



THE CITY OF NEW YORK
OFFICE OF THE PRESIDENT
BOROUGH OF MANHATTAN

**BOROUGH PRESIDENT GALE A. BREWER
TESTIMONY TO THE NEW YORK CITY COUNCIL'S
JOINT-HEARING WITH THE COMMITTEES ON
HOUSING AND BUILDINGS & PUBLIC HOUSING
APRIL 9, 2014**

Thank you, Chair Williams and Chair Torres, for the opportunity to testify today on the effectiveness and impact of HPD and NYCHA's downsizing policy and practices.

I am here to speak on behalf of the HPD and NYCHA residents who have experienced disruptions and undue stress in their lives due to the downsizing of their apartments. Over the years as a Councilmember and now as Manhattan Borough President, I have met many public housing residents who shared with me their frustrations with the City's public housing relocation process. While I believe there is intrinsic value in trying to maximize the usage of HPD and NYCHA apartments by "right-sizing" each unit with families of appropriate housing needs and sizes, I also believe that the overall process of relocation can be improved.

First, let me acknowledging both agencies' efforts in optimizing apartment usage in order to accommodate the housing needs of a growing number of New Yorkers. With over 369,000 families on the NYCHA waiting list (NYCHA Fact Sheet, updated March 17, 2014) for conventional or Section 8 public housing and many more families on the waiting list of individual HPD Mitchell Lama programs, it is critical to match up families with the appropriate units that will best accommodate their needs.

The recommendations I suggest are meant to be a continuation of this process to maximize the potential of NYC's affordable housing stock, in a way that not only protects residents' rights and dignity, but also strengthens both HPD and NYCHA's long-term successes in their relocation efforts.

HPD Downsizing for Former Mitchell Lama Buildings

I am going to speak first to HPD's approach to relocating tenants marked for downsizing within former Mitchell Lama buildings. Residents in these buildings hold "sticky" Section 8 vouchers that allow them to pay 30% of their income toward rent, while HPD pays the difference between the amount a resident pays and the remaining rent. Under this voucher, they must relocate within the same building.

In July 2013, HPD changed its policy on determining the criteria for downsizing, focusing on household size as a way of determining whether a household should be downsized. My office has worked to help families composed of a parent and an adult child, including several living at Knickerbocker Plaza and Glen Gardens, appeal HPD's decision of downsizing them from a two-bedroom apartment to a one-bedroom apartment. Previously their gender differences, by HPD's own guidelines, would qualify them for a unit in which each of them would have his or her own bedroom.

In addition, under this new policy, seniors holding "1" vouchers that used to allow them to live in one-bedroom units are now downsized to "0" vouchers, effectively limiting their housing options to only studio units.

This new policy, which was passed in a very opaque manner without proper notification to agencies and the community about

its hearing date, has created many negative consequences for residents:

1. **Residents do not receive adequate notification and time to appeal.** For seniors who are eligible to appeal the decision to be downsized based on medical reasons, a 15-day window is not enough for them to gather the necessary documentation to file an appeal, especially since some management companies and HPD differ on if business days and/or calendar days count toward the 15 day window. Compounded with the often late delivery of the notification letters, the inconsistency in messaging between HPD and management companies, and the failure to ensure that letters are sent to residents in their primary language, the process is unduly difficult for residents to both know how to and have the proper time to file for an appeal.
2. **Residents are downsized to units that conflict with their health and medical needs.** For example, a mother and daughter living in Glen Gardens, both seniors, approached my office to help them appeal HPD's decision to downgrade them from a "2" voucher to a "1" voucher. Without my staff's assistance that eventually helped them win their appeal to stay in their two-bedroom apartment, the daughter would have had to sleep in the living room, and the mother, who requires the help of a home health aide, would not have been able to keep her aide. It should be noted that their situation contradicts HPD's own downsizing exemption guidelines for senior citizens and medical accommodations. HPD must take these factors into consideration when making the initial determination on the appropriate size of downsized units for each resident as per their various needs.

3. **HPD has been unresponsive to resident inquiries.** Residents report that when they call HPD, they do not receive a clear answer—even when they reach a person on the phone. Residents also find that the correspondence from HPD varies in its completeness, sometimes only one of several required forms is sent, unnecessarily delaying processes such as filing an appeal.
4. **There is a lack of accountability.** HPD's downsizing initiative is supposed to offset federal budget cuts and would purportedly yield \$35 million in savings in the Section 8 program of former Mitchell Lama buildings. Yet, HUD's Housing Choice Voucher (HCV) Renewal funding has increased each year since 2012. In 2013, HPD received \$361 million plus an additional \$9.3 million and in 2014, HUD is providing \$397 million in HCV renewal funds. HPD has not provided numbers to date about the savings of its downsizing initiative; what is the status of its savings? Factoring in the federal contributions, what is the current HPD shortfall? How many households have been downsized, and what is their current status? How many appeals have been registered and what were their outcomes? How is HPD monitoring the transfers and ensuring a fair process for residents across the different Mitchell Lama buildings with Section 8 tenants? Is the current policy, which impacts a large number of residents, the right approach towards closing the budget gap and could a narrower approach be adopted while making the substantive difference that is needed?

NYCHA Downsizing

Next, I want to address the downsizing of NYCHA buildings. For years, NYCHA residents have requested transfers to smaller units when a household's family composition changed. Even for

families that did not request transfers, NYCHA receives annual recertifications disclosing any changes to family size. Since NYCHA has updated information to conduct downsizing relocations, there is no reason for sending out last-minute notifications to residents identified for downsizing without giving adequate consideration for factors such as when, where, or how they would like to move.

Some NYCHA residents have expressed their frustrations to my office and sought help from my staff. I want to highlight their major concerns:

1. **Many residents identified for downsizing are seniors with medical and social service needs that are tied to their communities.** Unlike HPD's Section 8 relocations, which must be done within the same building, NYCHA transfers can be done among any of the public housing locations throughout New York City. My staff has worked with Chinese-speaking seniors who were downsized from the Lower East Side to a majority Spanish-speaking neighborhood in East Harlem. While many residents have welcomed the change and the opportunity to grow in a new community, some residents feel they have been uprooted by the move. Among those in the latter category, the healthier and more mobile residents can travel to their former neighborhoods to continue seeing their doctors and buying their ethnic-specific groceries, even though it costs extra time and money for travel. For those less mobile, they face difficulty in finding a new doctor or a pharmacy in a neighborhood that doesn't speak their language. Who can provide support for them, now that they are far away from their families, friends, and community? This is an issue of preserving residents' dignity and self-sufficiency and preventing isolation. NYCHA *must* take the time to factor in needs other than household size.

2. **NYCHA does not provide timely and appropriate communication.** Lack of timely notification about upcoming downsizing has led to the many hasty and inappropriate relocations that I just spoke about. But NYCHA has also fallen short in several situations in communicating with tenant association leaders, providing information to its residents in a language-appropriate manner, and overly relying on electronic communication when trying to reach a population where many lack regular access to technology. Many seniors do not know how to use email. And while NYCHA does translate its notices, important documents such as a letter about downsizing isn't always translated and unjustly places the onus on the resident to figure out what he or she has just been notified about. NYCHA's communication needs to be *consistent* and *appropriate*.

3. **There is a lack of accountability.** What is the status of NYCHA's downsized units? Where did the relocated households come from, are those units now occupied appropriately and where are the transferred residents living now? What assistance has been provided, if any, to help vulnerable populations such as the elderly and those who do not speak English with their transfers? What is NYCHA doing to create more size-appropriate units for residents who need to downsize, so that going forward residents will not have to relocate across boroughs or outside of their neighborhoods? NYCHA should not be allowed to continue downsizing its residents without installing accountability measures.

For both HPD and NYCHA, it is imperative to **consult with medical professionals or individuals with healthcare-related expertise when determining the outcome of a resident's appeal.** Currently, housing agency staff reviews tenants'

downsizing appeals, which are often based on medical reasons or accessibility restrictions. Medical professionals are needed to determine appropriate housing and other types of support to accommodate a resident's healthcare and accessibility needs.

Finally, both HPD and NYCHA need to **keep long-term accessibility in mind**. Many of the residents being downsized are elderly. They may not need supportive housing services or disability accommodation now, but as they age, they are likely to need additional care in the future. If an elderly woman is being moved into a high-floor walk-up unit as part of the downsizing effort simply because a lower-floor unit is not yet available, it will be extra work for all parties to later have to relocate her to a first-floor unit that can accommodate future limited mobility and medical needs. Or if seniors are downsized *en masse* into studio apartments, how do HPD and NYCHA plan to accommodate their evolving needs as these same residents later become in need of live-in home aides? Short-term, budgetary concerns should never supplant thoughtful considerations for long-term planning.

In conclusion, HPD and NYCHA must be aware that downsizing imposes extreme stress and fear on many of its most vulnerable residents, ones who over the course of their long working lives have earned a right to be treated with dignity and respect. Thus far, the relocation process and its implementation for many have failed to meet this basic standard.

Given the problems identified above, and the hardship the downsizing policy is creating, I request that HPD and NYCHA to impose a moratorium on the implementation of downsizing until its practical, ethical, and for HPD's sticky voucher, its legal challenges are resolved. Attorneys representing some of the Mitchell Lama residents have suggested that at the least anyone over 80 years old not be required to move.