical Resources	Linda Wilson					
New Hampshire Institute for Health Policy and Practice University	Holly DeBlois					
NH Celebrates Wellness	Nancy Blank					
NH Coalition to End Homelessness	Keith Kuenning					
NH Community Loan Fund	Juliana Eades					
NH DHHS	Sharon Face					
NH Foundation for Healthy Communities	Bernie Cameron					
NH Governor's Commission on Disability	Maureen Stimpson			x	2	
NH Housing Forum	Martha Yager					
NH Legal Assistance	Elliot Berry					
NH Legal Assistance	Joseph Webster			x		
NH Main Street Center	Kathy La Plante					
NH Main Street Center	Glen Ohlund					
NH Property Owners Association	Gene Gayda					
NHHFA	Mary Anzmann					
NHHFA	William Ray					
NHHFA	Dick Weaver					
NHHFA	Bill Guinther			x	3	

Outreach for Black Unity	Linda Gathright					
Office of Energy and Planning	MaryAnn Manoogian					
Office of Homeless and Housing Services	Patrick Herlihy					
Office of the Mayor	Mary Nelson					
Office of the Sheriff, Hillsborough County	James Hardy					
Pagasa (Filipino Social Club)	Helen Louderback					
Philadelphia Church	Rev. Santos					
Planning and Bldg	Laura Games					
Planning and Bldg	Nelson Ortega					
Planning and Bldg	Tom Malley					
Plus Company, The	Kim Shottes	x				
Police Athletic League	Doug Hayes	x	x			
Police Athletic League	Debbie Fraser			x	8 & 9	
Pregnancy Center of Nashua		x				
Providian Bank	Kathy Bogle-Shields					
Red Capital Markets, Inc.	Richard Coomber					
Rivier College	Albert DeCiccio					
Rivier College	Sharron Rowlett					
RSVP	Denise Charest					
Ruo and Haschig Realty	Rick Ruo					
Salvation Army of Nashua	Carl Carvill					
Salvation Army of Nashua	Lucille L'heureux	x		x	2	
Salvation Army of Nashua	Mike Harper			x	8 & 9	
Seacoast Workforce Housing	Lisa Henderson					
Senator Gregg's Office	Matt Leahy					
Senior Companion Program of NH	Letty Barton					
Service Link - Community Council	Ruth Morgan					
Sheepfold Assembly of God		x				
Social Security Administration	Barbara Theriault					
Society for the Preservation of NH Forests	Trish Churchill					
Souhegan Nursing Association						
Souhegan Valley Resources						
Soul Purpose Living	David Cull	X	x	x	2	
Southern New Hampshire HIV/AIDS Task Force	Wendy Furnari	x				
Southern New Hampshire Medical Center	Ellen O'Shea	x				

Southern New Hampshire Services	Donnalee Lozeau	x	x	x	1	
Southern New Hampshire Services	Tony Epaphras			x	3	
Southern New Hampshire University– School of CED	Emily Burgo			x		
Spanish Pentacostal and Missionary Church	Rev. Adorno					
Spartans Drum and Bugle Corps	Peter La Flamme					
St Louis de Gonzague RCC	Father Cote					
St. John Neumann Church	Mary Moriarty	x	x			
St. Joseph Hospital Mission	Robert Demers	x				
Stewart Property Management	Vicki Kallan					
The Security Deposit Loan Fund of Greater Manchester, Inc.	Mary Sliney					
Tolles Street Mission		x				
United Foundation International Inc.	Johny Perez					
United Way	Ray Peterson			x	8 & 9	
Upper Room Compassionate Ministry		x				
US Dept of HUD	Charlene Brodeaur					
US Dept. of HUD	Robert Grenier					
US Dept. of HUD	Ernest Zupancic					
VA Medical Center	John Campbell					
	Anne Barnette					
	Marvin Burnette					
	Roger Duhamel					
	Ruth Ginsburg					
	Alphonse Haettenschwiller			x		
	Robert Keating			x	3	
	Luann McAlister					
	William McCarty					
	Kenneth Perrin					
	Joan Schulze					
	Camille Simard					
	Alejandro Soto					
	Ruth Tamulonis					
	Derrick Walcott			x	1	
	Barbara Barry			x	2	
	Marcia Gardner			x	2	

## Exhibit D

### Nashua Continuum of Care

#### Mission

Founded in 1994, the Mission of the Nashua Continuum of Care is threefold: (1) To foster and promote comprehensive, cohesive, and coordinated approaches to housing and community resources for homeless persons and families; (2) To identify and address service gaps and risk factors in the community; and (3) To prioritize unmet service needs to develop and oversee a system of prevention, intervention, outreach assessment, direct care and aftercare for homeless individuals and families

#### Geographic Coverage

Nashua, Brookline, Amherst, Hollis, Merrimack, Milford, Mont Vernon, Hudson, Litchfield and Mason

#### Purpose

Networking and collaborating to formalize coordinated strategies towards the development of an unduplicated, seamless service provision for the community's homeless population. The ultimate vision for success held by the Greater Nashua COC is one of an idealistic community where homelessness no longer exists. In this vision, there are adequate resources for each individual to access the goods and services he or she requires. An ample supply of safe, affordable, permanent housing and support services would assure that no one will have to sleep on the streets, in automobiles, park benches or places unfit for human habitation.

The Greater Nashua COC is also responsible for the development and implementation of the **Greater Nashua Ten Year Plan for Ending Homelessness**, a copy of which is available at [www.nashua-coc.org](http://www.nashua-coc.org)

#### Meetings

Monthly meetings, attended by representatives of the Federal, State and City governments, housing program directors, hospitals, veterans, social service agencies, homeless persons, police, fire, financial community, private sector representatives, and religious institutions of several denominations

## Continuum of Care Member Agencies

<b>Name</b>	<b>Bridges</b>		
<b>Address</b>	33 East Pearl Street, Nashua, NH 03061		
<b>Phone</b>	(603) 889-0858	<b>Fax</b> (603) 889-0858	<b>E-mail</b> <a href="mailto:shelter@bridgesnh.org">shelter@bridgesnh.org</a>
<b>Web</b>	<a href="http://www.bridgesnh.org">www.bridgesnh.org</a>		
<b>Members</b>	Agnes Han, Kim Tink, Tara Davis		
<b>Name</b>	<b>Community Council of Nashua</b>		
<b>Address</b>	7 Prospect Street, Nashua, NH 03060		
<b>Phone</b>	(603) 889-6147	<b>Fax</b> (603) 883-1568	<b>E-mail</b> <a href="mailto:meads@ccofnashua.org">meads@ccofnashua.org</a>
<b>Web</b>	<a href="http://www.ccofnashua.org">www.ccofnashua.org</a>		
<b>Member</b>	Susan Mead, Scott Brennan		
<b>Name</b>	<b>Community Services Council of New Hampshire</b>		
<b>Address</b>	79 Sheep Davis Road, Pembroke, NH 03275		
<b>Phone</b>	(603) 225-9694	<b>Fax</b> (603) 225-4158	<b>E-mail</b> <a href="mailto:hvincent@cscnh.org">hvincent@cscnh.org</a>
<b>Web</b>	<a href="http://www.cscnh.org">www.cscnh.org</a>		
<b>Member</b>	Henry Vincent		
<b>Name</b>	<b>Corpus Christi Emergency Assistance Resources</b>		
<b>Address</b>	43 Franklin Street, Nashua, NH 03064		
<b>Phone</b>	(603) 598-1641	<b>Fax</b>	<b>E-mail</b> <a href="mailto:srjoanccear@aol.com">srjoanccear@aol.com</a>
<b>Web</b>			
<b>Member</b>	Joan Koliss		
<b>Name</b>	<b>Greater Nashua Habitat for Humanity</b>		
<b>Address</b>	P.O. Box 159, Nashua, NH 03061		
<b>Phone</b>	(603) 883-0295	<b>Fax</b>	<b>E-mail</b> <a href="mailto:info@nashahabitat.org">info@nashahabitat.org</a>
<b>Web</b>	<a href="http://www.nashahabitat.org">www.nashahabitat.org</a>		
<b>Member</b>	Dave Darling		
<b>Name</b>	<b>Greater Nashua Interfaith Hospitality Network</b>		
<b>Address</b>	93 Daniel Webster Highway South, Nashua, NH 03060		
<b>Phone</b>	(603) 897-7338	<b>Fax</b>	<b>E-mail</b> <a href="mailto:corman@topdoc-inc.com">corman@topdoc-inc.com</a>
<b>Web</b>	<a href="http://www.gnihn.org">www.gnihn.org</a>		
<b>Member</b>	Barbara Corman		
<b>Name</b>	<b>Greater Nashua Interfaith Hospitality Network</b>		
<b>Address</b>	93 Daniel Webster Highway South, Nashua, NH 03060		
<b>Phone</b>	(603) 897-7338	<b>Fax</b>	<b>E-mail</b> <a href="mailto:rlmarks@earthlink.net">rlmarks@earthlink.net</a>
<b>Web</b>	<a href="http://www.gnihn.org">www.gnihn.org</a>		

<b>Member</b>	Bob Marks		
<b>Name</b>	<b>Greater Nashua Interfaith Hospitality Network</b>		
<b>Address</b>	93 Daniel Webster Highway South, Nashua, NH 03060		
<b>Phone</b>	(603) 897-7338	<b>Fax</b>	<b>E-mail</b> <a href="mailto:gabeegee@aol.com">gabeegee@aol.com</a>
<b>Web</b>	<a href="http://www.gnihn.org">www.gnihn.org</a>		
<b>Member</b>	Gabrielle Green		
<b>Name</b>	<b>Harbor Homes, Inc.</b>		
<b>Address</b>	12 Amherst Street, Nashua, NH 03064		
<b>Phone</b>	(603) 882-3616	<b>Fax</b> (603) 595-7414	<b>E-mail</b> <a href="mailto:p.kelleher@harborhomes.org">p.kelleher@harborhomes.org</a>
<b>Web</b>	<a href="http://www.harborhomes.org">www.harborhomes.org</a>		
<b>Member</b>	Peter Kelleher		
<b>Name</b>	<b>Harbor Homes, Inc.</b>		
<b>Address</b>	12 Amherst Street, Nashua, NH 03064		
<b>Phone</b>	(603) 882-3616	<b>Fax</b> (603) 595-7414	<b>E-mail</b> <a href="mailto:m.pendry@harborhomes.org">m.pendry@harborhomes.org</a>
<b>Web</b>	<a href="http://www.harborhomes.org">www.harborhomes.org</a>		
<b>Member</b>	Miles Pendry		
<b>Name</b>	<b>Harbor Homes, Inc.</b>		
<b>Address</b>	12 Amherst Street, Nashua, NH 03064		
<b>Phone</b>	(603) 882-3616	<b>Fax</b> (603) 595-7414	<b>E-mail</b> <a href="mailto:m.auer@harborhomes.org">m.auer@harborhomes.org</a>
<b>Web</b>	<a href="http://www.harborhomes.org">www.harborhomes.org</a>		
<b>Member</b>	Mary Auer		
<b>Name</b>	<b>Harbor Homes, Inc.</b>		
<b>Address</b>	12 Amherst Street, Nashua, NH 03064		
<b>Phone</b>	(603) 882-3616	<b>Fax</b> (603) 595-7414	<b>E-mail</b> <a href="mailto:k.treggiari@harborhomes.org">k.treggiari@harborhomes.org</a>
<b>Web</b>	<a href="http://www.harborhomes.org">www.harborhomes.org</a>		
<b>Member</b>	Kathy Treggiari		
<b>Name</b>	<b>Healthy at Home</b>		
<b>Address</b>	12 Amherst Street Suite 1, Nashua, NH 03064		
<b>Phone</b>	(603) 595-4243	<b>Fax</b> (603) 880-3171	<b>E-mail</b> <a href="mailto:l.carter@healthyathome.org">l.carter@healthyathome.org</a>
<b>Web</b>	<a href="http://www.healthyathome.org">www.healthyathome.org</a>		
<b>Member</b>	Linda Carter		
<b>Name</b>	<b>Keystone Hall (Greater Nashua Council on Alcoholism)</b>		
<b>Address</b>	5 Pine Street Extension, Nashua, NH 03060		
<b>Phone</b>	(603) 881-4848	<b>Fax</b> (603) 598-3644	<b>E-mail</b> <a href="mailto:s.hurd@keystonehall.org">s.hurd@keystonehall.org</a>
<b>Web</b>	<a href="http://www.keystonehall.org/">www.keystonehall.org/</a>		



<b>Member</b>	Sandra Hurd		
<b>Name</b>	<b>Keystone Hall (Greater Nashua Council on Alcoholism)</b>		
<b>Address</b>	5 Pine Street Extension, Nashua, NH 03060		
<b>Phone</b>	(603) 881-4848	<b>Fax</b> (603) 598-3644	<b>E-mail</b> <a href="mailto:k.kelley@keystonehall.org">k.kelley@keystonehall.org</a>
<b>Web</b>	<a href="http://www.keystonehall.org/">www.keystonehall.org/</a>		
<b>Member</b>	Karen Kelley		
<b>Name</b>	<b>Marguerite's Place, Inc.</b>		
<b>Address</b>	87 Palm Street, Nashua, NH 03060		
<b>Phone</b>	(603) 598-1582	<b>Fax</b> (603) 598-7574	<b>E-mail</b> <a href="mailto:ruthcrosman@comcast.net">ruthcrosman@comcast.net</a>
<b>Web</b>	<a href="http://www.margueritesplace.org">www.margueritesplace.org</a>		
<b>Member</b>	Ruth Crosman		
<b>Name</b>	<b>Merrimack County Savings Bank</b>		
<b>Address</b>	101 Broad Street, Nashua, NH 03064		
<b>Phone</b>	(603) 880-7000	<b>Fax</b>	<b>E-mail</b> <a href="mailto:lpiper@mcsbnh.com">lpiper@mcsbnh.com</a>
<b>Web</b>	<a href="http://www.mcsbnh.com">www.mcsbnh.com</a>		
<b>Member</b>	Lori Piper		
<b>Name</b>	<b>Milford, Town of - Town Welfare</b>		
<b>Address</b>	1 Union Square, Milford, NH 03055		
<b>Phone</b>	(603) 673-3735	<b>Fax</b> (603) 673-2273	<b>E-mail</b> <a href="mailto:mbrown@ci.milford.nh.us">mbrown@ci.milford.nh.us</a>
<b>Web</b>			
<b>Member</b>	Maria Brown		
<b>Name</b>	<b>MP Housing</b>		
<b>Address</b>	87 Palm Street, Nashua, NH 03060		
<b>Phone</b>	(603) 598-1582	<b>Fax</b> (603) 598-7574	<b>E-mail</b> <a href="mailto:margplace@comcast.net">margplace@comcast.net</a>
<b>Web</b>	<a href="http://www.margueritesplace.org">www.margueritesplace.org</a>		
<b>Member</b>	Sharon Walsh		
<b>Name</b>	<b>Nashua Advocacy Group</b>		
<b>Address</b>	9 New Searles Road, Nashua, NH 03062		
<b>Phone</b>	(603) 888-2028	<b>Fax</b>	<b>E-mail</b> <a href="mailto:nhnag@aol.com">nhnag@aol.com</a>
<b>Web</b>			
<b>Member</b>	Laura Nault		
<b>Name</b>	<b>Nashua Area Health Center</b>		
<b>Address</b>	10 Prospect Street, Suite 102, Nashua, NH 03060		
<b>Phone</b>	(603) 883-1626	<b>Fax</b> (603) 883-6633	<b>E-mail</b> <a href="mailto:mdurso@lampreyhealth.org">mdurso@lampreyhealth.org</a>
<b>Web</b>	<a href="http://www.lampreyhealth.org/info_nashua.cfm">www.lampreyhealth.org/info_nashua.cfm</a>		
<b>Member</b>	Mariellen Durso		

<b>Name</b>	<b>Nashua Area Health Center</b>		
<b>Address</b>	10 Prospect Street, Suite 102, Nashua, NH 03060		
<b>Phone</b>	(603) 883-1626	<b>Fax</b> (603) 883-6633	<b>E-mail</b> <a href="mailto:sowen@lampreyhealth.org">sowen@lampreyhealth.org</a>
<b>Web</b>	<a href="http://www.lampreyhealth.org/info_nashua.cfm">www.lampreyhealth.org/info_nashua.cfm</a>		
<b>Member</b>	Shayana Owen		
<b>Name</b>	<b>Nashua, City of - Citybus</b>		
<b>Address</b>			
<b>Phone</b>	(603) 880-0100 x204	<b>Fax</b>	<b>E-mail</b> <a href="mailto:realej@ci.nashua.nh.us">realej@ci.nashua.nh.us</a>
<b>Web</b>	<a href="http://www.nashuarpc.org/citybus/index-rf.htm">www.nashuarpc.org/citybus/index-rf.htm</a>		
<b>Member</b>	Jennifer Reale		
<b>Name</b>	<b>Nashua, City of - Community Development Division</b>		
<b>Address</b>	229 Main Street, Nashua, NH 03061		
<b>Phone</b>	(603) 589-3095	<b>Fax</b> (603) 589-3119	<b>E-mail</b> <a href="mailto:hershk@ci.nashua.nh.us">hershk@ci.nashua.nh.us</a>
<b>Web</b>	<a href="http://www.gonashua.com">www.gonashua.com</a>		
<b>Member</b>	Kathy Hersh		
<b>Name</b>	<b>Nashua, City of - Mayor's Office</b>		
<b>Address</b>	229 Main Street, Nashua, NH 03061		
<b>Phone</b>	(603) 589-3260	<b>Fax</b>	<b>E-mail</b> <a href="mailto:sousam@ci.nashua.nh.us">sousam@ci.nashua.nh.us</a>
<b>Web</b>	<a href="http://www.gonashua.com">www.gonashua.com</a>		
<b>Member</b>	Mark Sousa		
<b>Name</b>	<b>Nashua, City of - Nashua School District</b>		
<b>Address</b>	10 Chuck Druding Drive, Nashua, NH 03063		
<b>Phone</b>	(603) 589-6684	<b>Fax</b>	<b>E-mail</b> <a href="mailto:korne@nashua.edu">korne@nashua.edu</a>
<b>Web</b>	<a href="http://www.gonashua.com">www.gonashua.com</a>		
<b>Member</b>	Elizabeth (Betsy) Korn		
<b>Name</b>	<b>Nashua, City of - Public Health and Community Services</b>		
<b>Address</b>	18 Mulberry Street Nashua, NH 03060-3897		
<b>Phone</b>	(603) 589-4560	<b>Fax</b> (603) 594-3452	<b>E-mail</b> <a href="mailto:russakows@ci.nashua.nh.us">russakows@ci.nashua.nh.us</a>
<b>Web</b>	<a href="http://www.gonashua.com">www.gonashua.com</a>		
<b>Member</b>	Stefan Russakow		
<b>Name</b>	<b>Nashua, City of - Urban Programs</b>		
<b>Address</b>	229 Main Street, Nashua, NH 03060		
<b>Phone</b>	(603) 589-3087	<b>Fax</b> (603) 589-3119	<b>E-mail</b> <a href="mailto:newmanp@ci.nashua.nh.us">newmanp@ci.nashua.nh.us</a>
<b>Web</b>	<a href="http://www.gonashua.com">www.gonashua.com</a>		
<b>Member</b>	Paul Newman		
<b>Name</b>	<b>Nashua, City of - Urban Programs</b>		
<b>Address</b>	229 Main Street, Nashua, NH 03060		

**Phone** (603) 589-3088      **Fax** (603) 589-3119      **E-mail** [nijhuisk@ci.nashua.nh.us](mailto:nijhuisk@ci.nashua.nh.us)  
**Web** [www.gonashua.com](http://www.gonashua.com)  
**Member** Klaas Nijhuis  
**Name** **Nashua, City of - Urban Programs**  
**Address** 229 Main Street, Nashua, NH 03060  
**Phone** (603) 589-3088      **Fax** (603) 589-3119      **E-mail** [jeynesl@ci.nashua.nh.us](mailto:jeynesl@ci.nashua.nh.us)  
**Web** [www.gonashua.com](http://www.gonashua.com)  
**Member** Linda Jeynes  
**Name** **Nashua, City of - Welfare Department**  
**Address** 18 Mulberry Street, Nashua, NH 03060  
**Phone** (603) 589-4528      **Fax** (603) 589-3643      **E-mail** [mackb@ci.nashua.nh.us](mailto:mackb@ci.nashua.nh.us)  
**Web** [www.gonashua.com](http://www.gonashua.com)  
**Member** Bob Mack  
**Name** **Nashua Housing Authority**  
**Address** 40 East Pearl Street, Nashua, NH 03060  
**Phone** (603) 883-5661      **Fax** (603) 598-3750      **E-mail** [ghg@verizonesg.net](mailto:ghg@verizonesg.net)  
**Web**  
**Member** Grace Hicks-Grogan  
**Name** **Nashua Housing Authority**  
**Address** 40 East Pearl Street, Nashua, NH 03060  
**Phone** (603) 883-5661      **Fax** (603) 598-3750      **E-mail**  
**Web**  
**Member** Lynn Lombardi  
**Name** **Nashua Housing Authority**  
**Address** 40 East Pearl Street, Nashua, NH 03060  
**Phone** (603) 883-5661      **Fax** (603) 598-3750      **E-mail**  
**Web**  
**Member** Sarah Gagnon  
**Name** **Nashua Pastoral Care Center**  
**Address** 7 Concord Street, Nashua, NH 03064  
**Phone** (603) 886-2866      **Fax** (603) 886-9214      **E-mail** [mwirbal@npcc.mv.com](mailto:mwirbal@npcc.mv.com)  
**Web** [www.nashuanpcc.org](http://www.nashuanpcc.org)  
**Member** Maryse Wirbal  
**Name** **Nashua Pastoral Care Center**  
**Address** 7 Concord Street, Nashua, NH 03064

**Phone** (603) 886-2866      **Fax** (603) 886-9214      **E-mail** [jspencer@npcc.mv.com](mailto:jspencer@npcc.mv.com)  
**Web** [www.nashuanpcc.org](http://www.nashuanpcc.org)  
**Member** Jennifer Spencer  
**Name** **Nashua Pastoral Care Center**  
**Address** 7 Concord Street, Nashua, NH 03064

**Phone** (603) 886-2866      **Fax** (603) 886-9214      **E-mail** [ymartin@npcc.mv.com](mailto:ymartin@npcc.mv.com)  
**Web** [www.nashuanpcc.org](http://www.nashuanpcc.org)  
**Member** Yvette Martin  
**Name** **Nashua Soup Kitchen and Shelter**  
**Address** P.O. Box 3166, Nashua, NH 03061

**Phone** (603) 889-7770      **Fax** (603) 889-2347      **E-mail** [lisansks@verizon.net](mailto:lisansks@verizon.net)  
**Web** [www.nsk.org](http://www.nsk.org)  
**Member** Lisa Christie  
**Name** **Nashua Soup Kitchen and Shelter**  
**Address** P.O. Box 3166, Nashua, NH 03061

**Phone** (603) 889-7770      **Fax** (603) 889-2347      **E-mail** [donnansks@verizon.net](mailto:donnansks@verizon.net)  
**Web** [www.nsk.org](http://www.nsk.org)  
**Member** Donna Juszkiwicz  
**Name** **Nashua Soup Kitchen and Shelter**  
**Address** P.O. Box 3166, Nashua, NH 03061

**Phone** (603) 889-7770      **Fax** (603) 889-2347      **E-mail** [pattinsks@verizon.net](mailto:pattinsks@verizon.net)  
**Web** [www.nsk.org](http://www.nsk.org)  
**Member** Patricia Hayes  
**Name** **Nashua Soup Kitchen and Shelter**  
**Address** P.O. Box 3166, Nashua, NH 03061

**Phone** (603) 889-7770      **Fax** (603) 889-2347      **E-mail** [eileennsk@verizon.net](mailto:eileennsk@verizon.net)  
**Web** [www.nsk.org](http://www.nsk.org)  
**Member** Eileen Brady  
**Name** **Neighborhood Housing Services of Greater Nashua**  
**Address** 50 Tolles Street, Nashua, NH 03064

**Phone** (603) 882-2077      **Fax** (603) 881-9894      **E-mail** [bbelton@nhsgn.org](mailto:bbelton@nhsgn.org)  
**Web**  
**Member** Bridget Belton-Jette  
**Name** **Neighborhood Housing Services of Greater Nashua**  
**Address** 50 Tolles Street, Nashua, NH 03064



**Phone** (603) 882-3000      **Fax** (603) 889-1651      **E-mail** [bdemers@sjh-nh.org](mailto:bdemers@sjh-nh.org)  
**Web** [www.stjosephhospital.com](http://www.stjosephhospital.com)  
**Member** Robert Demers  
**Name** **Salvation Army of Nashua**  
**Address** 1 Montgomery Avenue, Nashua, NH 03060  
**Phone** (603) 883-7841      **Fax** (603) 889-1651      **E-mail**  
**Web** [www.use.salvationarmy.org](http://www.use.salvationarmy.org)  
**Member** Lucille L'heureaux  
**Name** **SHARE of Milford**  
**Address** P.O. Box 27, 34 Amherst Street, Milford, NH, 03055  
**Phone** (603) 673-9898      **Fax** (603) 673-3687      **E-mail**  
**Web** [www.sharenh.org](http://www.sharenh.org)  
**Member** Mariette Facques  
**Name** **Soul Purpose Living**  
**Address** 12 Robert Drive, Nashua, NH 03060  
**Phone** (603) 888-2028      **Fax** (603) 888-2028      **E-mail** [soulpurposelivingllc@aol.com](mailto:soulpurposelivingllc@aol.com)  
**Web** [www.soulpurposeliving.org](http://www.soulpurposeliving.org)  
**Member** David Cull  
**Name** **Southern New Hampshire HIV/AIDS Task Force**  
**Address** 111 Lock Street, Suite 101, Nashua, NH 03064  
**Phone** (603) 595-8464      **Fax** (603) 595-1480      **E-mail** [kmelendy@aidstaskforcenh.org](mailto:kmelendy@aidstaskforcenh.org)  
**Web** [www.aidstaskforcenh.org](http://www.aidstaskforcenh.org)  
**Member** Kolin Melendy  
**Name** **Southern New Hampshire HIV/AIDS Task Force**  
**Address** 111 Lock Street, Suite 101, Nashua, NH 03064  
**Phone** (603) 595-8464      **Fax** (603) 595-1480      **E-mail** [wfurnari@aidstaskforcenh.org](mailto:wfurnari@aidstaskforcenh.org)  
**Web** [www.aidstaskforcenh.org](http://www.aidstaskforcenh.org)  
**Member** Wendy Furnari  
**Name** **Southern New Hampshire Rescue Mission**  
**Address** 40 Chestnut Street, Nashua, NH 03060  
**Phone** (603) 889-3421      **Fax** (603) 889-2487      **E-mail** [djblacksmith@snhrm.org](mailto:djblacksmith@snhrm.org)  
**Web** [www.snhrm.org](http://www.snhrm.org)  
**Member** David Blacksmith  
**Name** **Southern New Hampshire Services**  
**Address** Davidson Landing, 143 Ledge Street, Nashua, NH 03060

**Phone** (603) 595-9261      **Fax** (603) 595-9265      **E-mail** [donnaleelozeau@comcast.net](mailto:donnaleelozeau@comcast.net)

**Web** [www.snhs.org](http://www.snhs.org)

**Member** Donnalee Lozeau

**Name** **Southern New Hampshire Services**

**Address** 40 Pine Street, Manchester, NH 03108

**Phone** (603) 668-8010      **Fax** (603) 645-6734      **E-mail** [gschneider@snhs.org](mailto:gschneider@snhs.org)

**Web** [www.snhs.org](http://www.snhs.org)

**Member** Greg Schnieder

**Name** **Southern New Hampshire Services**

**Address** 40 Pine Street, Manchester, NH 03108

**Phone** (603) 668-8010      **Fax** (603) 645-6734      **E-mail** [tepaphras@snhs.org](mailto:tepaphras@snhs.org)

**Web** [www.snhs.org](http://www.snhs.org)

**Member** Tony Epaphras

**Name** **Touching Hearts Ministry**

**Address**

**Phone**

**Web**

**Member** Billy Joe Gray

**Name** **United Way of Greater Nashua**

**Address** 20 Broad Street, Nashua, NH 03064

**Phone** (603) 882-4011      **Fax** (603) 882-5406      **E-mail** [ray@unitedwaynashua.org](mailto:ray@unitedwaynashua.org)

**Web** [www.unitedwaynashua.org](http://www.unitedwaynashua.org)

**Member** Ray Peterson

**Name** **Upper Room Compassionate Ministries**

**Address** 3 Elm Street, Nashua, NH 03060

**Phone** (603) 595-2039      **Fax**      **E-mail**

**Member** Katie Petrini

**Name** **Veteran's Administration Medical Center**

**Address** Mental Health Unit, 5th floor, 718 Smyth Road, Manchester, NH 03104

**Phone** (603) 634-4366      **Fax** (603) 629-3244      **E-mail** [john.campbell4@med.va.gov](mailto:john.campbell4@med.va.gov)

**Web** [www.visn1.med.va.gov/manchester](http://www.visn1.med.va.gov/manchester)

# **Exhibit E**

## **Focus Group Notes, March 2, 2005**

### **Public Facilities, Infrastructure and Crime**

#### **#1 Needs in our Community**

- Enforcement of code violations and programs for code enforcement
- Sewer connections to older homes
- Landlord licensing (code compliance)
- Parking
- Trash pick – up
- Number of occupants in an apartment
- Public transportation

#### **#2 Current Activities**

Youth Activities	Ranks 4-5
Adult Activities	Ranks 4-5
Senior Activities	Ranks 5+
Hand-Out Data	

#### **#3 Opportunities within our community**

- Redevelopment of vacant structures
- Private and public partnerships
- Childcare facilities
- Sewer connection of private residences with existing septic systems
- Awareness of the programs
- Explore services available in other departments
- Health Department elevator to service the handicap
- New Hampshire legal Assistance office in Nashua
- Reduce blight, redevelopment and the plans that guide redevelopment
- Youth facilities
- Modernization of city parks

#### **#4 Take Advantage of Opportunities**

- Use HUD funding to match other grant funds when available

#### **#5 HUD Funds Help**

- Use HUD Funds as matching funding
- Provide funding for needed projects when no other funding source is available



## **Existing Programs**

- Senior center
- Youth facility renovations
- Renovations of adult education facility
- Renovations of mental health facility
- Renovations of substance abuse facility
- Downtown redevelopment
- Intercity renovation of streets and sidewalks
- Museum planning and development
- Area Planning

## **New and Existing Opportunities**

- Health Department handicap access
- NH Legal Assistance Local Office
- Reduce blight, redevelopment and the plans that guide the process
- Explore interdepartmental opportunities
- Redevelopment of vacant structures
- Private and public partnerships
- Childcare facility
- Sewer connection of private residences

## **Public Services**

### **Discussion of community needs:**

This group focused on the need for greater interagency collaboration/communication, improvement of access to services, centralization of resources.

Seen as more critical than, say adding specific services such as mental health counseling, dental services, etc, was improvements in what the group defined as ACCESS issues faced by low/mod clientele. Not that there may not be gaps in service, lack of certain types of services, but the access to and streamlining of existing services was seen as more of an issue than adding additional services.

### **These access issues were identified:**

Education/Outreach approach to be culturally appropriate, with a whole-health, prevention focus.

Interpretation services for diverse populations, to include on-going training programs for interpreters. Specialized training in interpreting

technical, medical terminology. Citywide pooling of these resources among service providers

Linking of services. Centralization of resources for interagency referrals. ? service advocates/experts to assist clients as they navigate among services.

TRANSPORTATION. Services geared toward assisting clients get to services.

Legal/technical assistance – to help clients understand their rights, coverage, assistance filling out forms, gaining access to benefits

Expanded hours of service – evenings, weekend hours for those who cannot access services during 9-5 timeframe.

Childcare/respite. For people who do not or cannot seek services because of household responsibilities that may preclude their getting out to appointments.

The above ACCESS issues were ranked by members of this focus group in order of priority, highest first:

1. Interpretation services: to include training
2. Interagency collaboration: centralization of services
3. Transportation services
4. Education of clients: whole health, prevention, culturally appropriate
5. Expansion of services to include weekends, evenings

Given 15% cap on public service activities, and acknowledging the ongoing need of the services that the City has invested in over the past several years – Keystone counseling, Soup Kitchen shelter, Health Center, Hispanic Outreach, there wasn't a lot of discussion about additional, different types of services that might be funded in the next 5 years. However the following types of services were identified as being important for the community, in order of priority, highest first:

1. Dental care
2. Mental health / substance abuse
3. Prescription subsidy
4. Vision Care
5. Childcare

## **Youth & Seniors**

*What are the needs for the target population?*

*Youth:*

The discussion group listed needs for this group as being responsible sexual behavior, health issues, structured supervision and modeling, and preparation for adulthood. We also discussed drug and alcohol education and a community center. The community center discussion includes a homework club, exterior school education. We also discussed the need for affordable childcare as well as a youth voice program. Summer programs are needed such as prevent smoking and prevent gang activity. Area ball fields and parks are in need of upgrades.

*Seniors:*

The group discussed the seniors' needs as being affordable housing and medicines. Transportation for seniors was a key issue as well as crime prevention along with safety and training issues. Modern device training for seniors was discussed and meant to include computers and other electronic devices. Scholarships were another item needed for seniors to help defer the cost of training and education. Other needs of seniors included safe places to meet, outdoor activities, caregiver support, adult daycare, drug and alcohol abuse counseling, and driver training.

*What opportunities exist in the community over the next 5 years?*

*Youth:*

Better collaboration between agencies that support youths was chosen as the most important issue. Collaboration between these agencies and churches were also listed. These goals can be obtained through meetings and surveys to assess the situation. Practical application of what is being learned was chosen as the second most important item. Adult living skills for youth can be accomplished through performance of the actual tasks using adult volunteers as models. Intergenerational programs were noted and can be accomplished using surveys and meeting to achieve the objective.

*Seniors:*

The most important issue facing seniors in the next 5 years is affordable housing. The group discussed a need for low-income housing, a plan for revitalization, displacement care and the possibility of reverse mortgages to ensure that housing needs are met. Senior services are in need of expansion to meet the growing needs of the elderly. Satellite programs as well as outreach programs will enable seniors to be included. Education and enrichment programs were the last item discussed by the group. Scholarships and satellite classes were encouraged to meet these demands.

## **Housing**

### General Housing Needs:

1. More rental units available, more Section 8 vouchers
2. More permanent affordable housing, look at changes to zoning such as restricted zoning, to allow more affordable housing
3. Transportation – improve rates and accessibility
4. More code enforcement for safety, better enforcement and compliance towards codes
5. Availability of funds for rehabilitation
6. More family housing, attention to workforce housing to allow municipal workers and employees to affordable housing
7. Better incentives for businesses to comply with code such as bank loans, etc.

### **Special Needs Housing**

#### Start City Planning for accessibility citywide:

- A. Sidewalks
- B. Neighborhood Accessibility
- C. Accessibility for stores and companies, etc.
- D. Plan universal design to incorporate the needs such as walking

#### Transportation:

- A. Improve guidelines for special needs so that they qualify
- B. Improve routes and accessibility
- C. Collaborative transportation (efficiency)

#### Businesses:

- A. Look for methods to get them involved
- B. More collaboration with services; housing/private sector/services
- C. Look at change to zoning such as restricted zoning to allow more affordable housing
- D. Attention to workforce housing to allow municipal workers and employees to afford housing
- E. Upgrading services to go with housing improvements

### **Special Needs**

- A. Transitional housing, training and supports
- B. More rental units available
- C. More accessibility for physically impaired, new housing
- D. More permanent affordable housing; connect it with % of need of population
- E. Updating building codes to be handicap friendly
- F. More Section 8 vouchers
- G. More safe shelters

- H. Availability of funds for rehabilitation
- I. More code enforcement for safety
- J. More family housing
- K. Better enforcement and compliance towards codes
- L. Better incentives for businesses to comply with codes, bank loans, etc.
- M. Require % from for-profit developers to go towards special housing
- N. Require % of housing projects to be designated for special needs housing
- O. Start neighborhood universal planning

## **Special Needs – Top 5 Priorities**

- 1. More permanent affordable housing
- 2. Transitional housing – training & support
- 3. City planning
- 4. More Section 8 vouchers
- 5. Availability of funds for rehabilitation

## **Homeless Needs**

### *Housing (first)*

- 1. Affordable to low, very low, extremely low and no income
- 2. Emergency shelter
- 3. Transitional housing
- 4. Permanent supportive housing

#### **A. Housing**

- 1. Permanent/affordable housing for no/low income
- 2. Transitional supportive housing
  - a. Aged out youth
  - b. Families
- 3. Permanent supportive housing
- 4. Shelters for targeted populations/special needs
  - a. Wet shelter
  - b. Elderly
  - c. Veterans
  - d. Youth
- 5. Expand Section 8 housing voucher supply

#### **B. Prevention**

- 1. Maintain CDBG for existing shelter and resource operation
- 2. HUD funding to maintain existing infrastructure, erosion would be disastrous

#### **C. Supportive services**

#### **D. Employment (living wages)**

E. Review/Implement existing ten year plan

1. Monitor HUD and Congress for changes that would impact us.

**Summed up in "HOMELESSNESS BAD, HOUSING GOOD!"**

*CDBG & HOME*

Money is critical to maintaining the foundation, but we need to strengthen and expand. "Maintaining" will not end homelessness, as documented in our community's ten-year plan for end homelessness.

There is a critical need for Section 8 and other housing subsidies to further/advance the national agenda for ending homelessness, evidenced by the long waiting lists that are not getting any smaller.

The proposed change in CDBG funding will divert it from necessary existing homeless and housing activities.

Housing First – Important for HUD to fund programs and approaches like this with a proven track record for success and outcome.

**Economic Development**

*Q1. Needs of Targeted Population*

- Skills Development (Communication skills, network of people support, work ethics, re-training laid-off persons)
- Decline of 18-25 age group (moving out, don't see opportunities here)
- Financial literacy
- Better paying jobs
- Predatory lending
- Need for living wage jobs
- Benefits - high costs
- Need for jobs people can rely on
- Affordable health care from employers' perspectives
- Career ladders
- Asset building - home ownership, etc.
- Investment opportunities
- Self-employment business opportunities
- Awareness of support programs (e.g. SCORE, Microcredit, etc.)
- Transportation and access

## *Q2. Existing Programs*

- Financial Literacy
- Small Business Counseling & Financial Assistance
- Individual Development Accounts
- Earned Income Tax Credit
- Financial Asset Building
- Revolving Loan Fund

### Job Skills

- Economic Opportunity Center
- Job Training

### Infrastructure

- Transportation

### Redevelopment

- Blight

### Business Development

- Business Information Center
- Microbusiness

### Downtown Investment

- Railroad Square Improvements
- Façade Improvements
- Housing
- Riverwalk
- Heritage & Innovation Center

## *Q3. Opportunities To Address Needs*

### Marketing & Outreach

- Marketing & outreach of available (social/economic/support) services
- Initiative to improve understanding of each agency's services - NIAC & CoC could initiate

### Job Skills

- Increase support for agencies providing job training

## Job Creation

- Increase jobs that pay reasonably & provide benefits
- Job retention
- Expansion of existing businesses (RLF, etc.)
- Skill transference program for people from other countries where skills, licenses, etc are not necessarily transferable

## Finance

- Additional funds in RLF
- Capitalize angel or venture capital groups
- Fund R&D
- Capitalize Business & Industrial Development Authority
- Policy direction to capitalize strategic opportunities

## Business Development

- Create Incubators
- Commercial kitchen incubator (tie to high school program?)
- Strategic marketing plan to attract businesses

## Redevelopment

- Brownfields Redevelopment – including site assessments
- Transit Oriented Development
- Adaptive reuse/rehab for older commercial and industrial buildings
- Strategic acquisition by the City of under-utilized or abandoned commercial/industrial properties

## Infrastructure

- Strategic investment in public infrastructure including:
  - public garages, transportation improvements
  - public transportation
  - alternative transportation



## **Exhibit F**

### **Summary of Citizen Comments on the Plan**

In addition to the community forum, summarized in Appendix E, comments were received from the representatives of two organizations. These are summarized as follow:

Neighborhood Housing Services of Greater Nashua (NHS)

NHS's representative testified to the need to prioritize affordable housing, due to the impact on the local economy, the favorable impact of renovated housing on neighborhoods, and enhancement of the property tax base through re-investment. [Affordable housing did emerge as the priority in the adopted Plan.]

Southern New Hampshire Services (SNHS)

SNHS' representative offered a number of clarifications and additions to the text to improve the accuracy of the descriptions of services, programs, and organizations. [These were all accepted and the text amended accordingly.]

It was suggested to add "outreach" to the Homeless Objective HO-3. [This was accepted.]

The importance of economic development was not fully addressed in sections of the report. [The Plan was amended by adding further data on economic indicators, adding descriptions of programs operating in the area, and referring the reader to the draft "Economic Situation Analysis" for further information.]

Amplification was suggested on the role of the Community Action Agency in the section on anti-poverty strategies. [The instructions for the Consolidated Plan ask for the recipient's activities only; this was clarified to the commenter.]