



# Housing Services Compliance Roadmap:

A ROUNDTABLE DISCUSSION TO DRIVE  
PHFA REPORTING SUCCESS

TYLIN COLSTON  
HOUSING SERVICES REPRESENTATIVE

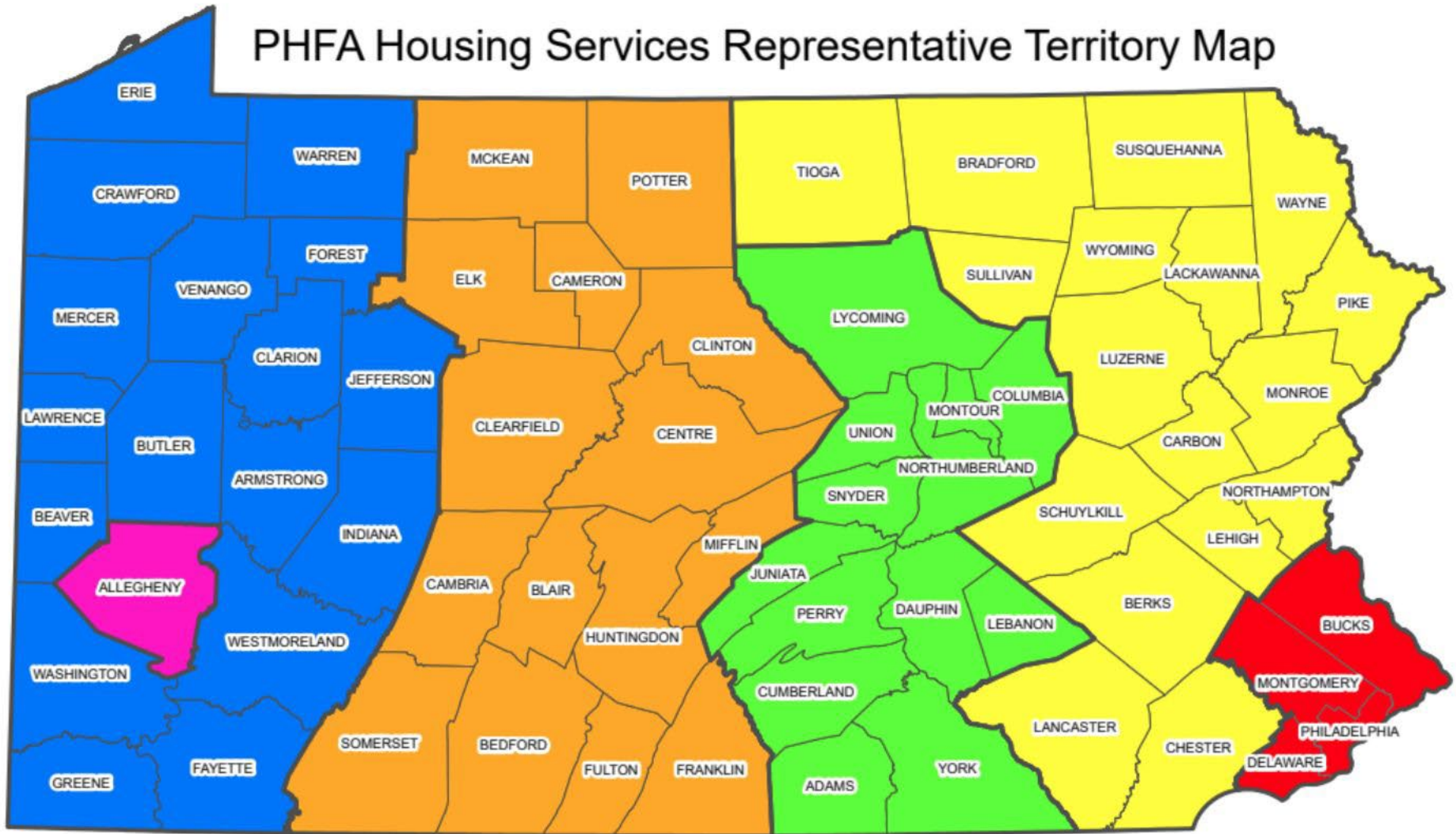


# Supportive Services Overview

- **Promote and achieve self-sufficiency & stable living**
- **Based on basic principles**
  - **Voluntary participation**
  - **Universal availability**
  - **Resident Input**
- **Designed to allow residents to remain at the property**



# PHFA Housing Services Representative Territory Map



## Region and Contact Information

- Western - Keona Hutson, 412.429.2841, [khutson@phfa.org](mailto:khutson@phfa.org)
- Allegheny County - Tamara Diggs, 412.429.6051, [tdiggs@phfa.org](mailto:tdiggs@phfa.org)
- Central Western - William Jones, 412.429.6053, [wjones@phfa.org](mailto:wjones@phfa.org)
- Central - Lisa Scott, 717.780.3815, [lscott@phfa.org](mailto:lscott@phfa.org)
- East - Alicia Spencer, 610.270.1989, [aspencer@phfa.org](mailto:aspencer@phfa.org)
- Southeast - Amanda Stengel, 610.270.3153, [astengel@phfa.org](mailto:astengel@phfa.org)

Tylin Colston, 610.270.3160, [tcolston@phfa.org](mailto:tcolston@phfa.org) (Family properties only in Philadelphia County)

# Plan of Services

AKA: 3-Year Plan

- **Initial plan submitted with PHFA application**
- **Plans are reviewed during site visits**
  - **Updated template will be provided**
- **Updated plans MUST include specific information**
  - **Official PHFA property name**
  - **PHFA property number**

# Plan of Services

## Original Template

PENNSYLVANIA HOUSING FINANCE AGENCY (2016 UNDERWRITING APPLICATION)

Tab #11 SERVICE PROVIDER QUESTIONNAIRE  
NARRATIVE FOR

GENERAL INFORMATION

1. Summarize the service provider's mission and goals for the current fiscal year.

The [REDACTED] strategic goals regarding service provision are to promote individual and family self-sufficiency and asset development and engage other institutions to leverage resources and promote supportive services for [REDACTED] residents. The mission of the [REDACTED], which is the party primarily responsible for service provision to the [REDACTED], is to enrich [REDACTED] residents' lives by providing methods, through public and private partnerships, for them to gain valuable skills to support a self-sufficient lifestyle. The purpose of [REDACTED] self-sufficiency programs is to advance educational, economic, and social service opportunities for residents and families.

The above community and supportive service goals will apply to the [REDACTED] project. [REDACTED] supportive service goals are consistent with [REDACTED] overall mission to create change from the inside out by improving management systems and buildings, using the best property management principles, and forming partnerships with the greater community to increase available resources.

2. How many years has the service provider been active in delivering social services?

[REDACTED] has been providing resident services for [REDACTED] years to public and assisted housing residents. In addition to its many programs and services for youth, adults and seniors, [REDACTED] has procured and provided services through well-established businesses and service providers to assist residents in meeting their self-sufficiency objectives. [REDACTED] participation in the [REDACTED] program has allowed the authority to contract with a comprehensive network of employment, training, life skills, and social service organizations that utilize best practice models to support resident employment and self-sufficiency outcomes.

3. Is the service provider currently involved in service-enriched housing programs? If yes, summarize experience in providing supportive services on-site for residents. Include name of housing development(s), property management company, and type of services provided. If no, please describe methods that will be used to increase your company's knowledge and understanding of providing service-enriched housing.

[REDACTED] manages [REDACTED] housing units throughout [REDACTED], which house nearly [REDACTED] residents as of [REDACTED]

# Plan of Services

## Updated Template

PHFA  
Housing Services Department

### Plan of Services

For the three year period of \_\_\_\_ to \_\_\_\_

Plan begins January 1<sup>st</sup> and ends December 31<sup>st</sup> of the 3 year period

*This plan of services template can be used for an existing housing development.*

For a proposed development refer to the Supportive Service Plan Outline in the PennHOMES and Low Income Housing Tax Credit Program Requirements.

Site Name & No.:	No. of Units:
Plan prepared by:	Date:
Site Manager:	Phone: Email:
Service Provider/SC:	Phone: Email:
Service Coordinator's Supervisor:	Phone: Email:

#### 1. Description of Population and resident need identified in survey

##### a.) Population

*Describe the existing population in terms of age, frailty, use of existing services and other pertinent factors. If using AASC or Family Metrics extract information from resident statics.*

##### b.) Resident Survey

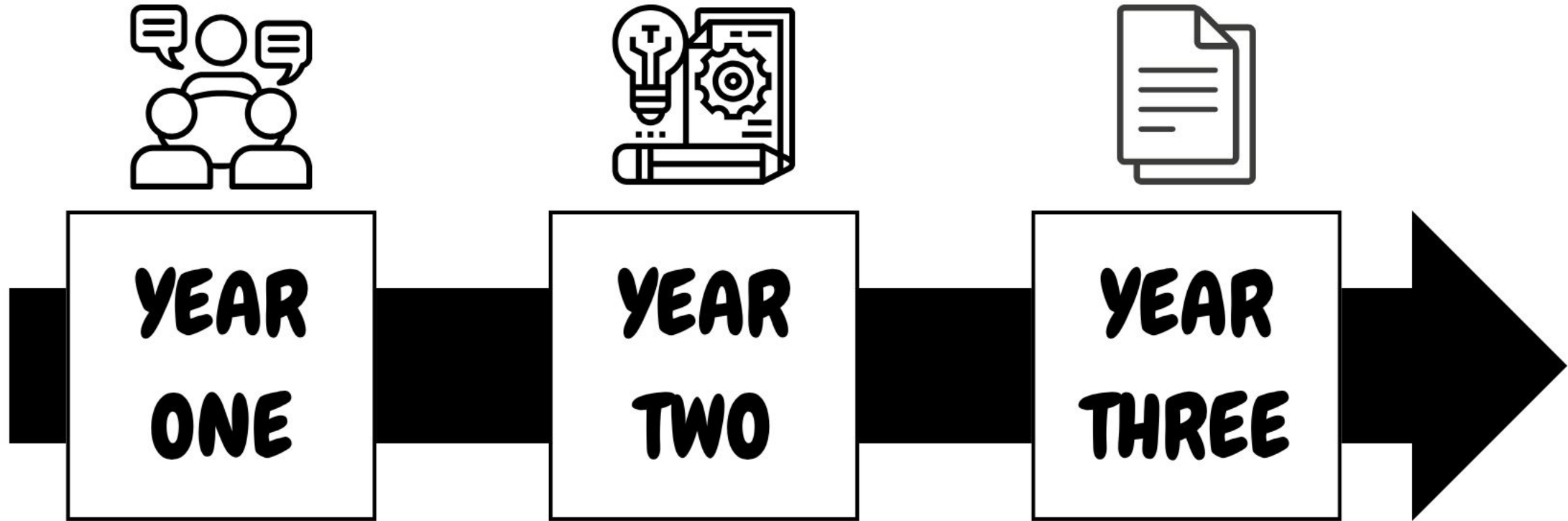
Date when survey was completed:

How was survey delivered?

Were accommodations made?

Response rate (# of responses divided by # of residents)

# Plan of Services Proposed Cycle



# Plan of Services Reminders

## REQUIRED:

Various Health, Wellness, Education & Social Events or Programs PER YEAR

## ENCOURAGED:

TWO NEW Health, Wellness, Education & Social Events or Programs PER 3-YEAR PERIOD

## REQUIRED:

Info from at least ONE YEAR'S resident survey

# Resident Survey Tips

Plan with  
Purpose

Identify  
WHAT to  
Learn

Pick the  
Right Tool

Identify  
HOW to  
Distribute

Be  
Specific

Identify  
WHAT to  
Ask

Analyze  
and Act

Identify  
WHAT to  
Implement

# Plan of Services

Area of Challenge: 3-Year Timeline

PHFA  
Housing Services Department  
Plan of Services

For the three year period of \_\_\_\_\_ to \_\_\_\_\_  
Plan begins January 1<sup>st</sup> and ends December 31<sup>st</sup> of the 3 year period

*This plan of services template can be used for an existing housing development.*

**It is important to make sure the identified 3-year period is accurate for your plan(s).**

For the three year period of 01/01/2026 to 12/31/2028 

vs

For the three year period of 01/01/2026 to 12/31/2029 

# Plan of Services

**Area of Challenge: PHFA Official Property Name & Number**

**PHFA  
Housing Services Department  
Plan of Services**

**For the three year period of \_\_\_\_\_ to \_\_\_\_\_**

Plan begins January 1<sup>st</sup> and ends December 31<sup>st</sup> of the 3 year period

*This plan of services template can be used for an existing housing development.*

For a proposed development refer to the Supportive Service Plan Outline in the PennHOMES and Low Income Housing Tax Credit Program Requirements.

Site Name & No.:

No. of Units:

**It is important to make sure the official PHFA property name & number are included on the submitted plan.**

**If they are not, PHFA may not know which property the plan is associated with.**

# Plan of Services

Area of Challenge: PHFA Official Property Name & Number

Project Name	PHFA#	TC#	AKA Name
2415 NORTH BROAD STREET		TC2016-802	Ruth Williams House

Site Name & No.: 2415 North Broad Street TC2016-802



VS

Site Name & No.: Ruth Williams House TC2016-802



# Plan of Services

## Area of Challenge: Budget Section

Supportive Services Costs	Hrs/wk:	Hourly or Unit Cost	Budget \$	Source of Funds (Annual Operating Budget, Supportive Services Escrow, Donated)
Supportive Services Salary		\$ /hr		
Supportive Services Supplies	N/A	\$ /unit		

It is important to make sure the budget portion of the plan is completed.

Each property has an associated budget that includes both SALARY & SUPPLIES.

# Annual Report

- Serves as a recap of annual services on site
- Submission deadline: January 31<sup>st</sup> of each year
  - IE: 2026 Annual Reports will be reported 01/31/2027
- Submission portal opens: March 1<sup>st</sup> of each year
  - Monthly data entry is encouraged

# Annual Report

## Housing Services Report Year Ending December 31st, 2026

### ? Add Supportive Service

Type of Service:

\* Must Select \*

Service Provider:

\* Must Select \*

Service Provided:

- Adult Activities
- Energy Conservation/Education
- Family Activites
- Housekeeping / Errands
- Homeownership Activities
- Health Promotion & Health Services
- Job Training / GED / Education
- Life Skills Training
- Meals
- Service Coordination
- Transportation
- Youth Activities

Source of Support:

# Hours of Service

# of unduplicated residents served

Outcome of service on residents/community

ex: referrals for senior and disability

er referral & assistance, Rent Rebate,

GED to post secondary education (university or trade school & training).



# Annual Report

Area of Challenge: Unduplicated Residents

**Edit Supportive Service**

Type of Service: Job Training / GED / Education

Service Provider: Career Link

Service Provided: Resume Writing

Source of Support: Donated (Primary)  
\* Optional \* (Secondary)

# Hours of Service: 2

# of unduplicated residents served: 5



**Edit Supportive Service**

Type of Service: Job Training / GED / Education

Service Provider: Career Link

Service Provided: Resume Writing

Source of Support: Donated (Primary)  
\* Optional \* (Secondary)

# Hours of Service: 4

# of unduplicated residents served: 7

For recurring events & programs, there will be times when **BOTH** the hours of service & residents served will increase.

# Annual Report

Area of Challenge: Unduplicated Residents

**Edit Supportive Service**

Type of Service: Job Training / GED / Education

Service Provider: Career Link

Service Provided: Resume Writing

Source of Support: Donated (Primary)  
\* Optional \* (Secondary)

# Hours of Service: 2

# of unduplicated residents served: 5



**Edit Supportive Service**

Type of Service: Job Training / GED / Education

Service Provider: Career Link

Service Provided: Resume Writing

Source of Support: Donated (Primary)  
\* Optional \* (Secondary)

# Hours of Service: 4

# of unduplicated residents served: 5

For recurring events & programs, there will be times when **ONLY** the hours of service will increase.

# Resident Survey Templates

## Resident Survey Form for a Senior Development

I need your input to help improve the availability of services!

As the service coordinator at \_\_\_\_\_ I need to know what services our residents may currently be using and what types of services you would like to use.

I have prepared a questionnaire for you to complete. Your response will help me better perform my job, which means better service to you. It is extremely important that all residents respond.

Please take a few minutes and complete this questionnaire and deposit it in the box on the first floor. It should be returned by \_\_\_\_\_

If you need help completing this survey or have any questions, please visit or call me at \_\_\_\_\_ (list days and times).

Sincerely, Service Coordinator

Please note that all information will be kept confidential.

Circle **Yes** or **No** in each of these columns:

Service	Would you use these services if they were available?		Would you be willing to <b>pay</b> for the service?	
	Yes	No	Yes	No
Help with routine household chores				
Help with "deep cleaning" household chores				
Help with meal preparation				
Help with shopping				

## Resident Survey Form for a Family Development

### Name of Development

I would like to take this opportunity to introduce myself to you. My name is \_\_\_\_\_ [Insert name] and I am the Service Coordinator for \_\_\_\_\_ [Insert Development Name].

All residents are requested to complete this survey. Your answers will help me to arrange for activities and services that are of interest to you and your family. I encourage and appreciate your response.

Please return the completed survey to me by \_\_\_\_\_ [insert date]. After I receive your survey, I will contact you to schedule a meeting. I would like to discuss your ideas about programs that should be offered at \_\_\_\_\_ [Insert Development Name] and give you information about activities that are currently available. Survey responses and our discussions are strictly confidential. Thank you in advance for your participation.

Family Name: \_\_\_\_\_ Apt. #: \_\_\_\_\_

1. How many children are in your household?

#### Girls

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_

#### Boys

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_

2. Do you have any persons 62+ in your household?

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

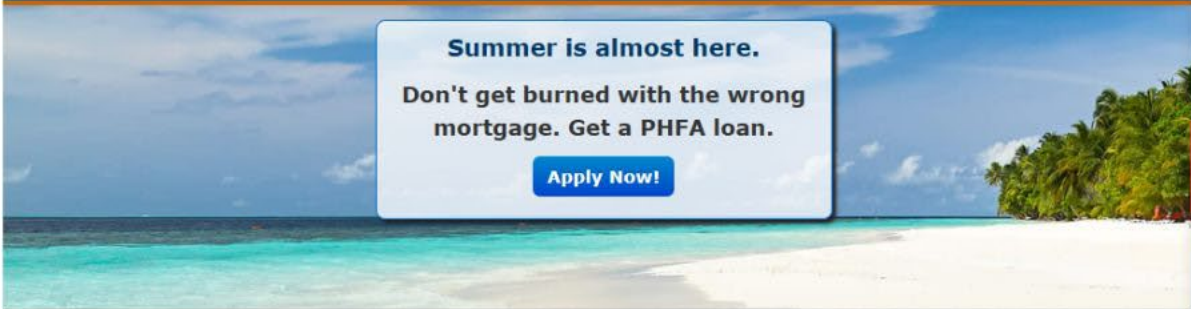
3. Do you need child care and/or day care for your children? Check all that apply:

( ) day care while parent(s) are working or in school  
 ( ) after school care for school age children

# Compliance Binder

- **ORIENTATION PRESENTATION**
- **ORIGINAL PLAN OF SERVICES/3-YEAR PLAN**
- **UPDATED PLAN OF SERVICES/3-YEAR PLAN SUBMISSIONS**
- **ANNUAL REPORT INSTRUCTIONS**
- **LOCAL RESOURCES FOR EVENTS, PROGRAMS & REFERRALS**
- **EVENT FLYERS, NEWSLETTERS & ATTENDANCE SHEETS**





**Summer is almost here.**  
**Don't get burned with the wrong mortgage. Get a PHFA loan.**  
[Apply Now!](#)

- Homeownership Professionals (HOP)
- Pipeline Plus Login
- Multifamily Housing Professionals (MHP)**
- Multifamily Login
- Counselor's Corner
- Investor Information
- Procurement Opportunities



### Short on Cash?

Are you worried you can't pay your mortgage? There are [options to help](#). Don't wait until it's too late.



### Buying a home?

Our [K-FLEX](#) loan provides downpayment & closing cost assistance & funds for home improvements & repairs.



### Remodel or Repairs

Buying a home that needs some work? A [PIP](#) loan may be your answer.

### Popular

May 26 2026: [Applications sought for PHFA 2027 Housing Policy Fellowship.](#)

May 01 2026: [PHFA launches K-DATE, a new loan to boost downpayment and closing cost assistance.](#)

Apr 28 2026: [PHFA honors its top lending partners for 2025.](#)

Apr 16 2026: [PHFA announces \\$4.3 million for community-revitalization projects.](#)

**PHFA Video Clips**  
**2021 Annual Report - Aiman**  
Pennsylvania Housing Finance Agency (PHFA)



**Questions?**

