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Chairman

ANTHONY GIANNICO
Vice Chairman

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TOWN OF CARMEL
PLANNING BOARD



60 McAlpin Avenue
Mahopac, New York 10541
Tel. (845) 628-1500 – Ext.190
www.ci.carmel.ny.us

MICHAEL CARNAZZA
*Director of Code
Enforcement*

RICHARD FRANZETTI, P.E.
Town Engineer

PATRICK CLEARY,
*AICP, CEP, PP, LEED AP
Town Planner*

PLANNING BOARD AGENDA
FEBRUARY 24, 2021 – 7:00 P.M.

TAX MAP # PUB. HEARING MAP DATE COMMENTS

PUBLIC HEARING

1. Carmel Centre Senior Housing – Lot 3	55.14-1-11.1	02/24/21	Bond Return
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SITE PLAN

2. Hamlet at Carmel – Stoneleigh Ave, Carmel	66.-2-58	2/10/21	Amended Site Plan
3. Fairhaven at Baldwin Place – Baldwin Place Rd	86.6-1-4	1/14/21	Site Plan

SUBDIVISION

4. Fairhaven at Baldwin Place – Baldwin Place Rd	86.6-1-4	1/14/21	Sketch Plan
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MISCELLANEOUS

5. MK Realty - Route 6 & Old Route 6, Carmel	55.6-1-44 & 45		Re-Approval of Final Site Plan
6. Yankee Development – Piggott Road	76.15-1-12		Extension of Preliminary Subdivision Approval
7. Minutes – 01/27/21			



February 10, 2021

Town of Carmel Planning Board
60 McAlpin Avenue
Mahopac, New York 10541

RE: Amended Site Plan
Hamlet at Carmel
TM# 66.-2-58

Dear Chairman Paepre and Members of the Board:

Please find enclosed the following plans and documents in support of an application for an amended site plan approval for the above referenced project:

- Site Plan Application, February 9, 2021. (11 copies)
- Site Plan Completeness Certification Form, February 9, 2021. (11 copies).
- Disclosure Addendum Statement, February 9, 2021. (2 copies)
- Nine (9) sheet Amended Site Plan Set, dated February 10, 2021. (5 copies)
- Three (3) sheet Architectural Drawing Set, prepared by Coppola Associates, dated February 10, 2021. (5 copies)
- SEQR Short EAF, dated February 10, 2021. (11 copies)
- List of Property Owners within 500' of the Site Boundary. (2 copies)
- Letter from Kearney Group, dated February 9, 2021. (11 copies)
- Check in the amount of \$3,000.00 for the Amended Site Plan Application Fee.

The applicant seeks amended site plan approval for 120 units of multifamily housing in accordance with Town Code Section 156-28.

Please place the project on the next available Planning Board agenda for a discussion of the project with the Board.

Should you have any questions or comments regarding this information, please feel free to contact our office.

Very truly yours,

INSITE ENGINEERING, SURVEYING & LANDSCAPE ARCHITECTURE, P.C.

By: 
Jeffrey J. Contorno, PE
Senior Principal Engineer

JJC/adt/amk

Enclosures

cc: Ken Kearney
Charles Martabano, Esq.

Insite File No. 14211.100

3 Garrett Place, Carmel, New York 10512 (845) 225-9690 Fax (845) 225-9717
www.insite-eng.com



TOWN OF CARMEL SITE PLAN APPLICATION INSTRUCTIONS



The Town of Carmel Planning Board meetings are held twice a month, on the second and fourth Wednesday's, at 7:00 PM at Carmel Town Hall, 60 McAlpin Avenue, Carmel

The submission deadline is 10 days prior to the Planning Board meeting. New site plan applications that have been deemed complete will be placed on the agenda in the order they are received.

No application will be placed on the agenda that is incomplete

Pre-Submission:

Prior to the formal submission of the site plan, a pre-submission conference may be requested by the applicant to be conducted with representatives from the Town, which may include the Town Planner, Town Engineer, Director of Code Enforcement and/or the Planning Board Attorney. This conference will serve to educate the applicant on the process he/she must follow, clarify the information required to submit a complete site plan application, and to highlight any specific areas of concern. You may arrange a pre-submission conference through the Planning Board Secretary at (845) 628-1500 extension 190.

Submission Requirements:

At least 10 days prior to the Planning Board meeting, the site plan application shall be submitted to the Planning Board Secretary as follows:

All site plans shall be signed, sealed and folded with the title box legible. The application package shall include:

- 11 copies of the Site Plan Application Form, signed and notarized.
- 11 copies of the SEQR Environmental Assessment Form (use of short form or long form shall be determined at pre-submission conference).
- 5 full size sets of the Site Plan (including floor plans and elevations)
- 1 CD (in pdf. format) containing an electronic version of the Site Plan
- 2 copies of the Disclosure Statement
- 11 copies of the Site Plan Completeness Certification Form
- All supplemental studies, reports, plans and renderings.
- 2 copies of the current deed. **(ON FILE)**
- 2 copies of all easements, covenants and restrictions. **(ON FILE)**
- The appropriate fee, determined from the attached fee schedule. Make checks payable to the *Town of Carmel*.

Rose Giombetta 2/16/21

 Planning Board Secretary; Date

Richard [Signature] 02-16-2021

 Town Engineer; Date



TOWN OF CARMEL SITE PLAN APPLICATION



Per Town of Carmel Code – Section 156 - Zoning

SITE IDENTIFICATION INFORMATION		
Application Name: The Hamlet at Carmel Multifamily Housing Development Amended SP	Application # 21-0002	Date Submitted: 2-10-21
Site Address: No. _____ Street: Stoneleigh Avenue Hamlet: Carmel		
Property Location: (Identify landmarks, distance from intersections, etc.) Stoneleigh Avenue, Carmel, NY 10512		
Town of Carmel Tax Map Designation: Section 66. Block 2 Lot(s) 58	Zoning Designation of Site: R	
Property Deed Recorded in County Clerk's Office Date Liber Page	Liens, Mortgages or other Encumbrances Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Existing Easements Relating to the Site No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Describe and attach copies: Access and Utility Easement though Putnam Hospital Center	Are Easements Proposed? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Describe and attach copies:	
Have Property Owners within a 500' Radius of the Site Been Identified? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Attached List to this Application Form		
APPLICANT/OWNER INFORMATION		
Property Owner: The Hamlet at Carmel Associates, LLC	Phone #: 845-306-7705 Fax#: 845-306-7707	Email: KKearney@KearneyRealtyGroup.com
Owners Address: No. 57 Street: Route 6, Suite 207 Town: Baldwin Place State: NY Zip: 10505		
Applicant (if different than owner):	Phone #: Fax#:	Email:
Applicant Address (if different than owner): No. _____ Street: _____ Town: _____ State: _____ Zip: _____		
Individual/ Firm Responsible for Preparing Site Plan: Jeffrey J. Contelmo, P.E. Insite Engineering, Surveying & Landscape Architecture, P.C	Phone #: 845-225-9690 Fax#: 845-225-9717	Email: jcontelmo@insite-eng.com
Address: No. 3 Street: Garrett Place Town: Carmel State: NY Zip: 10512		
Other Representatives:	Phone #: Fax#:	Email:
Owners Address: No. _____ Street: _____ Town: _____ State: _____ Zip: _____		
PROJECT DESCRIPTION		
Describe the project, proposed use and operation thereof: Construction of a multifamily residential development of 7 buildings totalling 120 units including all parking, recreation, and utility appurtenances.		

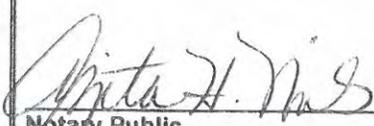
TOWN OF CARMEL SITE PLAN APPLICATION

PROJECT INFORMATION			
Lot size: Acres: 35.28	1,536,611± Square Feet:	Square footage of all existing structures (by floor): 0	
# of existing parking spaces: 0	# of proposed parking spaces: 240		
# of existing dwelling units: 0	# of proposed dwelling units: 120		
Is the site served by the following public utility infrastructure:			
<ul style="list-style-type: none"> ▪ Is project in sewer district or will private septic system(s) be installed? <u>Sewer</u> ▪ If yes to Sanitary Sewer answer the following: <ul style="list-style-type: none"> ▶ Does approval exist to connect to sewer main? Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/> ▶ Is this an in-district connection? <u>NO</u> Out-of district connection? <u>YES</u> ▶ What is the total sewer capacity at time of application? <u>On File</u> ▶ What is your anticipated average and maximum daily flow <u>26,400 GPD, Max Day</u> 15,000 GPD, Average Day 			
For Town of Carmel Town Engineer NA RF ▶ What is the sewer capacity <u>NA</u>			
<ul style="list-style-type: none"> ▪ Water Supply Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/> 			
If Yes: <ul style="list-style-type: none"> ▶ Does approval exist to connect to water main? Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/> ▶ What is the total water capacity at time of application? <u>On File</u> NA RF ▶ What is your anticipated average and maximum daily demand <u>26,400 GPD, Max Day</u> 15,000 GPD, Average Day 			
<ul style="list-style-type: none"> ▪ Storm Sewer Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/> ▪ Electric Service Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/> ▪ Gas Service Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/> • Telephone/Cable Lines Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/> 			
For Town of Carmel Town Engineer			
Water Flows <u>NA</u> Sewer Flows <u>NA</u> RF			
Town Engineer; Date			
What is the predominant soil type(s) on the site? PnB Paxton Sandy Loam		What is the approximate depth to water table? 2' to >6'	
Site slope categories: 15-25% 15 % 25-35% 15 % >35% 5 %			
Estimated quantity of excavation:		Cut (C.Y.) TBD	Fill (C.Y.) TBD
Is Blasting Proposed Yes: <input type="checkbox"/> No: <input type="checkbox"/> Unknown: <input checked="" type="checkbox"/>			
Is the site located in a designated Critical Environmental Area? Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>			
Does a curb cut exist on the site? Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>	Are new curb cuts proposed? Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>	What is the sight distance? Left <u>N/A</u> Right <u>N/A</u>	
Is the site located within 500' of:			
• The boundary of an adjoining city, town or village			Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
• The boundary of a state or county park, recreation area or road right-of-way CR 35 (Stoneleigh Avenue)			Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>
• A county drainage channel line.			Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
• The boundary of state or county owned land on which a building is located			Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>

TOWN OF CARMEL SITE PLAN APPLICATION

Is the site listed on the State or Federal Register of Historic Place (or substantially contiguous) Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>			
Is the site located in a designated floodplain? Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>			
Will the project require coverage under the Current NYSDEC Stormwater Regulations <div style="text-align: right;">Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/></div>			
Will the project require coverage under the Current NYCDEP Stormwater Regulations <div style="text-align: right;">Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/></div>			
Does the site disturb more than 5,000 sq ft		Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>	
Does the site disturb more than 1 acre		Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>	
Does the site contain freshwater wetlands? Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/> Jurisdiction: NYSDEC: <input type="checkbox"/> Town of Carmel: <input type="checkbox"/> <i>If present, the wetlands must be delineated in the field by a Wetland Professional, and survey located on the Site Plan.</i>			
Are encroachments in regulated wetlands or wetland buffers proposed? Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>			
Does this application require a referral to the Environmental Conservation Board?		Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>	
Does the site contain waterbodies, streams or watercourses? Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>			
Are any encroachments, crossings or alterations proposed? Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>			
Is the site located adjacent to New York City watershed lands? Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>			
Is the project funded, partially or in total, by grants or loans from a public source? Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/> <small>NYS Homes and Community Renewal, NYS Housing Finance agency</small>			
Will municipal or private solid waste disposal be utilized? Public: <input type="checkbox"/> Private: <input checked="" type="checkbox"/>			
Has this application been referred to the Fire Department?		Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>	
What is the estimated time of construction for the project? 18 Months			
ZONING COMPLIANCE INFORMATION			
Zoning Provision	Required	Existing	Proposed
Lot Area	10 ac	35.28	35.28
Lot Coverage	30%		
Lot Width	200'	1170'	1170'
Lot Depth	200'	1161'	1161'
Front Yard	100'	N/A	652'±
Side Yard	100'	N/A	100'
Rear Yard	100'	N/A	100'
Minimum Required Floor Area	N/A	---	---
Floor Area Ratio	N/A	---	---
Height	35'	N/A	<35'
Off-Street Parking	2/unit @ 120 units = 240	0	240
Off-Street Loading	0	0	0

TOWN OF CARMEL SITE PLAN APPLICATION

Will variances be required? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	If yes, identify variances:
PROPOSED BUILDING MATERIALS	
Foundation	CONCRETE
Structural System	WOOD FRAME
Roof	ASPHALT SHINGLE
Exterior Walls	FIBER CEMENT & CULTURED STONE
APPLICANTS ACKNOWLEDGEMENT	
I hereby depose and certify that all the above statements and information, and all statements and information contained in the supporting documents and drawings attached hereto are true and correct.	
<u>Kew Kearney</u> Applicants Name	 Applicants Signature
Sworn before me this <u>9th</u> day of <u>February</u> 20 <u>21</u>	
 Notary Public	



TOWN OF CARMEL SITE PLAN COMPLETENESS CERTIFICATION FORM



All Site Plans submitted to the Planning Board for review shall include the following information and details, as set forth in Section 156-61 B of the Town of Carmel Zoning Ordinance.

This form shall be included with the site plan submission

	<i>Requirement Data</i>	<i>To Be Completed by the Applicant</i>	<i>Waived by the Town</i>
1	Name and title of person preparing the site plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Name of the applicant and owner (if different from applicant)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	Original drawing date, revision dates, scale and north arrow	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	Tax map, block and lot number(s), zoning district	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	All existing property lines, name of owner of each property within a 500' radius of the site	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	Contour lines at two-foot intervals, grades of all roads, driveways, sanitary and storm sewers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	The location of all water bodies, streams, watercourses, wetland areas, wooded areas, rights-of-way, streets, roads, highways, railroads, buildings, structures	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8	The location of all existing and proposed easements	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	The location of all existing and proposed structures, their use, setback dimensions, floor plans, front, side and rear elevations, buildable area.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10	On site circulation systems, access, egress ways and service roads, emergency service access and traffic mitigation measures	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11	Sidewalks, paths and other means of pedestrian circulation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12	On-site parking and loading spaces and travel aisles with dimensions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13	The location, height and type of exterior lighting fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14	Proposed signage	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15	For non-residential uses, an estimate of the number of employees who will be using the site, description of the operation, types of products sold, types of machinery and equipment used	<input checked="" type="checkbox"/>	<input type="checkbox"/>



TOWN OF CARMEL SITE PLAN COMPLETENESS CERTIFICATION FORM



	Requirement Data	To Be Completed by the Applicant	Waived by the Town
16	The location of clubhouses, swimming pools, open spaces, parks or other recreational areas, and identification of who is responsible for maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17	The location and design of buffer areas, screening or other landscaping, including grading and water management. A comprehensive landscaping plan in accordance with the Tree Conservation Law	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18	The location of public and private utilities, maintenance responsibilities, trash and garbage areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19	A list, certified by the Town Assessor, of all property owners within 500 feet of the site boundary	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20	Any other information required by the Planning Board which is reasonably necessary to ascertain compliance with this chapter	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Applicants Certification (to be completed by the licensed professional preparing the site plan:

I JEFFREY CONTELMO, PE hereby certify that the site plan to which I have attached my seal and signature, meets all of the requirements of §156-61B of the Town of Carmel Zoning Ordinance:

Jeffrey ConTELMO, PE
Signature - Applicant

2-9-21
Date



Professionals Seal

Jeffrey ConTELMO, PE
Signature - Owner

2-9-21
Date



TOWN OF CARMEL
SITE PLAN COMPLETENESS
CERTIFICATION FORM



Town Certification (to be completed by the Town)

I _____ hereby confirm that the site plan meets all of the requirements of §156-61B of the Town of Carmel Zoning Ordinance:

Rose Yurkietta
Signature - Planning Board Secretary

2/16/21
Date

Richard J. Frantz
Signature - Town Engineer

02-16-2021
Date

Short Environmental Assessment Form

Part 1 - Project Information

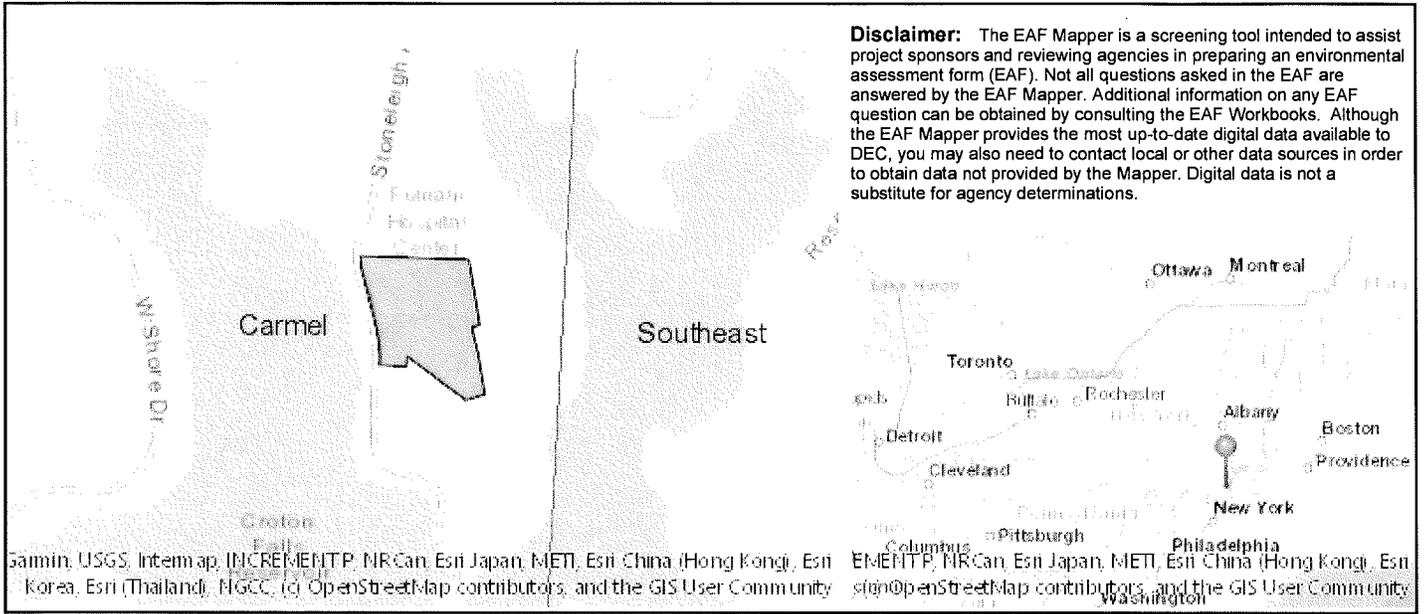
Instructions for Completing

Part 1 – Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 – Project and Sponsor Information			
Name of Action or Project: The Hamlet at Carmel Multifamily Housing Development Amended Site Plan			
Project Location (describe, and attach a location map): Stoneleigh Avenue, Carmel, NY 10512			
Brief Description of Proposed Action: Construction of a multifamily residential development of 7 buildings totalling 120 units including all parking, recreation, and utility appurtenances. Note, an EIS and findings are on file for the project site.			
Name of Applicant or Sponsor: The Hamlet at Carmel Associates, LLC		Telephone: 845-306-7705 E-Mail: KKearney@KearneyRealtyGroup.com	
Address: 57 Route 6, Suite 207			
City/PO: Baldwin Place		State: NY	Zip Code: 10505
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			NO <input type="checkbox"/>
			YES <input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency? If Yes, list agency(s) name and permit or approval: NYS Homes and Community Renewal NYS Housing Finance agency			NO <input type="checkbox"/>
			YES <input checked="" type="checkbox"/>
3. a. Total acreage of the site of the proposed action?		35.28 acres	
b. Total acreage to be physically disturbed?		14.67 acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		35.28 acres	
4. Check all land uses that occur on, are adjoining or near the proposed action:			
5. <input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban)			
<input checked="" type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other(Specify):			
<input type="checkbox"/> Parkland			

	NO	YES	N/A
5. Is the proposed action, <ul style="list-style-type: none"> a. A permitted use under the zoning regulations? b. Consistent with the adopted comprehensive plan? 	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels? b. Are public transportation services available at or near the site of the proposed action? c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____ _____	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____ _____	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____ _____	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places? b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency? b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	



Part 1 / Question 7 [Critical Environmental Area]	No
Part 1 / Question 12a [National or State Register of Historic Places or State Eligible Sites]	No
Part 1 / Question 12b [Archeological Sites]	No
Part 1 / Question 13a [Wetlands or Other Regulated Waterbodies]	Yes - Digital mapping information on local and federal wetlands and waterbodies is known to be incomplete. Refer to EAF Workbook.
Part 1 / Question 15 [Threatened or Endangered Animal]	Yes
Part 1 / Question 15 [Threatened or Endangered Animal - Name]	Northern Long-eared Bat
Part 1 / Question 16 [100 Year Flood Plain]	No
Part 1 / Question 20 [Remediation Site]	No



57 Route 6, Suite 207
Baldwin Place, New York, 10505
Phone: 845-306-7705
Fax: 845-306-7707

February 9, 2021

Town of Carmel Planning Board
Chairman Craig Paerprer
60 McAlpin Ave,
Mahopac, NY 10541

Re- Hamlet at Carmel- mixed income development

Dear Chairman Paerprer:

Enclosed please find our application to amend the existing approval for The Hamlet at Carmel property located next to the Putnam Hospital Center on Stoneleigh Avenue.

Our revised plan calls for at least one hundred and twenty (120) multifamily units to be rented to families and individuals of all ages and varying incomes. These units will include workforce housing as well as middle income units and market rate housing.

We have successfully developed similar projects in the Hudson Valley utilizing this mixed income model. This development will serve to provide housing choices for our young families and individuals that do not currently exist in the Town of Carmel.

We are a family-owned company that was formed in The Town of Carmel over thirty-five (35) years ago. Our current operations are located in the neighboring Hamlet of Baldwin Place where we have developed several successful projects.

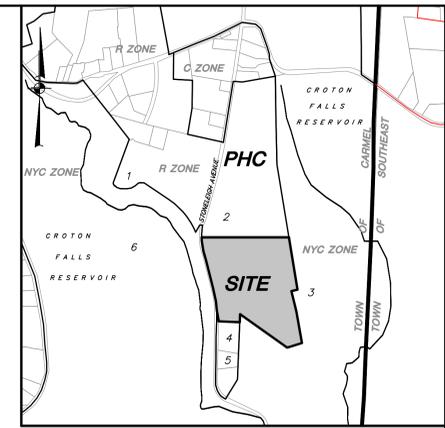
We look forward to answering any questions that the board may have concerning this development. Thank You.

Sincerely,

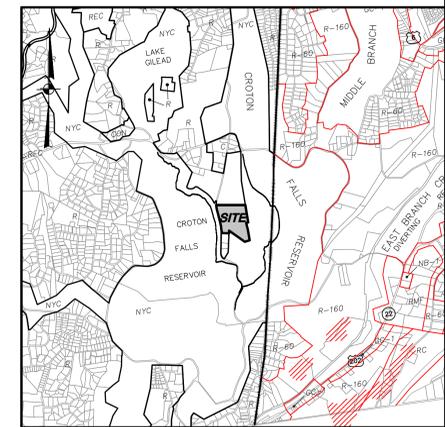

Ken Kearney

500' ADJOINERS

1. N/F VISTA ON THE LAKES, INC
2. N/F PUTNAM HOSPITAL CENTER
3. N/F CITY OF NEW YORK
4. N/F PUTNAM HOSPITAL CENTER
5. N/F SADIQ, A. & KAORU, N.
6. N/F CITY OF NEW YORK



AREA MAP SCALE: 1" = 1000'

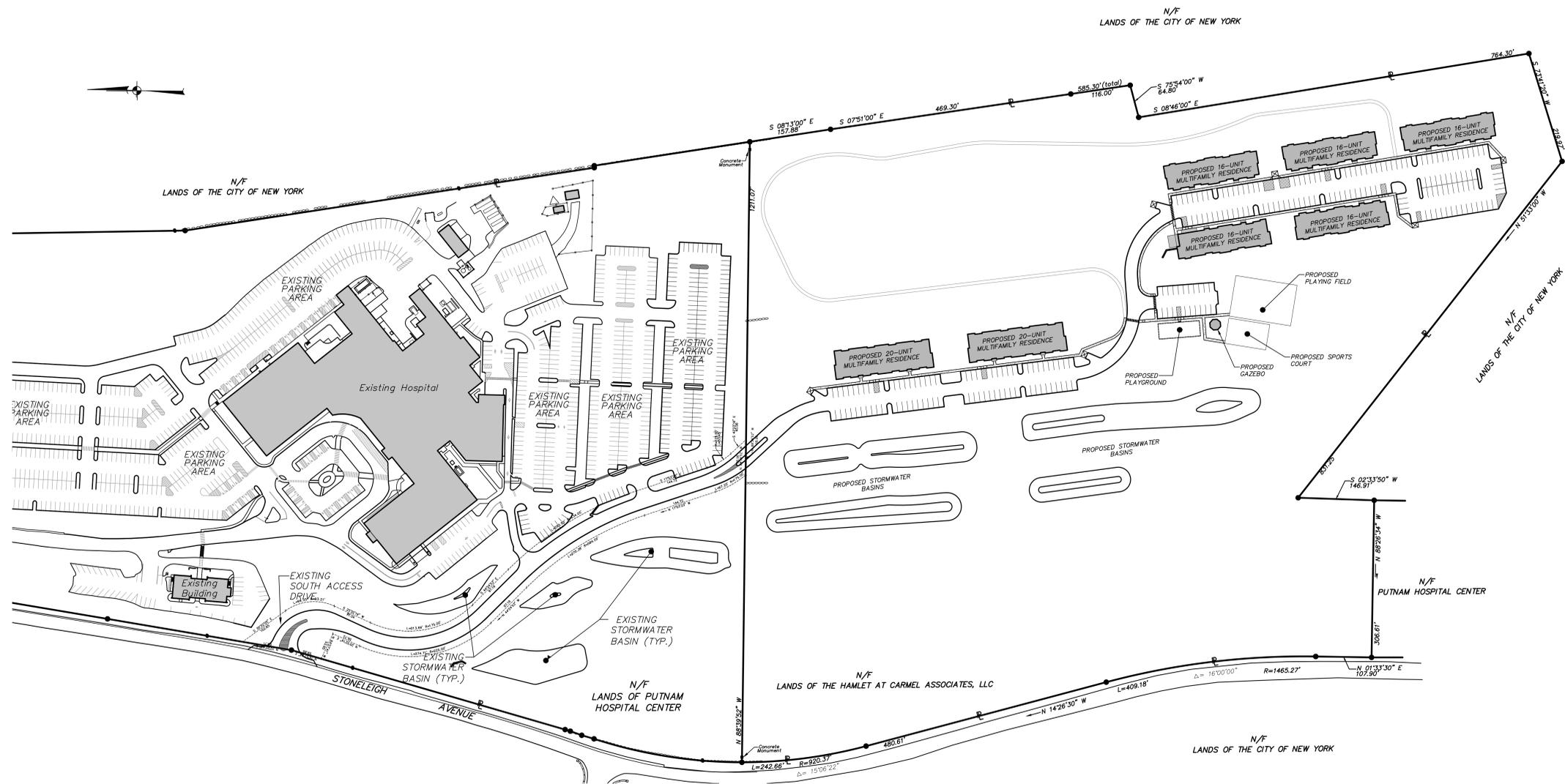


LOCATION MAP SCALE: 1" = 3000'

RECORD OWNER/APPLICANT: The Hamlet of Carmel Associates, LLC
 1777 Route 6
 Carmel, NY 10152

SITE DATA:
 Total Area: 35.28 AC. ±
 Tax Map No.: 66-2-58
 Zoning District: R (Residential)
 Multifamily
 Proposed Use: Residential

GENERAL NOTES:
 1. Property boundary shown herein taken from subdivision plot entitled 'Boundary Line Adjustment Map prepared for Putnam Community Foundation and Putnam Hospital Center.' filed January 4, 2006 as map no. 3008.



R - ZONE REQUIREMENTS:

	Required:	Provided:
Min. Lot Area:	120,000 SF	1,536,611 SF ±
Min. Lot Width:	200'	1,170' ±
Min. Lot Depth:	200'	1,161' ±
Min. Yard Setbacks:		
Front:	40'	652'
Side:	25'	100'
Rear:	40'	100'
Max. Building Height:	35'	<35'
Max. Building Coverage:	15 %	4%

* See §156-28 Multi-Family Dwellings Zoning Requirements below.

PARKING REQUIREMENTS:*

2.0 spaces per unit x 120 units - Required	= 240 spaces
Total spaces Provided	= 240 spaces

* Per §156-28 of the Town of Carmel Zoning Code.

§156-28 MULTI-FAMILY DWELLINGS ZONING REQUIREMENTS:*

	Required/Permitted:	Provided:
Min. Lot Area	217,800 SF (10.0 AC)	1,536,611 SF ± (35.28 AC)
Max. Density (Units/Acre)	5.0	3.4
Max. Dwelling Units	150	120
Max. Building Coverage	30%	4%
Min. Property Line Setback	100'	100'
Max. Building Height	35'	less than 35'
Distance Between Buildings	50'	50'
Max. Building Length	200'	190'
Min. Recreation Space	300 SF / unit	322 SF / unit

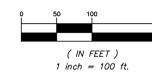
RECREATION REQUIREMENTS:

1. Indoor Common Space: 1,150 SF±
2. Patio Area: 470 SF±
3. Active Recreation Area: 23,500 SF±
 (Playground, Sports Court, Playing Field)
3. Walking Path Area: 13,500 SF±

TOTAL RECREATION PROVIDED: 36,620 SF
 TOTAL RECREATION REQUIRED: 36,000 SF
 (300 SF/Unit x 120 Units)

DRAWING NO.	DRAWING NAME	SHEET
SP-1	Overall Site Plan	1
SP-2	Layout, Landscape, & Lighting Plan	2
SP-3	Grading & Utilities Plan	3
SP-4	Erosion Control & Phasing Plan	4
D-1	Site Details	5
D-2	Site Details	6
D-3	Site Details	7
D-4	Stormwater Pond Details	8
D-5	Stormwater Pond Details	9

GRAPHIC SCALE

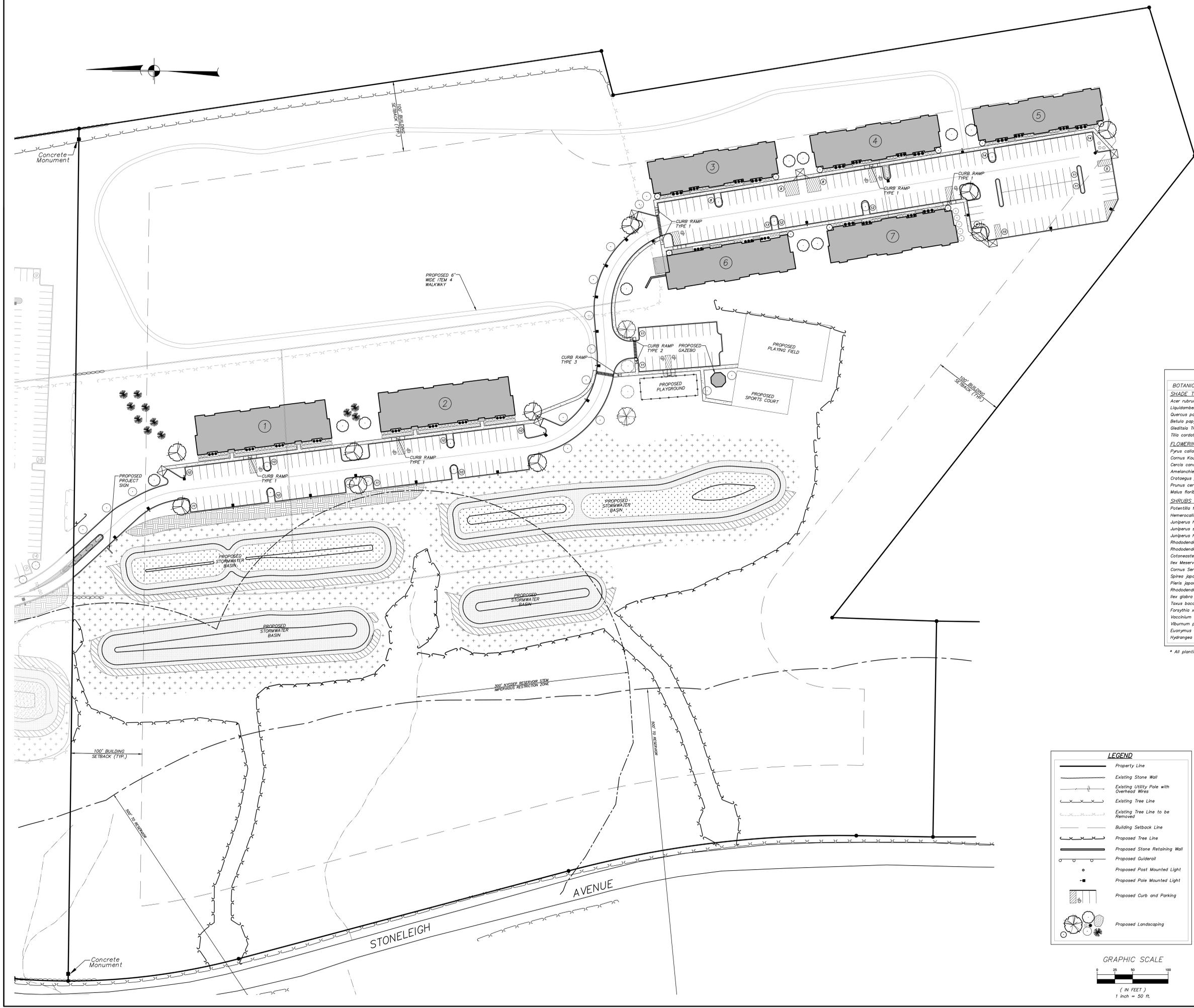


NO.	DATE	REVISION	BY
PROJECT: THE HAMLET AT CARMEL MULTI-FAMILY HOUSING DEVELOPMENT STONELEIGH AVENUE, TOWN OF CARMEL, PUTNAM COUNTY, NEW YORK			
DRAWING: OVERALL SITE PLAN			
PROJECT NO.	14211.100	PROJECT MANAGER	J.J.C.
DATE	2-10-21	DRAWN BY	M.E.U.
SCALE	1" = 100'	CHECKED BY	J.J.C.
DRAWING NO.	SP-1	SHEET	1
			9



General Notes:

1. Property boundary shown hereon taken from subdivision plot entitled "Boundary Line Adjustment Map prepared for Putnam Community Foundation and Putnam Hospital Center," filed January 4, 2008 as map no. 3008.
2. Existing conditions and topography shown hereon taken from survey entitled "Topographic Survey prepared for The Putnam Community Foundation," prepared by Terry Begendorf Collins, L.S., last revised April 25, 2007.

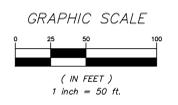


PLANT LIST			
BOTANICAL/Common Name	SIZE	ROOT	REMARKS
SHADE TREES			
<i>Acer rubrum</i> 'October Glory' / October Glory Red Maple	2 1/2" - 3" CAL.	B & B	
<i>Liquidambar styraciflua</i> / Sweetgum	2 1/2" - 3" CAL.	B & B	
<i>Quercus palustris</i> / Pin Oak	2 1/2" - 3" CAL.	B & B	
<i>Betula papyrifera</i> / Paper Birch	8' - 10' HT.	B & B	Multi-stem
<i>Gleditsia triacanthos</i> / Honey Locust	8' - 10' HT.	B & B	
<i>Tilia cordata</i> / Little Leaf Linden	8' - 10' HT.	B & B	
FLOWERING TREES			
<i>Pyrus calleryana</i> 'Bradford' / Bradford Pear	2" - 2 1/2" CAL.	B & B	
<i>Cornus Kousa</i> / Kousa Dogwood	7' - 8' HT.	B & B	
<i>Cercis canadensis</i> / Eastern Redbud	8' - 10' HT.	B & B	
<i>Amelanchier canadensis</i> / Shadblow Serviceberry	8' - 10' HT.	B & B	Multi-stem
<i>Crotaegus phoenopyrum</i> / Washington Hawthorn	2" - 2 1/2" CAL.	B & B	
<i>Prunus cerasifera</i> / Purple Leaf Plum	2" - 2 1/2" CAL.	B & B	
<i>Malus floribunda</i> / Japanese Flowering Crabapple	2" - 2 1/2" CAL.	B & B	
SHRUBS & GROUNDCOVERS			
<i>Potentilla fruticosa</i> 'Sunset' / Sunset Potentilla	2 GAL.	CONT.	
<i>Hemerocallis</i> 'Stella D'Ors' / Miniature Daylilies	2 GAL.	CONT.	
<i>Juniperus horizontalis</i> 'Plumosa Nano' / Dwarf Andorra Juniper	3 GAL.	CONT.	
<i>Juniperus sargentii</i> / Sargent's Juniper	3 GAL.	CONT.	
<i>Juniperus horizontalis</i> 'Blue Rug' / Blue Rug Juniper	2 GAL.	CONT.	
<i>Rhododendron</i> 'PJM' / PJM Rhododendron	2" - 2 1/2" HT.	B & B	
<i>Rhododendron</i> 'Purple Gem' / Purple Gem Rhododendron	3 GAL.	CONT.	
<i>Cotoneaster</i> 'apiculata' / Cranberry Cotoneaster	3 GAL.	CONT.	
<i>Ilex Meserveae</i> / Holly	4" - 5" HT.	B & B	
<i>Cornus Sericea</i> / Red Twig Dogwood	4" - 5" HT.	B & B	
<i>Spiraea japonica</i> 'Anthony Waterer' / Anthony Waterer Spiraea	3" - 4" HT.	CONT.	
<i>Pieris japonica</i> 'Mt. Fire' / Mt. Fire Andromeda	2" - 2 1/2" HT.	CONT.	
<i>Rhododendron catawbiense</i> / Catawba Rhododendron	2 1/2" - 3" HT.	CONT.	
<i>Ilex glabra</i> 'compacta' / Dwarf Inkberry	18" - 24" HT.	CONT.	
<i>Taxus baccata</i> 'repensdens' / English Yew	18" - 24" HT.	CONT.	
<i>Forsythia x intermedia</i> / Border Forsythia	4" - 5" HT.	CONT.	
<i>Vaccinium angustifolium</i> / Lowbush Blueberry	3 GAL.	CONT.	
<i>Viburnum prunifolium</i> / Blackhaw Viburnum	2 1/2" - 3" HT.	B & B	
<i>Euonymus alatus</i> 'compacta' / Dwarf Burning Bush	2 1/2" - 3" HT.	CONT.	
<i>Hydrangea arborescens</i> 'Annabelle' / Hydrangea	5 GAL.	CONT.	

- * All plantings to be verified by the Town of Carmel Wetland Inspector.
- Planting Notes:**
1. All plant material to be nursery grown.
 2. Plants shall conform with the American Association of Nurseryman Standards in all ways including dimensions.
 3. Plants shall be planted in all locations designed on the plan or as staked in the field by the project Landscape Architect.
 4. All plants shall be hardy under climate conditions similar to those in the locality of the project.
 5. 4" pine bark mulch shall be spread over all landscaped areas.
 6. All proposed seeded areas to receive 4" min. depth of topsoil and all proposed planting beds to receive a 12" min. depth of topsoil.
 7. For all additional notes see detail sheets.
 8. In addition to these standards, all plantings will be installed per §142 of the Town of Carmel Code.

LEGEND

- Property Line
- Existing Stone Wall
- Existing Utility Pole with Overhead Wires
- Existing Tree Line
- - - Existing Tree Line to be Removed
- - - Building Setback Line
- - - Proposed Tree Line
- Proposed Stone Retaining Wall
- Proposed Guiderail
- Proposed Post Mounted Light
- Proposed Pole Mounted Light
- ▨ Proposed Curb and Parking
- Proposed Landscaping



NO.	DATE	REVISION	BY

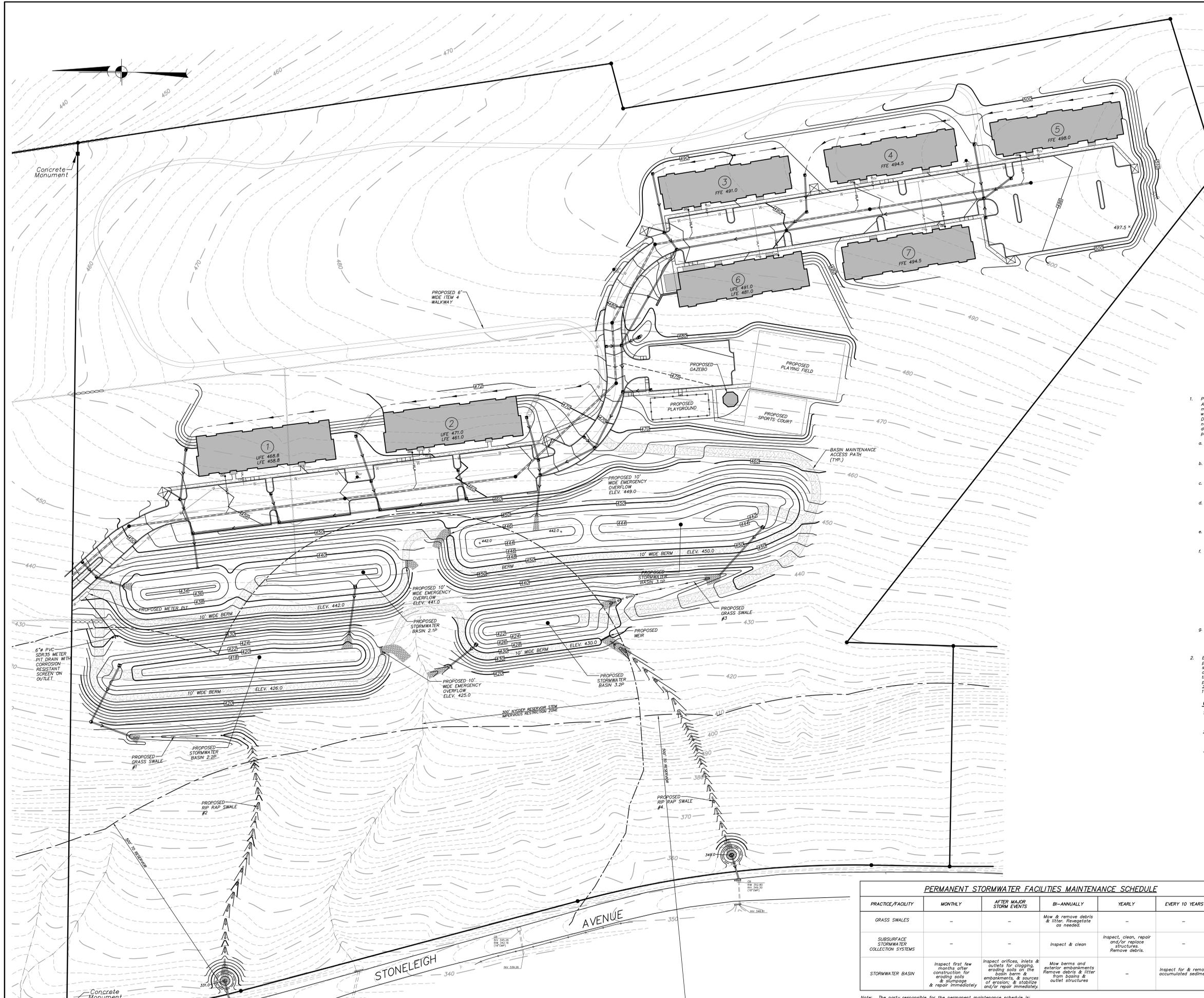
INSITE
ENGINEERING, SURVEYING & LANDSCAPE ARCHITECTURE, P.C.

3 Garrett Place
Carmel, NY 10512
(845) 225-9690
(845) 225-9717 fax
www.insite-eng.com

PROJECT:
THE HAMLET AT CARMEL
MULTI-FAMILY HOUSING DEVELOPMENT
STONELEIGH AVENUE, TOWN OF CARMEL, PUTNAM COUNTY, NEW YORK

DRAWING:
LAYOUT, LANDSCAPING, & LIGHTING PLAN

PROJECT NO.	14211.100	PROJECT MANAGER	J.J.C.	DRAWING NO.	SHEET
DATE	2-10-21	DRAWN BY	M.E.U.	SP-2	2
SCALE	1" = 50'	CHECKED BY	J.J.C.		9



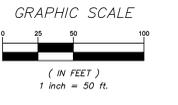
LEGEND	
—●—	Property Line
---	Existing 2' Contour
---	Existing 10' Contour
×	Existing Spot Grade
—○—	Existing Drain Inlet and Drainage Pipe
---	Proposed 2' Contour
---	Proposed 10' Contour
—	Existing Stone Wall
—	Existing Stone Wall to be Removed
—	Proposed Retaining Wall
—○—	Proposed 8" PVC SDR 35 Sewer Main With Sewer Manhole
—○—	Proposed HDPE Drainage Pipe
—○—	Proposed Sewer Manhole
—○—	Proposed Catch Basin/Drain Inlet
—○—	Proposed Drainage Manhole
—○—	Proposed Outlet Structure
—	Proposed End Section With Rip Rap Apron
—	Proposed Grass Swale
—	Proposed Riprap Swale
—	Proposed 8" PVC Class 200 DR 14 Water Main
—	Proposed Fire Hydrant and Gate Valve
—	Proposed 1/2" (Final Size Per Fire Protection System Requirements) Polyethylene Water Service Line W/Curb Stop
—	Proposed 4" PVC SDR 35 Sewer Service Line W/Clean Out
—	Proposed 6" PVC SDR 35 Sewer Service Line W/Clean Out
—	Proposed 4" PVC Class 200 DR 14 Water Service Line (Final Size Per Fire Protection System Requirements)
—	Proposed Gate Valve
—	Proposed Roof Drain Discharge
—	Proposed Limits of Disturbance

REQUIRED POST-CONSTRUCTION STORMWATER MANAGEMENT PRACTICE COMPONENTS:

- Pursuant to the NYSDEC "SPDES General Permit for Stormwater Discharges from Construction Activity" (09-0-20-001), all construction projects needing post-construction stormwater management practices shall prepare a SWPPP that also includes practices designed in conformance with the most current version of the technical standard, New York State Stormwater Management Design Manual ("Design Manual"). Where post-construction stormwater management practices are not designed in conformance with this technical standard, the owner or operator must demonstrate equivalence to the technical standard. The following list of SWPPP components is provided in accordance with Part III.B.2a-g and III.B.3:
 - Identification of all post-construction stormwater management practices to be constructed as part of the project. This plan, and details/notes shown herein serve to satisfy this SWPPP requirement.
 - A site map/construction drawing(s) showing the specific location and size of each post-construction stormwater management practice. This plan, and details/notes shown herein serve to satisfy this SWPPP requirement.
 - The dimensions, material specifications and installation details for each post-construction stormwater management practice. This plan, and details/notes shown herein serve to satisfy this SWPPP requirement.
 - Identification of any elements of the design that are not in conformance with the Design Manual, include the reason for the deviation or alternative design and provide information which demonstrates that the deviation or alternative design is equivalent to the technical standard. All post-construction stormwater management practices are in conformance with the Design Manual.
 - A hydrologic and hydraulic analysis for all structural components of the stormwater management control system; The required analysis is provided in the report titled Stormwater Pollution Prevention Plan for The Putnam Community Foundation.
- A detailed summary (including calculations) of the sizing criteria that was used to design all post-construction stormwater management practices. At a minimum, the summary shall address the required design criteria from the applicable chapter of the Design Manual, including the identification and justification for any deviations from the Design Manual, and identification of any design criteria that are not required based on the redesignment criteria or waiver criteria included in the Design Manual. The stormwater practices are sized in accordance with the Design Manual, specifically chapters 4, 6, and 10. The stormwater facilities have been designed to provide water quality volume treatment (treatment of the 1 year 24-hour design storm per the Enhanced Phosphorus Removal Standards). Channel Protection Volume is provided through 24-hour center of mass detention of the 1 year 24-hour design storm. Overbank Flood Control and Extreme Flood Control are provided by attenuating post-development peak stormwater discharges to below pre-development levels for the 10-year and 100-year 24-hour design storm. Calculations are provided in report entitled Stormwater Pollution Prevention Plan for Putnam Community Foundation. All practices are designed in accordance with the Design Manual.
- An operations and maintenance plan that includes inspection and maintenance schedules and actions to ensure continuous and effective operation of each post-construction stormwater management practice. The plan shall identify the entity that will be responsible for the long term operation and maintenance of each practice. The Permanent Stormwater Facilities Maintenance Schedule provided on these plans serves to satisfy this requirement.

General Notes:

- Property boundary shown herein taken from subdivision plot entitled "Boundary Line Adjustment Map prepared for Putnam Community Foundation and Putnam Hospital Center," filed January 4, 2006 as map no. 3008.
- Existing conditions and topography shown herein taken from survey entitled "Topographic Survey prepared for The Putnam Community Foundation," prepared by Terry Eganorff Collins, L.L.C., last revised April 25, 2007.
- Cleaning of existing drainage structures along Stoneleigh Avenue shall be accomplished as part of the required Highway Work Permit for the connection to the existing drainage structure.
- Due to high pressures in the water main, pressure reducing valves shall be installed to protect domestic plumbing fixtures.



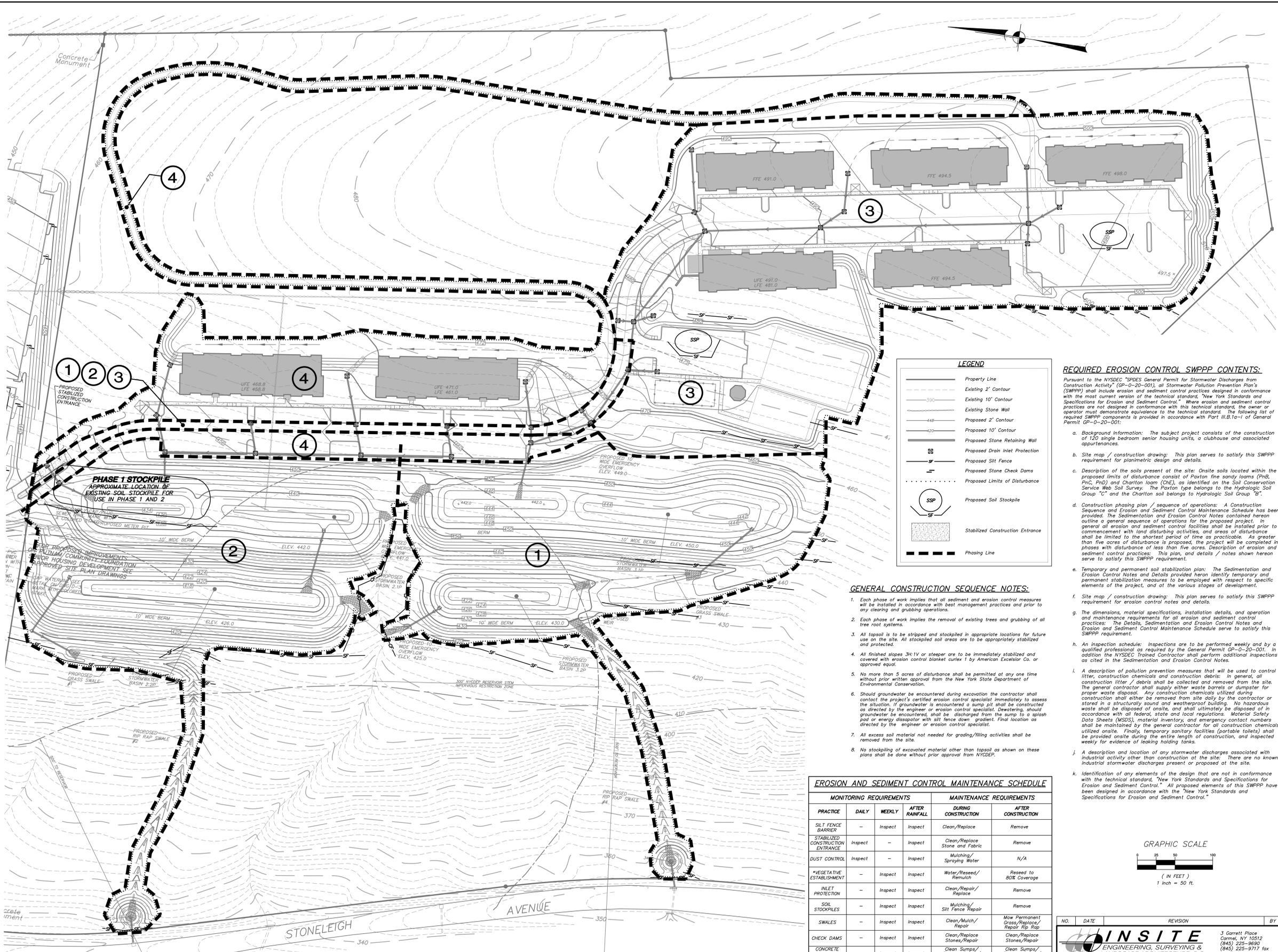
PERMANENT STORMWATER FACILITIES MAINTENANCE SCHEDULE					
PRACTICE/FACILITY	MONTHLY	AFTER MAJOR STORM EVENTS	BI-ANNUALLY	YEARLY	EVERY 10 YEARS
GRASS SWALES	-	-	Mow & remove debris & litter, Reroute as needed.	-	-
SUBSURFACE STORMWATER COLLECTION SYSTEMS	-	-	Inspect & clean	Inspect, clean, repair and/or replace structures. Remove debris.	-
STORMWATER BASIN	Inspect first few months after construction for eroding soils & slumping & repair immediately	Inspect orifices, inlets & outlets for clogging, eroding soils on the basin berm & embankments, & sources of erosion; & stabilize and/or repair immediately.	Mow berms and exterior embankments. Remove debris & litter from basins & outlet structures	-	Inspect for & remove accumulated sediment

Note: The party responsible for the permanent maintenance schedule is: The Hamlet at Carmel Associates, LLC 57 Route 6, Suite 207 Carmel, NY 10505 and/or the current owner(s) of the subject property.

NO.	DATE	REVISION	BY
PROJECT: THE HAMLET AT CARMEL MULTI-FAMILY HOUSING DEVELOPMENT STONELEIGH AVENUE, TOWN OF CARMEL, PUTNAM COUNTY, NEW YORK			
DRAWING: GRADING & UTILITIES PLAN			
PROJECT NO.	14211.100	PROJECT MANAGER	J.J.C.
DATE	2-10-21	DRAWN BY	M.E.U.
SCALE	1" = 50'	CHECKED BY	J.J.C.
DRAWING NO.			SHEET
SP-3			3
			9

ALTERATION OF THIS DOCUMENT, UNLESS UNDER THE DIRECTION OF A LICENSED PROFESSIONAL ENGINEER, IS A VIOLATION OF SECTION 2209 OF ARTICLE 146 OF THE EDUCATION LAW.





LEGEND

---	Property Line
---	Existing 2' Contour
---	Existing 10' Contour
---	Existing Stone Wall
---	Proposed 2' Contour
---	Proposed 10' Contour
---	Proposed Stone Retaining Wall
---	Proposed Drain Inlet Protection
---	Proposed Silt Fence
---	Proposed Stone Check Dams
---	Proposed Limits of Disturbance
---	Proposed Soil Stockpile
---	Stabilized Construction Entrance
---	Phasing Line

REQUIRED EROSION CONTROL SWPPP CONTENTS:

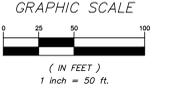
- Pursuant to the NYSDEC "SPDES General Permit for Stormwater Discharges from Construction Activity" (GP-0-20-001), all Stormwater Pollution Prevention Plan's (SWPPP) shall include erosion and sediment control practices designed in conformance with the most current version of the technical standard, "New York Standards and Specifications for Erosion and Sediment Control." Where erosion and sediment control practices are not designed in conformance with this technical standard, the owner or operator must demonstrate equivalence to the technical standard. The following list of required SWPPP components is provided in accordance with Part III.B.1.a-1 of General Permit GP-0-20-001.
- Background information: The subject project consists of the construction of 120 single bedroom senior housing units, a clubhouse and associated appurtenances.
 - Site map / construction drawing: This plan serves to satisfy this SWPPP requirement for planimetric design and details.
 - Description of the soils present at the site: Onsite soils located within the proposed limits of disturbance consist of Paxton fine sandy loams (PnS, PnS, PnS) and Charlton loam (CnS), as identified on the Soil Conservation Service Web Soil Survey. The Paxton type belongs to the Hydrologic Soil Group "C" and the Charlton soil belongs to Hydrologic Soil Group "B".
 - Construction phasing plan / sequence of operations: A Construction Sequence and Erosion and Sediment Control Maintenance Schedule has been provided. The Sedimentation and Erosion Control Notes contained herein outline a general sequence of operations for the proposed project. In general all erosion and sediment control facilities shall be installed prior to commencement with land disturbing activities, and areas of disturbance shall be limited to the shortest period of time as practicable. As greater than five acres of disturbance is proposed, the project will be completed in phases with disturbance of less than five acres. Description of erosion and sediment control practices. This plan, and details / notes shown herein serve to satisfy this SWPPP requirement.
 - Temporary and permanent soil stabilization plan: The Sedimentation and Erosion Control Notes and Details provided herein identify temporary and permanent stabilization measures to be employed with respect to specific elements of the project, and at the various stages of development.
 - Site map / construction drawing: This plan serves to satisfy this SWPPP requirement for erosion control notes and details.
 - The dimensions, material specifications, installation details, and operation and maintenance requirements for all erosion and sediment control practices: The Details, Sedimentation and Erosion Control Notes and Erosion and Sediment Control Maintenance Schedule serve to satisfy this SWPPP requirement.
 - An inspection schedule: Inspections are to be performed weekly and by a qualified professional as required by the General Permit GP-0-20-001. In addition the NYSDEC Trained Contractor shall perform additional inspections as cited in the Sedimentation and Erosion Control Notes.
 - A description of pollution prevention measures that will be used to control litter, construction chemicals and construction debris: In general, all construction litter / debris shall be collected and removed from the site. The general contractor shall supply either waste barrels or dumpster for proper waste disposal. Any construction chemicals utilized during construction shall either be removed from site daily by the contractor or stored in a structurally sound and weatherproof building. No hazardous waste shall be disposed of onsite, and shall ultimately be disposed of in accordance with all federal, state and local regulations. Material Safety Data Sheets (MSDS), material inventory, and emergency contact numbers shall be maintained by the general contractor for all construction chemicals utilized onsite. Finally, temporary sanitary facilities (portable toilets) shall be provided onsite during the entire length of construction, and inspected weekly for evidence of leaking holding tanks.
 - A description and location of any stormwater discharges associated with industrial activity other than construction at the site: There are no known industrial stormwater discharges present or proposed at the site.
 - Identification of any elements of the design that are not in conformance with the technical standard, "New York Standards and Specifications for Erosion and Sediment Control." All proposed elements of this SWPPP have been designed in accordance with the "New York Standards and Specifications for Erosion and Sediment Control."

GENERAL CONSTRUCTION SEQUENCE NOTES:

- Each phase of work implies that all sediment and erosion control measures will be installed in accordance with best management practices and prior to any clearing and grubbing operations.
- Each phase of work implies the removal of existing trees and grubbing of all tree root systems.
- All topsoil is to be stripped and stockpiled in appropriate locations for future use on the site. All stockpiled soil areas are to be appropriately stabilized and protected.
- All finished slopes 3H:1V or steeper are to be immediately stabilized and covered with erosion control blanket curlex 1 by American Excavator Co. or approved equal.
- No more than 5 acres of disturbance shall be permitted at any one time without prior written approval from the New York State Department of Environmental Conservation.
- Should groundwater be encountered during excavation the contractor shall contact the project's certified erosion control specialist immediately to assess the situation. If groundwater is encountered a sump pit shall be constructed as directed by the engineer or erosion control specialist. Dewatering, should groundwater be encountered, shall be discharged from the sump to a splash pad or energy dissipator with silt fence down gradient. Final location as directed by the engineer or erosion control specialist.
- All excess soil material not needed for grading/filling activities shall be removed from the site.
- No stockpiling of excavated material other than topsoil as shown on these plans shall be done without prior approval from NYSDEC.

EROSION AND SEDIMENT CONTROL MAINTENANCE SCHEDULE

PRACTICE	MONITORING REQUIREMENTS			MAINTENANCE REQUIREMENTS	
	DAILY	WEEKLY	AFTER RAINFALL	DURING CONSTRUCTION	AFTER CONSTRUCTION
SILT FENCE BARRIERS	-	Inspect	Inspect	Clean/Replace	Remove
STABILIZED CONSTRUCTION ENTRANCE	Inspect	-	Inspect	Clean/Replace Stone and Fabric	Remove
DUST CONTROL	Inspect	-	Inspect	Mulching/Spraying Water	N/A
*VEGETATIVE ESTABLISHMENT	-	Inspect	Inspect	Water/Reseed/Remulch	Reseed to 80% Coverage
INLET PROTECTION	-	Inspect	Inspect	Clean/Repair/Replace	Remove
SOIL STOCKPILES	-	Inspect	Inspect	Mulching/Silt Fence Repair	Remove
SWALES	-	Inspect	Inspect	Clean/Mulch/Repair	Mow Permanent Grass/Repair/Repair Rip/Rip
CHECK DAMS	-	Inspect	Inspect	Clean/Replace Stones/Repair	Clean/Replace Stormwater Facilities
CONCRETE DRAINAGE STRUCTURES	-	Inspect	Inspect	Clean Sumps/Remove Debris/Repair/Replace	Clean Sumps/Remove Debris/Repair/Replace
DRAINAGE PIPES	-	Inspect	Inspect	Clean/Repair	Clean/Repair
ROAD & PAVEMENT	-	Inspect	Inspect	Clean	Clean
*STORMWATER TRAP/BASIN	-	Inspect	Inspect	Clean/Mulch/Repair/Reseed	See Permanent Stormwater Facilities Maintenance Schedule on Drawing SP-3.1



GENERAL NOTES:

- Property boundary shown hereon taken from subdivision plot entitled Boundary Line Adjustment Map prepared for Putnam Community Foundation and Putnam Hospital Center. Filed January 4, 2006 as map no. 3006.
- Existing conditions and topography shown hereon taken from survey entitled Topographic Survey prepared for the Putnam Community Foundation, prepared by Terry Besendorff Collins, L.S., last revised April 25, 2007.

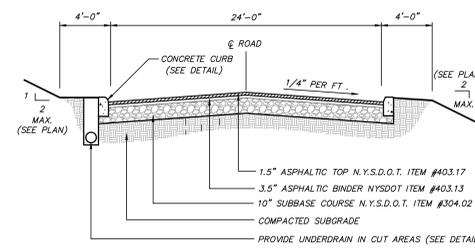
SEDIMENTATION & EROSION CONTROL NOTES:

- The Erosion Control Plan is only to be referred to for the installation of sedimentation and erosion control measures. For all other construction related activities, including, but not limited to, grading and utilities, refer to the appropriate drawings.
- All soil erosion and sediment control practices shall be installed in accordance with New York-Standards and Specifications for Erosion & Sediment Control, latest edition.
- Wherever feasible, natural vegetation should be retained and protected.
- When land is exposed during development, the exposure shall be kept to the shortest practical period of time.
- Silt fence and hay bales shall be installed as shown on drawing prior to beginning any clearing and grubbing or earthwork.
- All topsoil to be stripped from the area being developed shall be stockpiled and immediately seeded with K-31 Perennial Tall Fescue.

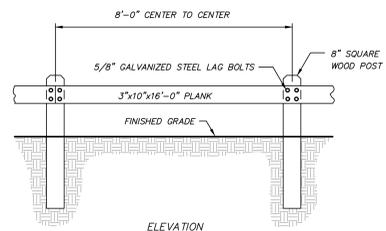
- Any graded areas not subject to further disturbance or construction traffic shall, within 10 days of final grading, receive permanent vegetation cover in combination with a suitable mulch. All seeded areas to receive a minimum 4" topsoil (from Seed mixture to be planted between April 1 and May 15, or between August stockpile area) and be seeded and mulched as follows:
 - 15 and October 15 or as directed by project representative at a rate of 50 pounds per acre in the following proportions:
 - Kentucky Bluegrass 20%
 - Creeping Red Fescue 40%
 - Perennial Ryegrass 20%
 - Annual Ryegrass 20%
 - Mulch: Salt hay or small grain straw applied at a rate of 90 lbs./1000 s.f. or 2 tons/acre, to be applied and anchored according to New York-Guidelines for Urban Erosion & Sediment Control, latest edition.
- Grass seed mix may be applied by either mechanical or hydrosowing methods. Hydrosowing shall be performed in accordance with the current edition of the NYSDEC Standard Specification, Construction and Materials, Section 610-3.02, Method No. 1.

- Cut or fill slopes steeper than 3:1 shall be stabilized immediately after grading.
- Paved roadways shall be kept clean at all times.
- The site shall at all times be graded and maintained such that all stormwater runoff is diverted to soil erosion and sediment control facilities.
- All storm drainage outlets shall be stabilized, as required, before the discharge points become operational.
- Sedimentation and erosion control measures shall be inspected and maintained on a daily basis by NYSDEC Trained Contractor to insure that channels, temporary and permanent ditches and pipes are clear of debris, that embankments and berms have not been breached and that all stone bales and silt fences are intact. Any failure of sediment and erosion control measures shall be immediately repaired by the contractor and inspected for approval by the NYSDEC Trained Contractor and/or site engineer.
- Dust shall be controlled by sprinkling or other approved methods as necessary, or as directed by the NYSDEC Trained Contractor.
- Cut and fill shall not endanger adjoining property, nor divert water onto the property of others.
- All fills shall be compacted to provide stability of material and to prevent settlement.
- The NYSDEC Trained Contractor shall inspect downstream conditions for evidence of sedimentation on a weekly basis and after rainstorms.
- As warranted by field conditions, special additional sedimentation and erosion control measures, as specified by the site engineer and/or Town Engineer shall be installed by the contractor.
- Sedimentation and erosion control measures shall be inspected and maintained on a daily basis by NYSDEC Trained Contractor to insure that channels, temporary and permanent ditches and pipes are clear of debris, that embankments and berms have not been breached and that all stone bales and silt fences are intact. Any failure of sediment and erosion control measures shall be immediately repaired by the contractor and inspected for approval by the NYSDEC Trained Contractor and/or site engineer.
- Erosion control measures shall remain in place until all disturbed areas are suitably stabilized.

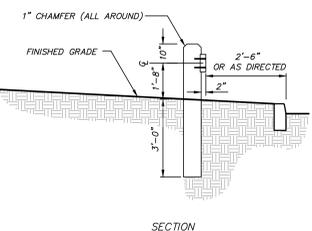
NO.	DATE	REVISION	BY
PROJECT: THE HAMLET AT CARMEL MULTI-FAMILY HOUSING DEVELOPMENT STONELIGH AVENUE, TOWN OF CARMEL, PUTNAM COUNTY, NEW YORK			
DRAWING: EROSION CONTROL & PHASING PLAN			
PROJECT NO.	14211.100	PROJECT MANAGER	J.J.C.
DATE	2-10-21	DRAWN BY	M.E.U.
SCALE	1" = 50'	CHECKED BY	J.J.C.
PROJECT LOCATION: 3 Corbett Place, Carmel, NY 10512 (845) 225-8690 (845) 225-9717 fax www.insite-eng.com			
DRAWING NO. SP-4			SHEET 4 OF 9



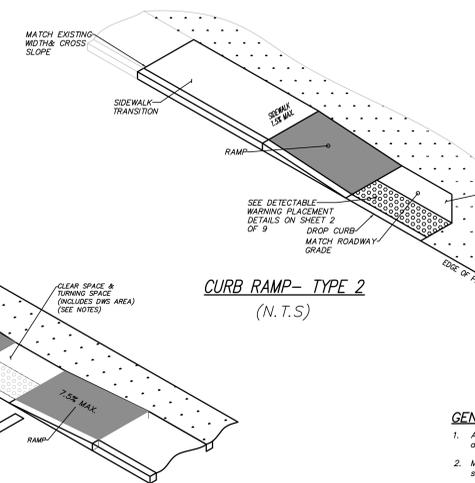
ACCESS ROAD DETAIL
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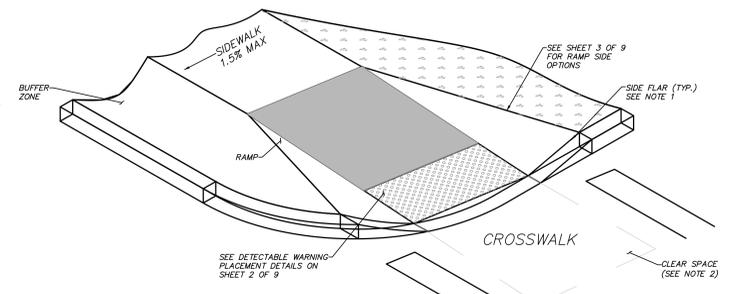
WOOD GUIDE RAIL DETAIL
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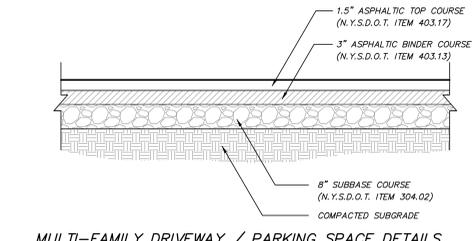
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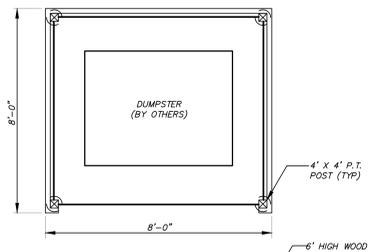
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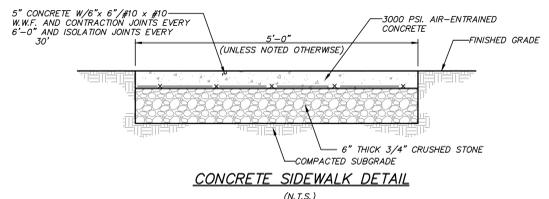
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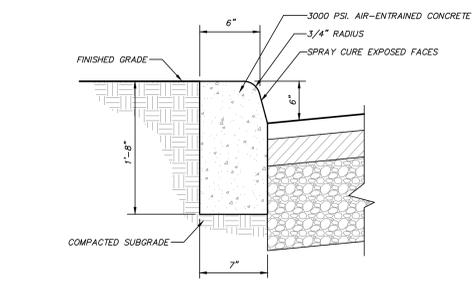
MULTI-FAMILY DRIVEWAY / PARKING SPACE DETAILS
(N.T.S.)



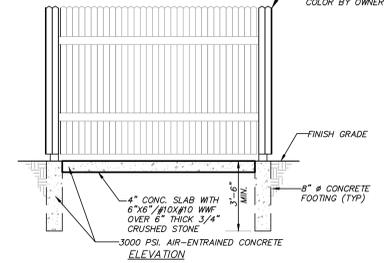
DUMPSTER ENCLOSURE DETAIL
(N.T.S.)



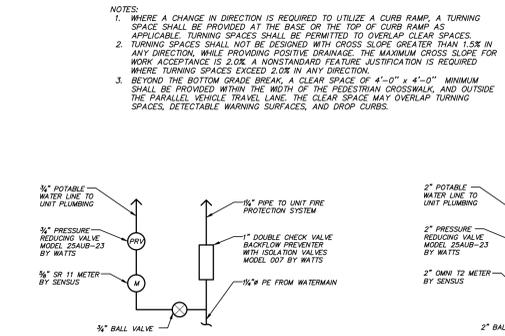
CONCRETE SIDEWALK DETAIL
(N.T.S.)



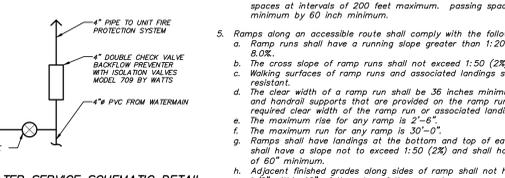
UNDERDRAIN DETAIL
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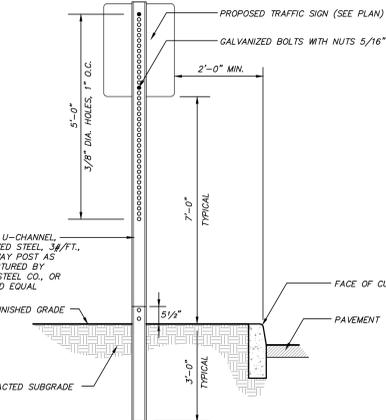
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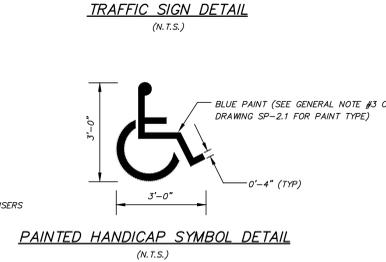
SINGLE STORY UNIT WATER SERVICE SCHEMATIC DETAIL
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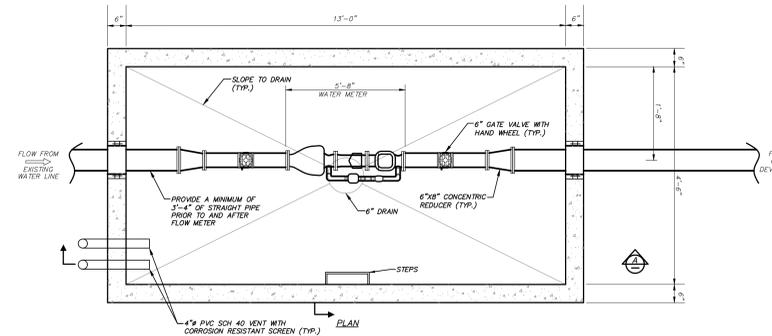
MULTIPLE FAMILY WATER SERVICE SCHEMATIC DETAIL
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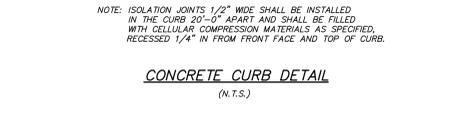
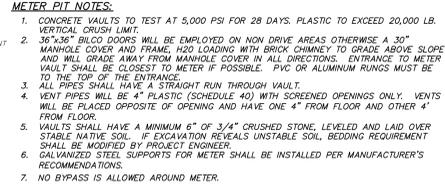
TRAFFIC SIGN DETAIL
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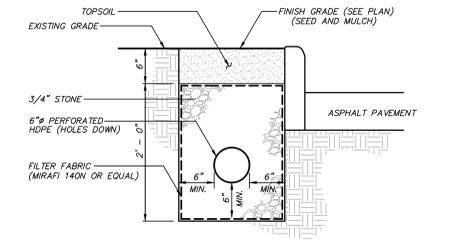
PAINTED HANDICAP SYMBOL DETAIL
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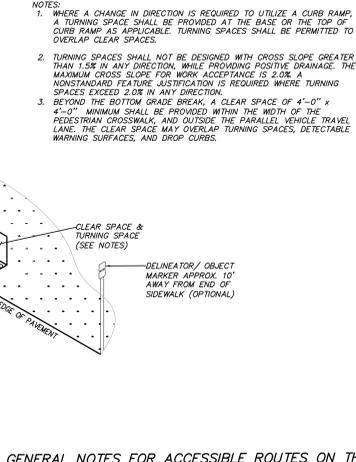
METER PIT DETAIL
(N.T.S.)



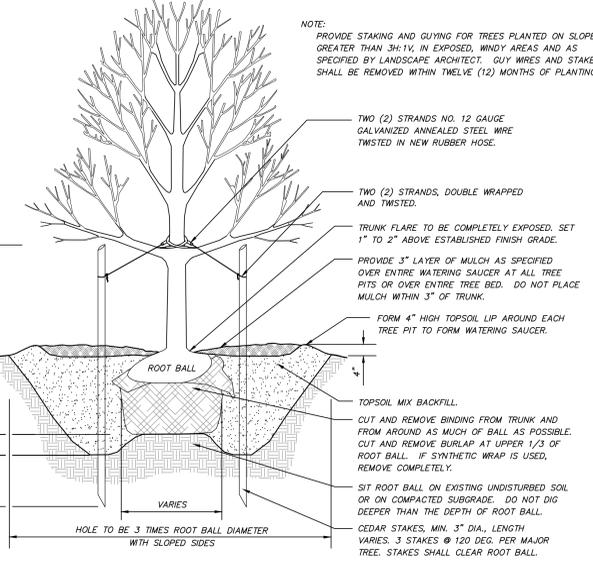
CONCRETE CURB DETAIL
(N.T.S.)



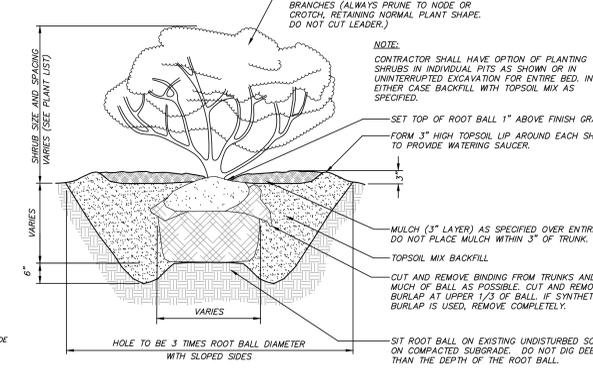
CONCRETE STEPS DETAIL
(N.T.S.)



GENERAL NOTES FOR ACCESSIBLE ROUTES ON THE SITE
(N.T.S.)

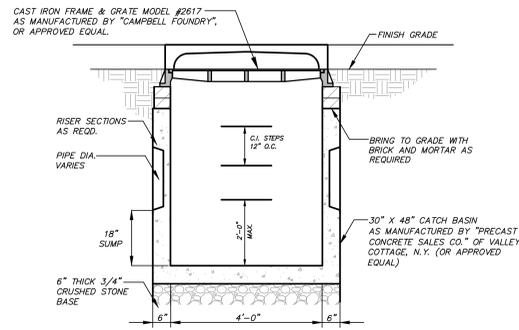


TREE PLANTING DETAIL
(N.T.S.)

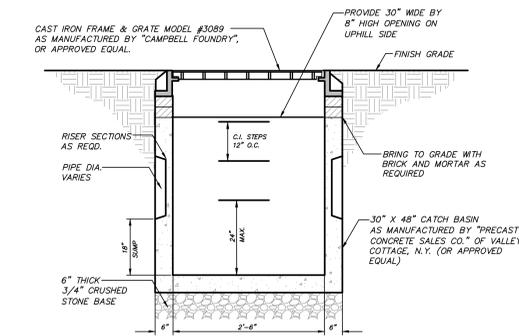


SHRUB PLANTING DETAIL
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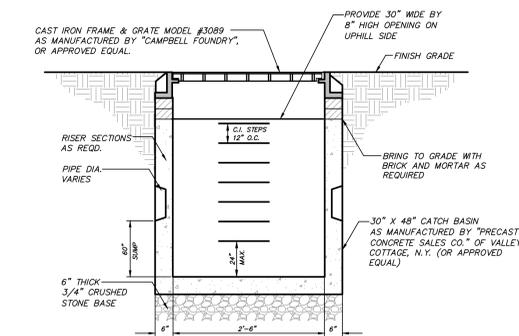
NO.	DATE	REVISION	BY
INSITE ENGINEERING, SURVEYING & LANDSCAPE ARCHITECTURE, P.C.			
PROJECT: THE HAMLET AT CARMEL MULTI-FAMILY HOUSING DEVELOPMENT STONELEIGH AVENUE, TOWN OF CARMEL, PUTNAM COUNTY, NEW YORK			
DRAWING: SITE DETAILS			
PROJECT NO.	14211.100	PROJECT MANAGER	J.J.C.
DATE	2-10-21	DRAWN BY	M.E.U.
SCALE	AS SHOWN	CHECKED BY	J.J.C.
DRAWING NO.			SHEET
D-1			5
			9



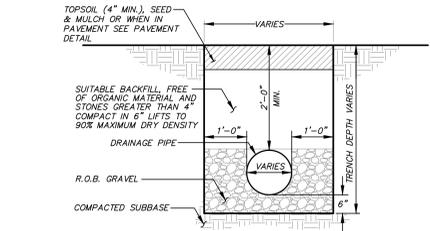
CATCH BASIN DETAIL
(N.T.S.)
(STRUCTURE AND GRATE TO BE DESIGNED FOR H-20 LOADING)



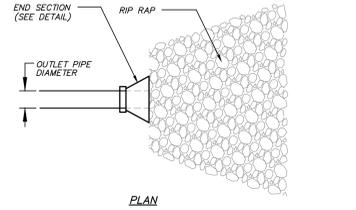
SIDE DRAIN INLET DETAIL
(N.T.S.)
(STRUCTURE AND GRATE TO BE DESIGNED FOR H-20 LOADING)



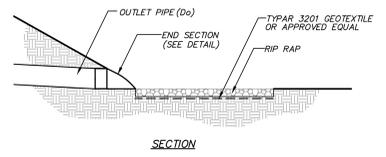
DEEP SUMP SIDE DRAIN INLET DETAIL
(N.T.S.)
(STRUCTURE AND GRATE TO BE DESIGNED FOR H-20 LOADING)



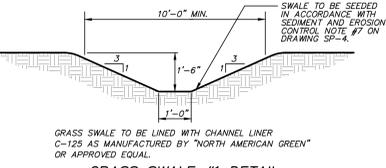
DRAINAGE LINE TRENCH DETAIL
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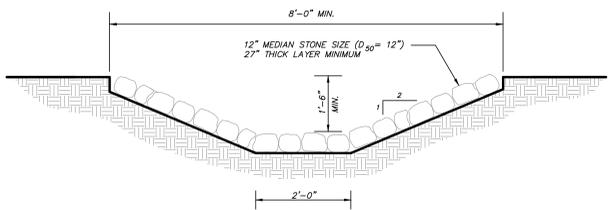
RIP RAP SWALE #4 DETAIL
(N.T.S.)



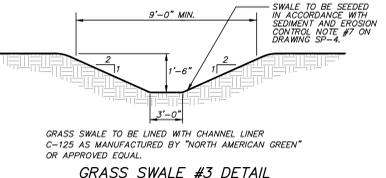
RIP RAP APRON DETAIL
(N.T.S.)



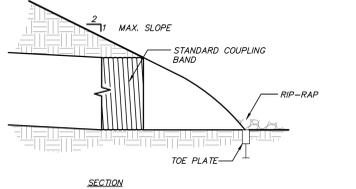
GRASS SWALE #1 DETAIL
(N.T.S.)



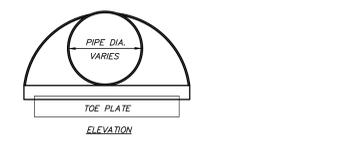
RIP RAP SWALE #2 DETAIL
(N.T.S.)



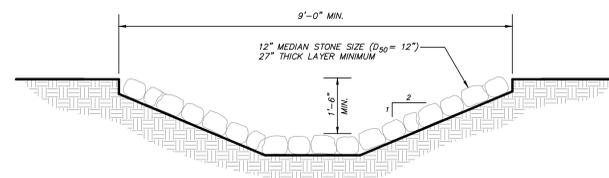
GRASS SWALE #3 DETAIL
(N.T.S.)



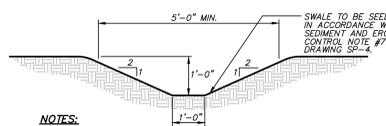
STABILIZED CONSTRUCTION ENTRANCE DETAIL
(N.T.S.)



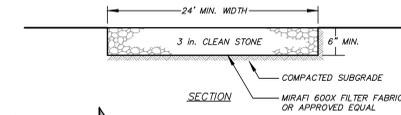
END SECTION DETAIL
(N.T.S.)



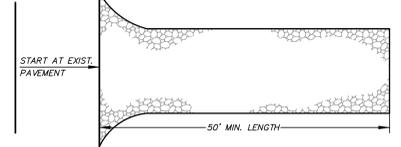
RIP RAP SWALE #4 DETAIL
(N.T.S.)



GRASS SWALE DETAIL
(N.T.S.)



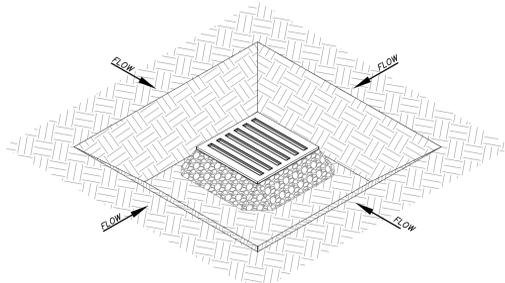
SECTION



INSTALLATION NOTES

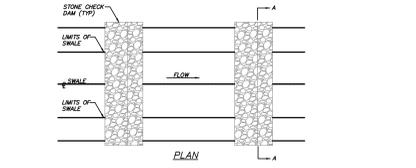
- STONE SIZE - USE 3" STONE
- LENGTH - AS REQUIRED, BUT NOT LESS THAN 50 FEET (EXCEPT ON A SINGLE RESIDENCE LOT WHERE A 30 FOOT MINIMUM LENGTH WOULD APPLY.)
- THICKNESS - NOT LESS THAN SIX (6) INCHES.
- WIDTH - 10 FOOT MINIMUM, BUT NOT LESS THAN THE FULL WIDTH AT POINTS WHERE INGRESS OR EGRESS OCCUR.
- FILTER CLOTH - WILL BE PLACED OVER THE ENTIRE AREA PRIOR TO PLACING OF STONE. FILTER CLOTH WILL NOT BE REQUIRED ON A SINGLE FAMILY RESIDENCE LOT.
- SURFACE WATER - ALL SURFACE WATER FLOWING OR DIVERTED TOWARD CONSTRUCTION ENTRANCES SHALL BE PIPED ACROSS THE ENTRANCE. IF PAVING IS IMPRACTICAL, A MOUNTABLE BERM WITH 2:1 SLOPES WILL BE PERMITTED.
- MAINTENANCE - THE ENTRANCE SHALL BE MAINTAINED IN A CONDITION WHICH WILL PREVENT TRACKING OR FLOWING OF SEDIMENT ONTO PUBLIC RIGHT OF WAY. THIS MAY REQUIRE PERIODIC TOP DRESSING WITH ADDITIONAL STONE AS CONDITIONS DEMAND AND REPAIR AND/OR CLEANOUT OF ANY MEASURES USED TO TRAP SEDIMENT. ALL SEDIMENT SPILLED, DROPPED, WASHED OR TRACKED ONTO PUBLIC RIGHT OF WAY MUST BE REMOVED IMMEDIATELY.
- WASHING - WHEELS SHALL BE CLEANED TO REMOVE SEDIMENT PRIOR TO ENTRANCE ONTO PUBLIC RIGHT OF WAY. WHEN WASHING IS REQUIRED, IT SHALL BE DONE ON AN AREA STABILIZED WITH STONE AND WHICH DRAINS INTO AN APPROVED SEDIMENT TRAPPING DEVICE.
- PERIODIC INSPECTION AND NEEDED MAINTENANCE SHALL BE PROVIDED AFTER EACH RAIN.

STABILIZED CONSTRUCTION ENTRANCE DETAIL
(N.T.S.)

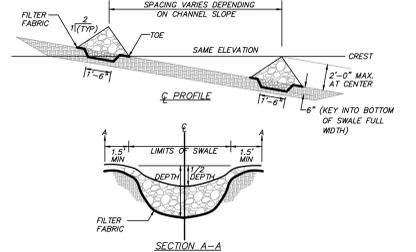


EXCAVATED DROP INLET PROTECTION DETAIL
(N.T.S.)

- CLEAR THE AREA OF ALL DEBRIS THAT WILL HINDER EXCAVATION
- GRADE APPROACH TO THE INLET UNIFORMLY AROUND THE BASIN
- WEEP HOLES SHALL BE PROTECTED BY GRAVEL
- UPON STABILIZATION OF CONTRIBUTING DRAINAGE AREA, SEAL WEEP HOLES, FILL EXCAVATION WITH STABLE SOIL TO FINAL GRADE, COMPACT IT PROPERLY, AND STABILIZE WITH PERMANENT SEEDING
- MAXIMUM DRAINAGE AREA = 1 ACRE



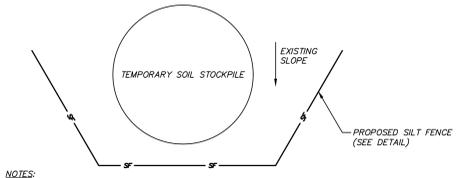
SECTION A-A



SECTION A-A

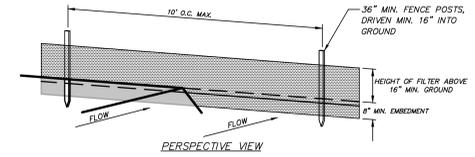
- NOTES:
- STONE SHALL BE PLACED ON A FILTER FABRIC FOUNDATION. STONE TO BE WELL-GRADED 2" TO 12" DIAMETER.
 - SET SPACING OF CHECK DAMS SO THAT THE ELEVATIONS OF THE CREST OF THE DOWNSTREAM DAM IS AT THE SAME ELEVATION OF THE TOE OF THE UPSTREAM DAM.
 - EXTEND THE STONE A MINIMUM OF 1.5 FEET BEYOND THE DITCH BANKS TO PREVENT CUTTING AROUND THE DAM.
 - PROTECT THE CHANNEL DOWNSTREAM OF THE LOWEST CHECK DAM FROM SCOUR AND EROSION WITH STONE LINER AS APPROPRIATE.
 - ENSURE THAT CHANNEL APPEARANCES SUCH AS CULVERT ENTRANCES BELOW CHECK DAMS ARE NOT SUBJECT TO DAMAGE OR BLOCKAGE FROM DISPLACED STONE.

STONE CHECK DAM DETAIL
(N.T.S.)

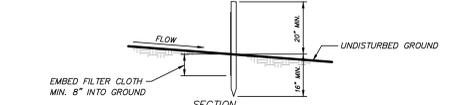


- NOTES:
- AREA CHOSEN FOR STOCKPILE LOCATION SHALL BE DRY AND STABLE.
 - MAXIMUM SLOPE OF STOCKPILE SHALL BE 2:1.
 - UPON COMPLETION OF SOIL STOCKPILING, EACH PILE SHALL BE IMMEDIATELY SEEDING WITH K31 PERENNIAL TALL FESCUE.
 - ALL STOCKPILES SHALL BE PROTECTED WITH SILT FENCING INSTALLED ON THE DOWNGRADIENT SIDE.

TEMPORARY SOIL STOCKPILE DETAIL
(N.T.S.)



PERSPECTIVE VIEW



SECTION

- CONSTRUCTION NOTES FOR FABRICATED SILT FENCE
- FILTER CLOTH TO BE FASTENED SECURELY TO POSTS. STEEL EITHER T OR U TYPE OR 2" HARDWOOD
 - WHEN TWO SECTIONS OF FILTER CLOTH ADJOIN EACH OTHER THEY SHALL BE OVERLAPPED BY SIX INCHES AND FOLDED
 - MAINTENANCE SHALL BE PERFORMED AS NEEDED. PREFABRICATED UNIT: GEOFAB AND MATERIAL REMOVED WHEN "BULGES" DEVELOP IN THE SILT FENCE. ENVIROFENCE, OR APPROVED EQUAL

SILT FENCE DETAIL
(N.T.S.)

NO.	DATE	REVISION	BY
INSITE ENGINEERING, SURVEYING & LANDSCAPE ARCHITECTURE, P.C.			
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DRAWING: SITE DETAILS			
PROJECT NO.	14211.100	PROJECT MANAGER	J.J.C.
DATE	2-10-21	DRAWN BY	M.E.U.
SCALE	AS SHOWN	CHECKED BY	J.J.C.
DRAWING NO. D-2			SHEET 6 OF 9



WATER MAIN NOTES:

- All water mains shall be either Class 52 cement lined tyton joint ductile iron pipe or PVC Class 200 DR 14 pipe with factory installed push-on gaskets unless otherwise noted. All pipe shall be in conformance with the latest edition AWWA C600 or C605.
- All water main fittings shall be Class 350 ductile iron mechanical joints in accordance with the latest edition of AWWA/ANSI Standard C111/A21.11, "CRIP RING" restrained joint connections shall be provided at every fitting (as manufactured by ROMAC Industries, Inc. or approved equal).
- Thrust blocks shall be installed at all changes in horizontal or vertical alignment.
- All water mains and appurtenances shall be installed in accordance with the latest edition of AWWA C600 or C605.
- Gate valves shall be "Mueller" or approved equal, iron body, non-rising stem conventional packing, resilient seated, mechanical joint with restraining joint gaskets, pressure class 350, opening shall be left (C/W) and operation shall be by 2" square wrench nut.
- All water mains and appurtenances (including water service lines up to the curb stop) shall be pressure tested and leakage tested to the satisfaction of the Design Engineer, and the Putnam County Department of Health. This shall be done in accordance with the latest edition of AWWA Standard C600 & C605.
- All water mains and appurtenances shall be flushed, disinfected, and tested to the satisfaction of the Design Engineer, and the Putnam County Department of Health. This shall be done in accordance with the latest edition of AWWA Standard C601, section 4.4.3, the "Continuous Feed Method". The "tablet method" will not be allowed.
- Water mains shall be laid at least 10 feet horizontally from any existing or proposed sanitary or storm sewer main. The distance shall be measured edge to edge. In cases where it is not practical to maintain a 10 foot separation, the Design Engineer and Putnam County Department of Health may allow deviation with prior approval on a case-by-case basis. If supported by data from the Design Engineer prior to the installation of the water lines. The horizontal separation shall also apply to service connections.
- Water mains crossing sanitary or storm sewer mains shall be laid to provide a minimum vertical distance of 18 inches between the outside of the water main and the outside of the sewer. This shall be the case where the water main is either above or below the sewer. The crossing shall be arranged so that the sewer joints will be equidistant and as far as possible from the water main joints. Where a water main crosses under a sewer, adequate structural support shall be provided for the sewer to maintain line and grade. In cases where it is not practical to maintain the 18 inch vertical separation, the Design Engineer and Putnam County Department of Health may allow deviation with prior approval on a case-by-case basis. If supported by data from the Design Engineer prior to the installation of the water lines. The vertical separation also applies to water service connections.
- The Design Engineer, Putnam County Department of Health, and Town's Authorized Representative shall be notified forty eight (48) hours before construction is started.
- The water mains shall not be placed into service until a certificate of construction compliance has been submitted to and accepted by the Putnam County Department of Health.
- The Putnam County Department of Health and the New York City Department of Environmental Protection must be notified forty eight (48) hours prior to pressure testing the water main improvements.

WATER MAIN TESTING PROCEDURES

TESTS FOR PRESSURE PIPING FOR TRANSPORT OF WATER

- Hydrostatic Pressure Test
 - Hydrostatic testing shall be performed in accordance with the revision of AWWA C600, Section 3.2, "Hydrostatic Testing" or AWWA C605, Section 7.4, "Hydrostatic Testing".
 - Test pressure shall be as scheduled or, where no pressure is scheduled, shall be 150 psi, or 1.25 times the static operating pressure, whichever is higher.
 - Test pressure shall be held on the piping for a period of at least 2 hours, unless a longer period is requested by the Engineer.
 - The test medium shall be water.
- Hydrostatic Leakage Test
 - The leakage test shall be conducted concurrently with the pressure test.
 - The rate of leakage shall be determined at 15-minute intervals by means of volumetric measurement of the makeup water added to the system. The test shall proceed until the rate of leakage has stabilized or is decreasing below an allowable value for three consecutive 15-minute intervals. After this, the test pressure shall be maintained for at least another 15 minutes.
 - At the completion of the test, the pressure shall be released at the furthest point from the point of application.
 - All exposed piping shall be examined during the test and all leaks, defective material or joints shall be repaired or replaced before repeating the tests.
 - The allowable leakage will be determined by the following formula:

$$Q = \frac{LD\sqrt{P}}{148,000}$$
 Where:
 - Q = quantity of makeup water, in gallons per hour
 - L = length of pipe tested, in feet
 - D = nominal diameter of the pipe, in inches
 - P = average test pressure during hydrostatic test, in pounds per square inch (gauge)
 - Regardless of the above allowables, any visible leaks shall be permanently stopped.
 - The test medium shall be water.
- Disinfection
 - Prior to placing the water main into service, the new pipe shall be cleaned and disinfected in accordance with the latest revision of AWWA C601, Section 4.4.3, "The Continuous Feed Method". The "Tablet Method" will not be accepted.
 - All work under this section shall be performed in the presence of the Design Engineer, and a representative of the public health authority having jurisdiction, as required.
 - Chlorination shall be scheduled such that sampling and flushing will be performed during normal daylight working hours. The contractor shall provide acceptable backflow prevention on all supply water to prevent any potential backflow, contamination or cross connection.
 - Chlorination shall be by the use of a solution of water and liquid chlorine, calcium hypochlorite or sodium hypochlorite and the solution shall be contained in the pipe or structure as specified.
 - Prior to chlorination, all dirt and foreign matter shall be removed by a thorough cleaning and flushing of the pipeline or structure.
 - The chlorine solution shall be introduced to pipelines through corporation stops placed in the horizontal axis of the pipe, to structures by means of tubing extending directly into the structure, or other approved methods.
 - The application of the chlorine solution shall be by means of a controlled solution feed device. The rate of chlorine solution flow shall be in such proportion to the rate of water entering the pipe or structure that the resulting free chlorine residual shall be between 25 and 50 parts per million (PPM) or milligrams per liter (mg/L).
 - The chlorine treated water shall be retained in the pipe or structure at least 24 hours, unless otherwise directed. During the retention period, all valves and hydrants within the treated sections shall be operated.
 - The chlorine residual shall be not less than 10 PPM (or mg/L) at any point in the pipe or structure at the end of the 24-hour retention period.
 - When making repairs to, or when specified, structures and portions of pipelines shall be chlorinated by a concentrated chlorine solution containing not less than 200 PPM (mg/L) of free chlorine. The solution shall be applied with a brush or sprayed on the entire inner surface of the empty pipes or structures. The structures disinfected shall remain in contact with the strong chlorine solution for at least 30 minutes.
 - After the required retention of chlorinated water in the pipe or structures, they shall be thoroughly flushed until the replacement water shall, upon test, both chemically and bacteriologically, be proven equal to water quality served by the public from the existing water supply system.
 - The disposal of chlorinated water from any pipe or structure shall be such that it will not cause damage to any vegetation, fish, or any life.
 - The Contractor shall make all arrangements for the testing of water quality by an approved independent laboratory. Two acceptable bacteriological test, taken at least 24 hours apart, shall be collected from the new water main. At least 1 set of samples must be collected from every 1,000 LF of the new water main, plus one set from the end of the line and at least one set from each branch. The results for all tests shall be forwarded to the Design Engineer and the public health authority having jurisdiction.
 - All water quality requirements shall be fulfilled prior to the passage of any water through the new system to a public supply or the use of the new system.

SEWER TESTING PROCEDURES

TESTS FOR NON-PRESSURE PIPELINES FOR TRANSPORT OF SEWAGE

The leakage shall be determined by exfiltration, infiltration or low pressure air.

- Exfiltration Testing
 - Exfiltration tests shall be made by filling a section of pipeline with water and measuring the quantity of leakage.
 - The head of water at the beginning of the test shall be at least 2 feet above the highest pipe within the section being tested.
 - Should groundwater be present within the section being tested, the head of water for the test shall be 2 feet above the hydraulic gradient of the groundwater.
 - Should the requirement of 2 feet of water above the highest pipe subject any joint at the lower end of the test section to a differential head of greater than 11.5 feet, another method of testing shall be employed.
- Infiltration Testing
 - Infiltration tests will be allowed only when the water table gauges determine the groundwater level to be 2 feet or more above the highest pipe of the section being tested.
 - Infiltration test shall be made by measuring the quantity of water leaking into a section of pipeline.
- Allowable Leakage for Non-Pressure Pipelines
 - The allowable leakage (exfiltration or infiltration) for non-pressure pipelines shall not exceed the following in gallons per 24 hours per inch of diameter per 1000 feet of pipe:

Type of Pipe	Leakage
Ductile iron - mechanical or push-on joints	100
Polyvinyl chloride, thermal plastic or fiberglass with rubber joints	100
Cast iron soil pipe	0
 - Regardless of the above allowable leakage, any spurting leaks detected shall be permanently stopped.
- Low Pressure Air Testing
 - Air testing for acceptance shall not be performed until the backfilling has been completed.
 - Low pressure air tests shall conform to ASTM C 828 or ASTM F1417-92, Section B.2.2, "Time-Pressure Drop Method for a 0.5 psi drop, except as specified herein and shall not be limited to type or size of pipe.
 - All sections of pipelines shall be cleaned and flushed prior to testing.
 - The air test shall be based on the starting pressure of 3.5 to 4.0 psi gauge. The time allowed for the 0.5 psi drop in pressure, measured in seconds, will be computed based on the size and length of the test section by the Engineer.
 - When groundwater is present, the average test pressure of 3 psi shall be above any back pressure due to the groundwater level.
 - The maximum pressure allowed under any condition in air testing shall be 10 psi. The maximum groundwater level for air testing is 12 feet above the top of the pipe.
 - The equipment required for air testing shall be furnished by the Contractor and shall include the necessary compressor, valves, gauges and plugs to allow for the monitoring of the pressure, release of pressure and a separate test gauge.
 - The test gauge shall be sized to allow for the measuring of the 0.5 psi loss allowed during the test period and shall be on a separate line to the test section.
- Deflection Testing
 - Deflection testing shall be performed 30 days after backfilling. The test shall be made by passing a ball or cylinder no less than 95% of the pipe diameter through the pipe. The test shall be performed without mechanical pulling devices.
- Manhole Testing
 - General
 - Each manhole shall be tested by either exfiltration, infiltration or vacuum testing.
 - A manhole will be acceptable if the leakage does not exceed an allowance of one gallon per vertical foot of depth for 24 hours. Regardless of the allowable leakage, any leaks detected shall be permanently stopped.
 - Exfiltration tests shall be performed after backfilling. The test shall be made by filling the manhole with water and observing the level for a minimum of eight hours.
 - Infiltration tests shall be performed after backfilling when the groundwater level is above the joint of the top section of a precast manhole.
 - Vacuum testing shall be performed after backfilling in accordance with the latest revision of ASTM C1244-02 as follows:
 - The test head shall be placed at the top of the manhole in accordance with the manufacturer's recommendations.
 - A vacuum of 10 in. of mercury shall be drawn on the manhole, the valve on the vacuum line of the test head closed, and the vacuum pump shut off. The time shall be measured for the vacuum to drop to 9 in. of mercury.
 - The manhole shall pass if the time for the vacuum reading to drop from 10 in. of mercury to 9 in. of mercury meets or exceeds the values indicated below.

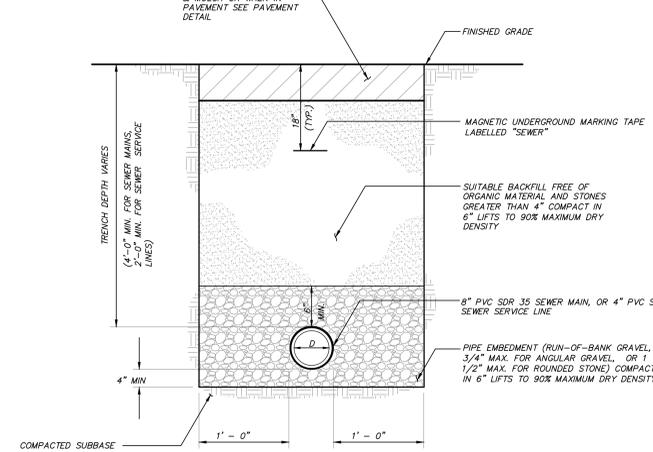
Minimum Test Times for Various Manhole Diameters in Seconds:

Depth (ft)	Diameter (inches)	Time (seconds)
8 or less	20	26
10	25	33
12	30	39
14	35	46
16	40	52
18	45	59
20	50	65

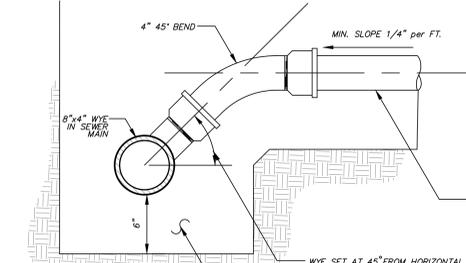
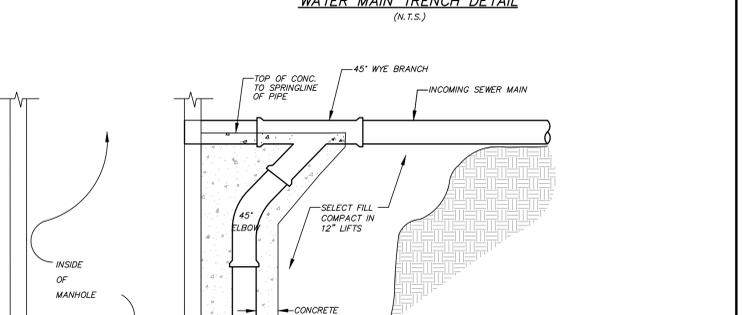
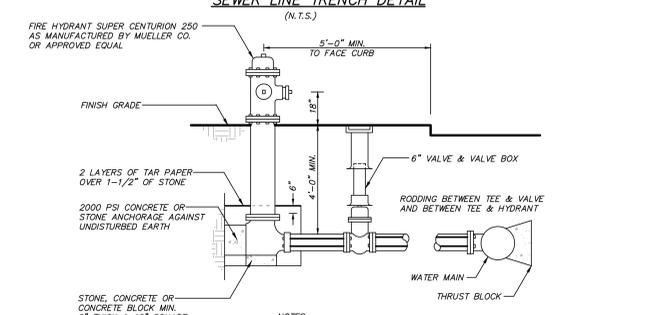
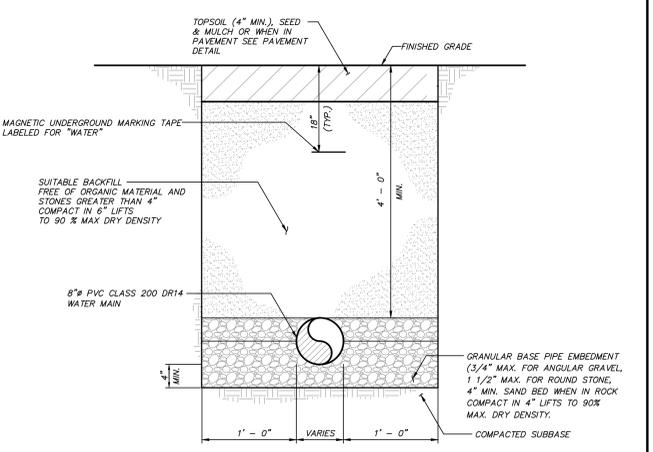
SEWER MAIN NOTES

- All sewer mains & sewer services shown on these plans shall be polyvinyl chloride (PVC) SDR 35.
- Sewers shall be laid at least 10 feet horizontally from any existing or proposed water main. The distance shall be measured edge to edge. In cases where it is not practical to maintain a 10 foot separation, the Design Engineer and Putnam County Department of Health may allow deviation with prior approval on a case-by-case basis. If supported by data from the Design Engineer.
- Sewers crossing water mains shall be laid to provide a minimum vertical distance of 18 inches between the outside of the water main and the either above or below the sewer. The crossing shall be arranged so that the sewer joints will be equidistant and as far as possible from the water main joints. Where a water main crosses under a sewer, adequate structural support shall be provided for the sewer to maintain line and grade. The vertical separation also applies to water service connections.
- Sanitary sewer service lines shall be tested in conjunction with the sewer mains to the property line or easement line and in accordance with the latest Putnam County Department of Health Rules & Regulations.
- Testing of the manholes with the pipeline shall not be permitted. Manholes & sanitary sewer lines shall be tested independently of each other.
- The owner/applicant shall be responsible for acquiring supervision of the construction of the sanitary sewer main system by a person or firm qualified to practice professional engineering in the state of New York.
- The owner/applicant shall be responsible for providing three (3) copies of as-built drawings signed and sealed by a licensed and registered New York State Professional Engineer to the Putnam County Department of Health at the completion of the construction.
- The Design Engineer, Putnam County Department of Health, and Town Engineering Department shall be notified forty eight (48) hours before construction is started.
- The sanitary sewer mains shall not be placed into service until a certificate of construction compliance has been submitted to and accepted by the Putnam County Department of Health.
- The Putnam County Department of Health and the New York City Department of Environmental Protection must be notified forty eight (48) hours prior to pressure testing the sewer main improvements.
- Manhole frames & covers to be compall pattern #1007D for 24" opening or approved equal. M.H. covers to be marked "SEWER" and to have six 3/4" hole vents. (Use solid covers where necessary).
- The exterior of all manholes shall be covered with an approved asphalt waterproofing.
- Concrete base slabs shall be air entrained concrete with a minimum design strength of 3,000 psi.
- The contractor shall submit shop drawings of the precast manholes to the Design Engineer for review and acceptance.
- Precast manholes shall have minimum reinforcement of 0.12 sq. in. per lin. ft. for 48" barrel to be designed in accordance with A.S.T.M. C-478 and withstand an H-20 design loading.
- Precast base sections to have the required number of gaskets and openings as shown and specified.
- Precast manhole sections shall employ a watertight gasket arrangement between each section approved by the Design Engineer.
- Openings for pipes shall be precast or machine cored. Gaskets or collars for pipe connections to manholes shall be resilient and water tight and compatible with the type of pipe being used.
- The length of pipes entering or leaving any manhole shall be greater than 2'-0".
- Precast manholes under 6'-0" deep shall have a "Tilt Top" slab roof.
- Gaskets or collars for pipe connections to manhole shall provide a minimum of 0.1" drop across the manhole.
- All horizontal and vertical separation distances shall apply to both water and sewer mains and service connections.

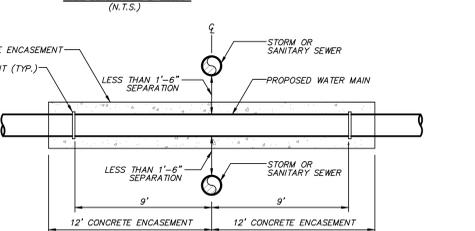
SEWER LINE TRENCH DETAIL



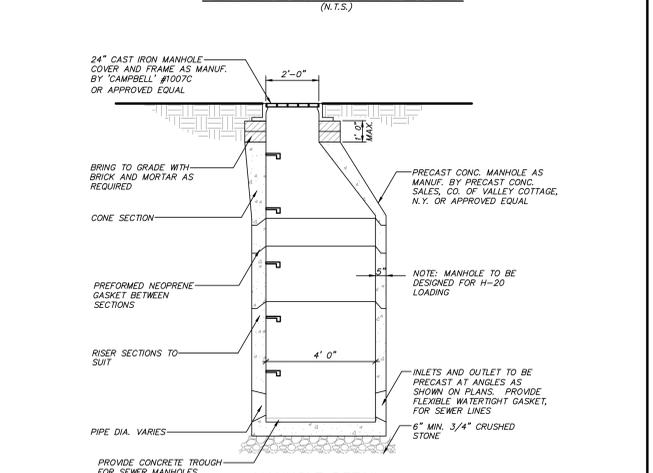
WATER MAIN TRENCH DETAIL



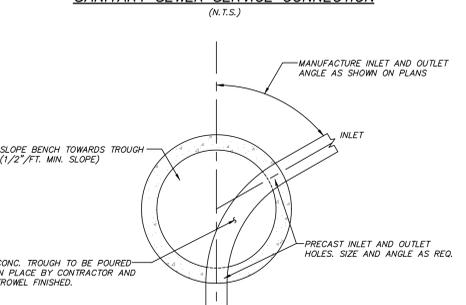
CONCRETE ENCASUREMENT DETAIL



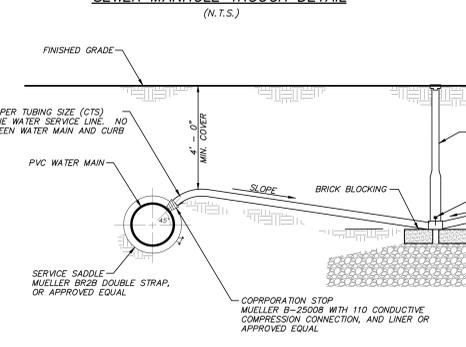
MANHOLE DETAIL



SEWER MANHOLE TROUGH DETAIL



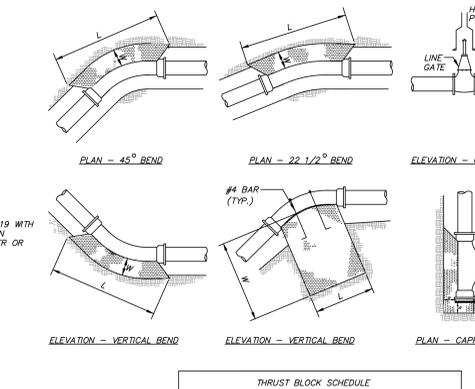
PE WATER SERVICE LINE CONNECTION TO PVC WATER MAIN DETAIL



THRUST BLOCK SCHEDULE

PIPE	GAP/TEE	22 1/2"	45°	90°	D	L	W
8"	2'	1.5'	2'	1.5'	2'	1.5'	1.5'

THRUST BLOCK DETAILS



NOTE: PROVIDE 2" MINIMUM SEPARATION DISTANCE FROM CORPORATION STOP TO OTHER CORPORATION STOPS, VALVES, OR FITTINGS.

INSITE
ENGINEERING, SURVEYING & LANDSCAPE ARCHITECTURE, P.C.

PROJECT: THE HAMLET AT CARMEL
MULTI-FAMILY HOUSING DEVELOPMENT
STONELEIGH AVENUE, TOWN OF CARMEL, PUTNAM COUNTY, NEW YORK

DRAWING: SITE DETAILS

NO. DATE REVISION BY

PROJECT NO. 14211.100 PROJECT MANAGER J.J.C. DRAWING NO. SHEET 7

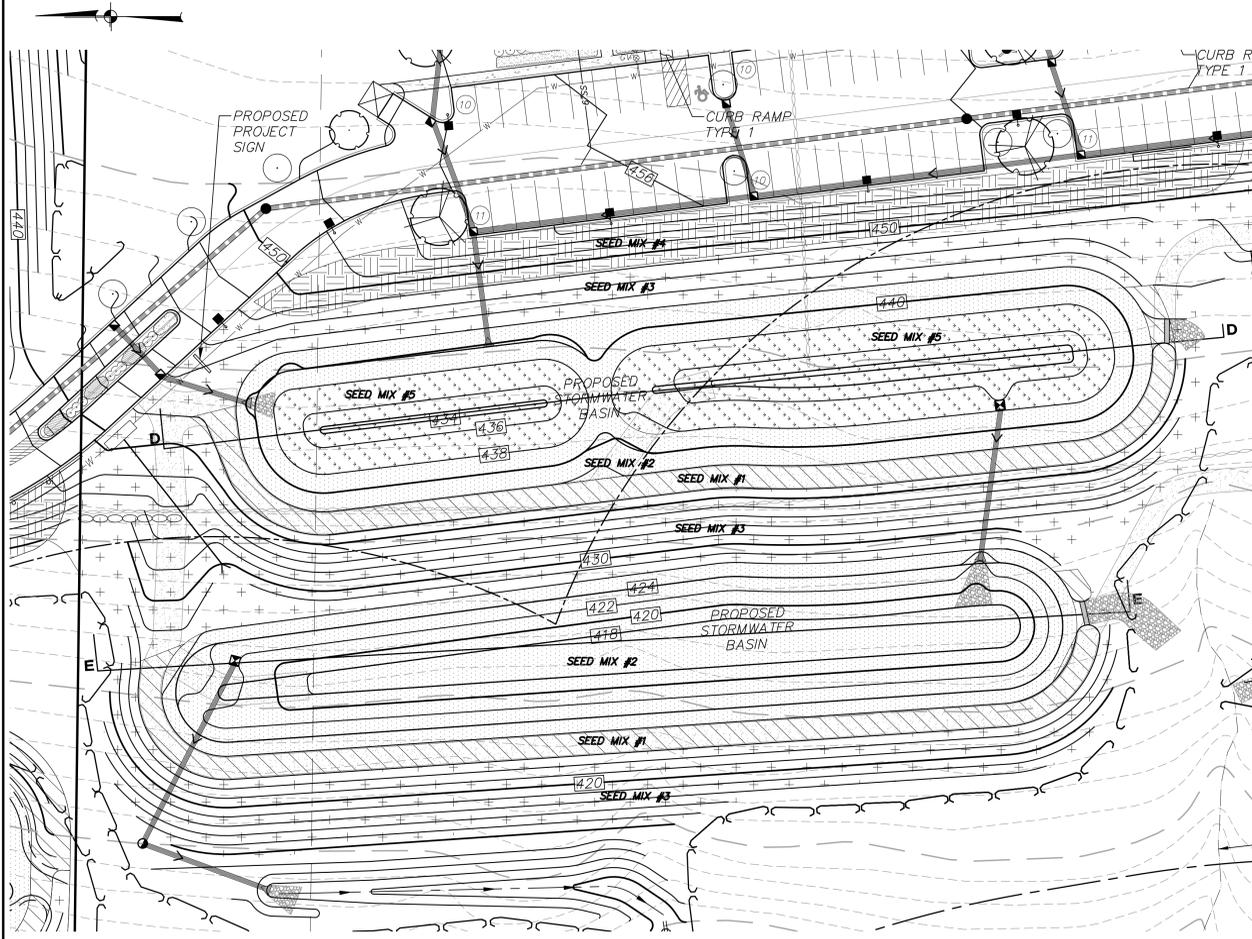
DATE 2-10-21 DRAWN BY M.E.U. CHECKED BY J.J.C. 9

SCALE AS SHOWN

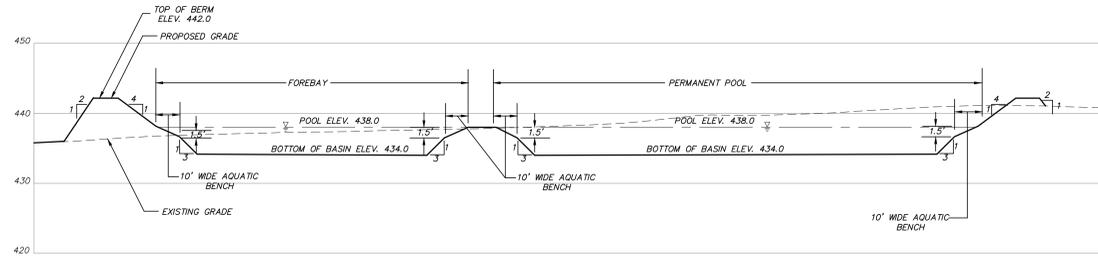
3 Garrett Place
Carmel, NY 10512
(845) 225-8690
(845) 225-8717 fax
www.insite-eng.com

STATE OF NEW YORK
JULY 1, 1892
1813
PROFESSIONAL ENGINEER

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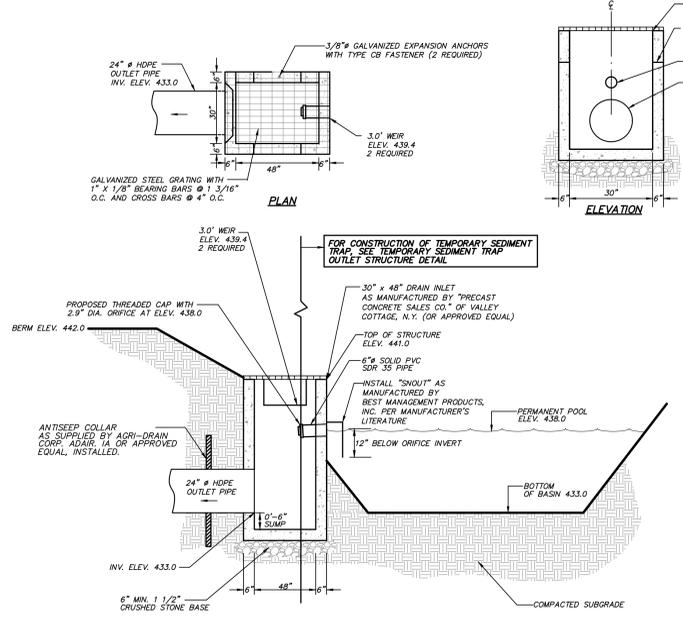
STORMWATER BASINS 2.1P AND 2.2P ENLARGED PLAN VIEW
Scale: 1"=30'



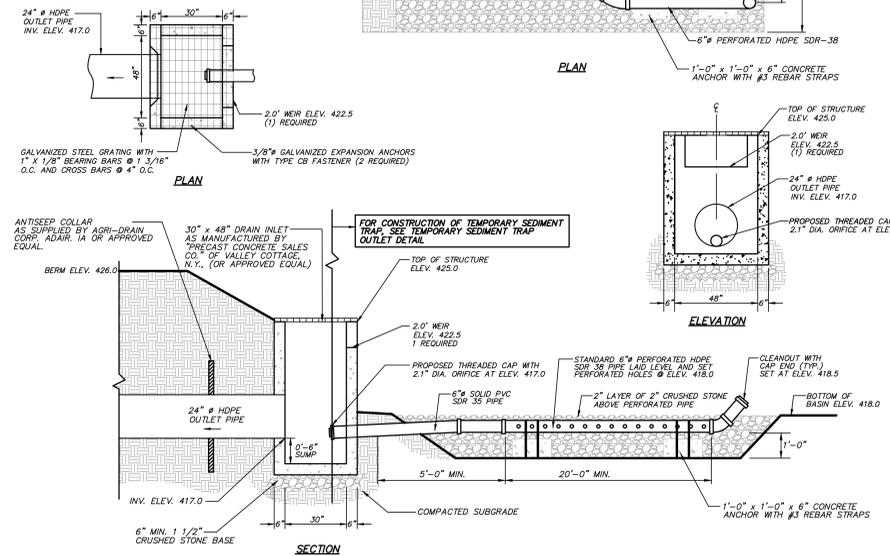
STORMWATER BASIN 2.1P SCHEMATIC SECTION D-D
N.T.S.



STORMWATER BASIN 2.2P SCHEMATIC SECTION E-E
N.T.S.



PERMANENT STORMWATER BASIN 2.1P OUTLET STRUCTURE DETAIL
(N.T.S.)



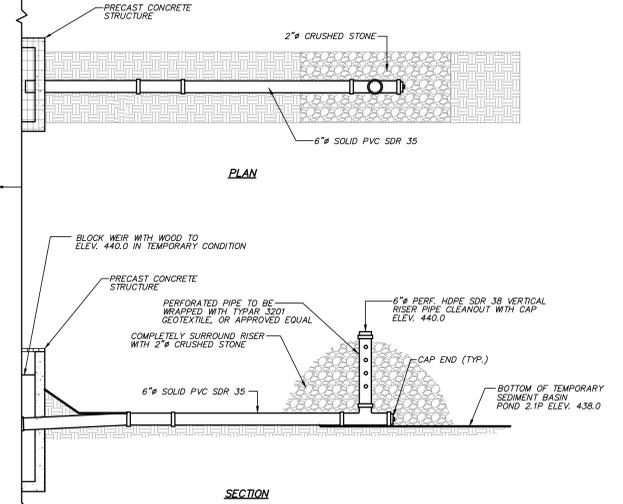
PERMANENT STORMWATER BASIN 2.2P OUTLET STRUCTURE DETAIL
(N.T.S.)

STORMWATER BASIN OUTLET NOTES

- THE BASINS ARE PROPOSED TO BE UTILIZED AS TEMPORARY SEDIMENT TRAPS (TST) DURING CONSTRUCTION.
- AFTER THE CONTRIBUTING AREAS TO THE BASINS HAVE BEEN PERMANENTLY STABILIZED, THE FOLLOWING SHALL BE ACCOMPLISHED:
 - CLEAN BASINS AND OUTLET STRUCTURES AND REMOVE 6" PERFORATED VERTICAL RISER PIPE, CRUSHED STONE AND FILTER FABRIC.
 - ADD THREADED CAP WITH ORIFICE AT DISCHARGE END OF 6" SOLID PVC SDR 35 PIPES PER DETAIL.
 - REPLACE THE PERFORATED PIPE AND CRUSHED STONE. DO NOT REPLACE FILTER FABRIC.
 - ESTABLISH THE FINAL VEGETATION IN THE BASINS IN ACCORDANCE WITH THE STORMWATER BASIN PLANTING DETAILS.
 - FOR BASINS 2.1P AND 3.1P EXCAVATE BOTTOM OF TST TO PERMANENT STORMWATER BASIN BOTTOM. ANY EXCESS SOIL SHALL BE TRUCKED OFF SITE AND BE PLACED IN A MANNER SO IT WILL NOT ERODE OR CAUSE EROSION.
 - CONVERSION OF TST'S SHALL BE ACCOMPLISHED ONE AT A TIME. THIS WILL ALLOW FOR THE TRAP UNDERGOING CONVERSION TO BE STABILIZED WITH PERMANENT VEGETATION. THE SECOND BASIN SHALL NOT START CONVERSION UNTIL THE FIRST BASIN IS STABILIZED. THE THIRD AND FOURTH BASINS SHALL NOT START CONVERSION UNTIL THE PREVIOUS BASIN IS STABILIZED.
- THE 6" PERFORATED VERTICAL RISER SHALL BE CONSTRUCTED AS FOLLOWS:
 - WHEN INITIALLY USED AS THE TEMPORARY SEDIMENT TRAP DRAINING DEVICE, THE RISER SHALL BE WRAPPED WITH TYPAR 3201 GEOTEXTILE OR APPROVED EQUAL AND SURROUNDED WITH 2" STONE. THE TOP OF THE RISER SHALL BE SET AT THE SAME ELEVATION AS THE WEIRS AS SHOWN IN THE STORMWATER BASIN OUTLET STRUCTURE DETAILS.
 - WHEN THE PERMANENT RISER FOR BASIN IS CONSTRUCTED THE RISER SHALL BE UNWRAPPED WITH THE TOP ELEVATION SET AT SPECIFIED ELEVATIONS.

PLANTING NOTES:

- All proposed planting beds to receive a 12" min. depth of topsoil. Soil amendments and fertilizer application rates shall be determined based on specific testing of topsoil material.
- Any new soils added will be amended as required by results of soil testing and placed using a method that will not cause compaction.
- No fertilizer shall be added in stormwater basin plantings. Nutrient requirements to be met by incorporation of acceptable organic matter.
- All plant material to be nursery grown.
- Plants shall conform with ANSI Z60.1 American Standard for Nursery Stock in all ways including dimensions.
- Plant material shall be taken from healthy nursery stock.
- All plants shall be grown under climate conditions similar to those in the locality of the project.
- Plants shall be planted in all locations designed on the plan or as staked in the field by the Landscape Architect.
- The location and layout of landscape plants shown on the site plan shall take precedence in any discrepancies between the quantities of plants shown on the plans and the quantity of plants in the Plant List.
- Provide a 3" layer of shredded pine bark mulch (or as specified) over entire watering saucer at all tree pits or over entire planting bed. Do not place mulch within 3" of tree or shrub trunks.
- All landscape plantings shall be maintained in a healthy condition at all times. Any dead or diseased plants shall immediately be replaced "in kind" by the contractor (during warranty period) or project owner.
- For all areas to be planted with emergent vegetation, soil shall be decompacted using tilling or other method approved by Landscape Architect and amended as required by results of soil testing to a depth of at least 12".
- Upon final grading and placement of topsoil and any required soil amendments, areas to receive permanent vegetation cover in combination with suitable mulch as follows:
 - select seed mixture per drawings and seeding notes.
 - fertilizer applied at the manufacturer's recommended rate using Lesco 10-2-18 (no phosphorus) fertilizer or equivalent.
 - mulch: soft hay or small grain straw applied at a rate of 90 lbs./1000 s.f. or 2 tons/acre, to be applied and anchored according to New York State Standards and Specifications for Erosion and Sediment Control, August 2005.
 - if the season prevents the establishment of a permanent vegetation cover, the disturbed areas will be mulched with straw or equivalent.
- All proposed seeded areas to stormwater basins to receive 4" min. depth of topsoil. Soil amendments and fertilizer application rates shall be determined based on specific testing of topsoil material.
- The Stormwater Basin seed mixes as specified on these drawings from New England Wetland Plants, Inc. of Amherst, MA, are as follows:
 - Seed Mix #1 at a rate of 35 lbs. per acre. New England Erosion Control/Restoration Mix (for Detention basins and Moist Sites).
 - Seed Mix #2 at a rate of 23 lbs. per acre. New England Willowflower Mix.
 - Seed Mix #3 at a rate of 25 lbs. per acre. New England Conservation/Wildlife Mix.
 - Seed Mix #4 at a rate of 35 lbs. per acre. New England Roadside Matrix Upland Seed Mix.
 - Seed Mix #5 at a rate of 18 lbs. per acre. New England Wetmix.
- Interiors of ponds including aquatic bench to be seeded. Permanent water to be drawn down below seeded areas until vegetation establishes.

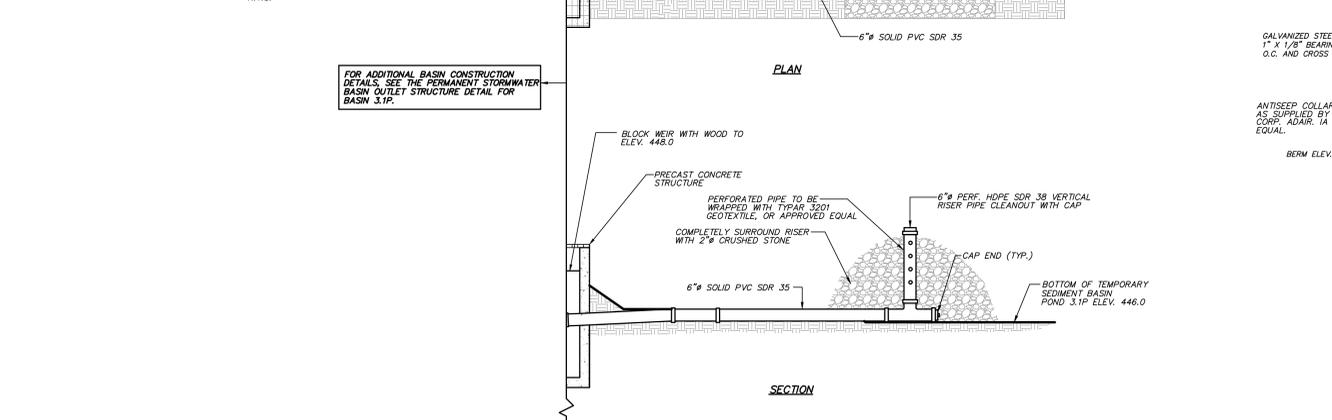
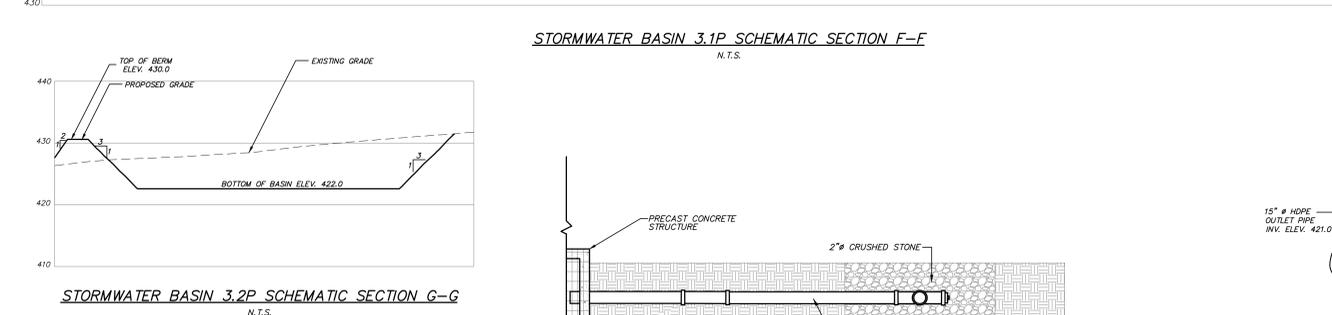
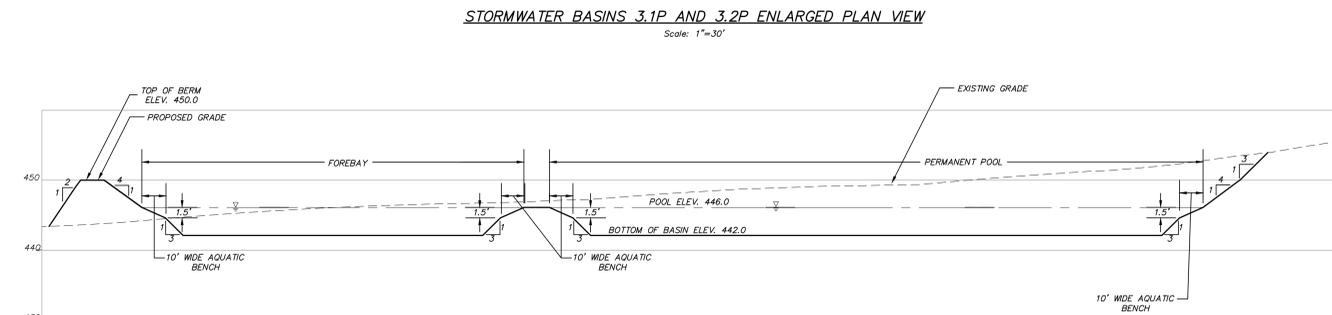
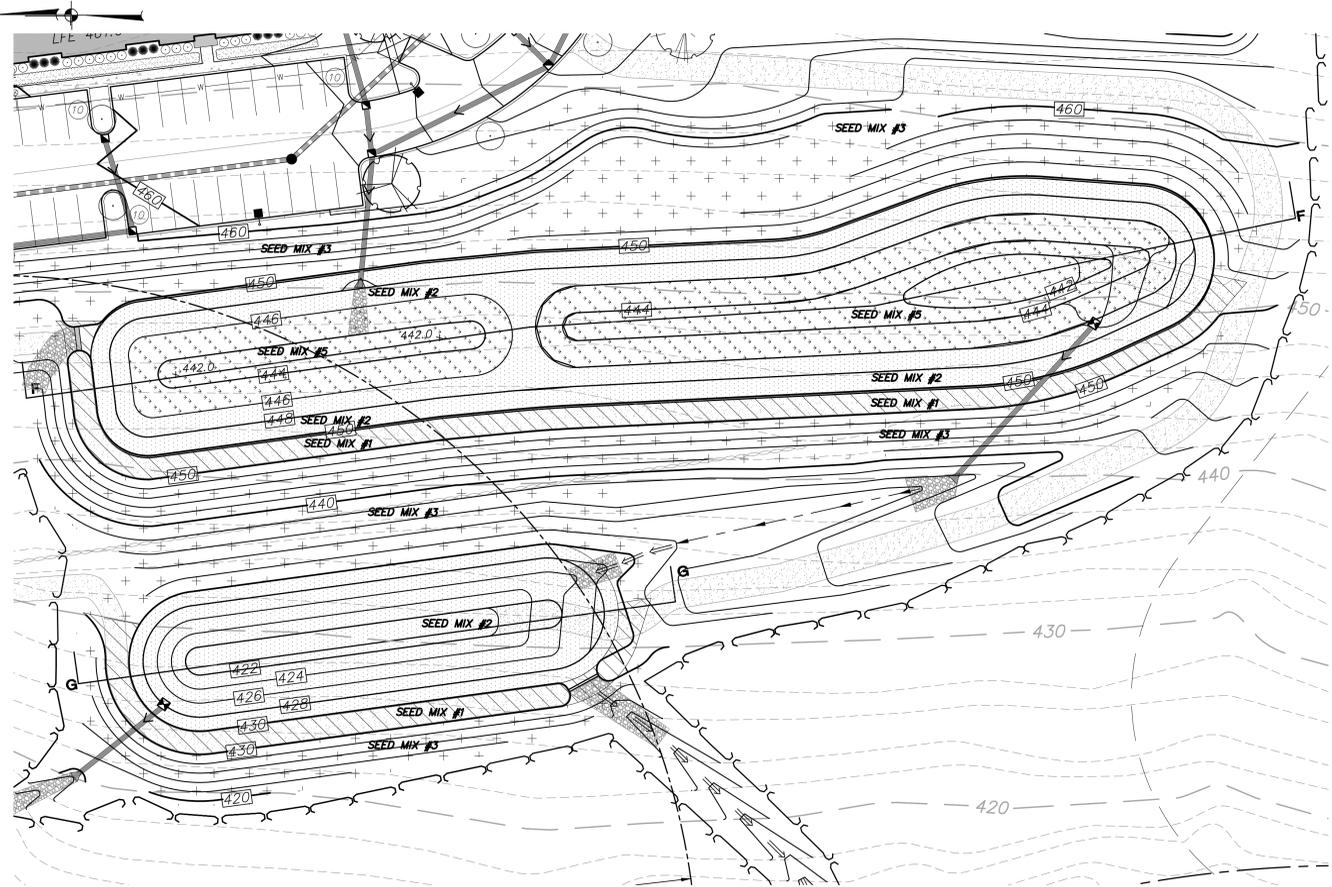


TEMPORARY SEDIMENT BASIN TRAP 2.1P OUTLET DETAIL
(N.T.S.)

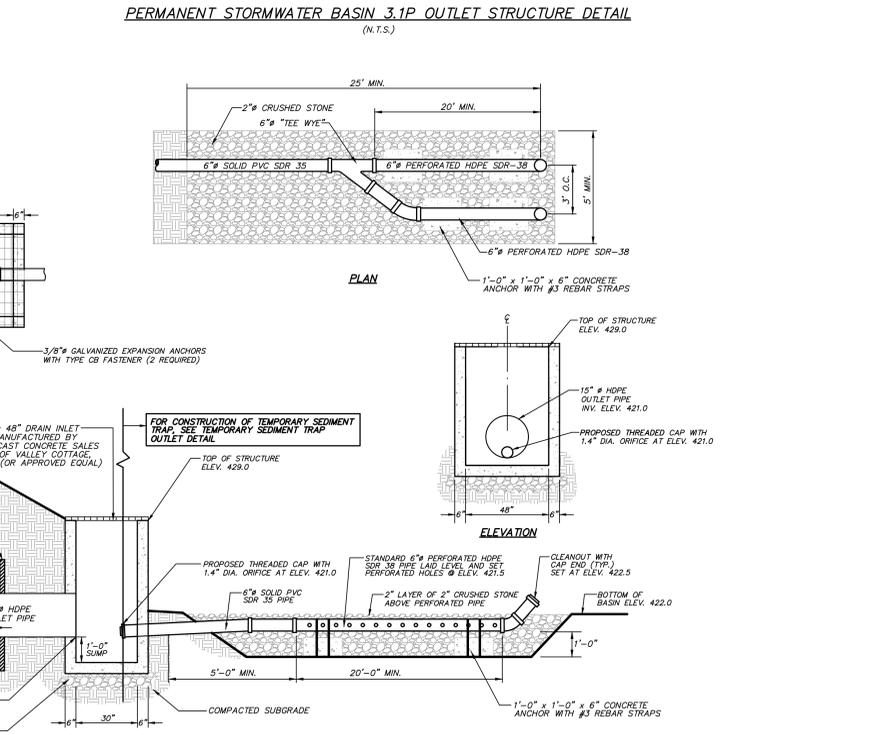
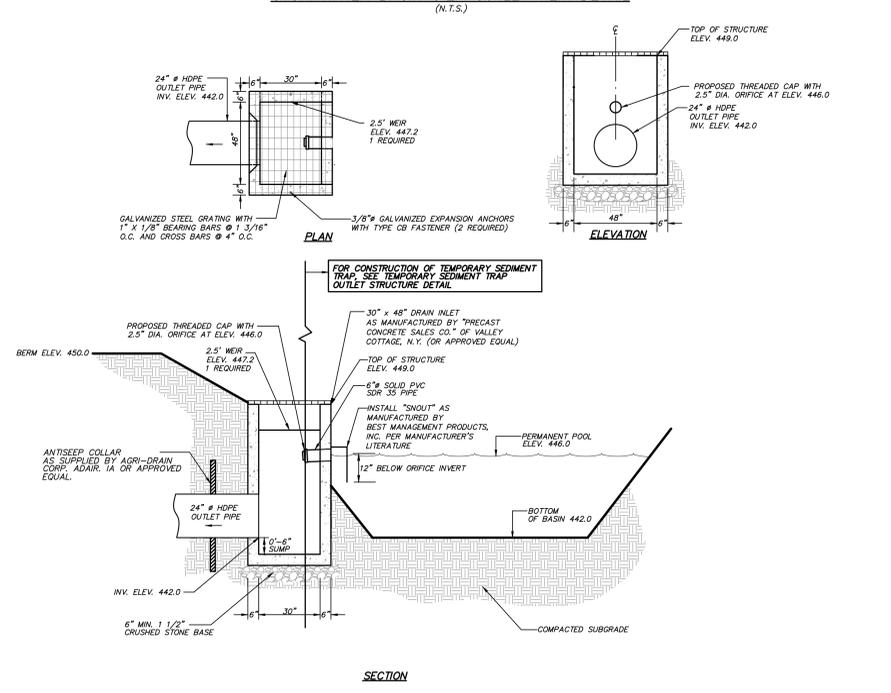
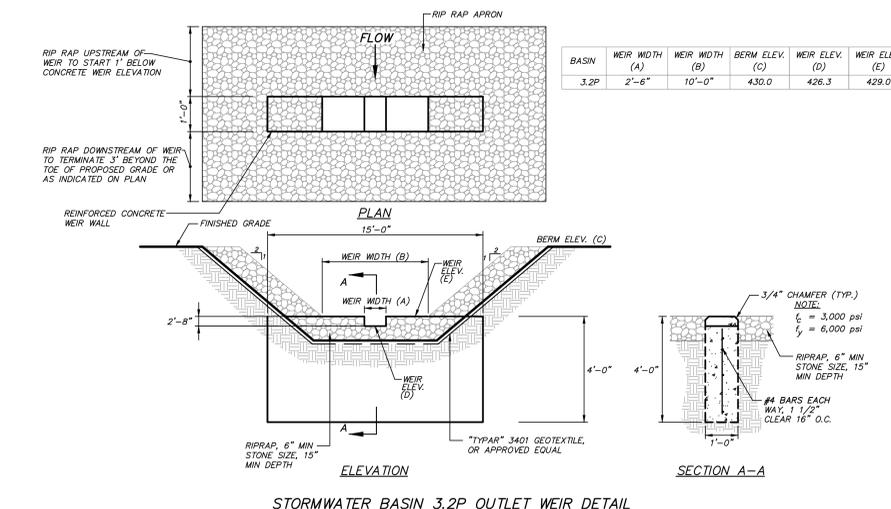
NO.	DATE	REVISION	BY
INSITE ENGINEERING, SURVEYING & LANDSCAPE ARCHITECTURE, P.C.			
PROJECT: THE HAMLET AT CARMEL MULTI-FAMILY HOUSING DEVELOPMENT		3 Garrett Place Carmel, NY 10512 (845) 225-9690 (845) 225-9717 fax www.insite-eng.com	
DRAWING: STORMWATER POND DETAILS			
PROJECT NO.	14211.100	PROJECT MANAGER	J.J.C.
DATE	2-10-21	DRAWN BY	M.E.U.
SCALE	AS SHOWN	CHECKED BY	J.J.C.
DRAWING NO.	D-4	SHEET	8
			9

2024/02/20 09:53:53 AM 2/20/2024 10:29:16 AM 1:1

ALTERATION OF THIS DOCUMENT, UNLESS UNDER THE DIRECTION OF A LICENSED PROFESSIONAL ENGINEER, IS A VIOLATION OF SECTION 7209 OF ARTICLE 145 OF THE EDUCATION LAW.



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- STORMWATER BASIN OUTLET NOTES**
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 - WHEN THE PERMANENT RISER FOR BASIN IS CONSTRUCTED THE RISER SHALL BE UNWRAPPED WITH THE TOP ELEVATION SET AT SPECIFIED ELEVATIONS.

- PLANTING NOTES:**
- All proposed planting beds to receive a 12" min. depth of topsoil. Soil amendments and fertilizer application rates shall be determined based on specific testing of topsoil material.
 - Any new soils added will be amended as required by results of soil testing and placed using a method that will not cause compaction.
 - No fertilizer shall be added in stormwater basin plantings. Nutrient requirements to be met by incorporation of acceptable organic matter.
 - All plant material to be nursery grown.
 - Plants shall conform with ANSI 260.1 American Standard for Nursery Stock in all ways including dimensions.
 - Plant material shall be taken from healthy nursery stock.
 - All plants shall be grown under climate conditions similar to those in the locality of the project.
 - Plants shall be planted in all locations designed on the plan or as staked in the field by the Landscape Architect.
 - The location and layout of landscape plants shown on the site plan shall take precedence in any discrepancies between the quantities of plants shown on the plans and the quantity of plants in the Plant List.
 - Provide a 3" layer of shredded pine bark mulch (or as specified) over entire watering spaces of all tree pits or over entire planting bed. Do not place mulch within 3" of tree or shrub trunks.
 - All landscape plantings shall be maintained in a healthy condition at all times. Any dead or diseased plants shall immediately be replaced "in kind" by the contractor (during warranty period) or project owner.
 - For all areas to be planted with emergent vegetation, soil shall be decompacted using tilling or other method approved by Landscape Architect and amended as required by results of soil testing to a depth of at least 12".
 - Upon final grading and placement of topsoil and any required soil amendments, areas to receive permanent vegetation cover in combination with suitable soil amendments shall select seed mixture per drawings and seeding notes.
 - fertilizer applied at the manufacturer's recommended rate using Lesco 10-0-18 (no phosphorus) fertilizer or equivalent.
 - mulch: salt hay or small grain straw applied at a rate of 90 lbs./1000 s.f. or 2 tons/acre, to be applied and anchored according to New York State Standards and Specifications for Erosion and Sediment Control, August 2005. If the season prevents the establishment of a permanent vegetation cover, the disturbed areas will be mulched with straw or equivalent.
 - All proposed seeded areas to stormwater basins to receive 4" min. depth of topsoil. Soil amendments and fertilizer application rates shall be determined based on specific testing of topsoil material.
 - The Stormwater Basin seed mixes as specified on these drawings from New England Wetland Plants, Inc. of Amherst, MA, are as follows:
 - Seed Mix #1 at a rate of 35 lbs. per acre: New England Erosion Control/Restoration Mix (for Detention basins and Moist Sites).
 - Seed Mix #2 at a rate of 23 lbs. per acre: New England Wildflower Mix.
 - Seed Mix #3 at a rate of 25 lbs. per acre: New England Conservation/Wildlife Mix.
 - Seed Mix #4 at a rate of 35 lbs. per acre: New England Roadside Matrix Upland Seed Mix.
 - Seed Mix #5 at a rate of 18 lbs. per acre: New England Wetland.
 - Interiors of ponds including aquatic bench to be seeded. Permanent water to be drawn down below seeded areas until vegetation establishes.

NO.	DATE	REVISION	BY
INSITE			
ENGINEERING, SURVEYING & LANDSCAPE ARCHITECTURE, P.C.			
PROJECT: THE HAMLET AT CARMEL			
MULTI-FAMILY HOUSING DEVELOPMENT			
DRAWING: STORMWATER POND DETAILS			
PROJECT NO.	14211.100	PROJECT MANAGER	J.J.C.
DATE	2-10-21	DRAWN BY	M.E.U.
SCALE	AS SHOWN	CHECKED BY	J.J.C.
3 Garrett Place Carmel, NY 10512 (845) 225-8690 (845) 225-9717 fax www.insite-eng.com			STATE OF NEW YORK JULY 1, 1892 REGISTERED PROFESSIONAL ENGINEER
DRAWING NO.	D-5		



February 18, 2021

Town of Carmel Planning Board
60 McAlpin Avenue
Mahopac, New York 10541

RE: Search for Change
Baldwin Place Road and Route 6
Town of Carmel
TM# 86.6-1-4

Dear Chairman Paepre and Members of the Board:

Our office is in receipt of the letter from the Putnam County Department of Planning Development and Public Transportation dated February 3, 2021.

The letter noted that modification to the proposal should be considered. The application has been modified as follows:

1. For clarification to the County, the proposal includes 36 affordable, and 36 supportive independent living apartment units.
2. The lot size has been increased to 16.5 acres, and the proposal meets the zoning bulk requirements of the Commercial Business Park Zone as shown on the modified plans.
3. The number of on-site parking spaces has been increased to a total of 90.
4. As discussed with your Board, affordable / supportive rental apartments create a much lower parking demand than market rate apartments. We had previously submitted the attached parking study to the Board showing predicted parking demand far less than what has been provided on the site plan.
5. As previously discussed with the Board, the applicant and property owner are fully aware of the County's plans to advance the Mahopac Falls Trailway, and understand the obligations of the private walking path connection proposed.

In summary, we would request the County consider the modifications made and supplemental parking study and amend their recommendation accordingly.

Should you have any questions or comments regarding this information, please feel free to contact our office.

Very truly yours,

INSITE ENGINEERING, SURVEYING & LANDSCAPE ARCHITECTURE, P.C.

By:


Jeffrey J. Contelmo, P.E.
Senior Principal Engineer

JJC/adt/amk

Enclosures

cc: Barbara Barosa, AICP, Putnam County
Ashley Brody / Search for Change
Mike Newman / CSD Housing, LLC

Insite File No. 20100.100

3 Garrett Place, Carmel, New York 10512 (845) 225-9690 Fax (845) 225-9717
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Engineers
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Surveyors
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Environmental Scientists

400 Columbus Avenue, Suite 180E
Valhalla, NY 10595
T: 914.347.7500
F: 914.347.7266
www.maserconsulting.com

January 12, 2021

VIA EMAILS

Mr. Jeff Contelmo, P.E.
Insite Engineering, Surveying & Landscape Architecture, P.C.
3 Garrett Place
Carmel, NY 10512

Re: Fairhaven at Baldwin Place
Affordable/Supportive Housing - Parking Conditions
MC Project No. 21000129P

Dear Mr. Contelmo:

We have received a copy of the layout plan for the proposed 72-unit affordable/supportive rental housing development, which is proposed on property located within the Union Place project site with access from Baldwin Place Road in the Town of Carmel. As indicated on the Site Layout Plan, prepared by Insite, there are a total of 91 spaces proposed for the 72-unit complex, this includes 87 standard spaces and 4 handicap spaces or an overall parking ratio of 1.26 spaces per dwelling unit. Based upon our review of this in conjunction with parking standards data as published by the Institute of Transportation Engineers (ITE), it is noted that the typical parking requirements for this type of housing is significantly lower than for other multi-family residential developments.

Attached are copies of excerpts from the published ITE data from their Parking Generation Handbook, 5th Edition, dated 2019, which supports this. Also, note that our experience at these affordable housing developments indicates low overall parking usage, which is consistent with the ITE data.

In comparing the proposed development to the appropriate ITE Land Use categories, there are two (2) Land Use categories that would apply; Land Use 223 – Affordable Housing and Land Use 254 – Assisted Living, which by definition includes independent living to mentally or physically limited persons. Copies of the descriptions of each of those uses as well as the data on parking requirements for them from the ITE publication are attached. Note that ITE also stratifies the data for suburban locations such as that proposed. The data provides parking ratios per dwelling unit for both weekday and weekend conditions. For the affordable housing category, the average peak parking ratio of 0.99 spaces per dwelling unit as indicated was identified, which occurs on a weekday. For the Land Use 254 – Assisted Living category, the breakdown for this type of facility



Mr. Jeff Contelmo, P.E
MC Project No. 21000129P
January 12, 2021
Page 2 of 2

per dwelling unit for weekday indicates an average peak rate of 0.4 and a weekend rate of 0.32 spaces per dwelling unit.

In conclusion, based on our review of the proposed site plan in consideration of the ITE data and our experience at other affordable facilities, the number of spaces provided on site will adequately accommodate the expected peak demands. The data shows that the provision of approximately one space per dwelling unit accommodates the typical demand for this type of project. This accounts for a lower car ownership, especially as it relates to a portion of the site which will be used for development disabled portion of the project. Furthermore, since this is independent living that will have limited support services, the parking demand for support staff (which is included in the above ratios) also tends to be limited.

Furthermore, the data that was compiled by CSD Housing, LLC for other existing similar sites was also reviewed. This information indicates that the number of spaces provided ranges from a low of 0.4 spaces per dwelling unit to a high of 1.5 spaces per dwelling unit, with the majority providing 1.2 or lower spaces per dwelling unit and the actual number of tenants with cars only about half of the total.

Very truly yours,

MASER CONSULTING CONNECTICUT, P.C.

A handwritten signature in blue ink, appearing to read 'Philip J. Grealy', is written over the typed name and title.

Philip J. Grealy, Ph.D., P.E.
Principal/Department Manager

PJG/jr
Enclosures



ITE DATA

Parking Generation Handbook
5th Edition, 2019

Land Use: 254 Assisted Living

Description

An assisted living complex is a residential setting that provides either routine general protective oversight or assistance with activities necessary for independent living to mentally or physically limited persons. It commonly has separate living quarters for residents. Its centralized services typically include dining, housekeeping, social and physical activities, medication administration, and communal transportation.

Alzheimer's and ALS care are commonly offered by these facilities, though the living quarters for these patients may be located separately from the other residents. Assisted care commonly bridges the gap between independent living and nursing homes. In some areas of the country, assisted living residences may be called personal care, residential care, or domiciliary care. Staff may be available at an assisted care facility 24 hours a day, but skilled medical care—which is limited in nature—is not required. Congregate care facility (Land Use 253), continuing care retirement community (Land Use 255), and nursing home (Land Use 620) are related uses.

Time of Day Distribution for Parking Demand

The following table presents a time-of-day distribution of parking demand on a weekday (nine study sites), a Saturday (eight study sites), and a Sunday (nine study sites) in a general urban/suburban setting.

Hour Beginning	Percent of Peak Parking Demand		
	Weekday	Saturday	Sunday
12:00–4:00 a.m.	–	–	–
5:00 a.m.	–	–	–
6:00 a.m.	–	–	–
7:00 a.m.	52	–	–
8:00 a.m.	62	–	–
9:00 a.m.	78	–	–
10:00 a.m.	82	–	–
11:00 a.m.	93	97	89
12:00 p.m.	96	100	90
1:00 p.m.	100	95	100
2:00 p.m.	95	78	96
3:00 p.m.	85	68	86
4:00 p.m.	75	70	90
5:00 p.m.	68	63	80
6:00 p.m.	61	56	65
7:00 p.m.	–	–	–
8:00 p.m.	–	–	–
9:00 p.m.	–	–	–
10:00 p.m.	–	–	–
11:00 p.m.	–	–	–

Additional Data

The rooms in these facilities may be private or shared accommodations, consisting of either a single room or a small apartment-style unit with a kitchenette and living space.

The average parking supply ratio for 30 study sites in a general urban/suburban setting and not located within ½ mile of rail transit is 0.5 spaces per dwelling unit. For two study sites in a general urban/suburban setting and located within ½ mile of rail transit, the average parking supply ratio is 0.4 spaces per dwelling unit.

The sites were surveyed in the 1980s, the 1990s, the 2000s, and the 2010s in Arizona, California, Connecticut, Illinois, Indiana, New Jersey, New York, Pennsylvania, Tennessee, Utah, Virginia, and Washington.

Future parking demand studies should record the building size and the numbers of dwelling units, occupied dwelling units, beds, and employees.

Source Numbers

42, 59, 121, 247, 279, 287, 315, 422, 431, 432, 438, 451, 506, 507, 516, 527, 539

Assisted Living (254)

Peak Period Parking Demand vs: Dwelling Units

On a: Weekday (Monday - Friday)

Setting/Location: General Urban/Suburban

Peak Period of Parking Demand: 11:00 a.m. - 3:00 p.m.

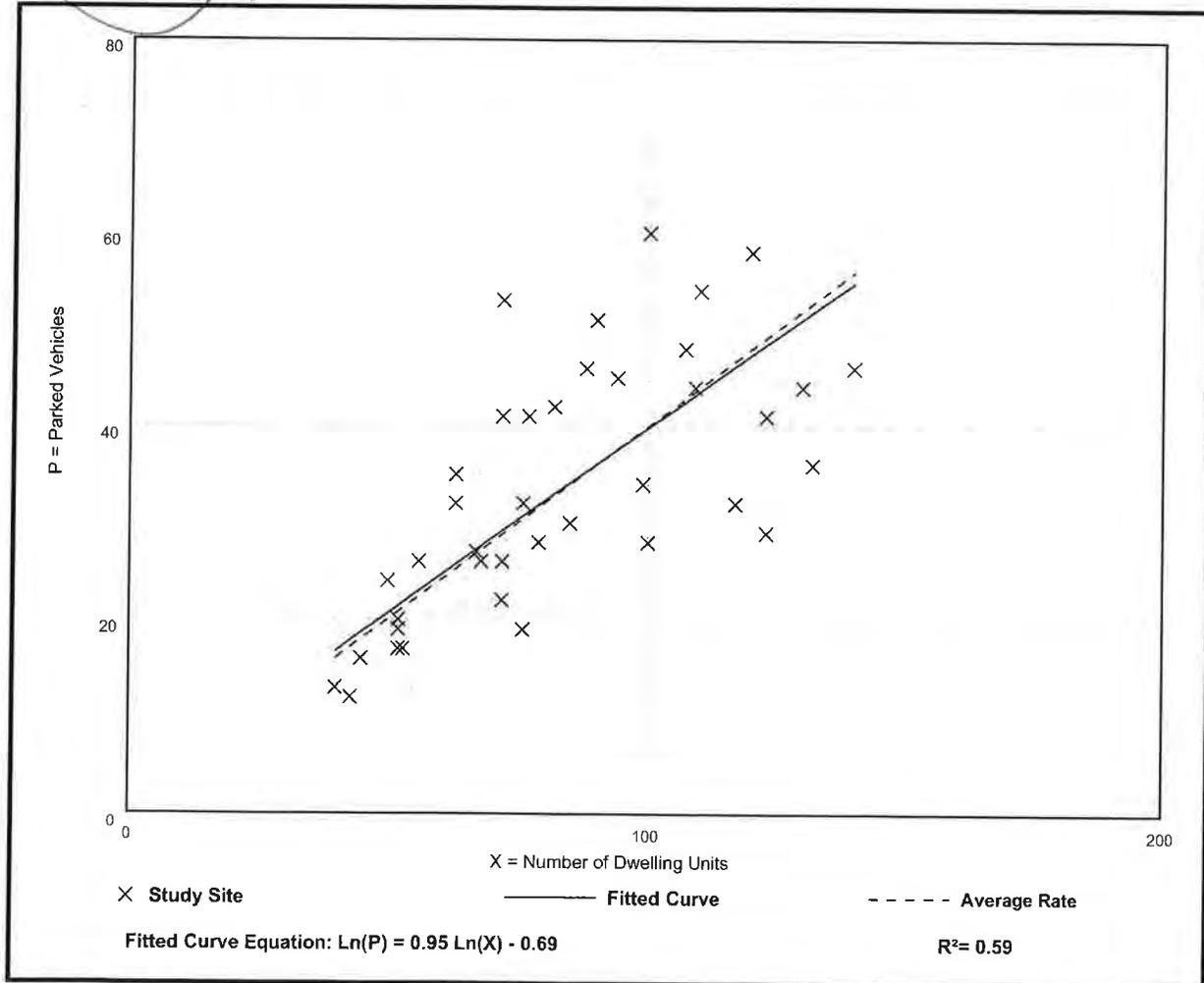
Number of Studies: 39

Avg. Num. of Dwelling Units: 83

Peak Period Parking Demand per Dwelling Unit

Average Rate	Range of Rates	33rd / 85th Percentile	95% Confidence Interval	Standard Deviation (Coeff. of Variation)
0.40	0.24 - 0.74	0.34 / 0.53	0.37 - 0.43	0.11 (28%)

Data Plot and Equation



Assisted Living (254)

Peak Period Parking Demand vs: Dwelling Units

On a: Saturday

Setting/Location: General Urban/Suburban

Peak Period of Parking Demand: 11:00 a.m. - 1:00 p.m.

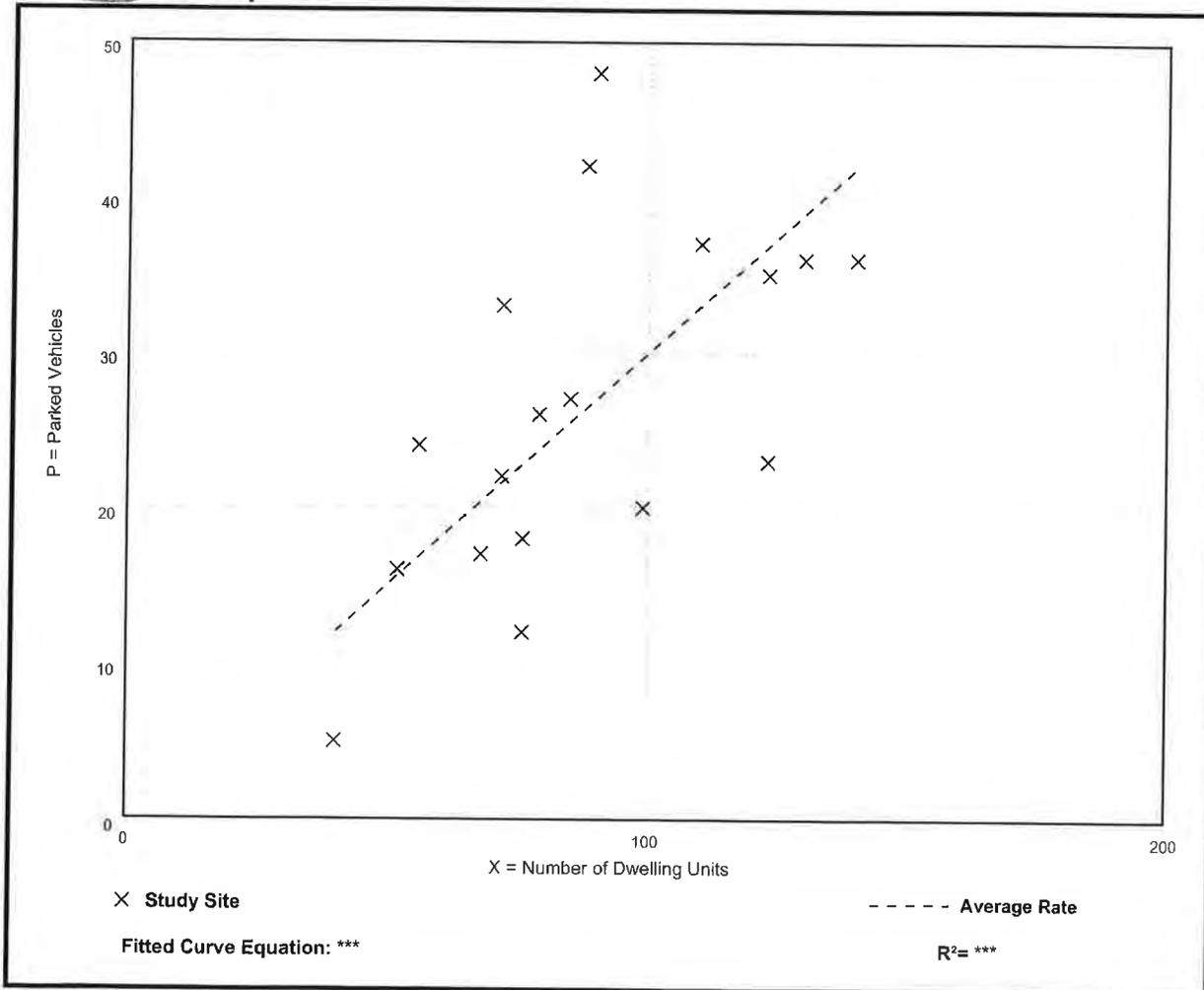
Number of Studies: 18

Avg. Num. of Dwelling Units: 88

Peak Period Parking Demand per Dwelling Unit

Average Rate	Range of Rates	33rd / 85th Percentile	95% Confidence Interval	Standard Deviation (Coeff. of Variation)
0.30	0.13 - 0.53	0.25 / 0.46	***	0.11 (37%)

Data Plot and Equation



Assisted Living (254)

Peak Period Parking Demand vs: Dwelling Units

On a: Sunday

Setting/Location: General Urban/Suburban

Peak Period of Parking Demand: 11:00 a.m. - 4:00 p.m.

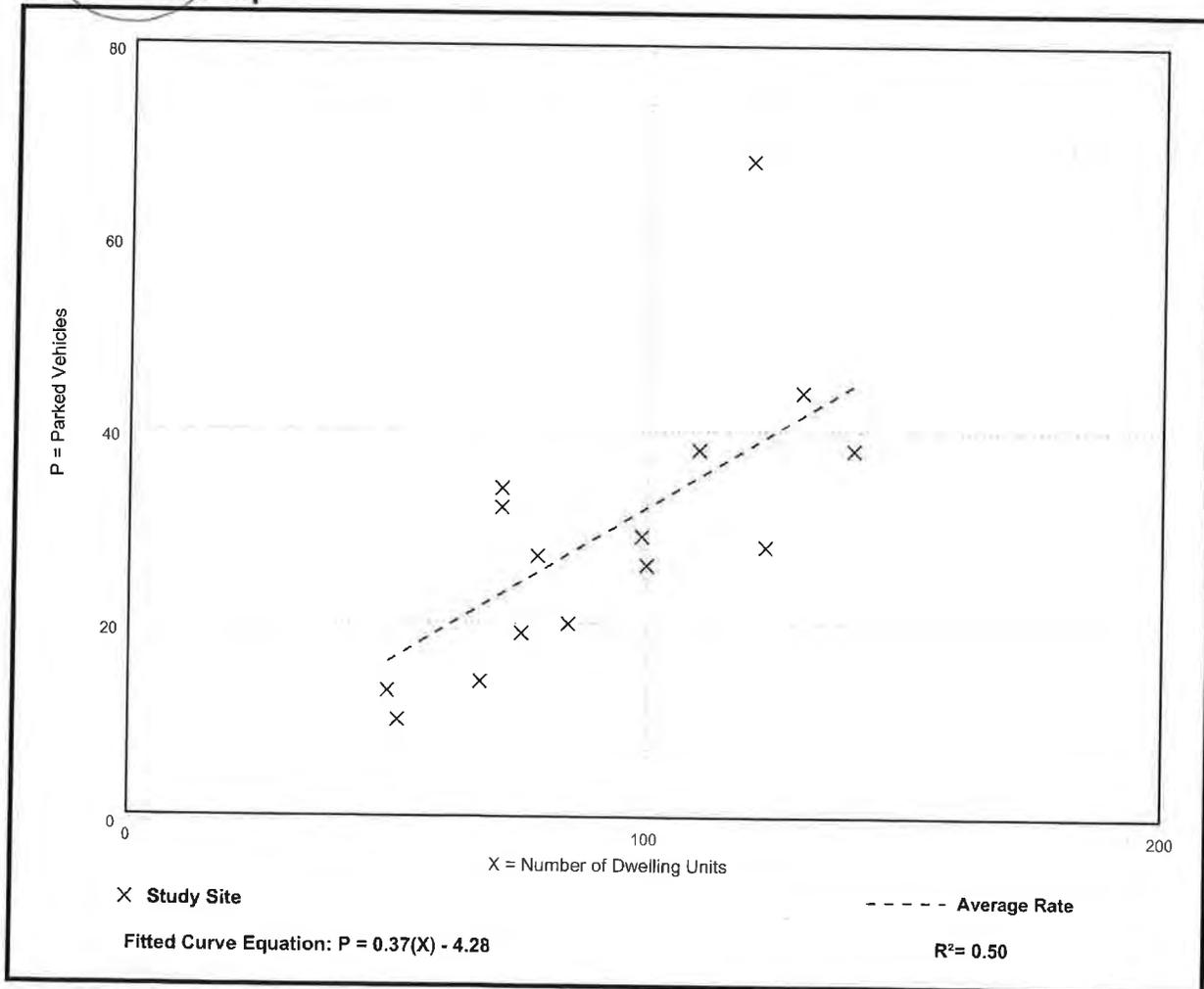
Number of Studies: 15

Avg. Num. of Dwelling Units: 92

Peak Period Parking Demand per Dwelling Unit

Average Rate	Range of Rates	33rd / 85th Percentile	95% Confidence Interval	Standard Deviation (Coeff. of Variation)
0.32	0.19 - 0.57	0.25 / 0.46	***	0.11 (34%)

Data Plot and Equation



Land Use: 223 Affordable Housing

Description

Affordable housing includes all multifamily housing that is rented at below market rate to households that include at least one employed member. Eligibility to live in affordable housing can be a function of limited household income and resident age. Multifamily housing (low-rise) (Land Use 220), multifamily housing (mid-rise) (Land Use 221), and multifamily housing (high-rise) (Land Use 222) are related land uses.

Additional Data

For the majority of study sites in this land use code, 100 percent of the dwelling units are considered affordable. For residential study sites that provide a mix of market value and affordable units, the study sites with at least 75 percent of the dwelling units designated as affordable are also included in this land use database.

Separate data plots and statistics are presented for subsets of the affordable housing database: sites with income limitations for its tenants, sites with minimum age thresholds for its tenants (i.e., senior housing), and sites comprised entirely of single-room-only units.

The average parking supply ratios for the study sites with parking supply information are as follows:

- In a general urban/suburban setting, 1.3 spaces per dwelling unit (28 sites) and 0.7 spaces per bedroom (9 sites)
- In a dense multi-use urban setting, 0.6 spaces per dwelling unit (28 sites) and 0.3 spaces per bedroom (26 sites)
- In a center city core setting, 0.3 spaces per dwelling unit (6 sites) and 0.3 spaces per bedroom (6 sites)

The sites were surveyed in the 1990s and the 2010s in California, Connecticut, District of Columbia, Maryland, Massachusetts, New Jersey, and Oregon.

It is expected that the number of bedrooms and number of residents are likely correlated to the parking demand generated by a residential site. Parking studies of multifamily housing should attempt to obtain information on occupancy rate and on the mix of residential unit sizes (i.e., number of units by number of bedrooms at the site complex). Future parking studies should also indicate the number of levels contained in the residential building.

Source Numbers

314, 514, 533, 535, 536, 537, 539, 541, 579, 582, 585, 586

Affordable Housing - Income Limits (223)

Peak Period Parking Demand vs: Dwelling Units

On a: **Weekday (Monday - Friday)**

Setting/Location: General Urban/Suburban

Peak Period of Parking Demand: 10:00 p.m. - 5:00 a.m.

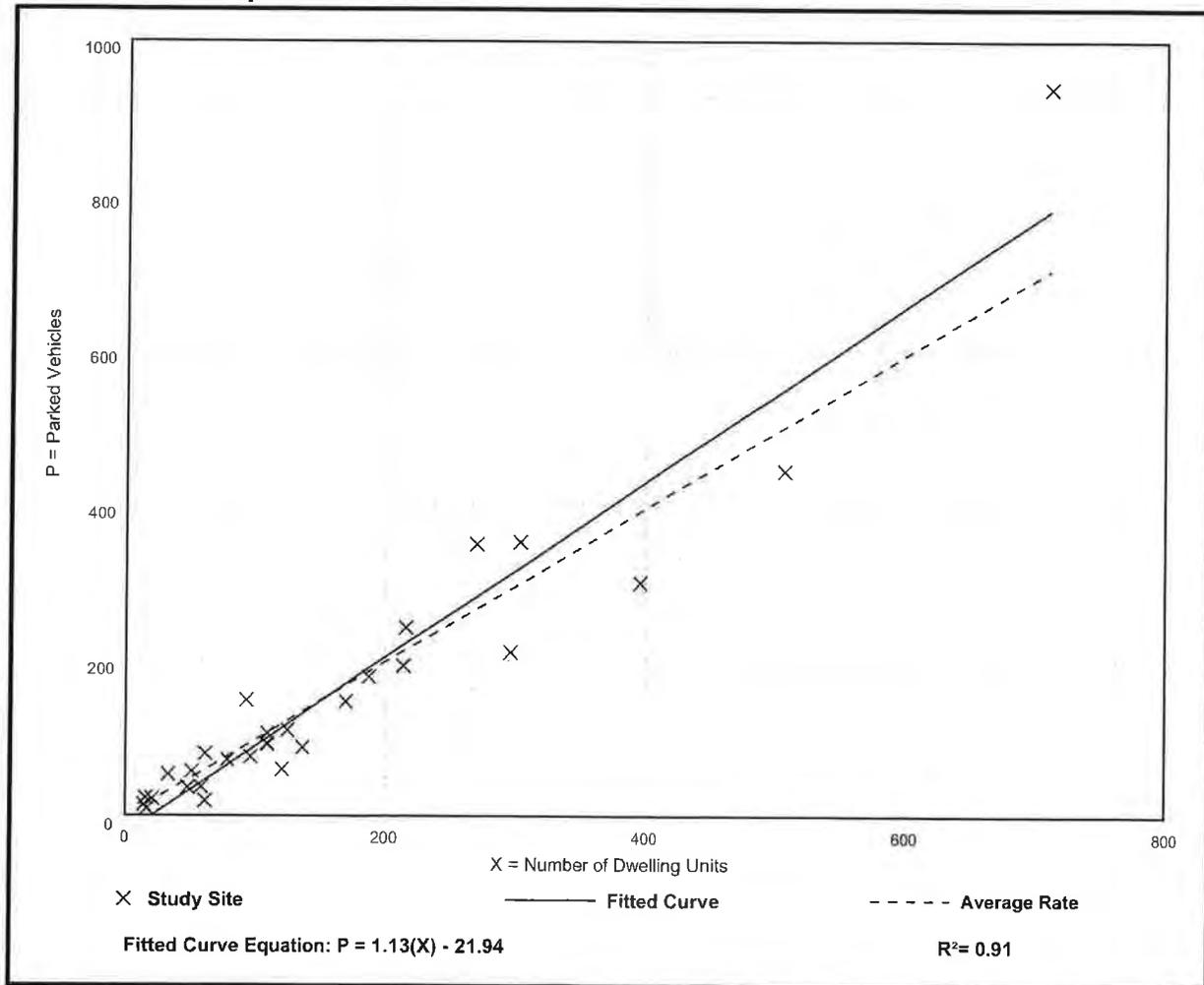
Number of Studies: 29

Avg. Num. of Dwelling Units: 159

Peak Period Parking Demand per Dwelling Unit

Average Rate	Range of Rates	33rd / 85th Percentile	95% Confidence Interval	Standard Deviation (Coeff. of Variation)
0.99	0.32 - 1.66	0.85 / 1.33	0.89 - 1.09	0.27 (27%)

Data Plot and Equation



Affordable Housing - Income Limits (223)

Peak Period Parking Demand vs: Dwelling Units

On a: Saturday

Setting/Location: General Urban/Suburban

Peak Period of Parking Demand: 11:00 p.m. - 7:00 a.m.

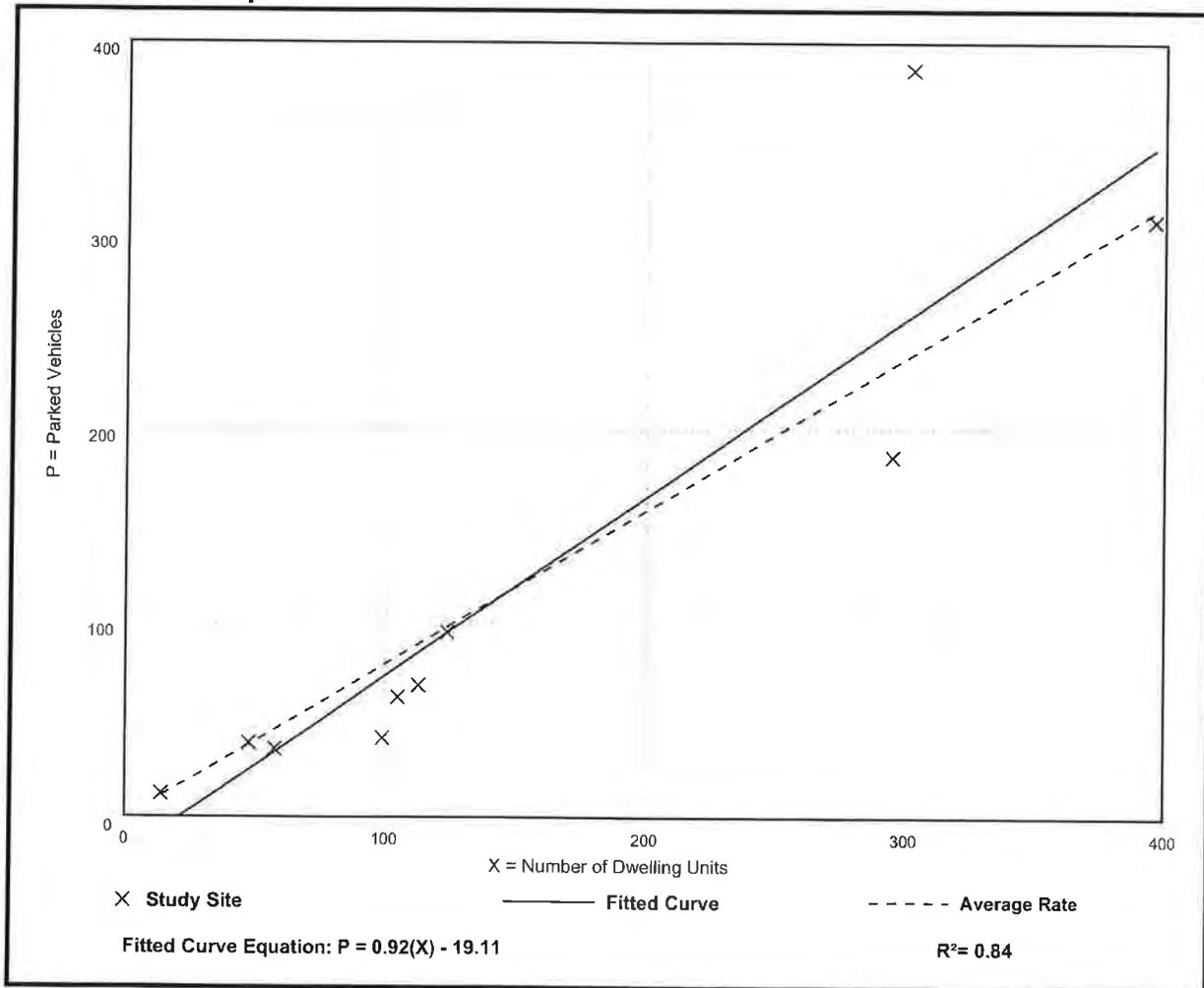
Number of Studies: 10

Avg. Num. of Dwelling Units: 155

Peak Period Parking Demand per Dwelling Unit

Average Rate	Range of Rates	33rd / 85th Percentile	95% Confidence Interval	Standard Deviation (Coeff. of Variation)
0.79	0.41 - 1.28	0.61 / 1.00	***	0.27 (34%)

Data Plot and Equation



Affordable Housing - Income Limits (223)

Peak Period Parking Demand vs: Dwelling Units

On a: Sunday

Setting/Location: General Urban/Suburban

Peak Period of Parking Demand: 11:00 p.m. - 7:00 a.m.

Number of Studies: 3

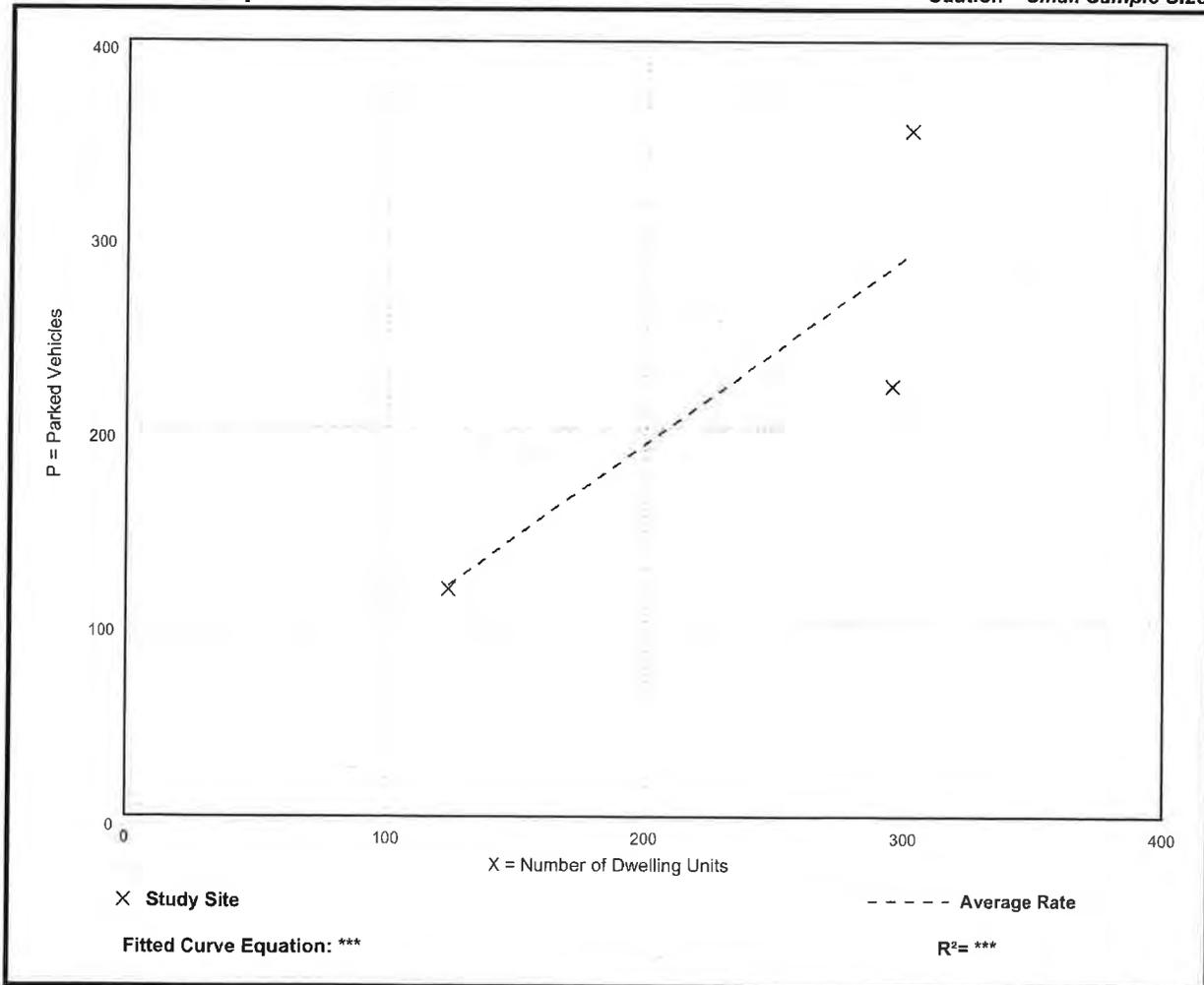
Avg. Num. of Dwelling Units: 240

Peak Period Parking Demand per Dwelling Unit

Average Rate	Range of Rates	33rd / 85th Percentile	95% Confidence Interval	Standard Deviation (Coeff. of Variation)
0.96	0.75 - 1.17	0.81 / 1.17	***	0.23 (24%)

Data Plot and Equation

Caution – Small Sample Size





CSD HOUSING, LLC

Parking Survey

<u>Project</u>	<u>Location (City/Town)</u>	<u># Units</u>	<u># Parking Spaces</u>	<u># tenants with cars</u>
1 DePaul Trolley Station	Canandaigua	48	72	24
2 DePaul - Starting Line Apts.	Utica	60	90	31
3 DePaul Carriage Factory	Rochester	71	80	35
4 DePaul - High Falls Square	Rochester	150	150	70
5 DePaul - Jos. Allen Apts.	Schenectady	51	60	26
6 CNYS - Catherine St. Apts.	Syracuse	50	20	8
7 CNYS - Star Park Apts.	Syracuse	50	30	6
8 MHACG - Greenport Gardens	Greenport	66	100 *	43

* includes 40 banked parking spaces



MEMORANDUM

TO: Adam Thyberg, Project Landscape Architect, Insite Engineering, Surveying & Landscape Architecture, P.C.

FROM: Ashley Brody, Chief Executive Officer, Search for Change, Inc.

RE: Town of Carmel Planning Board Request

DATE: February 17, 2021

Mr. Thyberg:

Following are our agency's responses to questions recently posed by the municipal planning board pursuant to our proposed rental housing development in the Town of Carmel (Hamlet of Mahopac):

- 1.) What sources of funding will be used to construct and to support the development?
 - Funding to provide basic support services to occupants of the development's supportive housing units will be provided by the New York State Office of Temporary and Disability Assistance (OTDA). Tenants will also pay rent in accordance with established rent thresholds and income standards.
 - Funding for capital development will be provided by the New York State Division of Home and Community Renewal (HCR), OTDA, a private equity investor(s) (as is customary of developments that receive tax credit financing), and a modest bank loan.
- 2.) Are there housing developments comparable to Fairhaven at Baldwin Place in neighboring localities? Yes. Following are comparable developments operating successfully.
 - WellLife Network - E. 165th St. Residence, 491 E. 165th St., Bronx, NY 10456
 - WellLife Network - The Dewitt, 437 Dewitt Ave., Brooklyn, NY 11207
 - Lakeview Health Services - Lakeview Heights, 2022 Balsey Rd., Seneca Falls, NY 13148
 - Lakeview Health Services - Woodland Commons, 1950 Route 31, Macedon, NY 14502

If you have any questions, please don't hesitate to contact me at (914) 428-5600 (x9228).

Sincerely,

Ashley Brody, MPA, CPRP
Chief Executive Officer
Search for Change, Inc.

Fairhaven At Baldwin Place
Part of The Solution to A Pressing Problem

1.) A Severe Housing Shortage

- Demand for rental housing is growing within New York's 18th Congressional District, of which Putnam County is a part. New housing development would meet emergent need and produce considerable economic benefits. For every 100 apartment units constructed in this District, the economy gains \$36.8 million and 138 jobs.¹
- According to a Community Health Assessment conducted by the Putnam County Department of Health, individuals who work in Putnam County identified the scarcity of housing as the primary area of need to which additional resources should be committed.²
- Only 15% of rental units available in Putnam are in multi-unit structures. This is significantly below the statewide average and compounds the local housing shortage.³

2.) Unsustainable Housing Costs

- A housing scarcity has led to increasing rental costs and associated financial strains for county residents. Approximately half our county's renters spend more than 35% of their income on rent, an unaffordable burden that leaves them with less income with which to purchase other goods and services within the local economy.⁴
- One in four of our Putnam's renters are "severely cost-burdened" according to a report of the Office of the New York State Comptroller.⁵
- Putnam County's 2021 Fair Market Rent of \$1,801 for a one-bedroom unit is higher than Westchester's, a neighboring county well known for a prohibitively priced rental market.⁶

"There is an overwhelming need to preserve and rehabilitate existing affordable rental housing and develop new affordable housing at all income levels..."

- Putnam County Housing Corporation Housing Needs Assessment, 2014.

"Creating local policy that encourages the development and preservation of housing that is affordable must be a high priority by local decision makers and planners. Putnam County is faced with limited choice and an insufficient supply of affordable and market rate rental housing."

- Putnam County Housing Corporation Housing Needs Assessment, 2014.

¹ National Multifamily Housing Council, 2020.

² Putnam County Department of Health Community Health Assessment – Community Health Improvement Plan, 2016-2018.

³ Ibid.

⁴ Ibid.

⁵ Office of the New York State Comptroller, 2019.

⁶ Department of Housing and Urban Development, 2021.

3.) An Aging Population

- Putnam County has a rapidly aging population, more so than most counties in New York State. A quarter (25%) of the county's residents are aged 55 or older and seniors now account for 18% of the population.⁷ In addition, younger residents with children find it increasingly difficult to secure affordable housing due to rapidly rising rental costs.
- Therefore, despite rapid population growth between 1970 and 2000, the county's population has remained largely flat and even decreased in recent years.⁸ An aging population, coupled with the loss of younger residents, threatens the long-term economic viability of the county.
- Additional data underscore this trend. The "Mature Labor Force" (i.e., workers between 45 and 64 years of age) is projected to decline by almost 8% during the period of 2014 - 2025. The population of residents of retirement age (i.e., those aged 65 and older) is expected to increase by 50% during the same period!⁹

4.) A Precipitous Decrease in School Enrollment

- An aging population coupled with the loss of younger residents has contributed to year-over-year decreases in school enrollment. In 2020, enrollment in Mahopac's public schools was 25% below its peak. (Its 2020 enrollment of 4,036 students was 25% off its peak enrollment of 5,377.) Similarly, enrollment in Carmel's public schools has decreased by 19% from its peak.
- Such losses may lead to school closures and the elimination of jobs in education and associated industries - at great cost to our community. Many "legacy costs" remain. School closures leave empty buildings that must be maintained at taxpayers' expense.
- Dwindling school enrollment suggests young single individuals and young families with children are vacating the community due, in large part, to prohibitively priced housing markets. Many young adults who were raised in Putnam do not return after college. These young adults would be vital members of our local labor force if they remained, and their loss constitutes a "brain drain" with grave economic repercussions.

⁷ Putnam County Department of Health Community Health Assessment – Community Health Improvement Plan, 2016-2018.

⁸ Putnam County Housing Corporation – Housing Needs Assessment, 2014.

⁹ Ibid.

PUTNAM COUNTY HOUSING CORPORATION

HOUSING NEEDS ASSESSMENT



January 2014

**HUDSON VALLEY
PATTERN FOR PROGRESS**



PUTNAM COUNTY HOUSING CORPORATION

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PREPARED BY

Joseph Czajka, Executive Director

The Center for Housing Solutions

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OVERVIEW AND PURPOSE

The Putnam County Housing Corporation (PCHC), a 501(c)(3) organization founded in 1982, is a New York State designated Rural Preservation Company (RPC) under Article XVII of the Private Housing Finance Law of New York State. Article XVII gives the New York State Office of Homes and Community Renewal (HCR) authority to contract with rural not-for-profit organizations to perform housing preservation and community renewal activities. The state also recognized these organizations engaged in preservation activities were lacking administrative and planning funds necessary to operate broad-based programs for housing and community renewal. As a result, the state provided funding for the core operations of these organizations.

Currently, all New York State Rural Preservation Companies must submit applications according to a schedule provided by HCR documenting the eligibility of the company and the neighborhood or region for which they provide services. The state contracts with the RPC on an annual basis with an option to extend the contract for an additional program year. The second year of the contract is contingent on Preservation Program funding provided for in the New York State 2014-15 fiscal year budget. The initial application must contain a two-year work plan and budget setting forth the company's goals and the preservation activities it proposes to the full term of the contract. Companies develop their activities based on a needs assessment and strategic plan. State funding must be matched by 50% in the form of cash or in-kind services.

The principal purpose of the needs assessment is to provide a comprehensive overview of the existing conditions, demographics and trends relevant to affordable housing defined as when a household pays no more than 30% of their income toward rent or this mortgage – including taxes and insurance. The assessment provides information to educate the county residents and key stakeholders in Putnam County on the need for and availability of affordable housing. The data and analysis shape recommendations on how to address the housing needs. Finally, the assessment fulfills the RPC recertification in accordance with Article XVII of the Private Housing Finance Law of New York State.

This housing assessment includes three critical, data intensive analyses, which provide the foundation for understanding the existing housing supply in terms of affordability. The three analyses elements -**Affordability Matrix**, a **Housing Cost Burden Analysis** and a **Projection of Housing Unit Need** provide detail at the County level and for



each Town. These sections provide evidence which can reform policy and local decision making in regard to change in the affordable housing arena.

EXECUTIVE SUMMARY

The driving force of this assessment is to establish strategic planning efforts geared toward the creation of affordable housing in Putnam County, whether that housing is owned or rented. These efforts cannot be separated from and must be linked to economic development efforts in the County. Because of a demonstrated shortage of affordable housing, the recommendations for housing must be complemented by an equal effort in attracting, retaining and creating jobs in the County to increase income and stability. The report will also show, in detail, how critically important it is to reduce the cost of transportation in concert with the creation of housing that is affordable.

Putnam County faces funding challenges that are key to understanding the barriers to providing and preserving housing. Putnam is designated a non-entitlement county and so does not receive a direct allocation of federal funding from the U.S. Department of Housing and Urban Development (HUD) for community development and housing programs. Entitlement communities are urban areas with populations of at least 50,000. The county, municipalities, not-for-profit agencies and developers must compete at the state level for capital funding associated with the development of affordable housing.

Putnam County has the highest rate of homeownership in New York State, 81.9% according to the 2012 American Community Survey. Property and school taxes are also among the highest in the state and the median sale price of homes is also very high. With little commercial development, the tax burden is heavily weighted on homeowners and drastically lowers the purchasing power of would-be buyers.

In order to successfully establish and implement housing programs, strategies and goals, linkages must be created with local governments, planning, zoning and school boards along with a full range of community leaders and stakeholders.

CORE STRATEGY

The first step in setting the stage for this success to occur is the re-establishment of a county-wide housing advisory committee. The primary goal of the committee is to keep housing at the forefront of all discussions at the local municipal level as well as within County government.



The housing committee will offer the vehicle to provide education and outreach to promote the need for housing that is affordable and it must be undertaken in a very visible manner. This can only be successfully accomplished by including service agencies, economic development officials, Chambers of Commerce, the Putnam Workforce Partnership, private developers, local and

county government leaders and other community stakeholders. Putnam County Housing Corporation, as the lead, should convene monthly meetings. The committee will establish a direct link between needs of housing and those of economic development and job creation. The establishment of a housing advisory committee will result in creative and innovative partnerships between government and the private sector. These partnerships will lead to new ordinances, plans and policies and increasing the likelihood of expanding housing opportunities and supporting economic development and diversity. The analysis and interpretation of data, demographics, and existing housing conditions is critically important to the establishment of a healthy housing market in Putnam County. The tables, maps and graphs demonstrate the interconnection and relationship of housing, economics and demographic data in order to

Housing Advisory Committee-Draft Mission Statement

To establish collaborative working relationships and partnerships among housing agencies, economic development leaders and government officials to foster a positive environment for expanding housing opportunities which will help attract, retain and create employment opportunities.

identify housing gaps and needs upon which Putnam County Housing Corporation has developed a strategic plan with activities, goals and “best practices.” The strategic plan is a related document, *Putnam County Housing Corporation Strategic Plan*.

BACKGROUND AND DEMOGRAPHICS

Putnam County is located in the Mid-Hudson Region of New York State. The County is about 50 miles north of New York City and is on the outer ring of the city's metropolitan area. Putnam is bordered on the west by the Hudson River, on the north by Dutchess County, on the east by the State of Connecticut, and on the south by Westchester County.

Putnam County consists of nine municipalities, six towns and three villages. The County also has hamlets, which are unincorporated centers of population, also known as Census Designated Places (CDP). There are six CDPs in the County: Carmel Hamlet, Mahopac, Lake Carmel, Putnam Lake, Brewster Hill and Peach Lake (part).



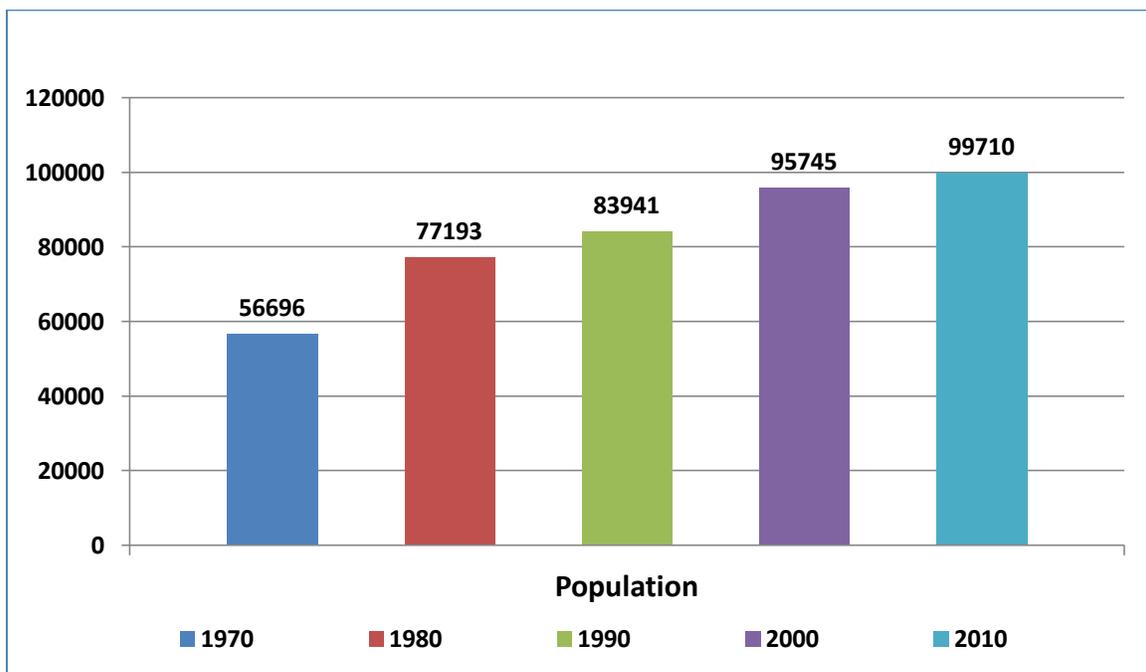
Putnam County Population by Municipality

Municipality	Census 2000	Census 2010	% growth 2000 to 2010
T. Carmel	33,006	34,305	3.9%
Carmel Hamlet CDP	5,738	6,817	18.8%
Mahopac CDP	8,478	8,369	-1.3%
T. Kent	14,009	13,507	-3.6%
Lake Carmel CDP	8,663	8,282	-4.4%
T. Patterson	11,306	12,023	6.3%
Putnam Lake CDP	3,855	3,844	-0.3%
T. Philipstown	9,422	9,662	2.5%
V. Cold Spring	1,983	2,013	1.5%
V. Nelsonville	565	628	11.1%
T. Putnam Valley	10,686	11,809	10.5%
T. Southeast	17,316	18,404	6.3%
V. Brewster	2,162	2,390	10.5%
Brewster Hill CDP	2,226	2,089	-6.2%
Peach Lake CDP	1,062	1,044	-1.7%
County	95,745	99,710	4.14%
<i>Town population include villages and CDPs</i>			

In relation to other counties within the Hudson Valley Region Putnam ranks 6th in population, but has the largest percentage increase in the Hudson Valley from 1970 to 2010. The growth rate has slowed considerably over the past 10 years. The 2008-2012 ACS data estimates the population to be 99,702.

County	Census 1970	Census 1980	Census 1990	Census 2000	Census 2010	% change 2000-2010	% change 1970-2010
Westchester	894,406	866,599	874,866	923,459	949,113	2.78%	6.1%
Orange	221,657	259,603	307,647	341,367	372,813	9.21%	68.2%
Rockland	229,903	259,530	265,475	286,753	311,687	8.70%	35.6%
Dutchess	222,295	245,055	259,462	280,150	297,488	6.19%	33.8%
Ulster	141,241	158,158	165,304	177,749	182,493	2.67%	29.2%
Putnam	56,696	77,193	83,941	95,745	99,710	4.14%	75.9%
Sullivan	52,580	65,155	69,277	73,966	77,547	4.84%	47.5%
Columbia	51,519	5,9487	62,982	63,094	63,096	0.00%	22.5%
Greene	33,136	40,861	44,739	48,195	49,221	2.13%	48.5%
Total	1,903,433	2,031,641	2,133,693	2,290,478	2,403,168	4.92%	26.3%

Putnam County Population 1970 to 2010



Putnam County Hispanic and Non-Hispanic Population Change by Municipality

Municipality	Origin	Census 2000		Census 2010		% change 2000 to 2010
		Number	% of total	Number	% of total	
T. Carmel	Hispanic	1,955	5.90%	3,469	10.10%	77.44%
	Non- Hispanic	31,051	94.10%	30,836	89.90%	-0.69%
T. Kent	Hispanic	808	5.80%	1,755	13.00%	117.20%
	Non- Hispanic	13,201	94.20%	11,752	87.00%	-10.98%
T. Patterson	Hispanic	792	7.00%	1,555	12.90%	96.34%
	Non- Hispanic	10,514	93.00%	10,468	87.10%	-0.44%
T. Philipstown	Hispanic	279	4.10%	506	7.20%	81.36%
	Non- Hispanic	6,595	95.90%	6,515	92.80%	-1.21%
V. Cold Spring	Hispanic	57	2.90%	116	5.80%	103.51%
	Non- Hispanic	1,926	97.10%	1,897	94.20%	-1.51%
V. Nelsonville	Hispanic	21	3.70%	49	7.80%	133.33%
	Non- Hispanic	544	96.30%	579	92.20%	6.43%
T. Putnam Valley	Hispanic	671	6.30%	1,159	9.80%	72.73%
	Non- Hispanic	10,015	93.70%	10,650	90.20%	6.34%
T. Southeast	Hispanic	699	10.70%	1,714	10.70%	145.21%
	Non- Hispanic	14,455	89.30%	14,300	89.30%	-1.07%
V. Brewster	Hispanic	694	32.10%	1,338	56.00%	92.80%
	Non- Hispanic	1,468	67.90%	1,052	44.00%	-28.34%
PUTNAM COUNTY	Hispanic	5,976	6.20%	11,661	11.70%	95.13%
	Non- Hispanic	89,769	93.80%	88,049	88.30%	-1.92%

There has clearly been enormous growth in the Hispanic population from the 2000 Census to the 2010 Census. In fact, there has been a decline in the non-Hispanic population in all but two municipalities within the county, Nelsonville and Putnam Valley.

Age Cohort	Census 2010	Population Projections			Percentage Change		
		2020	2030	2040	2010 to 2020	2010 to 2030	2010 to 2040
0-19	25,842	23,977	24,383	24,453	-7.22%	-5.65%	-5.37%
20-34	14,590	16,498	15,499	15,631	13.08%	6.23%	7.14%
35-49	24,447	22,309	24,908	24,223	-8.75%	1.89%	-0.92%
50-64	22,414	23,990	20,568	21,688	7.03%	-8.24%	-3.24%
65-84	10,935	14,300	17,470	16,550	30.77%	59.76%	51.35%
85+	1,482	1,397	1,679	2,271	-5.74%	13.29%	53.24%
Totals	99,710	102,471	104,507	104,816	2.77%	4.81%	5.12%

Putnam County School District Enrollment

School District	2009-10	2010-11	2011-12	% change 2009 - 2011	Projection 2021	Number Change	% change 2011 to 2021
Brewster CSD	3,497	3,421	3,335	-4.63%	2,950	-385	-11.54%
Carmel CSD	4,630	4,581	4,483	-3.17%	4,315	-168	-3.75%
Garrison UFSD	275	260	239	-13.09%	242	3	1.26%
Haldane CSD	902	892	883	-2.11%	906	23	2.60%
Mahopac CSD	5,124	4,949	4,859	-5.17%	4,152	-707	-14.55%
Putnam Valley CSD	1,835	1,819	1,795	-2.18%	1,661	-134	-7.47%
Totals	16,263	15,922	15,594	-4.11%	14,226	-1,368	-8.77%

The New York State Department of Education reports a decline in school enrollment for all districts in Putnam County from 2009 through 2011. According to the Cornell University Program on Applied Demographics, the projected school enrollment will continue to decline through 2021, with the exception of two districts. Garrison UFSD and Haldane are projected to grow; however, the numbers are negligible. The loss of school-aged population, specifically in the Brewster area, has resulted in the closure of the elementary school in the Village of Brewster in 2012. However, the empty school building represents an opportunity for adaptive reuse, potentially for either affordable, or market rate housing or a mixed income or mixed use development.

HOUSING AND ECONOMIC DEVELOPMENT

There is a symbiotic relationship between housing and economic development. The creation of housing whether new single-family homes, multi-family complexes or home improvement, generates local jobs and provides a positive economic benefit in the community. Housing development creates a variety of jobs from the design stage through occupancy and beyond. The pre-development stages of housing consist of jobs in architecture, real estate, engineering, market analysis, environmental and legal services. The construction of housing produces employment in the building trades, material suppliers, real estate, attorneys and lending. Post construction, there are full-time jobs created in property management and maintenance in addition to a cadre of employment within the local business community that is needed to support the developments and the residents. These include local shops, plumbers, electricians, food services, utilities, pharmacies and more.

The development of housing has a direct benefit and creates opportunities within distressed communities. The availability of a safe place to live and a stabilized neighborhood leads to economic opportunities for local residents. As their housing needs are met, individuals or household earners can secure employment.

The construction of affordable housing leverages substantial public and private investment and supports the redevelopment, stabilization and revitalization of urban centers and neighborhoods. The creation of affordable multi-family housing developments improves the economic stability and tax base of a community. Residents of affordable housing no longer pay 50% of their income on housing, which then allows for increased expenditures within the local economy on goods and services.

AREA MEDIAN INCOME

The concept of affordable housing is very broad and must be examined within the context of varying levels of income categories. Affordable housing means something different to each person or group. What is affordable to one is not affordable to another, based upon location, family size and of course, income. The terms that are typically used in affordable housing are associated with income level. At the most basic level, housing is affordable when a family pays no more than 30% of their income toward rent or their mortgage - including taxes and insurance.

In the affordable housing arena, income is defined by the U.S. Department of Housing and Urban Development (HUD) as the Area Median Income (AMI). Income is expressed and categorized as a percentage of income and adjusted by family size. The income levels are published by HUD on an annual basis for purposes of program and benefit eligibility. The most widely used income level is 80% of the AMI, which is the standard maximum for most federal and state housing programs. Low income rental housing developments provide homes to, and

must only serve residents whose income may be capped at 30%, 50%, 60%, 80% and 90% of the AMI. The following table provides the most commonly used income levels adjusted by family size, which became effective December 18, 2013.

FY 2014 HUD Area Median Income Limits for Putnam County

% of Area Median Income	Family Size					
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person
30% Extremely Low Income	\$17,650	\$20,150	\$22,650	\$25,150	\$27,200	\$29,200
50% Very Low Income	\$29,400	\$33,600	\$37,800	\$41,950	\$45,350	\$48,700
80% Low Income	\$47,000	\$53,700	\$60,400	\$67,100	\$72,500	\$77,850
100% Median	\$58,800	\$67,200	\$75,600	\$83,900	\$90,700	\$97,400

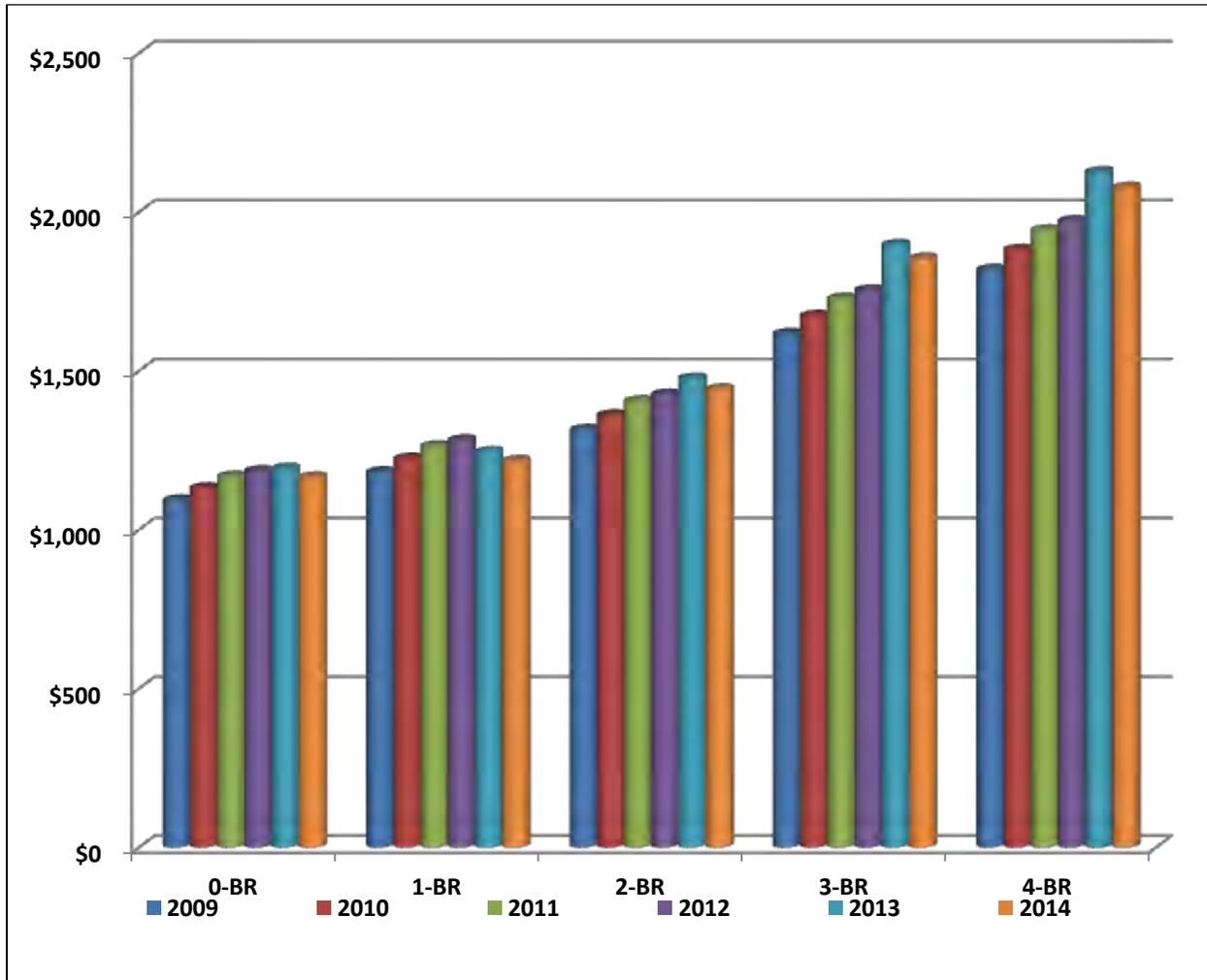
FAIR MARKET RENTS

The U.S. Department of Housing and Urban Development (HUD) also publishes maximum rent limits. These rent limits are called the Fair Market Rents, which are associated with rental housing developments and assistance programs. The rents include a utility allowance for heat, hot water and electricity.

The most widely used rental housing assistance program is known as the HUD Housing Choice Voucher Program (Section 8). Under this program, HUD assists the family with a rent subsidy that is paid to directly to the landlord, but is “portable” with the family. There are other rental subsidy programs which are directly associated with a specific rental complex, known as project-based assistance. Rent limits are also used in combination with capital funding programs for the construction and financing of affordable housing. These include Low Income Housing Tax Credits, Community Development Block Grant (CDBG), HOME, NYS Housing Trust Fund, Federal Home Loan Bank (FHLB), Section 202 and USDA Section 515. The table below provides the Fair Market Rents for Putnam County, which is part of the New York, NY HUD Metro Income Limit Area.

Costs for rental housing in Putnam County have escalated over the past 5 years. According to HUD, the Fair Market Rents (FMR) increased from 2009 through 2013. However, there was a decline in the FMRs from 2013 to 2014, which may result in an issue for the local rental assistance program. When there is a decline in the FMR, the existing landlords who accept the housing assistance payment for their tenants will receive a reduction in rent.

Putnam County Fair Market Rents: FY 2009 through FY 2014



Unit Size	2009	2010	2011	2012	2013	2014	% change 2009 to 2013	% change 2013 to 2014
0-BR	\$1,091	\$1,129	\$1,166	\$1,183	\$1,191	\$1,163	9.2%	-2.35%
1-BR	\$1,180	\$1,222	\$1,261	\$1,280	\$1,243	\$1,215	5.3%	-2.25%
2-BR	\$1,313	\$1,359	\$1,403	\$1,424	\$1,474	\$1,440	12.3%	-2.31%
3-BR	\$1,615	\$1,672	\$1,726	\$1,752	\$1,895	\$1,852	17.3%	-2.27%
4-BR	\$1,817	\$1,880	\$1,941	\$1,970	\$2,124	\$2,075	16.9%	-2.31%

Source: U.S. Department of Housing and Urban Development

HOUSING AND WAGES

The National Low Income Housing Coalition (NLIHC) produces an annual study that uses a two bedroom unit as its baseline to show housing affordability across the country. New York State is the fourth most expensive state in which to live based upon an Hourly Living Wage Rate of \$25.25. The Hourly Living Wage Rate in Putnam County according to the NLIHC is \$28.35 or \$58,960 annually. In order to afford the Fair Market Rent in Putnam County, at the median hourly wage rate of \$10.60, 110 hours of work per week is required. The problem is exacerbated if a renter is earning minimum wage. The table below for Putnam County, supports the need to build more rental housing.

2BR Fair Market Rents (FMR-FY2013)	\$1,474
Hourly Living Wage Rate to Afford 2BR FMR¹	\$28.35
Annual Living Wage Rate needed to afford 2BR FMR (Wage Rate x 2080 hours)	\$58,960
Estimated Mean Renters Hourly Wage Rate²	\$10.60
Rent Affordable at the Mean Renters Hourly Wage Rate ³	\$551
Difference between FMR and Affordable Rent at the Mean Renters Wage Rate	(\$923)
Weekly Hours Needed at Renters Mean Hourly Wage to Afford 2BR FMR	110
% of Renters unable to Afford 2BR FMR	61%

Special Notes: According to HUD, "affordable" rents represent the generally accepted standard of spending not more than 30% of gross income on gross housing costs. Fiscal Year 2013 Fair Market Rent.

¹ Hourly wage rate required to afford the Fair Market Rent for a 2BR unit, assumes 30% of income toward rent

² The ACS 2007-2011 median renter household income, projected to 2012 using HUD's adjustments through 2013 based on estimated AMIs

³ Affordable rent at the Renters Mean Wage Rate (Hourly Rate x 2080 FTE hours ÷ 12 x 30%)

COST BURDEN AND AFFORDABILITY

As evidenced by the Housing Cost Burden Analysis (Appendix 2), a majority of the Putnam County residents pay more than 30% of their income toward housing. This analysis is based upon the most recent HUD data set through the Comprehensive Housing Affordability Strategy (CHAS) reports, which was 2010. Eighty-eight percent (88%) of owners and renters in Putnam County, regardless of income level, are living in Unaffordable and Severely Cost Burdened housing. Only 12% of the households are paying less than 30% of their income for housing.

Income by Cost Burden Household Area Median Family Income (HAMFI)	Affordable < 30%	Unaffordable 30% to 50%	Severe > 50%	Total	% Living in Unaffordable and are Severely Cost Burdened
Income <= 30% HAMFI	330	300	1,665	2,295	85.62%
Income >30% to <=50% HAMFI	610	635	1,540	2,785	78.10%
Income >50% to <=80% HAMFI	1,185	1,640	1,580	4,405	73.10%
Income >80% to <=100% HAMFI	1,060	1,290	1,270	3,620	70.72%
Income >100% HAMFI	1,000	16,495	4,300	21,795	95.41%
Total	4,185	20,360	10,355	34,900	88.01%

The Affordability Matrix, created and established through the Center for Housing Solutions, provides even further evidence of the insufficient supply of affordable homes on the market. The Affordability Matrix section (Appendix 1) provides much greater detail at the Town level. This summary table represents an overview of the percentage of homes for sale that are unaffordable at the three income levels as defined by the US Department of Housing and Urban Development.

Affordability Matrix: Percentage of Homes Unaffordable

Municipality	HUD Area Median Income Levels		
	\$67,100 (80% AMI)	\$83,900 (100% AMI)	\$100,680 (120% AMI)
County-wide	87%	72.4%	62%
Carmel	93.2%	86.1%	77.6%
Kent	73.1%	53.7%	38.1%
Patterson	82%	60.7%	48.3%
Philipstown	96%	89.1%	81.2%
Putnam Valley	79.7%	63.4%	52.8%
Southeast	95.6%	87.6%	75.2%

Source: Pattern for Progress/Center for Housing Solutions

Based upon the MLS listings in December 2013, the Affordability Matrix indicates that Philipstown, Southeast and Carmel have the highest percentage of unaffordable homes on the market. Kent and Putnam Valley have the highest percentage of affordable homes.

Affordability Gap

Municipality	Median Sales Price	Percentage of HUD Area Median Income		
		\$67,100 (80% AMI)	\$83,900 (100% AMI)	\$100,680 (120% AMI)
County-wide	\$308,500	-\$143,500	-\$77,500	-\$24,500
Carmel	\$347,500	-\$164,500	-\$100,500	-\$49,500
Kent	\$212,300	-\$29,300	-----	-----
Patterson	\$280,300	-\$96,300	-\$32,300	-----
Philipstown	\$472,900	-\$269,900	-\$198,900	-\$141,900
Putnam Valley	\$275,000	-\$87,000	-\$22,000	-----
Southeast	\$350,500	-\$154,500	-\$86,500	-\$31,500

Source: Pattern for Progress/Center for Housing Solutions

Based upon the most current median sales price, as evidenced by the Affordability Matrix, Philipstown and Carmel show the largest gap in affordability when comparing the median sales price of a home against the HUD Median Income levels. Kent and Putnam Valley have the smallest gap. The attached Affordability Matrix (Appendix 1) provides much greater detail for each municipality.

POVERTY

Poverty rates in Putnam County are relatively low when compared to other counties in the region, although there are pockets of poverty in the county. Specifically, the Village of Brewster has a poverty rate of 21.7% with an increase of 7.2% since the 2000 Census. In fact, the rates of poverty across the county have been increasing since the 2000 Census, except for the Village of Nelsonville, which showed a decrease from 7.7% to 2.7%.

Municipality	% of all people in poverty		
	Census 2000	ACS 2012	% change
Carmel	2.8%	4.1%	1.30%
Kent	4.1%	4.5%	0.40%
Patterson	4.9%	10.2%	5.30%
Philipstown	6.0%	7.1%	1.10%
Village of Cold Spring	5.4%	8.4%	3.00%
Village of Nelsonville	7.7%	2.7%	-5.00%
Putnam Valley	4.8%	5.7%	0.90%
Southeast	6.1%	6.9%	0.80%
Village of Brewster	14.5%	21.7%	7.20%
Putnam County	4.4%	5.8%	1.40%
Westchester County	8.8%	9.3%	0.50%
Rockland County	9.5%	12.8%	3.30%
Dutchess County	7.5%	9.1%	1.60%
Orange County	10.5%	11.7%	1.20%

As evidenced by the statistics in the table below, there is an increasing need for services and housing assistance for those in poverty in Putnam County. Putnam County Community Action Agency (PCAP), other support service agencies and faith-based agencies offer a wide range of services such as food pantry, clothing, weatherization and transportation throughout the county. The Putnam County Department of Social Services provides food stamps, Temporary Assistance to Needy Families and homelessness prevention programs to income-eligible persons.

Program	2007	2008	2009	2010	2011	2012	% change
Family Assistance (Individuals)	43	36	41	52	47	49	14.0%
Safety Net (Individuals)	43	36	31	48	51	59	37.2%
Food Stamps (Individuals)	771	856	1,123	1,238	1,416	1,763	128.7%
HEAP (Households)	434	490	585	670	702	792	82.5%

* Source: Putnam County Department of Social Services

The need for housing services and assistance for those living in poverty is also evidenced by the following statistics from the NYS Department of Health.

Program	2007	2008	2009	2010	2011	2012	% change
Total Medicaid Eligible	4,327	4,671	5,226	5,573	5,509	5,733	32.5%
TANF Children	76	69	54	68	84	75	-1.3%
TANF Adults	38	37	33	42	5	51	34.2%
Safety Net Children	6	3	3	6	8	7	16.7%
Safety Net Adults	46	36	37	42	49	54	17.4%
SSI Aged	145	155	148	152	157	155	6.9%
SSI Blind & Disabled	820	843	857	889	927	943	15.0%

HUD HOUSING CHOICE VOUCHER PROGRAM (SECTION 8): ACTIVE PARTICIPANTS

The Housing Choice Voucher Program (Section 8), administered by the Putnam County Housing Corporation, reports, as of January 2014, there are 506 households, representing 828 persons, participating in the program. The average household size is 1.64 persons. Of the 828 persons, approximately 77.89% are white, 15.62% are Hispanic, 5.27% are black and 1.22% falls into other race/ethnicity categories. Female head of households represent 70.6% of the program and 29.4% are male head of households. As shown in the table below, the program primarily serves non-elderly households with a disability or handicap. It is important to note 85.8% of the elderly households have a disability or handicap. Nearly two-thirds, 64.6%, of the program participants reside in a 1-BR apartment.

Household Composition	0-BR	1-BR	2-BR	3-BR	4-BR	5-BR	Total	%
Elderly	2	145	14	1	0	0	162	32.02%
Non-disabled / Handicapped	0	19	3	1	0	0	23	14.20%
Disabled/Handicapped	2	126	11	0	0	0	139	85.80%
Non-Elderly	9	182	81	59	12	1	344	67.98%
Non-disabled / Handicapped	1	9	35	33	7	0	85	24.71%
Disabled/Handicapped	8	173	46	26	5	1	259	75.29%
Total Households: Disabled / Handicapped	10	299	57	26	5	1	398	78.66%
Total Households: Elderly and Non- Elderly	11	327	95	60	12	1	506	
Percentage of Households by Unit Size	2.2%	64.6%	18.8%	11.9%	2.4%	0.2%		
Average Income by Unit Size	\$17,236	\$15,192	\$18,827	\$25,120	\$32,032	\$5,900		

Source: PCHC

HUD HOUSING CHOICE VOUCHER PROGRAM (SECTION 8): WAITING LIST

The waiting list is a very useful tool to determine the need for units and to determine the demographic applying for assistance. The voucher program is currently “closed” and not accepting applications for rental assistance. As a result of federal budget cuts and sequestration, the PCHC had to close the waiting list. Therefore, the number of persons on the current waiting list does not accurately reflect the need for rental assistance. The current average waiting time from application to “move-in” is approximately two years and may easily reach three years. In the past, during the times when the waiting list was open, there were typically 800 to 900 persons on the list. These statistics are vital in assessing and projecting future affordable housing needs.

Household Composition	0-BR	1-BR	2-BR	3-BR	4-BR	5-BR	Total	Percent
Elderly	0	109	3	0	0	0	112	36.01%
Non-disabled / Handicapped	0	57	0	0	0	0	57	50.89%
Disabled/Handicapped	0	52	3	0	0	0	55	49.11%
Non-Elderly	0	112	48	33	6	0	199	63.99%
Non-disabled / Handicapped	0	38	31	26	5	0	100	50.25%
Disabled/Handicapped	0	74	17	7	1	0	99	49.75%
Total Households: Disabled / Handicapped	0	126	20	7	1	0	154	49.52%
Total Households: Elderly and Non- Elderly	0	221	51	33	6	0	311	
Percentage of Households by Unit Size	na	71.1%	16.4%	10.6%	1.9%	na		
Average Income by Unit Size	na	\$15,084	\$13,144	\$19,546	\$18,030	na		

Source: PCHC

The current waiting list indicates a strong need for 1-BR apartments for both elderly and non-elderly. There is also a demand for 2-BR units and much less need for larger 4- and 5-BR apartments. The waiting list also shows a continued strong demand for apartments and case management services to assist those who have a disability or handicap. The household income levels for those on the waiting list are lower than those on the program. This indicates households become more financially stable when their housing is secure. This is due to provisions of case management services, assistance with employment opportunities, education and skills training.

RENTAL HOUSING INVENTORY

Apartment complexes in Putnam County, both market rate and affordable, are scarce. A majority of the market rate apartments for rent are in 2- to 4-unit homes, townhouses, condominiums and some single-family homes. The affordable apartment complexes that have been developed in Putnam County are for seniors. The affordable senior complexes listed below were developed with low-income housing tax credits, grants - some offer rental subsidies.

There is an overwhelming need to preserve and rehabilitate existing affordable rental housing and develop new affordable housing at all income levels, especially at the lower-income levels. Obtaining housing that is affordable is a struggle for many residents in Putnam County. There are waiting lists at everyone of the affordable housing developments. New housing is needed when vacancy rates are low to ensure reasonable levels of choice and mobility in the marketplace. Again, the Housing Choice Voucher Program has been frozen for new applicants and has a waiting list of well over 300 households. Existing affordable senior housing developments are all reporting waiting lists for all sized apartments. Market rate complexes have little to no vacancies. The following tables provide a snapshot of both affordable and market rate complexes as of December 2013. A more detailed list is provided at the end of the report.

Affordable Senior Housing Complex Name	Total Units	Number of Units and Rent								Wait List
		Studio		1-Bedroom		2-Bedroom		3-Bedroom		
		Units	Rent	Units	Rent	Units	Rent	Units	Rent	
Hughson Commons	94	N/A	N/A	78	\$864	16	\$1,025	N/A	N/A	104 - 1BD 13 - 2BD
Stonecrest	136	N/A	N/A	112	\$864	23	\$1,025	1 (Super's unit)	N/A	70 - 1BD 21 - 2BD
Hillcrest Commons at Carmel	76	N/A	N/A	60	\$762	16	\$910	N/A	N/A	133 - 1BD 41 - 2BD
Chestnut Ridge	62	N/A	N/A	62	\$1069	N/A	N/A	N/A	N/A	50+ (2 year wait)
Gleneida Senior Apts.	24	N/A	N/A	24	\$690	N/A	N/A	N/A	N/A	192
Gleneida Court Senior Housing	24	N/A	N/A	23	\$552	1	\$652	N/A	N/A	234
Lakeview Senior Apts.	24	N/A	N/A	23	\$556	1 (Super's unit)	N/A	N/A	N/A	240
Senior Housing at Mahopac Hills	48	N/A	N/A	47	\$666	1 (Super's unit)	N/A	N/A	N/A	246
Marvin Avenue Apts. (Mayor Mitchell Court)	24	N/A	N/A	N/A	N/A	24	\$900	N/A	N/A	no data available
50 Main Street, Brewster	25	5	\$695	15	\$795	5	\$895	N/A	N/A	6

Market Rate Complex	Total Units	Number of Units and Rent								Vacancies
		Studio		1-Bedroom		2-Bedroom		3-Bedroom		
		Units	Rent	Units	Rent	Units	Rent	Units	Rent	
35 Oak Street, Brewster	28	5	\$850	14	\$1,100-1,160	8	\$1,300-1,350	1	\$1,500	0
104 Main Street, Brewster	29	5	\$850-1,100	12	\$1,100-1,160	12	\$1,300-1,350	0	0	2
34 Putnam Avenue, Brewster	28	4	\$920-1,050	18	\$1,075-1,200	6	\$1,250-1,450	0	0	0
Southeast House	17	0	0	17	\$1,000-1,300	0	0	0	0	1
Mountainview Apartments	42	0	0	0	0	42	\$1,050-1,475	0	0	0

A market analysis of privately offered apartments for rent was conducted at the end of November and early December 2013. The research included a review of the Hudson Valley Craigslist, Penny Saver - online advertisements, online newspapers and rental ads and the Reservoir Realty listings. A series of informal interviews were also conducted with housing agency staff, local realtors, housing developers and residents regarding the need for rental housing. All respondents indicated there is a high demand for rental housing for households that fall in the 80% to 120% of the Area Median Income.

% of Area Median Income	Family Size					
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person
80% Low Income	\$47,000	\$53,700	\$60,400	\$67,100	\$72,500	\$77,850
100% Median	\$58,800	\$67,200	\$75,600	\$83,900	\$90,700	\$97,400
120% Median	\$70,560	\$80,640	\$90,720	\$100,680	\$108,840	\$116,880

Residents with incomes in these ranges do not qualify for rental assistance and are not eligible to live in subsidized apartments, but do not earn sufficient income to afford a market rate apartment. To compound the issue, renters do not benefit from mortgage interest and real estate tax deductions. The typical renter's income is taxed at 30% or more. The average 2-BR rent of approximately \$1,700 is simply not reachable.

The privately owned units listed in late November and early December of 2013 fell into the following ranges: Studios: \$725 to \$855; 1-BR: \$1,087 to \$1,350; 2-BR: \$1,416 to \$2,050; 3-BR: \$1,700 to \$2,500; 4-BR: \$2,298 to \$2,748. The following table provides more detail by location:

Other Market Rate/Private Putnam County Rental Units - 83 Units Listed

# of Units	Unit Size	Average Rent
Brewster - 21 units		
1	Studio	\$725
10	1BR	\$1,168
8	2BR	\$1,416
1	3BR	\$1,700
1	4BR	\$2,450
Carmel/Mahopac/Mahopac Falls - 46 units		
2	Studio	\$855
15	1BR	\$1,087
18	2BR	\$1,584
7	3 BR	\$2,227
4	4 BR	\$2,748
Putnam Valley - 11 units		
1	1BR	\$1,300
5	2BR	\$1,900
3	3BR	\$2,117
2	4BR	\$2,298
Cold Spring - 5 units		
3	1BR	\$1,350
1	2BR	\$2,050
1	3BR	\$2,500

HOUSING TENURE

Putnam County, unlike any other county in the Hudson Valley, has an astronomically high rate of homeownership. Although the rate of homeownership fell by 0.3% since the Census 2000, the rate of 81.9% is the highest in New York State and among the highest in the country. The national homeownership rate was 65.1% according to the 2010 Census.

Owner-occupied and Renter-occupied

Municipality	Census 2000		Census 2010		% change
	Owner Occupied	Renter	Owner Occupied	Renter	
Carmel	84.5%	15.5%	82.8%	17.2%	-1.7%
Kent	83.0%	17.0%	84.8%	15.2%	1.8%
Patterson	80.2%	19.8%	81.2%	18.8%	1.0%
Philipstown	77.9%	22.1%	78.3%	21.7%	0.4%
Putnam Valley	87.5%	12.5%	86.8%	13.2%	-0.7%
Southeast	78.2%	21.8%	77.3%	22.7%	-0.9%
Brewster	24.8%	75.2%	22.5%	77.5%	-2.3%
Cold Spring	61.9%	38.1%	62.1%	37.9%	0.2%
Nelsonville	65.3%	34.7%	68.9%	31.1%	3.6%
Putnam County	82.2%	17.8%	81.9%	18.1%	-0.3%

The total number of housing units for both owner-occupied and renter-occupied households has increased from the 2000 Census to the 2010 Census. There was a larger percentage increase in renter-occupied (+9.2%) housing units as opposed to the owner-occupied (+6.7%) units.

Owner Occupancy by Age Cohort

Putnam County: Owner-occupied	Census 2000	Census 2010	Change	
	Units	Units	Units	%
15 to 24 years	101	109	8	7.9%
25 to 34 years	2,793	1,627	-1,166	-41.7%
35 to 44 years	7,527	5,569	-1,958	-26.0%
45 to 54 years	7,241	8,462	1,221	16.9%
55 to 64 years	4,665	6,733	2,068	44.3%
65 to 74 years	2,683	3,808	1,125	41.9%
75 years and over	1,875	2,380	505	26.9%
Total	26,885	28,688	1,803	6.7%

There was a large decline in the number of owner-occupied units in the age cohorts of 25 to 34 (-41.7%) and 35 to 44 (-26%). Overall there was a decline of 3,124 units in these two age cohorts. These two age cohorts represent the largest pool of home buyers and the newest home buyers in the housing market.

As a result of the recession and housing crisis, the number of home buyers declined and many existing homeowners were faced with foreclosure, especially in these two age cohorts. The prices of homes are very high, as are the real estate taxes. As lending standards have become more strict and costly, there are fewer young buyers. Residents in the age cohort of 25 to 34, also known as the Millennials, are unable to save for the down payment and closing costs, burdened by student debt and not interested in large purchases due to the recovering, but still fragile economy. With the overall decline in the typical home buying demographic, ages of 25 to 44, Putnam’s single-family housing market may not continue to increase significantly in value.

Owner-occupied units have increased among the age cohort of 45 and over due to many reasons. The owners are a bit more economically stable and in some instances are trading up into larger homes. The largest increases were in the age cohorts of 55 and over. This indicates there are a larger number of home owners remaining in their homes, possibly unable to sell due to the phenomena of being “underwater” and aging in place in the 75+ age cohort.

Renter Occupancy by Age Cohort

Putnam County: Renter-occupied	Census 2000	Census 2010	Change	
	Units	Units	Units	%
15 to 24 years	319	251	-68	-21.3%
25 to 34 years	1,481	1,275	-206	-13.9%
35 to 44 years	1,668	1,296	-372	-22.3%
45 to 54 years	1,105	1,429	324	29.3%
55 to 64 years	541	904	363	67.1%
65 to 74 years	319	530	211	66.1%
75 years and over	385	668	283	73.5%
Total	5,818	6,353	535	9.2%

Renter occupied units have drastically declined among the age cohorts of 15 through 44 from the Census 2000 to the Census 2010. In fact, there was an overall decline in the number of renters from 3468 to 2822, an 18.6% decline in that age cohort. Simultaneously, the number of renters in the age cohorts between 45 and 75+ dramatically increased from 2350 to 3531, which represents an increase of 50.2%. This points additionally to the need for more rental housing to serve the age cohorts of 45+ and clearly the largest need among seniors, age 55+. These demographics further indicate the Millennials are neither buying nor renting. Again, as a result of the high taxes, high real estate prices, high student debt and slow economic growth, many of the Millennials are forced to remain living at home.

HOUSING AND POPULATION PROJECTIONS

According to the Cornell University Program on Applied Demographics, the projected population growth in Putnam County will be drastically slower than in prior decades. The overall population is projected to grow by only 4% through 2025.

Age Cohort	CENSUS		CORNELL PROJECTIONS			
	2000	2010	2015	2020	2025	% change 2010 to 2025
Under 20	27,181	25,842	24,342	23,977	24,154	-6.5%
Young Adults (20-29)	8,978	9,803	10,238	9,975	9,503	-3.1%
Prime Labor Force (30-44)	25,952	19,439	19,854	21,492	22,817	17.4%
Mature Labor Force (45-64)	24,487	32,209	32,656	31,330	29,715	-7.7%
Early Retirement (65-74)	5,186	7,238	8,604	9,737	10,626	46.8%
Retired (75-84)	2,911	3,697	3,861	4,563	5,449	47.4%
Elderly 85+	1,050	1,482	1,441	1,397	1,469	-0.9%
Total	95,745	99,710	100,996	102,471	103,733	4.0%

Under 20 and Young Adults (Millennials): The decline in the age cohorts of Under 20 (-6.5%) and Young Adults 20-29 (-3.1%) in combination with the high cost of purchasing a home or renting an apartment may lead to apartment sharing, living with parent(s) longer or relocating. The Millennials that remain are more ethnically diverse, primarily Hispanic and Latino. Based on a slow economy, a lack of employment opportunities and college debt, these age cohorts are not typically buying homes.

Prime Labor Force: The age cohort of 30-44 is projected to grow by 17.4% by 2025. This may be considered a positive trend for Putnam County. As the decade from 2000 to 2010 showed a decline in owner-occupied housing in this age cohort due to the economy. Cornell's projections of a population increase may provide a positive impact to the housing market. However, the market is likely to call for smaller, more affordable and energy efficient homes.

Mature Labor Force: The age cohort of 45 to 64 is projected to decline by almost 8%. This may have a negative impact on the "trade-up" home market. These are the homes that are typically higher in value than the "first-time buyer" homes.

Retirement and Elderly Ages: The age cohorts of 65-74 and 75-84 are projected to grow by almost 50% by 2025. The elderly population of 85+ shows a negligible decline of less than 1%. Again, these projected increases will lead to needs in housing rehabilitation for the senior population as they may age in place.

Overall, as evidenced by the population projections by age cohort, Putnam County is witnessing a rapid increase in the aging population. Additionally, both the Owner and Renter Tenure tables show many older residents will remain in their own homes. However, this may not be possible based on health and issues that may require either family or professional assistance. Other seniors may want to downsize and are unable to maintain a single family home, again, due to health or financial issues. Therefore the needs of the seniors include smaller, more affordable homes or apartments located within walking distance to medical services, shopping, and recreational and cultural activities. In the case where the senior population continues to age in place, rehabilitation programs become paramount and must cover accessibility issues within the home such as ramps, lifts and baths.

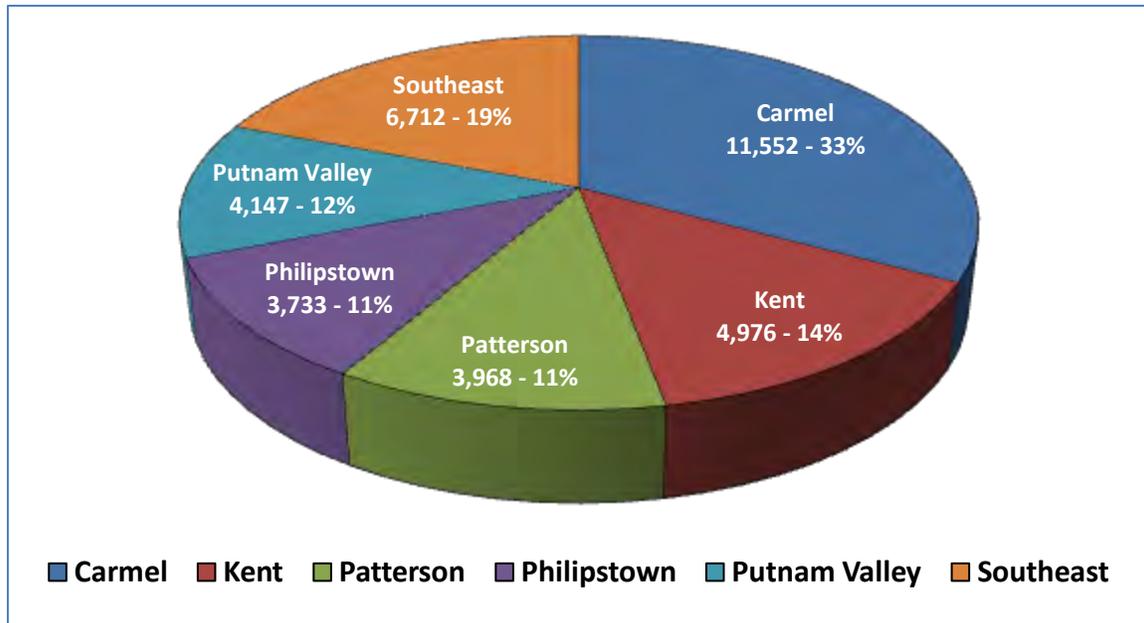
However, the development of new affordable housing and the preservation of existing affordable housing in Putnam County prove extremely difficult. Putnam County lies within the New York City Watershed, which severely limits new construction. There are many building codes and regulations in place that are designed to protect the NYC drinking water supply. Based upon the Watershed Agreement and the lack of public infrastructure, many property owners and developers must rely on septic systems, as opposed to public sewers. In the few areas that are buildable, land and construction costs are very high. Again, there are few commercial ratable properties in the county; therefore residential property owners must shoulder most of the tax burden.

Creating local policy that encourages the development and preservation of housing that is affordable must be a high priority by local decision makers and planners. Putnam County is faced with limited choice and an insufficient supply of affordable and market rate rental housing.

HOUSING STOCK – EXISTING CONDITIONS

In order for a healthy housing market to exist, the supply of Putnam County housing and the production levels must adapt as the demographics and housing tenure change. The following data on the existing housing stock is critically important to understand for housing agencies, developers and municipal planning and zoning boards.

Occupied Housing Units by Municipality ACS 2012 Number of Units and % of Total



Municipality	Total Housing Units	Occupied	Vacant	Homeowner Vacancy Rate	Renter Vacancy Rate
Carmel	12,208	11,552	656	.4%	6.5%
Kent	5,668	4,976	692	.7%	0%
Patterson	4,417	3,968	449	3.90%	0%
Philipstown	4,153	3,733	420	0%	3.1%
Putnam Valley	4,609	4,147	462	0%	0%
Southeast	7,080	6,712	368	.8%	2.1%
Putnam County	38,135	35,088	3,047	.8%	2.9%

The data shows a very low vacancy rate for both homeowners and renters, which indicates the demand for housing is high in all areas of the county. However, vacancy rates lower than 5% indicate a tight market that typically inflates prices for sale and for rentals.

Year Structure Built

Year Built	2000 or later	1990 to 1999	1980 to 1989	1970 to 1979	1960 to 1969	1950 to 1959	1940 to 1949	1939 or earlier	Total
Carmel	1,133	1,012	1,378	2,240	2,522	1,419	1,033	1,471	12,208
Kent	166	344	627	692	995	1,163	601	1,080	5,668
Patterson	412	503	681	573	464	629	422	733	4,417
Philipstown	361	227	486	660	583	560	353	923	4,153
Putnam Valley	212	520	429	546	626	685	557	1,032	4,609
Southeast	513	1,025	1,740	985	656	830	235	1,096	7,080
Putnam County	2,799	3,631	5,341	5,696	5,846	5,286	3,201	6,335	38,135
% of Total	7.34%	9.52%	14.01%	14.94%	15.33%	13.86%	8.39%	16.61%	100%

According to the ACS 2012 data, 69.1%, or 26,364 housing units were constructed before 1979. Lead-based paint was used in homes up until 1978. Although LBP was not used in all homes and was used much less frequently in the late 1960's and 1970's, the possibility of dangerous lead levels still exists. Lead-based paint was used much more frequently prior to 1960 and in nearly all homes built before 1939. The housing stock built before 1960 in Putnam County represents 38.9% (14,822 units) of the total count and 16.6% was built before 1939. Over half, 54.2%, of the housing stock is nearly 50 years old, which strongly suggests a high number of homes are in need of major rehabilitation. In homes of this age, major systems and structural elements are typically in need of full replacement. Additionally, these homes are very inefficient in terms of energy use. Elements such as heating systems, doors, windows and insulation are also in need of updating.

Units in Structure

An analysis of the number of "Units in Structure" reveals a greater number of 2 or more units per structure are located in the villages. According to the ACS 2012 data, a vast majority of the housing units throughout the county are 1-unit structures, either attached or detached. On a county wide basis there are 32,377 1-unit structures, or 84.9% of the total number of housing units. The towns are predominantly comprised of 1-unit detached or 1-unit attached structures. In fact, outside of the villages, the county has 86.6% of its housing in 1-unit structures. Less than 1% of the housing units in the county are classified as mobile (manufactured) homes. However, manufactured homes may be considered an affordable and viable option for seniors.

Units per Structure	County Totals		Towns Only		Villages Only	
	Units	% of Units	Units	% of Units	Units	% of Units
1 unit - detached	30,215	79.2%	29,363	81.8%	852	38.3%
1 unit - attached	1,868	4.9%	1,727	4.8%	141	6.3%
Single Unit Structures:	32,083	84.1%	31,090	86.6%	993	44.6%
2 units	1,506	3.9%	1,134	3.2%	372	16.7%
3 or 4 units	1,332	3.5%	1,086	3.0%	246	11.0%
5 to 9 units	1,579	4.1%	1,309	3.6%	270	12.1%
10 to 19 units	497	1.3%	382	1.1%	115	5.2%
20 to 49 units	564	1.5%	410	1.1%	154	6.9%
50 or more units	280	0.7%	241	0.7%	39	1.8%
Mobile home units*	294	0.8%	256	0.7%	38	1.7%
Structures with > 2 units:	5,758	15.1%	4,562	12.7%	1,196	53.7%
Total Units per Structure:	38,135		35,908		2,227	

*Not included in structures with > 2 units

The villages in Putnam County have many more structures with 2 or more units as opposed to the towns, which is typical in many areas. The Village of Brewster, which is 78.9% renter-occupied and 21.1% owner-occupied, has 693 units (72.4%) of its housing stock with two or more units per structure. The Village of Cold Spring has 419 units (42.9%) that are in structures with 2 or more units. The Village of Nelsonville has 84 units (28.6%) that are in structures with 2 or more units. The tables below provide greater detail of the Units in Structure counts.

	Brewster		Cold Spring		Nelsonville	
	Units	% of Units	Units	% of Units	Units	% of Units
1 unit - detached	188	19.6%	487	49.9%	177	60.2%
1 unit - attached	45	4.7%	63	6.5%	33	11.2%
Single Unit Structures:	233	24.3%	550	56.4%	210	71.4%
2 units	221	23.1%	84	8.6%	67	22.8%
3 or 4 units	164	17.1%	65	6.7%	17	5.8%
5 to 9 units	81	8.5%	189	19.4%	0	0.0%
10 to 19 units	73	7.6%	42	4.3%	0	0.0%
20 to 49 units	154	16.1%	0	0.0%	0	0.0%
50 or more units	0	0.0%	39	4.0%	0	0.0%
Mobile home units	31	3.2%	7	0.7%	0	0.0%
Structures with > 2 units	693	75.6%	419	42.9%	84	28.6%
Total:	957		976		294	

*Not included in structures with > 2 units

Persons per Household

A comparison between the Census 2000 and 2010 shows an increase in the number of 1-3 person households and a decrease in the number of 4-6 person households in owner-occupied housing. In fact, there was an increase of almost 20% in 1-person; owner-occupied housing units and an increase of over 10% in 2-person households. The renter-occupied households show an overwhelming increase, 21.6%, in 1-person households and very small increases in all other sizes except 4-person, which shows a slight decline.

Putnam County: Owner-occupied	Census 2000	Census 2010	Change	
			Units	%
1-Person Household	3,831	4,590	759	19.8%
2-Person Household	8,340	9,186	846	10.1%
3-Person Household	5,174	5,532	358	6.9%
4-Person Household	5,701	5,628	-73	-1.3%
5-Person Household	2,595	2,518	-77	-3.0%
6-Person Household	859	851	-8	-0.9%
7-or more Person Household	385	383	-2	-0.5%
Total Owner-occupied housing units	26,885	28,688	1,803	6.7%

Putnam County: Renter-occupied	Census 2000	Census 2010	Change	
			Units	%
1-Person Household	2,076	2,525	449	21.6%
2-Person Household	1,646	1,659	13	0.8%
3-Person Household	910	959	49	5.4%
4-Person Household	664	660	-4	-0.6%
5-Person Household	320	340	20	6.3%
6-Person Household	129	132	3	2.3%
7-or more Person Household	73	78	5	6.8%
Total Renter-occupied housing units	5,818	6,353	535	9.2%

Putnam County (Owner and Renter)	Census 2000	Census 2010	Change	
			Units	%
1-Person Household	5,907	7,115	1,208	20.5%
2-Person Household	9,986	10,845	859	8.6%
3-Person Household	6,084	6,491	407	6.7%
4-Person Household	6,365	6,288	-77	-1.2%
5-Person Household	2,915	2,858	-57	-2.0%
6-Person Household	988	983	-5	-0.5%
7-or more Person Household	458	461	3	0.7%
Total Housing Units	32,703	35,041	2,338	7.1%

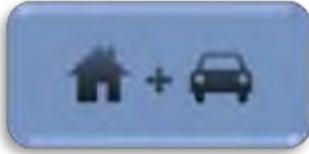
HOUSING PIPELINE REPORT BY MUNICIPALITY

The Putnam Housing Pipeline chart, below, was compiled through phone calls to planning boards in November and December of 2013 in all the towns and villages. The chart reflects pending or approved but not fully built housing that was known by the respondents. In many cases, planning board minutes posted at websites and elsewhere on the internet were consulted as were news stories and social media in regard to known proposals.

These informal interviews and related research painted a picture of modest to no activity. In some cases, proposals were stalled; this was attributed to the slow economy. Some projects have been in the pipeline for many years; it remains uncertain whether these longer-term proposals will come to fruition as planned.

Municipality	Development / Activity
Town of Carmel	300 unit "Active Adult" development (Gateway Summit/Fairways) proposed by Paul Carmada, not built and has received several Planning Board extensions.
Town of Kent	No activity
Town of Patterson	<ol style="list-style-type: none"> 1. 80 unit condominium, "Active Adult Community" proposed as concept in October 2013. RC Enterprises w/ Zarecki & Associates 2. Ice Pond Estates: 21 single family homes, preliminary approval. RC Enterprises w/ Zarecki & Associates 3. Three subdivisions - 20 homes in total (various builders) <ul style="list-style-type: none"> • Gottwald Subdivision (Fair Street Subdivision - Stonefield Corners Estate) - 6 single family homes, concept only • Paddock View, 8 single family, under construction • Couch Rd Subdivision, 6 single family, approved, not built
Town of Philipstown	Over 54 single family homes in an "Active Adult (age 55+)" community (still under construction) - Glassbury Court (aka Quarry Pond) Wilder-Balter
Town of Southeast	<ol style="list-style-type: none"> 1. 162 units - very large, single family homes, 4BR (price: \$699,000 and up). Approved, but not built. Fortune Ridge (aka Meadows at Dean's Corners). Builder: Fortune Home Builders (based in Westchester) 2. Three unrelated , 4-lot, subdivisions
Town of Putnam Valley	<ol style="list-style-type: none"> 1. 15 single family homes. HYH Development 2. 7 single family homes. Fiorentino Builders
Village of Cold Spring	<ol style="list-style-type: none"> 1. 55 unit condo - redevelopment of Butterfield Hospital proposed 2. 4 - single family homes under construction
Village of Nelsonville	No activity
Village of Brewster	Building Moratorium in place as of August 2013 due to Comprehensive Plan. Waivers are possible. One project open: 6-2BR rental units on Prospect Street

HOUSING AND TRANSPORTATION (H+T)



Putnam County has an unusually high percentage of out-of-county employment. According to the NYS Department of Labor and the US Census Bureau, in 2010 there were 47,539 Putnam County residents employed. The total number of persons working within Putnam County in 2010 was 27,869.

Commutation Patterns

County Residents at Work	2010	Percentage
Total County Residents at Work	47,539	100%
Worked in New York State	44,153	92.9%
Worked in New York State- Outside of County	28,762	60.5%
Worked Outside of NYS	3,386	7.1%
Total Worked <i>Outside</i> of Putnam County	32,148	67.6%
Total Persons Working in Putnam County	27,869	100%
Lived in New York State	25,266	90.7%
Lived in Putnam County	15,391	55.3%
Lived Outside County	9,875	35.4%
Lived Outside of NYS	2,603	9.3

The majority of Putnam County residents who work outside of the county are employed in Westchester County (41.2%) and New York County (8.8%). According to the 2012 ACS, over 76% of the commuters use a car, truck or van and drive alone on their journey to work. Only 7.6% use public transportation and 8.9% carpool. The overall county average travel time to work is 38.2 minutes, which again is overwhelmingly spent alone in a car. As a result, transportation costs represent a large part of a household's monthly budget.

Commuting to Work

Municipality	Drove Alone	Carpooled	Public Transit	Travel Time in minutes
Carmel	80.9%	8.5%	6.1%	37.2
Kent	78.7%	7.8%	8.2%	40.8
Patterson	76.2%	9.9%	4.6%	37.5
Philipstown	59.8%	7.7%	17%	42.7
Putnam Valley	74%	12%	6.5%	38.6
Southeast	76.7%	8.6%	8.3%	36.2

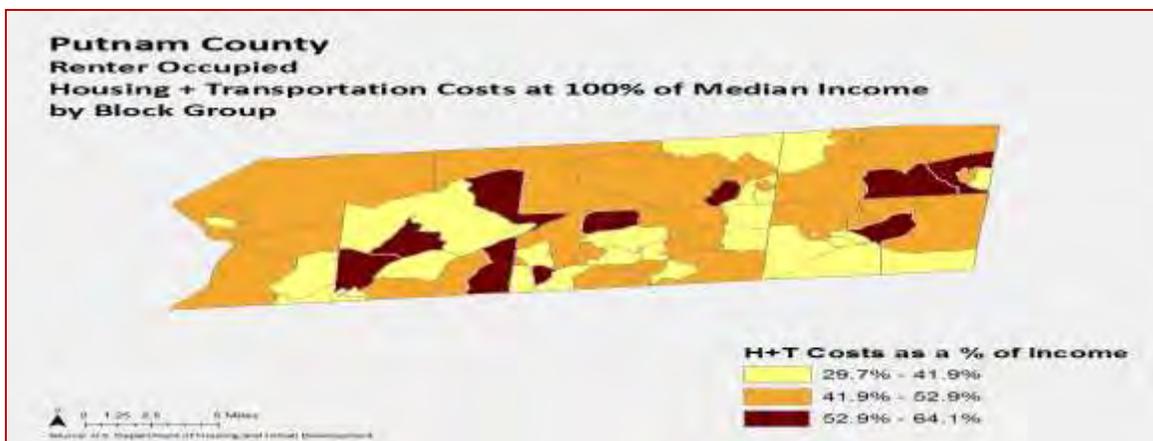
Residents of Philipstown, which includes the Village of Cold Spring, use public transportation more than twice as much as residents in other towns. The Town of Southeast, which includes the Village of Brewster, also has a higher percentage of residents using public transit. There are Metro North Stations in the Villages of Cold Spring and Brewster. The residents of Cold Spring use public transportation at the rate of 28.7% for commuting to work, in Brewster the rate is 17.3%.

The U.S. Department of Housing and Urban Development (HUD) publishes data for what is known as the Location Affordability Portal. This portal provides data and maps on housing and transportation costs and as a percentage of income. The statistics provided by HUD are based on the Area Median Income for Putnam County. For purposes of this HUD generated data, the Area Median Income for Putnam County is \$63,915 annually, which is derived from the American Community Survey and Census Bureau datasets by HUD. The housing and transportation data is available for both renters and owner-occupied homes.

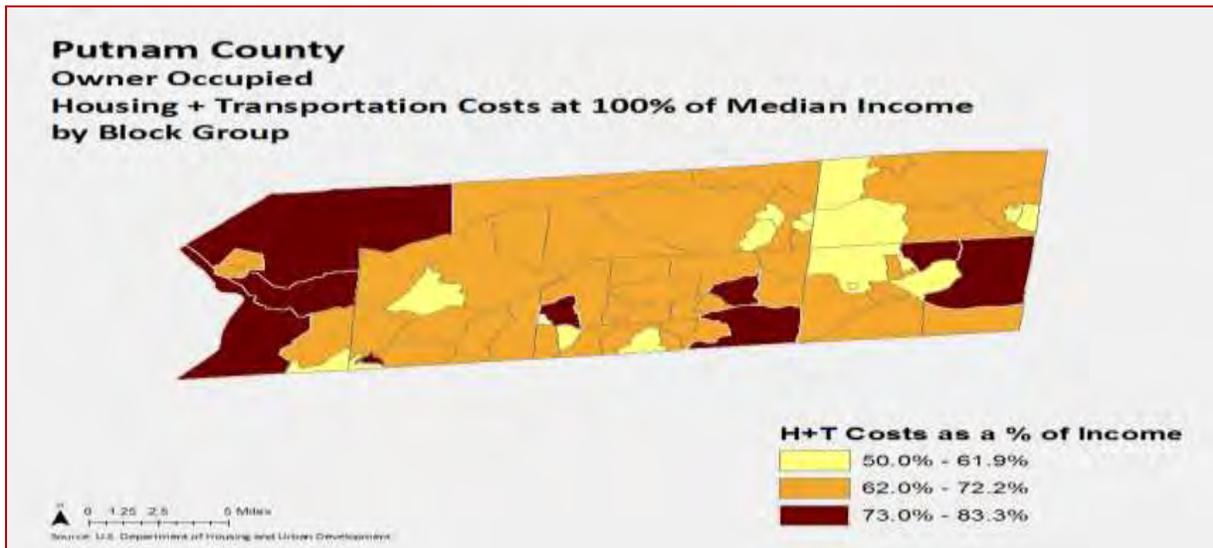
The following tables and maps provide the estimated annual costs for housing and transportation for Putnam County. The tables show the cost of housing and transportation as a percentage of income for the three levels of income as defined by HUD - 50%, 80% and 100% of the Area Median Income. Also included in the following table is a column labeled “Remaining Income”. This column represents the balance of annual income, which is for taxes, food, healthcare, retirement, savings and other household expenses.

Annual Income Level	Renter-Occupied Housing						Remaining Income for All Other Household and Living Expenses
	Housing		Transportation		Combined		
	Cost	% of Income	Cost	% of Income	Cost	% of Income	
100% of AMI - \$63,915	\$14,700	23%	\$12,783	20%	\$27,483	43%	\$36,432
80% of AMI - \$51,132	\$13,806	27%	\$12,272	24%	\$26,078	51%	\$25,054
50% of AMI - \$35,650	\$12,834	36%	\$11,052	31%	\$23,886	67%	\$11,764

As shown in the above table, over half of the annual income of families earning 80% of the AMI goes toward housing and transportation. Two-thirds (67%) of the annual income of families earning 50% of the AMI goes toward housing and transportation. These families must live on the remaining balance, which is further reduced by state and federal taxes, typically 30%.



Annual Income Level	Owner-Occupied Housing						Remaining Income for All Other Household and Living Expenses
	Housing		Transportation		Combined		
	Cost	% of Income	Cost	% of Income	Cost	% of Income	
100% of AMI - \$63,915	\$28,762	45%	\$12,783	20%	\$41,545	65%	\$22,370
80% of AMI - \$51,132	\$26,589	52%	\$12,272	24%	\$38,861	76%	\$12,271
50% of AMI - \$35,650	\$23,886	67%	\$11,052	31%	\$34,938	98%	\$712



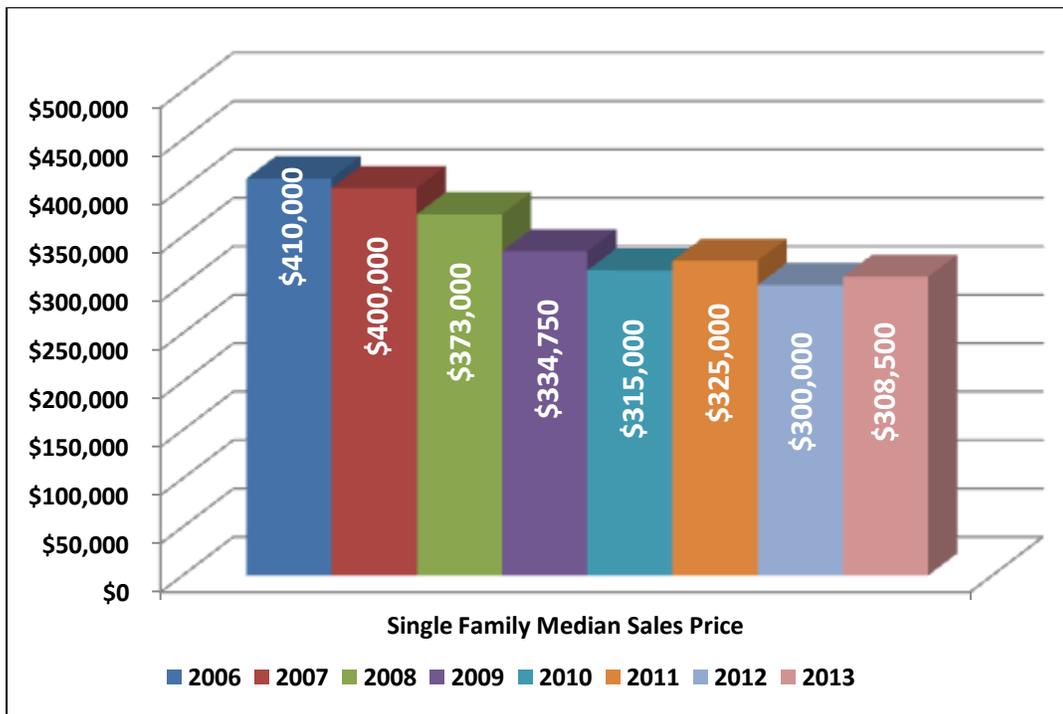
REAL ESTATE VALUES

The single-family housing market hit its high point in 2005 of \$410,000. The median price of a home in 2013 was \$308,500, which represents a decline of \$101,500 or 24.75%. However, the 2013 median home sales value was \$308,500, which was \$8,500 higher than 2012. Although the median prices have declined, the sales volume has increased. However, as detailed in Appendix 1, the number of homes that are affordable for families at or below the median income level is small.

Annual Sales Data 2006 - 2013

Type of Property	2006	2007	2008	2009	2010	2011	2012	2013
Single Family Median Sales Price	\$410,000	\$400,000	\$373,000	\$334,750	\$315,000	\$325,000	\$300,000	\$308,500
Single Family Number of Sales	869	773	623	546	576	575	631	718
Single Family End Of Year Inventory	850	701	740	731	771	719	708	681
Condo Median Sales Price	\$275,000	\$280,000	\$280,000	\$221,000	\$229,500	\$215,000	\$180,000	\$195,000
Condo Number of Sales	132	144	111	97	70	75	75	109
Condo End of Year Inventory	93	105	88	123	89	104	89	69

Source: Hudson Gateway Association of Realtors



FORECLOSURES AND SHADOW INVENTORY

Putnam County has not been immune to the foreclosure crisis. There have been hundreds of homes foreclosed upon by various banks and lending institutions. Many homeowners are still “underwater” as the market values have not completely recovered since the housing boom.

The following tables represent only the county foreclosure actions and judgments. There has been a drastic increase in the number of foreclosure actions and judgments.

Foreclosure Actions Initiated by Month				
Month	2010	2011	2012	2013
January	59	15	18	49
February	28	12	15	28
March	48	24	27	44
April	36	26	28	56
May	47	25	32	58
June	45	28	34	54
July	33	37	28	44
August	47	23	32	56
September	47	34	28	27
October	38	22	29	49
November	23	20	26	47
December	29	19	34	39
Year to Date Totals	480	285	331	551

Foreclosure Judgments Docketed				
Month	2010	2011	2012	2013
January	1	1	2	4
February	4	0	0	5
March	4	3	4	9
April	14	0	4	6
May	8	0	2	3
June	21	1	6	8
July	17	0	9	5
August	21	0	3	2
September	18	3	7	16
October	17	1	3	3
November	7	4	3	9
December	2	3	6	11
Year to Date Totals	134	16	49	81

Source: Putnam County Clerk's Office, December 2013

There are also a number of homes that are in the foreclosure process, which is known as the Shadow Inventory. The term Shadow Inventory can have complex definitions and even more complex ramifications. Shadow Inventory is real estate that is somewhere in the foreclosure

process and includes the homes that have not yet entered the market. Owners have delayed putting these homes on the market until prices improve. Shadow Inventory can create uncertainty about the best time to sell (for owners) and when a local market can expect full recovery. When prices begin to rise and the Shadow Inventory hits the market, the supply will be greater than demand and prices will fall again.

Today, lending criteria has tightened drastically, which has also impacting the value of homes, the length of time on the market and the ability to close quickly. Additionally, many lenders now require pre- and post-purchase counseling for all home buyers. PCHC is the only HUD certified housing counseling agency in the county. To that end, pre, post and foreclosure counseling service providers are under enormous strain. These services are offered through community-based organizations that are funded by federal and state resources, which have been drastically reduced or eliminated due to government budget cuts.

Counseling is critical for potential home buyers and current home owners who are impacted by financial crisis. According to the U.S. Department of Housing and Urban Development, the default rate of a homebuyer who has not received counseling is 34% higher than that of a family who was counseled by a Certified Housing Counselor. Residents who are faced with foreclosure will benefit from counseling as well. There are many resources and processes that can either avert foreclosure or, at minimum, reduce the impacts on the family.

TAX BURDEN

As stated earlier, the homeownership rate in Putnam County is the highest in New York State, 81.9%. However, with a high rate of homeownership and little commercial development, real estate taxes become an issue. The county also has some of the highest property tax rates in the state. The median sales price of a Putnam County single family home in 2013 was \$308,500, according to the Hudson Gateway Association of Realtors (HGAR). A detailed analysis was conducted on the single-family detached homes provided in the Hudson Gateway Association of Realtors, Inc. Multiple Listing Service database. The reported transactions do not include all real estate sales in the area, but do provide a fair reflection of the general market condition. The average total estimated real estate tax on a home with the value of \$308,500 in Putnam County was determined to be \$8,775. The Affordability Matrix for Homeownership (Appendix 1) provides much greater detail on real estate taxes.



MORTGAGES, REFINANCING AND HOME IMPROVEMENT LOANS

The number of mortgages and the source of mortgage financing have drastically changed over the past 10 years. According to the Home Mortgage Disclosure Act (HMDA) data, Putnam County has witnessed a decline of more than 74% in conventional mortgage applications filed from 2003 to 2012. The number of conventional mortgages approved has also declined by over 74% during the same time period and the denial rate has increased from 9% to almost 13.5%. As conventional mortgages decreased, government mortgages rose in much smaller numbers. The same stands true for FHA, USDA, VA, as well as refinancing and home improvement loans since 2003. Taken together, the steep drop in mortgage applications plus the sharp decline in refinancing and home improvement loan activity have had a domino effect within the housing landscape.

Home Mortgage Disclosure Act (HMDA) Data

Conventional Mortgages					
Status	2003	2006	2009	2012	% change
Received	2,500	2,257	633	646	-74.2%
Approved	1,757	1,438	392	442	-74.8%
Denied	226	331	99	87	-61.5%
Denial Rate	9.04%	14.67%	15.64%	13.47%	

FHA, USDA, VA					
Status	2003	2006	2009	2012	% change
Received	48	20	337	256	433.3%
Approved	28	9	204	160	471.4%
Denied	5	4	54	53	
Denial Rate	10.42%	20.00%	16.02%	20.70%	

There are a number of reasons for this shift. The “Great Recession” prevented many would-be homebuyers from entering the market, regardless of historically low interest rates and substantially lower-priced homes. Driving factors have been the lack of high paying jobs coupled with the loss of confidence in the job market and employment tenure. This translates into two of the major barriers to homeownership: down payment and affordability (wages cannot meet the debt-to-income ratio). Those who are able to purchase a home are using government loan programs with low down payment requirements. This is clearly evidenced by the rise of government loan application activity under the FHA, USDA and VA programs.

The factors behind the refinancing and home improvement loan declines are not so different from those that drove mortgage applications into the cellar during the same period of time. Most can be attributed to the effects of the collapsed housing bubble.

Homeowners in general were unable to refinance their mortgages because the correction in home values from their previously inflated conditions meant owners did not have enough equity in their homes to make refinancing an option. At the same time, a rise in the use of consumer credit left homeowners with poor credit scores which in turn rendered them ineligible for refinancing.



Statistics show that homeowners could not or chose not to even apply for refinancing despite the federal Home Affordable Refinance Program (HARP) designed specifically to provide an avenue to a lower-rate mortgage. The table below shows a sharp and categorical fall off in these applications, to the tune of 75.2%.

Home Mortgage Disclosure Act (HMDA) Data

Refinancing (all mortgages from reporting banks)					
Status	2003	2006	2009	2012	% change
Received	1,0069	5,234	2,845	2,496	-75.2%
Approved	5,914	2,049	1,238	1,150	-80.6%
Denied	1,604	1,332	836	660	
Denial Rate	15.93%	25.45%	29.38%	26.44%	

Home improvement loan activity suffered much the same fate, and for many of the same reasons. Home improvement loan applications declined by 80.6% from 2003 to 2012. With the decline in the value of homes, owners lost confidence in the long-term wisdom of an investment once thought to be unassailably sound. This is further evidenced by the percentage of home improvement loans denied by the lenders, which rose from 15.9% to 26.4%.

Home Mortgage Disclosure Act (HMDA) Data

Home Improvement (all mortgages from reporting banks)					
Status	2003	2006	2009	2012	% change
Received	597	810	188	206	-65.5%
Approved	189	371	64	90	-52.4%
Denied	198	201	81	84	
Denial Rate	33.17%	24.81%	43.09%	40.78%	

Within the construction industry some home improvement contractors went to work on projects financed by homeowner credit cards. Some homeowners who had lost their jobs or failed to accrue equity turned to consumer credit in order to pay for home improvements. Contractors left the area altogether, creating an overall shortage of skilled home construction workers. All of this makes it harder for the housing market to recover even though we are now seeing signs of a modest comeback.

The **Home Mortgage Disclosure Act (HMDA)** was enacted by Congress in 1975 and was implemented by the Federal Reserve Board's Regulation C. On July 21, 2011, the rule-writing authority of Regulation C was transferred to the Consumer Financial Protection Bureau (CFPB). This regulation provides the public loan data that can be used to assist:

- in determining whether financial institutions are serving the housing needs of their communities;
- public officials in distributing public-sector investments so as to attract private investment to areas where it is needed;
- and in identifying possible discriminatory lending patterns.

This regulation applies to certain financial institutions, including banks, savings associations, credit unions, and other mortgage lending institutions.

ECONOMIC IMPACT OF HOUSING PROGRAMS

The impact of housing program funds, grants and the development of new and rehabilitation of existing housing cannot be understated. The Putnam County Housing Corporation receives a small amount of core funding through the NYS Office of Homes and Community Renewal under the Rural Preservation Program. This core funding is then used to provide housing services and programs that support the mission of the organization. As a Rural Preservation Company, the PCHC received \$60,560 under the FY2012 annual contract. The PCHC used these core dollars to leverage \$7,241,406 in total federal, state, local and private funding. The following table represents that total dollars leveraged from all resources since 2003.

Year	RPC Contract	Administrative	Non-administrative & Housing Programs	Rental Housing Assistance & Development	Total
2003	\$65,000	\$679,301	\$1,113,330	\$5,498,533	\$7,356,164
2004	\$65,860	\$536,365	\$2,409,663	\$4,578,308	\$7,590,196
2005	\$32,500	\$482,020	\$522,984	\$7,998,759	\$9,036,263
2006	\$65,000	\$472,943	\$5,225,840	\$9,579,841	\$15,343,624
2007	\$76,000	\$788,460	\$1,237,621	\$5,494,384	\$7,596,465
2008	\$88,950	\$731,324	\$643,196	\$6,054,964	\$7,518,434
2009	\$79,681	\$1,087,587	\$624,261	\$6,559,337	\$8,350,866
2010	\$65,578	\$1,072,969	\$1,064,623	\$5,176,632	\$7,379,802
2011	\$55,556	\$1,042,850	\$258,499	\$6,009,026	\$7,365,931
2012	\$60,560	\$1,033,155	\$352,728	\$5,855,523	\$7,301,966
Totals	\$654,685	\$7,926,974	\$13,452,745	\$62,805,307	\$84,839,711

These dollars represent only what was directly brought into Putnam County. In order to measure the total economic impact of these programs and grants a multiplier must be utilized. An economic multiplier for housing development, housing rehabilitation, rental assistance, property management and the operations and administration of programs must be instituted to capture the overall impact and ripple effect within the local economy.

In an economic impact study conducted by HR&A Advisors, Inc. in 2013, an economic multiplier was established for the New York City Housing Authority of \$1.80. In other words, for every \$1 in direct spending, there is an additional \$1.80 in economic activity. The economic multiplier covers four areas of direct spending:

1. Capital expenditures - physical repairs, improvement of housing units, infrastructure
2. Ongoing maintenance and operating - property management, leasing, housing services and security
3. Central office administration - agency operations
4. HUD Housing Choice Voucher Program (Section 8) - rental subsidies

The Putnam County Housing Corporation is not a housing authority. However, its housing program activities and organizational structure, although much smaller in size, is similar to the activities conducted by the NYCHA, including the development of housing, rental assistance and implementation of housing services. Putnam County is part of the New York City Metropolitan Statistical Area (MSA) with many of the same federal program income and rent limits. Therefore, for purposes of establishing the economic impact in Putnam County, the same economic multiplier of \$1.80 for housing is used in the following table.

Year	Total	Total Economic Impact in 2013 dollars
2003	\$7,356,164	\$13,241,095
2004	\$7,590,196	\$13,662,353
2005	\$9,036,263	\$16,265,273
2006	\$15,343,624	\$27,618,523
2007	\$7,596,465	\$13,673,637
2008	\$7,518,434	\$13,533,181
2009	\$8,350,866	\$15,031,559
2010	\$7,379,802	\$13,283,644
2011	\$7,365,931	\$13,258,676
2012	\$7,301,966	\$13,143,539
Totals	\$84,839,711	\$152,711,480

Since 2003, the PCHC has leveraged the core Rural Preservation Program dollars to produce a total economic impact of over \$150 million over the past 10 years. Additionally, the PCHC has assisted over 5,000 households with rental assistance through the HUD Housing Choice Voucher Program (Section 8). Another 388 homeowners have been assisted through housing rehabilitation and home improvement programs. An additional 1,225 families have been assisted with Debt Consolidation and mortgage restructuring since 2003 and 7 residents were assisted in purchasing their first home. A total of 33,000 persons have been assisted by the PCHC over the past 10 years.

CONCLUSION

Putnam County is faced with limited choice and an insufficient supply of affordable and market rate rental housing. It is difficult to own a home in Putnam, and it is also difficult to rent. The County has the highest rate of homeownership in New York State at 81.9%. However, property taxes are also among the highest in the state and the price of a home is also high. There are few commercial ratable properties in the county; therefore residential property owners must shoulder most of the tax burden. In addition to rental housing stock that is less than plentiful, wages and consumer debt, including student loans have made rents unaffordable for a large percentage of the population. There is an overwhelming need to preserve and rehabilitate existing affordable rental housing and develop new affordable housing at all income levels, especially at the lower-income levels. Bolstering the supply of housing that is affordable to working class and middle income households is critical to building and retaining talent for the local economy.

AFFORDABLE HOUSING TOOLS AND RESOURCES-WHAT LOCAL GOVERNMENTS CAN DO

Local governments can do a great deal to encourage and facilitate the construction of more affordable housing within their borders. Following is a list of ordinances and financial tools that communities around the country are using to tackle the affordable housing challenge.

Inclusionary Zoning is a local initiative that requires a portion of housing units in a new housing development to be reserved as affordable. Inclusionary zoning (IZ) requires developers to make a percentage of housing units available to low- and moderate-income households. In return, developers receive non-monetary compensation-in the form of density bonuses, zoning variances, and/or expedited permits-that reduce construction costs. By linking the production of affordable housing to private market development, IZ expands the supply of affordable housing while dispersing affordable homes throughout a municipality to broaden opportunity and foster mixed-income communities. *Smart Growth, Better Neighborhoods; Communities Leading the Way, Leah Kalinosky*

Mandatory Inclusionary Zoning

- A community may amend its zoning code to official require that a certain percentage of unites be priced affordably in all new developments. The community rewards the developer with density bonuses, expedited permit processes, relaxed design standards, reduced parking requirements, and waivers of certain municipal fees.
- For example, in Montgomery County, Md., a “moderately price dwelling Unit Program” requires every new subdivision or development with 35 or more units to price between 12.5 and 15 percent of its units affordable. The affordable unites are targeted to households making 65 percent or less of the area mean income, with priority given to people who live or work within the county.

Voluntary Inclusionary Zoning

- In many instances, a community will use the presence of an informal policy or a voluntary program to aggressively negotiation with developers for the creation of some affordable homes or apartments within market-rate developments. As with mandatory programs, benefits to the developer may include density bonuses, expedited permit process, relaxed design standards, reduced parking requirements and waivers of certain municipal fees. Government representatives negotiate directly with developers using these incentives.

Based upon the analysis and evidence shown above, specifically the Cost Burden, Affordability Matrix and the Out of Reach Study, in combination with dwindling federal and state resources, municipalities should consider adopting Inclusionary Zoning to increase the supply of affordable homes.

Benefits of Inclusionary Zoning:

1. Allows higher-income communities to achieve a balance in socio-economic demographics when used in concert with density bonuses and other developer incentives.
2. Helps limit sprawl by concentrating more development in a single location.
3. Assists in coordinating housing with existing jobs, transit and services.
4. Streamlines the development process by providing a uniform and more predictable process that gives more certainty up front about the feasibility of a development proposal.
5. Supports the attraction and retention of new and existing businesses by increasing the supply of moderately priced housing for local workers.

“The primary attraction of inclusionary zoning is that it provides affordable housing without requiring municipal funding. In addition, inclusionary zoning assists a community's economic development efforts by providing housing for the local workforce, thus retaining and attracting business investment, and potentially increasing the amount of disposable income spent locally. A common concern about inclusionary zoning is that it may slow the pace of development, exacerbating the affordable housing supply problem and acting as a disincentive for private developers who may be considering investing in a community. Studies have shown that inclusionary zoning does not in fact slow the pace of private development in a community. Residential development rates are driven much more by the strength of the local housing market and broader economic and market trends.” *Excerpt from: Smart Growth/Smart Energy Toolkit, State of Massachusetts*

Property Tax Incentives

- Special property tax assessment levels and property tax abatements are tools that municipalities may use to provide incentives to developers to create or preserve affordable housing. Municipalities may implement tax abatement programs to encourage affordable housing development either by providing a rebate to affordable housing owners, or by abating the tax liability at the time of collection under the state property tax code.

Community Land Trusts

- These trusts provide a way for municipalities to ensure that affordable housing remains a community resource for the long term. Trusts maintain affordability by separating ownership of the land from the homes built upon it. Typically, non-profit corporations administer community land trusts. The trusts may develop new housing themselves through a community development corporation or may simply hold the land beneath housing produced by a private or government developer.

Mutual Housing Cooperatives

- Limited equity co-ops limit the resale values of shares. The maximum resale value is predetermined by a formula established in the cooperatives bylaws. Generally targeted at low and moderate income people, the purpose of limited-equity cooperatives is to prevent speculation, encourage long-term residency, and preserve the “affordable” character of the co-op for a wide variety of residents.

Public-Private Partnerships

- Creative public-private partnerships rely on the innovation and a commitment of public and private sector entities to build affordable housing. In most cases, these partnerships draw upon the respective assets and abilities of the public, private and not-for-profit sectors to ensure that at least some of the housing in a particular development can be sold or rented affordably.

Housing Trust Funds

- Similar to bank accounts, these funds may receive and distribute dedicated sources of public money to develop, rehabilitate, or preserve affordable housing units. Sources of the funds vary widely, as do the type of projects they support and how the funds are administered. This flexibility is one of the key benefits of housing trust funds, because it allows communities to fit the fund to their particular strengths, needs and priorities with minimal administrative burden.

Demolition Taxes

- These taxes generate revenue when existing residential structures are torn down. They can help offset the negative effects teardowns have on a community. When buyers demolish an existing house, replace it with a much larger new house, then sell the new residence for a significant profit, the new structures often do not match the scale, appearance and character of the surrounding neighborhood.

Tax-Increment Financing Districts

- So-called TIF funding dedicated new property tax revenue that arises when a rundown area undergoes significant new public or private development that increases its taxable value. These new revenues, also called increments, are used to help finance some or all of the improvements that raised the area’s value. State law provides guidelines that allow for establishing TIF Districts.

Commercial Linkage Fees

- Commercial development can increase housing costs by driving up demand for moderately priced homes for workers who will be employed in the new development. Usually, the local government imposes a fee on the new commercial property and uses the funds to support an affordable housing initiative. This program helps correct the imbalance between jobs and housing that arises when there is insufficient housing for workers, who want to live close to their jobs,

Location Efficient Mortgages

- A Location Efficient Mortgage[®] increases the amount of money homebuyers in urban areas are able to borrow by treating as additional income the money they will save by living in walkable neighborhoods with public transit, thereby driving less frequently. The program encourages the development of efficient communities, and reduces urban sprawl and auto dependence.

Promote Shared and Consolidated Services

In April 2011, Pattern for Progress released a white paper, “Government Efficiency in the Hudson Valley - Creating a Positive Approach to Change” which outlined a sound approach for achieving shared and consolidated services. In order to address this issue, the PCHC should advocate and promote for shared services and where appropriate, consolidations among various levels of government.

Background:

As Pattern reported in 2011: Increasingly New York State’s multi-layered form of government is viewed as antiquated, arcane and redundant. The conglomeration of villages, towns, counties and the State plus overlapping independent school and special districts drives higher costs and highly visible service inefficiencies, leading residents to question the utility of this outdated system. The cost of maintaining so many units of government with multiple levels and overlaps is no longer sustainable. Some frequently cited issues include:

- 1) Instead of viewing government as a continuum, it is separated it into silos that most often do not operate on a modern scale, and it is usually very difficult to share or consolidate services, let alone governments, to the benefit of the local residents.
- 2) There is an inclination to operate complex service delivery systems, often with technology and data systems that are decades behind modern methods.
- 3) There are five (5) levels of government responsible for maintaining a road system that constantly forces the crossing of government jurisdictions both vertically (local to federal) and horizontally (e.g. from town to town).
- 4) Outside of New York City, the largest portion of the property tax goes to funding public schools. Despite this, the public is not always pleased with the results. How can education become more efficient across 700 school districts statewide?

In the 9 county footprint of the Hudson Valley (Columbia, Dutchess, Greene, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester) there are 13 cities, 137 towns, 88 villages, 123 school districts, 220 fire districts, 53 drainage districts, 114 fire protection districts, 227 lighting districts, 32 park districts, 24 refuse and garbage districts, 329 sewer districts, 238 water districts, plus another 102 miscellaneous other districts. This totals 1,709 units of government



and special districts for a population of 2.4 million residents. New York City, with a population of more than 8 million residents has but one mayor, one police department and one fire department.

Putnam County, with 99,702 residents, there are a total of 109 units of government and special districts. These include 1 county, 6 towns, 3 villages, 6 school districts, 4 fire districts and 89 special districts (water, sewer, lighting, etc.).

BEST PRACTICES:

Here are just a few local examples showing change can work:

- The dissolving of the village police department in Saugerties. Good leadership and good research has led to cost savings approach to police services.
- The tri-district school merger in Sullivan County. Most of the direct stakeholders (students and teachers) believe that the effort was positive and would do it again.
- The effort that brought about the new charter and the creation of a county executive in Ulster County.
- Several efforts to restructure the delivery of county and town highway services have resulted in the chipping away of a system that has numerous redundancies.
- The dissolution of the village court in Liberty. The court was both losing money and the same justice was independently elected in both the town and village.

The PCHC wishes to create an overall Community Development Strategy to incorporate government efficiencies and control or lower local tax burden - a major barrier to affordable housing. Therefore, the following recommendations may be further adapted for PCHC to incorporate within their own agency mission and goals:

- Increase citizen awareness of the benefits of restructuring government.
- Provide support to leaders who wish to embrace change.
- Find ways to create incentives for change.
- Support State government initiatives and actions that can bring the entire Hudson Valley as well as local and county areas to a more competitive, lower tax position.
- Attend and participate in training, seminars and workshops that provide local government officials with tools to implement change.

APPENDICES

Appendix 1

AFFORDABILITY MATRIX FOR HOMEOWNERSHIP

This section provides an affordability matrix and analysis for the purchase of a home in Putnam County at the current median sales price, which according to the Hudson Gateway Association of Realtors (HGAR) is \$308,500. The matrix and analysis of affordability is shown under two different income data sets, broken into three income levels and uses average tax rates for each Town. The three income levels used in the affordability matrix are presented as a percentage of the Area Median Income (AMI) - 80%, 100% and 120%.

The first income category data set is established by the U.S. Department of Housing and Urban Development (HUD). According to HUD, Putnam County falls within the New York City Metropolitan Statistical Area and is required to use that data set for median income. This data set is required to be used when evaluating federal and most state programs for potential assistance to families in purchasing and rehabilitating a home.

Putnam County Area Median Income Levels - as defined by HUD FY 2014

% of AMI	80%	100%	120%
Annual Income	\$67,100	\$83,900	\$100,680

The second data set of median income for use in the affordability matrix and analysis is from the American Community Survey 2008-2012. This provides a snapshot of income levels that are more closely associated with the residents of Putnam County and represents a clearer picture of the local affordability issues by Town and County-wide.

ACS 2008-2012 Household Median Income

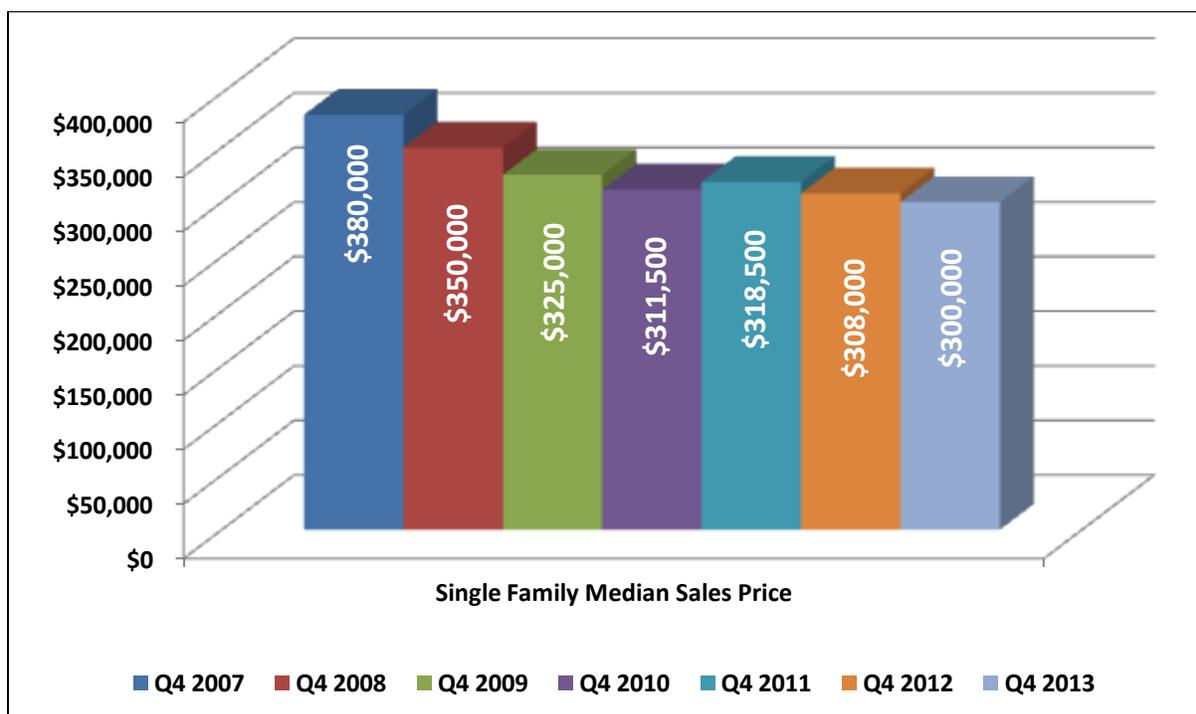
Town	Income Levels		
	80%	100%	120%
County-wide	\$76,207	\$95,259	\$114,311
Carmel	\$82,713	\$103,391	\$124,069
Kent	\$71,826	\$89,783	\$107,740
Patterson	\$71,263	\$89,079	\$106,895
Philipstown	\$69,204	\$86,505	\$103,806
Putnam Valley	\$77,104	\$96,380	\$115,656
Southeast	\$74,974	\$93,717	\$112,460

The following information includes two sets of affordability matrixes; one is based upon HUD's AMI for the county and the second is based upon the American Community Survey data. The Affordability Matrix also includes a summary of available housing through the HGAR Multiple Listing Service (MLS) as a number and as a percentage of the total unit count.

HISTORICAL REAL ESTATE DATA

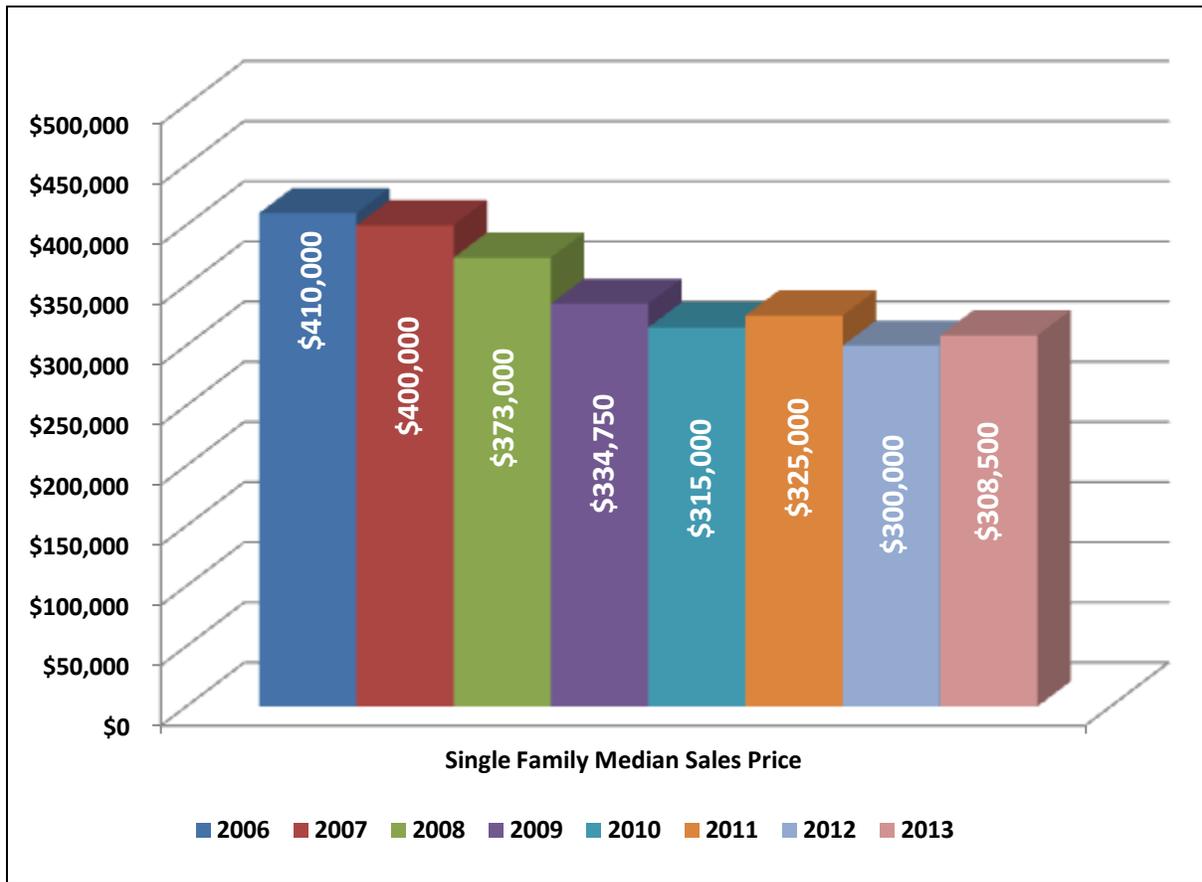
Fourth Quarter Sales Data 2007 - 2013 (Hudson Gateway Association of Realtors)

Type of Property	Q4 2007	Q4 2008	Q4 2009	Q4 2010	Q4 2011	Q4 2012	Q4 2013
Single Family Median Sales Price	\$380,000	\$350,000	\$325,000	\$311,500	\$318,500	\$308,000	\$300,000
Single Family Number of Sales	181	146	167	136	166	165	194
Single Family # of Sales Year to Date	773	623	546	576	575	631	718
Single Family End of Quarter Inventory	701	740	731	771	719	708	681
Condo Median Sales Price	\$255,000	\$297,000	\$217,500	\$218,500	\$200,000	\$169,000	\$192,500
Condo Number of Sales Q4	29	32	32	22	22	21	31
Condo # of Sales Year to Date	144	111	97	70	75	75	109
Condo End of Quarter Inventory	105	88	123	89	104	89	69



Annual Sales Data 2006 - 2013 (Hudson Gateway Association of Realtors)

Type of Property	2006	2007	2008	2009	2010	2011	2012	2013
Single Family Median Sales Price	\$410,000	\$400,000	\$373,000	\$334,750	\$315,000	\$325,000	\$300,000	\$308,500
Single Family Number of Sales	869	773	623	546	576	575	631	718
Single Family End of Year Inventory	850	701	740	731	771	719	708	681
Condo Median Sales Price	\$275,000	\$280,000	\$280,000	\$221,000	\$229,500	\$215,000	\$180,000	\$195,000
Condo Number of Sales	132	144	111	97	70	75	75	109
Condo End of Year Inventory	93	105	88	123	89	104	89	69



REAL ESTATE TAXES - METHODOLOGY

An analysis of home sale prices provided through the Hudson Gateway Association of Realtors (HGAR) Multiple Listing Service (MLS) was completed in order to establish the median list price, median sales price, average real estate tax and tax rate for a range of homes in each Town. The median sales price of an existing, single family detached home in 2013, according to the HGAR was \$308,500. The average real estate tax on a median priced home was \$8,775, or \$28.44 per \$1,000 in value.

In this study, the estimated average tax rate per thousand was calculated by adding the town and county tax rate to an average school rate for the municipality. So for example, a town serviced by multiple school districts would have an average of those school district tax rates per thousand. Although this does not provide an actual rate, it provides policy makers with a picture of the average affordability for their region useful in establishing policy with regard to affordability. In addition, it should be noted that given the large number of special districts and the significant difference in special district taxing rates depending on the services available for a particular address (such as water or sewer), the estimated average tax rate per thousand used here does not include special district taxes. Finally, these derived rates are for illustrative purposes only and cannot be used as actual figures in calculating taxes or grieving assessments for any given property.

These figures were used in the Affordability Matrix for the County and for each Town in conjunction with typical underwriting criteria and categorized by percentage of area median income levels to determine affordability levels in each Town. The real estate taxes are adjusted according to the sale price in each Town.

Average Real Estate Taxes For a Median Priced Home

Description	Carmel	Kent	Patterson	Philipstown	Putnam Valley	Southeast
Median Active MLS Price*	\$397,000	\$275,000	\$300,000	\$539,900	\$319,450	\$402,500
% of MLS list price - homes sold for based on sales history	97.18%	93.57%	96.83%	95.28%	97.40%	95.83%
Median Active MLS Price after % reduction based sales history	\$385,810	\$257,320	\$290,490	\$514,420	\$311,140	\$385,720
Median Sold Price	\$347,500	\$212,300	\$280,300	\$472,900	\$275,000	\$350,500
Estimated Average Tax Rate per \$1,000 (for evaluation study)	\$31.56	\$31.65	\$31.18	\$21.84	\$29.13	\$25.30
Real Estate Taxes on Median Home Sold Price by Town	\$10,966	\$6,719	\$8,740	\$10,327	\$8,011	\$8,867

* as of December 2013

UNDERWRITING AND LOAN SCENARIO ASSUMPTIONS

The County-wide Affordability Matrix uses the overall real estate tax average of \$8,775, which was based on a \$308,500 median priced home and is underwritten using the HUD Area Median Income, which is not available at the Town level. The individual Town Affordability Matrix is based upon both the HUD AMI and the ACS Median Household Income. These matrixes use real estate taxes based upon the median sales price of a home within each Town.

According to HUD, an affordable home is typically based upon a housing payment of no more than 30% of monthly income. The percentage of income used toward the housing payment is also known as the debt to income ratio, which is expressed as a percentage of monthly income. The Affordability Matrix and analysis uses a debt to income ratio of 30% so as to be consistent with HUD definition of affordability. The housing payment includes the mortgage principal, interest, taxes and insurances. The mortgage payment in the analysis and matrix is based upon a 4.5% fixed rate, 30 year mortgage. However, it is important to understand today's underwriting standard is a 33% debt to income ratio.

The homeowners insurance (\$1,000 annually) and the Private Mortgage Insurance (PMI) are based upon current market prices and typical underwriting criteria by lending institutions. The taxes are adjusted to coincide with each Towns overall tax rate as determined in the table above. The PMI is based upon a down payment of 5% toward the purchase price of the home. However, underwriting criteria is strict and mortgages with only a 5% down payment are very difficult to obtain.

FHA Loans allow for 3.50% minimum down payment for a 1 unit property based on current maximum FHA loan limits. However, there is an upfront Mortgage Insurance Premium (MIP) charge of approximately \$5,400 (Loan amount x 1.75%) and a monthly premium of about \$350 (Loan amount x 1.35%/12), based on a loan of \$308,500. While the FHA product allows for the upfront MIP to be rolled into the mortgage and a smaller down payment, the monthly premium must be taken into consideration in the affordability analysis.

The typical bank underwriting also includes what is called the back end debt to income ratio, again expressed as a percentage of monthly income. The back end ratio includes re-occurring monthly debt such as a car payment, credit cards, personal loans and student debt. Today's typical back end ratio is 43% of gross annual income. The affordability calculations include other recurring monthly debts at an average of \$475. One of the largest variables in the underwriting is student debt, which ranges from \$100 per month to

\$800 per month. However, it is critical to understand the “name or label” of other recurring debt is not important - the amount of the debt is what impacts the affordability. For purposes of this analysis, the affordability calculations include a monthly student debt of \$350. The total monthly household debt used in this matrix will be \$825. In many cases the front end ratio will be much less than 30% so as to accommodate the back end ratio of 43%.

The Affordable Mortgage Amount provided in the matrixes represents the maximum home purchase price using the debt to income ratios, after a down payment of 5%. There are some mortgage products with lower down payment requirements (FHA) and some flexibility in the back end ratios; however, other underwriting criteria must still be met. In order to afford a home valued at the county median of \$308,500 with an average annual real estate tax of \$8,775 and the underwriting criteria as described above, an income of \$109,000 is necessary. This income represents approximately 130% of the AMI as determined by HUD.

In addition to the down payment, another large expense in the purchase of a home is the closing cost, which is typically 7% of the purchase price. Therefore, the purchase of a median priced home in Putnam County will carry closing costs upwards of \$21,595. All-in-all a new buyer will need an estimated \$37,020 in order to purchase a median priced home in Putnam County. In order to save \$37,020 for the cash requirements to purchase a median priced home in Putnam County, assuming a savings rate of approximately \$310 per month it would take about 10 years.

AFFORDABILITY MATRIX

SUMMARY TABLES

Affordability Gap Based Upon HUD Area Median Income

Municipality	Median Sales Price	Percentage of HUD Area Median Income		
		\$67,100 (80% AMI)	\$83,900 (100% AMI)	\$100,680 (120% AMI)
County-wide	\$308,500	-\$119,500	-\$53,500	-----
Carmel	\$347,500	-\$164,500	-\$100,500	-\$49,500
Kent	\$212,300	-\$29,300	-----	-----
Patterson	\$280,300	-\$96,300	-\$32,300	-----
Philipstown	\$472,900	-\$269,900	-\$198,900	-\$141,900
Putnam Valley	\$275,000	-\$87,000	-\$22,000	-----
Southeast	\$350,500	-\$154,500	-\$86,500	-\$31,500

Affordability Gap Based Upon ACS Median Household Income

Town	Median Sales Price	GAP in Affordability by ACS Median Household Income (Adjusted by Municipality)		
		80%	100%	120%
County-wide	\$308,500	-\$78,500	-\$17,500	----
Carmel	\$347,500	-\$104,500	-\$40,500	----
Kent	\$212,300	-\$3,300	----	----
Patterson	\$280,300	-\$78,300	-\$16,300	----
Philipstown	\$472,900	-\$258,900	-\$189,900	-\$130,900
Putnam Valley	\$275,000	-\$43,000	----	----
Southeast	\$350,500	-\$117,500	-\$54,500	----

- the Median Household Income for each Town fluctuates according to the ACS data sets, unlike the previous tables showing the HUD Area Median Income, which is established at the County level. The individual tables below account for the income level fluctuations in each Town.

AFFORDABILITY MATRIX

SUMMARY TABLES

Percentage of Homes Unaffordable Based Upon HUD Area Median Income

Municipality	HUD Area Median Income		
	\$67,100 (80% AMI)	\$83,900 (100% AMI)	\$100,680 (120% AMI)
County-wide	87%	72.4%	62%
Carmel	93.2%	86.1%	77.6%
Kent	73.1%	53.7%	38.1%
Patterson	82%	60.7%	48.3%
Philipstown	96%	89.1%	81.2%
Putnam Valley	79.7%	63.4%	52.8%
Southeast	95.6%	87.6%	75.2%

Percentage of Homes Unaffordable Based Upon ACS Median Household Income

Municipality	ACS Median Household Income		
	80% AMI	100% AMI	120% AMI
County-wide	77.2%	65.7%	50.8%
Carmel	85.7%	74.7%	54%
Kent	55. %	47%	28.4%
Patterson	69.7%	53.9%	44.9%
Philipstown	96%	85.1%	81.2%
Putnam Valley	68.3%	56.1%	43.1%
Southeast	91.2%	78.8%	64.6%

- the Median Household Income for each Town fluctuates according to the ACS data sets, unlike the previous tables showing the HUD Area Median Income, which is established at the County level. The individual tables below account for the income level fluctuations in each Town.

COUNTY-WIDE AFFORDABILITY MATRIX

Percentage of HUD Area Median Income	80%	100%	120%
HUD Area Median Income (Annual)	\$67,100	\$83,900	\$100,680
Monthly Income	\$5,592	\$6,992	\$8,390
Percentage of Income toward Housing Debt	30%	30%	30%
Affordable Housing Payment	\$1,678	\$2,098	\$2,517
Estimated Insurance and PMI	\$217	\$263	\$300
Estimated Average Real Estate Taxes per Month	\$448	\$604	\$730
Affordable Mortgage Payment (30 yrs @ 4.5%)	\$910	\$1,227	\$1,483
Affordable Home Price Level	\$189,000	\$255,000	\$308,500
Down Payment of 5%	\$9,450	\$12,750	\$15,400
Affordable Home Mortgage	\$179,550	\$242,250	\$292,600
Median Price	\$308,500	\$308,500	\$308,500
Affordable Housing Price GAP (after 5% down)	-\$119,500	-\$53,500	----
<i>Number of Homes Below Affordable Home Price Level</i>	104	220	303
<i>Number of Homes Above Affordable Home Price Level</i>	693	577	494
<i>Percentage of Homes Affordable</i>	13%	27.6%	38%
<i>Percentage of Homes Unaffordable</i>	87%	72.4%	62%

Annual Income Needed for Median Priced Home = \$109,000 (130% of HUD AMI)

Percentage of ACS Median Household Income	80%	100%	120%
ACS Median Household Income (Annual)	\$76,207	\$95,259	\$114,311
Monthly Income	\$6,351	\$7,938	\$9,526
Percentage of Income toward Housing Debt	30%	30%	30%
Affordable Housing Payment	\$1,905	\$2,381	\$2,858
Estimated Insurance and PMI	\$245	\$288	\$330
Estimated Average Real Estate Taxes per Month	\$545	\$690	\$834
Affordable Mortgage Payment (30 yrs @ 4.5%)	\$1,107	\$1,401	\$1,694
Affordable Home Price Level	\$230,000	\$291,000	\$352,000
Down Payment of 5%	\$11,500	\$14,550	\$17,600
Affordable Home Mortgage	\$218,500	\$276,450	\$334,400
Median Price	\$308,500	\$308,500	\$308,500
Affordable Housing Price GAP (after 5% down)	-\$78,500	-\$17,500	\$43,500
<i>Number of Homes Below Affordable Home Price Level</i>	182	273	392
<i>Number of Homes Above Affordable Home Price Level</i>	615	524	405
<i>Percentage of Homes Affordable</i>	22.8%	34.3%	49.2%
<i>Percentage of Homes Unaffordable</i>	77.2%	65.7%	50.8%

Annual Income Needed for Median Priced Home = \$109,000 (114% of ACS MHI)

The number and percentage of Single Family Detached homes available is based upon the HGAR MLS data in December 2013.

TOWN OF CARMEL - AFFORDABILITY MATRIX

Percentage of HUD Area Median Income	80%	100%	120%
HUD Area Median Income (Annual)	\$67,100	\$83,900	\$100,680
Monthly Income	\$5,592	\$6,992	\$8,390
Percentage of Income toward Housing Debt	30%	30%	30%
Affordable Housing Payment	\$1,678	\$2,098	\$2,517
Estimated Insurance and PMI	\$212	\$257	\$293
Estimated Average Real Estate Taxes per Month	\$481	\$650	\$784
Affordable Mortgage Payment (30 yrs @ 4.5%)	\$881	\$1,189	\$1,434
Affordable Home Price Level	\$183,000	\$247,000	\$298,000
Down Payment of 5%	\$9,150	\$12,350	\$14,900
Affordable Home Mortgage	\$173,850	\$234,650	\$283,100
Median Price	\$347,500	\$347,500	\$347,500
Affordable Housing Price GAP (after 5% down)	-\$164,500	-\$100,500	-\$49,500
<i>Number of Homes Below Affordable Home Price Level</i>	16	33	53
<i>Number of Homes Above Affordable Home Price Level</i>	221	204	184
<i>Percentage of Homes Affordable</i>	6.8%	13.9%	22.4%
<i>Percentage of Homes Unaffordable</i>	93.2%	86.1%	77.6%

Annual Income Needed for Median Priced Home = \$117,000 (139% of HUD AMI)

Percentage of ACS Median Household Income	80%	100%	120%
ACS Median Household Income (Annual)	\$82,713	\$103,391	\$124,069
Monthly Income	\$6,893	\$8,616	\$10,339
Percentage of Income toward Housing Debt	30%	30%	30%
Affordable Housing Payment	\$2,068	\$2,585	\$3,102
Estimated Insurance and PMI	\$254	\$299	\$343
Estimated Average Real Estate Taxes per Month	\$639	\$807	\$973
Affordable Mortgage Payment (30 yrs @ 4.5%)	\$1,170	\$1,478	\$1,781
Affordable Home Price Level	\$243,000	\$307,000	\$370,000
Down Payment of 5%	\$12,150	\$15,350	\$18,500
Affordable Home Mortgage	\$230,850	\$291,650	\$351,500
Median Price	\$347,500	\$347,500	\$347,500
Affordable Housing Price GAP (after 5% down)	-\$104,500	-\$40,500	\$22,500
<i>Number of Homes Below Affordable Home Price Level</i>	34	26	49
<i>Number of Homes Above Affordable Home Price Level</i>	203	177	128
<i>Percentage of Homes Affordable</i>	14.3%	25.3%	46%
<i>Percentage of Homes Unaffordable</i>	85.7%	74.7%	54%

Annual Income Needed for Median Priced Home = \$117,000 (113% of ACS MHI)

The number and percentage of Single Family Detached homes available is based upon the HGAR MLS data in December 2013.

TOWN OF KENT - AFFORDABILITY MATRIX

Percentage of HUD Area Median Income	80%	100%	120%
HUD Area Median Income (Annual)	\$67,100	\$83,900	\$100,680
Monthly Income	\$5,592	\$6,992	\$8,390
Percentage of Income toward Housing Debt	30%	30%	30%
Affordable Housing Payment	\$1,678	\$2,098	\$2,517
Estimated Insurance and PMI	\$212	\$257	\$293
Estimated Average Real Estate Taxes per Month	\$483	\$651	\$786
Affordable Mortgage Payment (30 yrs @ 4.5%)	\$881	\$1,189	\$1,434
Affordable Home Price Level	\$183,000	\$247,000	\$298,000
Down Payment of 5%	\$9,150	\$12,350	\$14,900
Affordable Home Mortgage	\$173,850	\$234,650	\$283,100
Median Price	\$212,300	\$212,300	\$212,300
Affordable Housing Price GAP (after 5% down)	-\$29,300	\$34,700	\$85,700
<i>Number of Homes Below Affordable Home Price Level</i>	36	62	83
<i>Number of Homes Above Affordable Home Price Level</i>	98	72	51
<i>Percentage of Homes Affordable</i>	26.9%	46.3%	61.9%
<i>Percentage of Homes Unaffordable</i>	73.1%	53.7%	38.1%

Annual Income Needed for Median Priced Home = \$74,000 (88% of HUD AMI)

Percentage of ACS Median Household Income	80%	100%	120%
ACS Median Household Income (Annual)	\$71,826	\$89,783	\$107,740
Monthly Income	\$5,986	\$7,482	\$8,978
Percentage of Income toward Housing Debt	30%	30%	30%
Affordable Housing Payment	\$1,796	\$2,245	\$2,694
Estimated Insurance and PMI	\$231	\$270	\$308
Estimated Average Real Estate Taxes per Month	\$551	\$699	\$844
Affordable Mortgage Payment (30 yrs @ 4.5%)	\$1,006	\$1,276	\$1,540
Affordable Home Price Level	\$209,000	\$265,000	\$320,000
Down Payment of 5%	\$10,450	\$13,250	\$16,000
Affordable Home Mortgage	\$198,550	\$251,750	\$304,000
Median Price	\$212,300	\$212,300	\$212,300
Affordable Housing Price GAP (after 5% down)	-\$3,300	\$52,700	\$107,700
<i>Number of Homes Below Affordable Home Price Level</i>	60	71	96
<i>Number of Homes Above Affordable Home Price Level</i>	74	63	38
<i>Percentage of Homes Affordable</i>	44.8%	53%	71.6%
<i>Percentage of Homes Unaffordable</i>	55.2%	47%	28.4%

Annual Income Needed for Median Priced Home = \$73,000 (81% of ACS MHI)

The number and percentage of Single Family Detached homes available is based upon the HGAR MLS data in December 2013.

TOWN OF PATTERSON - AFFORDABILITY MATRIX

Percentage of HUD Area Median Income	80%	100%	120%
HUD Area Median Income (Annual)	\$67,100	\$83,900	\$100,680
Monthly Income	\$5,592	\$6,992	\$8,390
Percentage of Income toward Housing Debt	30%	30%	30%
Affordable Housing Payment	\$1,678	\$2,098	\$2,517
Estimated Insurance and PMI	\$213	\$258	\$294
Estimated Average Real Estate Taxes per Month	\$478	\$644	\$780
Affordable Mortgage Payment (30 yrs @ 4.5%)	\$886	\$1,194	\$1,444
Affordable Home Price Level	\$184,000	\$248,000	\$300,000
Down Payment of 5%	\$9,200	\$12,400	\$15,000
Affordable Home Mortgage	\$174,800	\$235,600	\$285,000
Median Price	\$280,300	\$280,300	\$280,300
Affordable Housing Price GAP (after 5% down)	-\$96,300	-\$32,300	\$19,700
<i>Number of Homes Below Affordable Home Price Level</i>	16	35	46
<i>Number of Homes Above Affordable Home Price Level</i>	73	54	43
<i>Percentage of Homes Affordable</i>	18%	39.3%	51.7%
<i>Percentage of Homes Unaffordable</i>	82%	60.7%	48.3%

Annual Income Needed for Median Priced Home = \$95,000 (113% of HUD AMI)

Percentage of ACS Median Household Income	80%	100%	120%
ACS Median Household Income (Annual)	\$71,263	\$89,079	\$106,895
Monthly Income	\$5,939	\$7,423	\$8,908
Percentage of Income toward Housing Debt	30%	30%	30%
Affordable Housing Payment	\$1,782	\$2,227	\$2,672
Estimated Insurance and PMI	\$226	\$269	\$307
Estimated Average Real Estate Taxes per Month	\$525	\$686	\$829
Affordable Mortgage Payment (30 yrs @ 4.5%)	\$972	\$1,271	\$1,536
Affordable Home Price Level	\$202,000	\$264,000	\$319,000
Down Payment of 5%	\$10,100	\$13,200	\$15,950
Affordable Home Mortgage	\$191,900	\$250,800	\$303,050
Median Price	\$280,300	\$280,300	\$280,300
Affordable Housing Price GAP (after 5% down)	-\$78,300	-\$16,300	\$38,700
<i>Number of Homes Below Affordable Home Price Level</i>	27	41	49
<i>Number of Homes Above Affordable Home Price Level</i>	62	48	40
<i>Percentage of Homes Affordable</i>	30.3%	46.1%	55.1%
<i>Percentage of Homes Unaffordable</i>	69.7%	53.9%	44.9%

Annual Income Needed for Median Priced Home = \$95,000 (106% of ACS MHI)

The number and percentage of Single Family Detached homes available is based upon the HGAR MLS data in December 2013.

TOWN OF PHILIPSTOWN - AFFORDABILITY MATRIX

Percentage of HUD Area Median Income	80%	100%	120%
HUD Area Median Income (Annual)	\$67,100	\$83,900	\$100,680
Monthly Income	\$5,592	\$6,992	\$8,390
Percentage of Income toward Housing Debt	30%	30%	30%
Affordable Housing Payment	\$1,678	\$2,098	\$2,517
Estimated Insurance and PMI	\$226	\$276	\$316
Estimated Average Real Estate Taxes per Month	\$369	\$499	\$602
Affordable Mortgage Payment (30 yrs @ 4.5%)	\$977	\$1,319	\$1,593
Affordable Home Price Level	\$203,000	\$274,000	\$331,000
Down Payment of 5%	\$10,150	\$13,700	\$16,550
Affordable Home Mortgage	\$192,850	\$260,300	\$314,450
Median Price	\$472,900	\$472,900	\$472,900
Affordable Housing Price GAP (after 5% down)	-\$269,900	-\$198,900	-\$141,900
<i>Number of Homes Below Affordable Home Price Level</i>	4	11	19
<i>Number of Homes Above Affordable Home Price Level</i>	97	90	82
<i>Percentage of Homes Affordable</i>	4%	10.9%	18.8%
<i>Percentage of Homes Unaffordable</i>	96%	89.1%	81.2%

Annual Income Needed for Median Priced Home = \$142,000 (169% of HUD AMI)

Percentage of ACS Median Household Income	80%	100%	120%
ACS Median Household Income (Annual)	\$69,204	\$86,505	\$103,806
Monthly Income	\$5,767	\$7,209	\$8,651
Percentage of Income toward Housing Debt	30%	30%	30%
Affordable Housing Payment	\$1,730	\$2,163	\$2,595
Estimated Insurance and PMI	\$234	\$282	\$323
Estimated Average Real Estate Taxes per Month	\$389	\$515	\$622
Affordable Mortgage Payment (30 yrs @ 4.5%)	\$1,030	\$1,362	\$1,646
Affordable Home Price Level	\$214,000	\$283,000	\$342,000
Down Payment of 5%	\$10,700	\$14,150	\$17,100
Affordable Home Mortgage	\$203,300	\$268,850	\$324,900
Median Price	\$472,900	\$472,900	\$472,900
Affordable Housing Price GAP (after 5% down)	-\$258,900	-\$189,900	-\$130,900
<i>Number of Homes Below Affordable Home Price Level</i>	4	15	19
<i>Number of Homes Above Affordable Home Price Level</i>	97	86	82
<i>Percentage of Homes Affordable</i>	4%	14.9%	18.8%
<i>Percentage of Homes Unaffordable</i>	96%	85.1%	81.2%

Annual Income Needed for Median Priced Home = \$143,000 (165% of ACS MHI)

The number and percentage of Single Family Detached homes available is based upon the HGAR MLS data in December 2013.

TOWN OF PUTNAM VALLEY - AFFORDABILITY MATRIX

Percentage of HUD Area Median Income	80%	100%	120%
HUD Area Median Income (Annual)	\$67,100	\$83,900	\$100,680
Monthly Income	\$5,592	\$6,992	\$8,390
Percentage of Income toward Housing Debt	30%	30%	30%
Affordable Housing Payment	\$1,678	\$2,098	\$2,517
Estimated Insurance and PMI	\$216	\$261	\$298
Estimated Average Real Estate Taxes per Month	\$456	\$614	\$743
Affordable Mortgage Payment (30 yrs @ 4.5%)	\$905	\$1,218	\$1,473
Affordable Home Price Level	\$188,000	\$253,000	\$306,000
Down Payment of 5%	\$9,400	\$12,650	\$15,300
Affordable Home Mortgage	\$178,600	\$240,350	\$290,700
Median Price	\$275,000	\$275,000	\$275,000
Affordable Housing Price GAP (after 5% down)	-\$87,000	-\$22,000	\$31,000
<i>Number of Homes Below Affordable Home Price Level</i>	24	45	58
<i>Number of Homes Above Affordable Home Price Level</i>	98	78	65
<i>Percentage of Homes Affordable</i>	20.3%	36.6%	47.2%
<i>Percentage of Homes Unaffordable</i>	79.7%	63.4%	52.8%

Annual Income Needed for Median Priced Home = \$91,000 (108% of HUD AMI)

Percentage of ACS Median Household Income	80%	100%	120%
ACS Median Household Income (Annual)	\$77,104	\$96,380	\$115,656
Monthly Income	\$6,425	\$8,032	\$9,638
Percentage of Income toward Housing Debt	30%	30%	30%
Affordable Housing Payment	\$1,928	\$2,410	\$2,891
Estimated Insurance and PMI	\$247	\$288	\$331
Estimated Average Real Estate Taxes per Month	\$563	\$709	\$857
Affordable Mortgage Payment (30 yrs @ 4.5%)	\$1,117	\$1,406	\$1,699
Affordable Home Price Level	\$232,000	\$292,000	\$353,000
Down Payment of 5%	\$11,600	\$14,600	\$17,650
Affordable Home Mortgage	\$220,400	\$277,400	\$335,350
Median Price	\$275,000	\$275,000	\$275,000
Affordable Housing Price GAP (after 5% down)	-\$43,000	\$17,000	\$78,000
<i>Number of Homes Below Affordable Home Price Level</i>	39	54	70
<i>Number of Homes Above Affordable Home Price Level</i>	84	69	53
<i>Percentage of Homes Affordable</i>	31.7%	43.9%	56.9%
<i>Percentage of Homes Unaffordable</i>	68.3%	56.1%	43.1%

Annual Income Needed for Median Priced Home = \$91,000 (94% of ACS MHI)

The number and percentage of Single Family Detached homes available is based upon the HGAR MLS data in December 2013.

TOWN OF SOUTHEAST - AFFORDABILITY MATRIX

Percentage of HUD Area Median Income	80%	100%	120%
HUD Area Median Income (Annual)	\$67,100	\$83,900	\$100,680
Monthly Income	\$5,592	\$6,992	\$8,390
Percentage of Income toward Housing Debt	30%	30%	30%
Affordable Housing Payment	\$1,678	\$2,098	\$2,517
Estimated Insurance and PMI	\$222	\$269	\$307
Estimated Average Real Estate Taxes per Month	\$413	\$557	\$673
Affordable Mortgage Payment (30 yrs @ 4.5%)	\$943	\$1,271	\$1,536
Affordable Home Price Level	\$196,000	\$264,000	\$319,000
Down Payment of 5%	\$9,800	\$13,200	\$15,950
Affordable Home Mortgage	\$186,200	\$250,800	\$303,050
Median Price	\$350,500	\$350,500	\$350,500
Affordable Housing Price GAP (after 5% down)	-\$154,500	-\$86,500	-\$31,500
<i>Number of Homes Below Affordable Home Price Level</i>	5	14	28
<i>Number of Homes Above Affordable Home Price Level</i>	108	99	85
<i>Percentage of Homes Affordable</i>	4.4%	12.4%	24.8%
<i>Percentage of Homes Unaffordable</i>	95.6%	87.6%	75.2%

Annual Income Needed for Median Priced Home = \$111,000 (132% of HUD AMI)

Percentage of ACS Median Household Income	80%	100%	120%
ACS Median Household Income (Annual)	\$74,974	\$93,717	\$112,460
Monthly Income	\$6,248	\$7,810	\$9,372
Percentage of Income toward Housing Debt	30%	30%	30%
Affordable Housing Payment	\$1,874	\$2,343	\$2,812
Estimated Insurance and PMI	\$247	\$291	\$334
Estimated Average Real Estate Taxes per Month	\$491	\$624	\$753
Affordable Mortgage Payment (30 yrs @ 4.5%)	\$1,122	\$1,425	\$1,718
Affordable Home Price Level	\$233,000	\$296,000	\$357,000
Down Payment of 5%	\$11,650	\$14,800	\$17,850
Affordable Home Mortgage	\$221,350	\$281,200	\$339,150
Median Price	\$350,500	\$350,500	\$350,500
Affordable Housing Price GAP (after 5% down)	-\$117,500	-\$54,500	\$6,500
<i>Number of Homes Below Affordable Home Price Level</i>	10	24	40
<i>Number of Homes Above Affordable Home Price Level</i>	103	89	73
<i>Percentage of Homes Affordable</i>	8.8%	21.2%	35.4%
<i>Percentage of Homes Unaffordable</i>	91.2%	78.8%	64.6%

Annual Income Needed for Median Priced Home = \$111,000 (118% of ACS MHI)

The number and percentage of Single Family Detached homes available is based upon the HGAR MLS data in December 2013.

Appendix 2

PUTNAM COUNTY HOUSING COST BURDEN

According to HUD, an affordable home is typically based upon a housing payment of no more than 30% of household monthly income. When a household pays more than 30% it is considered to be unaffordable and at more than 50% it is Severely Cost Burdened. Establishing the number of households experiencing cost burden is critical when assessing the ability of existing and proposed housing stock to adequately provide for the needs. It is even more important to provide these numbers for those at the extremely low-income and low-income categories, which are more clearly defined below.

This data was taken from the U.S. Department of Housing and Urban Development. The U.S. Department of Housing and Urban Development (HUD) periodically receives "custom tabulations" of data from the U.S. Census Bureau that are largely not available through standard Census products. These data, known as the "CHAS" data (Comprehensive Housing Affordability Strategy), demonstrate the extent of housing problems and housing needs, particularly for low income households. The primary purpose of the CHAS data is to demonstrate the number of households in need of housing assistance. This is estimated by the number of households that have certain housing problems and have income low enough to qualify for HUD's programs (primarily 30, 50, and 80 percent of median income).

The CHAS data are used by local governments to plan how to spend HUD funds, and may also be used by HUD to distribute grant funds. The CHAS data is based on the 2006-2010 American Community Survey (ACS) 5-year data and the 2008-2010 ACS 3-year data, which is the most recent tabulations, produced by HUD, and was made available in May 2013 and the table generator was released on November 15, 2013.

Cost burden is the ratio of housing costs to household income. For renters- housing cost is gross rent (contract rent plus utilities). For owners- housing cost is "select monthly owner costs" which includes mortgage payment; utilities; association fees; insurance; and real estate taxes.

The purpose of these tables is to show Cost Burden by levels of income, which are expressed in terms of a percentage of the Household Area Median Family Income (HAMFI). The percentages of income are expressed in the following terms:

Extremely Low Income: Household Income \leq 30% HAMFI

Very Low Income: Household Income $>30\%$ to $\leq 50\%$ HAMFI

Low Income: Household Income $>50\%$ to $\leq 80\%$ HAMFI

Not Low Income: Household Income $>80\%$ HAMFI



There are three levels of affordability (% includes utilities):

1. **Affordable** - Household spends **less than 30%** of their income toward housing costs
2. **Unaffordable** - Household spends **more than 30%** of their income toward housing costs
3. **Severe** - Household spends **more than 50%** of their income toward housing costs

SUMMARY OF COST BURDENS

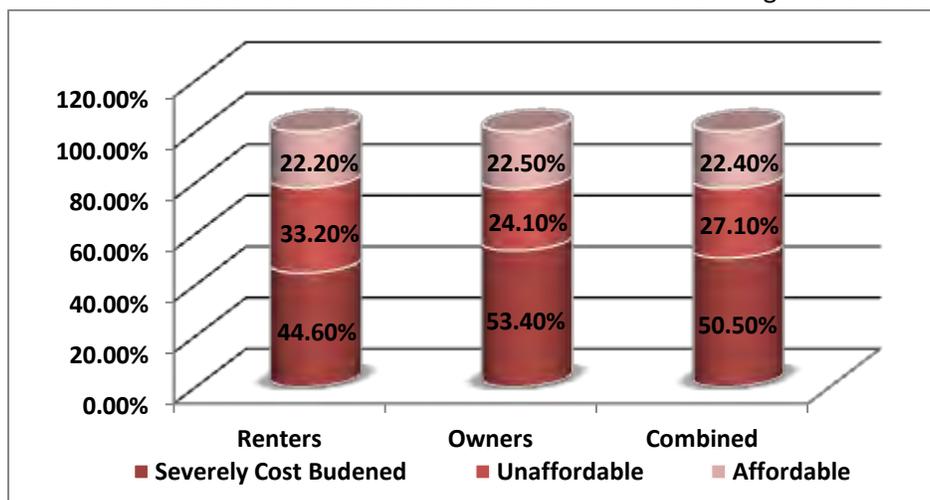
As shown in the following statistics on Cost Burden, Putnam County owners and renters are severely cost burdened, especially at income levels at or below 50% of the Area Median Income. In analyzing all income ranges, 28.2% of all renters and 29.9% of all owners are Severely Cost Burdened.

- 59.3% of Renters with income levels @ or below 50% HAMFI are Severely Cost Burdened
- 65.8% of Owners with income levels @ or below 50% HAMFI are Severely Cost Burdened
- 100% of the Renters with incomes below 50% HAMFI are Severely Cost Burdened in the Town of Putnam Valley
- The Towns of Patterson and Carmel have the highest percentage of Severely Cost Burdened Renters from all income levels, 31.7% and 31.6% respectively
- The Town of Putnam Valley has the highest percentage of Owners Severely Cost Burdened from all income levels at 35.9%

County Wide Affordability: Income Level at or below 80% HAMFI

Cost Burden and Tenure	Affordable	Unaffordable	Severe	Total
RENTERS	705	1055	1420	3180
as a % of the total number	22.2%	33.2%	44.6%	100%
OWNERS	1420	1520	3365	6305
as a % of the total number	22.5%	24.1%	53.4%	100%
COMBINED RENTERS AND OWNERS	2125	2575	4785	9485
as a % of the total number	22.4%	27.1%	50.5%	100%

- 44.6% of all Renters and Owners at or below 80% HAMFI are Severely Cost Burdened
- Over 77% of all Renters and Owners at or below 80% HAMFI are living in Unaffordable Housing



PUTNAM COUNTY

Number and Percentage of Owners and Renters by Income Level

Income Distribution Overview	Owner	% Owner	Renter	% Renter	Total
Income <= 30% HAMFI	1,120	48.8%	1,175	51.2%	2,295
Income >30% to <=50% HAMFI	1,860	66.8%	925	33.2%	2,785
Income >50% to <=80% HAMFI	3,325	75.5%	1,080	24.5%	4,405
Income >80% to <=100% HAMFI	3,060	84.5%	560	15.5%	3,620
Income >100% HAMFI	20,180	92.6%	1,615	7.4%	21,795
Total	29,545	84.7%	5,355	15.3%	34,900

Number of Renters by Cost Burden & Percentage Severely Cost Burdened

Income by Cost Burden (Renters only)	Affordable < 30%	Unaffordable 30% to 50%	Severe > 50%	Total	% Severely Cost Burden
Income <= 30% HAMFI	220	180	775	1,175	66.0%
Income >30% to <=50% HAMFI	210	245	470	925	50.8%
Income >50% to <=80% HAMFI	275	630	175	1,080	16.2%
Income >80% to <=100% HAMFI	420	140	0	560	0.0%
Income >100% HAMFI	85	1,440	90	1,615	5.6%
Total	1,210	2,635	1,510	5,355	28.2%

Number of Owners by Cost Burden & Percentage Severely Cost Burdened

Income by Cost Burden (Owners only)	Affordable < 30%	Unaffordable 30% to 50%	Severe > 50%	Total	% Severely Cost Burden
Income <= 30% HAMFI	110	120	890	1,120	79.5%
Income >30% to <=50% HAMFI	400	390	1,070	1,860	57.5%
Income >50% to <=80% HAMFI	910	1,010	1,405	3,325	42.3%
Income >80% to <=100% HAMFI	640	1,150	1,270	3,060	41.5%
Income >100% HAMFI	915	15,055	4,210	20,180	20.9%
Total	2,975	17,725	8,845	29,545	29.9%

PUTNAM COUNTY BY MUNICIPALITY SUMMARY TABLES

Percentage of Renters Severely Cost Burdened by Income Level

Income Distribution Overview	Carmel	Kent	Patterson	Philipstown	Putnam Valley	Southeast
Income <= 30% HAMFI	69.1%	52.5%	76.9%	57.5%	100%	69.8%
Income >30% to <=50% HAMFI	45.3%	50.0%	50.0%	30.4%	100%	71.9%
Income >50% to <=80% HAMFI	17.2%	10.7%	19.0%	38.1%	7.4%	13.1%
Income >80% to <=100% HAMFI	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Income >100% HAMFI	2.7%	5.1%	4.0%	0.0%	14.3%	8.9%
OVERALL	31.6%	26.0%	31.7%	27.1%	21.1%	26.0%

- Putnam Valley has the highest percentage of Severely Cost Burdened Renters @ 100% for both income levels of under 30% HAMFI and between 30% and 50% HAMFI
- Putnam Valley has 14.3% of Renters Severely Cost Burdened even with income levels above 100% of the HAMFI
- Overall - Patterson has the highest percentage of Owners who are Severely Cost Burdened regardless of income level

Percentage of Owners Severely Cost Burdened by Income Level

Income Distribution Overview	Carmel	Kent	Patterson	Philipstown	Putnam Valley	Southeast
Income <= 30% HAMFI	87.3%	86.7%	78.9%	85.7%	71.9%	64.4%
Income >30% to <=50% HAMFI	56.0%	31.3%	64.7%	56.1%	73.1%	61.1%
Income >50% to <=80% HAMFI	37.9%	32.0%	36.2%	34.9%	63.6%	45.9%
Income >80% to <=100% HAMFI	41.5%	30.4%	30.9%	49.2%	60.8%	39.4%
Income >100% HAMFI	21.4%	21.5%	19.6%	20.0%	20.2%	20.7%
OVERALL	28.9%	26.5%	29.7%	31.9%	35.9%	29.5%

- Carmel has the highest percentage of Severely Cost Burdened Owners @ 87.3% for income levels of under 30% HAMFI
- Putnam Valley has the highest percentage of Severely Cost Burdened Owners @ 73.1% for income levels between 30% and 50% HAMFI
- Overall - Putnam Valley has the highest percentage of Owners who are Severely Cost Burdened regardless of income level

TOWN OF CARMEL

Number and Percentage of Owners and Renters by Income Level

Income Distribution Overview	Owner	% Owner	Renter	% Renter	Total
Income <= 30% HAMFI	315	43.8%	405	56.3%	720
Income >30% to <=50% HAMFI	545	63.0%	320	37.0%	865
Income >50% to <=80% HAMFI	990	77.3%	290	22.7%	1,280
Income >80% to <=100% HAMFI	1,000	87.3%	145	12.7%	1,145
Income >100% HAMFI	7,370	95.2%	375	4.8%	7,745
Total	10,220	86.9%	1,535	13.1%	11,755

Number of Renters by Cost Burden & Percentage Severely Cost Burdened

Income by Cost Burden (Renters only)	Affordable < 30%	Unaffordable 30% to 50%	Severe > 50%	Total	% Severely Cost Burden
Income <= 30% HAMFI	10	115	280	405	69.1%
Income >30% to <=50% HAMFI	55	120	145	320	45.3%
Income >50% to <=80% HAMFI	20	220	50	290	17.2%
Income >80% to <=100% HAMFI	90	55	0	145	0.0%
Income >100% HAMFI	15	350	10	375	2.7%
Total	190	860	485	1,535	31.6%

- 58.6% of Renters at or below 50% HAMFI are Severely Cost Burdened
- 91% of Renters at or below 50% HAMFI are in Unaffordable and Severely Cost Burdened housing
- 69% of Renters at or below 30% HAMFI are Severely Cost Burdened

Number of Owners by Cost Burden & Percentage Severely Cost Burdened

Income by Cost Burden (Owners only)	Affordable < 30%	Unaffordable 30% to 50%	Severe > 50%	Total	% Severely Cost Burden
Income <= 30% HAMFI	40	0	275	315	87.3%
Income >30% to <=50% HAMFI	120	120	305	545	56.0%
Income >50% to <=80% HAMFI	280	335	375	990	37.9%
Income >80% to <=100% HAMFI	275	310	415	1,000	41.5%
Income >100% HAMFI	340	5,450	1,580	7,370	21.4%
Total	1,055	6,215	2,950	10,220	28.9%

- 67.4% of Owners at or below 50% HAMFI are Severely Cost Burdened
- 81.4% of Owners at or below 50% HAMFI are in Unaffordable and Severely Cost Burdened housing
- 87% of Owners at or below 30% HAMFI in are Severely Cost Burdened

TOWN OF KENT

Number and Percentage of Owners and Renters by Income Level

Income Distribution Overview	Owner	% Owner	Renter	% Renter	Total
Income <= 30% HAMFI	150	42.9%	200	57.1%	350
Income >30% to <=50% HAMFI	240	66.7%	120	33.3%	360
Income >50% to <=80% HAMFI	485	77.6%	140	22.4%	625
Income >80% to <=100% HAMFI	460	86.0%	75	14.0%	535
Income >100% HAMFI	2,905	93.7%	195	6.3%	3,100
Total	4,240	85.3%	730	14.7%	4,970

Number of Renters by Cost Burden & Percentage Severely Cost Burdened

Income by Cost Burden (Renters only)	Affordable < 30%	Unaffordable 30% to 50%	Severe > 50%	Total	% Severely Cost Burden
Income <= 30% HAMFI	80	15	105	200	52.5%
Income >30% to <=50% HAMFI	60	0	60	120	50.0%
Income >50% to <=80% HAMFI	70	55	15	140	10.7%
Income >80% to <=100% HAMFI	75	0	0	75	0.0%
Income >100% HAMFI	0	185	10	195	5.1%
Total	285	255	190	730	26.0%

- 51.5% of Renters at or below 50% HAMFI are Severely Cost Burdened
- 56% of Renters at or below 50% HAMFI are in Unaffordable and Severely Cost Burdened housing
- 52.5% of Renters at or below 30% HAMFI are Severely Cost Burdened

Number of Owners by Cost Burden & Percentage Severely Cost Burdened

Income by Cost Burden (Owners only)	Affordable < 30%	Unaffordable 30% to 50%	Severe > 50%	Total	% Severely Cost Burden
Income <= 30% HAMFI	20	0	130	150	86.7%
Income >30% to <=50% HAMFI	105	60	75	240	31.3%
Income >50% to <=80% HAMFI	160	170	155	485	32.0%
Income >80% to <=100% HAMFI	50	270	140	460	30.4%
Income >100% HAMFI	50	2,230	625	2,905	21.5%
Total	385	2,730	1,125	4,240	26.5%

- 52.5% of Owners at or below 50% HAMFI are Severely Cost Burdened
- 68% of Owners at or below 50% HAMFI are in Unaffordable and Severely Cost Burdened housing
- 86.7% of Owners at or below 30% HAMFI in are Severely Cost Burdened

TOWN OF PATTERSON

Number and Percentage of Owners and Renters by Income Level

Income Distribution Overview	Owner	% Owner	Renter	% Renter	Total
Income <= 30% HAMFI	95	42.2%	130	57.8%	225
Income >30% to <=50% HAMFI	340	64.2%	190	35.8%	530
Income >50% to <=80% HAMFI	235	69.1%	105	30.9%	340
Income >80% to <=100% HAMFI	275	88.7%	35	11.3%	310
Income >100% HAMFI	1,815	87.9%	250	12.1%	2,065
Total	2,760	79.5%	710	20.5%	3,470

Number of Renters by Cost Burden & Percentage Severely Cost Burdened

Income by Cost Burden (Renters only)	Affordable < 30%	Unaffordable 30% to 50%	Severe > 50%	Total	% Severely Cost Burden
Income <= 30% HAMFI	30	0	100	130	76.9%
Income >30% to <=50% HAMFI	25	70	95	190	50.0%
Income >50% to <=80% HAMFI	40	45	20	105	19.0%
Income >80% to <=100% HAMFI	5	30	0	35	0.0%
Income >100% HAMFI	10	230	10	250	4.0%
Total	110	375	225	710	31.7%

- 61% of Renters at or below 50% HAMFI are Severely Cost Burdened
- 83% of Renters at or below 50% HAMFI are in Unaffordable and Severely Cost Burdened housing
- 77% of Renters at or below 30% HAMFI are Severely Cost Burdened

Number of Owners by Cost Burden & Percentage Severely Cost Burdened

Income by Cost Burden (Owners only)	Affordable < 30%	Unaffordable 30% to 50%	Severe > 50%	Total	% Severely Cost Burden
Income <= 30% HAMFI	20	0	75	95	78.9%
Income >30% to <=50% HAMFI	55	65	220	340	64.7%
Income >50% to <=80% HAMFI	80	70	85	235	36.2%
Income >80% to <=100% HAMFI	85	105	85	275	30.9%
Income >100% HAMFI	30	1,430	355	1,815	19.6%
Total	270	1,670	820	2,760	29.7%

- 68% of Owners at or below 50% HAMFI are Severely Cost Burdened
- 83% of Owners at or below 50% HAMFI are in Unaffordable and Severely Cost Burdened housing
- 79% of Owners at or below 30% HAMFI in are Severely Cost Burdened

TOWN OF PHILIPSTOWN

Number and Percentage of Owners and Renters by Income Level

Income Distribution Overview	Owner	% Owner	Renter	% Renter	Total
Income <= 30% HAMFI	175	46.7%	200	53.3%	375
Income >30% to <=50% HAMFI	205	64.1%	115	35.9%	320
Income >50% to <=80% HAMFI	415	79.8%	105	20.2%	520
Income >80% to <=100% HAMFI	295	79.7%	75	20.3%	370
Income >100% HAMFI	1,750	89.5%	205	10.5%	1,955
Total	2,840	80.2%	700	19.8%	3,540

Number of Renters by Cost Burden & Percentage Severely Cost Burdened

Income by Cost Burden (Renters only)	Affordable < 30%	Unaffordable 30% to 50%	Severe > 50%	Total	% Severely Cost Burden
Income <= 30% HAMFI	55	30	115	200	57.5%
Income >30% to <=50% HAMFI	60	20	35	115	30.4%
Income >50% to <=80% HAMFI	40	25	40	105	38.1%
Income >80% to <=100% HAMFI	55	20	0	75	0.0%
Income >100% HAMFI	5	200	0	205	0.0%
Total	215	295	190	700	27.1%

- 47.6% of Renters at or below 50% HAMFI are Severely Cost Burdened
- 63.5% of Renters at or below 50% HAMFI are in Unaffordable and Severely Cost Burdened housing
- 57.5% of Renters at or below 30% HAMFI are Severely Cost Burdened

Number of Owners by Cost Burden & Percentage Severely Cost Burdened

Income by Cost Burden (Owners only)	Affordable < 30%	Unaffordable 30% to 50%	Severe > 50%	Total	% Severely Cost Burden
Income <= 30% HAMFI	0	25	150	175	85.7%
Income >30% to <=50% HAMFI	60	30	115	205	56.1%
Income >50% to <=80% HAMFI	140	130	145	415	34.9%
Income >80% to <=100% HAMFI	35	115	145	295	49.2%
Income >100% HAMFI	105	1,295	350	1,750	20.0%
Total	340	1,595	905	2,840	31.9%

- 69.7% of Owners at or below 50% HAMFI are Severely Cost Burdened
- 84.2% of Owners at or below 50% HAMFI are in Unaffordable and Severely Cost Burdened housing
- 85.7% of Owners at or below 30% HAMFI in are Severely Cost Burdened

TOWN OF PUTNAM VALLEY

Number and Percentage of Owners and Renters by Income Level

Income Distribution Overview	Owner	% Owner	Renter	% Renter	Total
Income <= 30% HAMFI	160	86.5%	25	13.5%	185
Income >30% to <=50% HAMFI	260	92.9%	20	7.1%	280
Income >50% to <=80% HAMFI	535	79.9%	135	20.1%	670
Income >80% to <=100% HAMFI	370	91.4%	35	8.6%	405
Income >100% HAMFI	2,505	94.7%	140	5.3%	2,645
Total	3,830	91.5%	355	8.5%	4,185

Number of Renters by Cost Burden & Percentage Severely Cost Burdened

Income by Cost Burden (Renters only)	Affordable < 30%	Unaffordable 30% to 50%	Severe > 50%	Total	% Severely Cost Burden
Income <= 30% HAMFI	0	0	25	25	100%
Income >30% to <=50% HAMFI	0	0	20	20	100%
Income >50% to <=80% HAMFI	35	90	10	135	7.4%
Income >80% to <=100% HAMFI	25	10	0	35	0.0%
Income >100% HAMFI	5	115	20	140	14.3%
Total	65	215	75	355	21.1%

- 100% of Renters at or below 50% HAMFI are Severely Cost Burdened
- 100% of Renters at or below 50% HAMFI are in Unaffordable and Severely Cost Burdened housing
- 100% of Renters at or below 30% HAMFI are Severely Cost Burdened

Number of Owners by Cost Burden & Percentage Severely Cost Burdened

Income by Cost Burden (Owners only)	Affordable < 30%	Unaffordable 30% to 50%	Severe > 50%	Total	% Severely Cost Burden
Income <= 30% HAMFI	0	45	115	160	71.9%
Income >30% to <=50% HAMFI	30	40	190	260	73.1%
Income >50% to <=80% HAMFI	75	120	340	535	63.6%
Income >80% to <=100% HAMFI	50	95	225	370	60.8%
Income >100% HAMFI	130	1,870	505	2,505	20.2%
Total	285	2,170	1,375	3,830	35.9%

- 72.6% of Owners at or below 50% HAMFI are Severely Cost Burdened
- 92.8% of Owners at or below 50% HAMFI are in Unaffordable and Severely Cost Burdened housing
- 71.9% of Owners at or below 30% HAMFI in are Severely Cost Burdened

TOWN OF SOUTHEAST

Number and Percentage of Owners and Renters by Income Level

Income Distribution Overview	Owner	% Owner	Renter	% Renter	Total
Income <= 30% HAMFI	225	51.1%	215	48.9%	440
Income >30% to <=50% HAMFI	270	62.8%	160	37.2%	430
Income >50% to <=80% HAMFI	665	68.6%	305	31.4%	970
Income >80% to <=100% HAMFI	660	77.2%	195	22.8%	855
Income >100% HAMFI	3,835	89.5%	450	10.5%	4,285
Total	5,655	81.0%	1,325	19.0%	6,980

Number of Renters by Cost Burden & Percentage Severely Cost Burdened

Income by Cost Burden (Renters only)	Affordable < 30%	Unaffordable 30% to 50%	Severe > 50%	Total	% Severely Cost Burden
Income <= 30% HAMFI	45	20	150	215	69.8%
Income >30% to <=50% HAMFI	10	35	115	160	71.9%
Income >50% to <=80% HAMFI	70	195	40	305	13.1%
Income >80% to <=100% HAMFI	170	25	0	195	0.0%
Income >100% HAMFI	50	360	40	450	8.9%
Total	345	635	345	1,325	26.0%

- 70.7% of Renters at or below 50% HAMFI are Severely Cost Burdened
- 85.3% of Renters at or below 50% HAMFI are in Unaffordable and Severely Cost Burdened housing
- 69.8% of Renters at or below 30% HAMFI are Severely Cost Burdened

Number of Owners by Cost Burden & Percentage Severely Cost Burdened

Income by Cost Burden (Owners only)	Affordable < 30%	Unaffordable 30% to 50%	Severe > 50%	Total	% Severely Cost Burden
Income <= 30% HAMFI	30	50	145	225	64.4%
Income >30% to <=50% HAMFI	30	75	165	270	61.1%
Income >50% to <=80% HAMFI	175	185	305	665	45.9%
Income >80% to <=100% HAMFI	145	255	260	660	39.4%
Income >100% HAMFI	260	2,780	795	3,835	20.7%
Total	640	3,345	1,670	5,655	29.5%

- 62.6% of Owners at or below 50% HAMFI are Severely Cost Burdened
- 87.9% of Owners at or below 50% HAMFI are in Unaffordable and Severely Cost Burdened housing
- 64.4% of Owners at or below 30% HAMFI in are Severely Cost Burdened

Appendix 3

PROJECTION OF HOUSING UNIT NEEDS

All communities, neighborhoods, towns, villages and counties struggle with the complex and multifaceted issues of affordable housing. In Putnam County, high land cost and construction costs in conjunction with environmental protections required by the NYC watershed create barriers to development. Real estate taxes are yet another barrier to homeownership, the development of new rental units and the preservation of existing rental properties. The real estate market was hit hard in Putnam County and home values plummeted after the housing bubble burst. The market has rebounded slightly. However, it remains well below the peak years. The need remains high for both owner-occupied housing and rental apartments that are affordable.

There are many methodologies, models and elaborate econometrics based software packages available to quantify the need for affordable housing. The methodology used in this report is heavily based upon past, current from the U.S. Census Bureau and projected demographics from the Census Bureau, Cornell University - Program on Applied Demographics and the New York Metropolitan Transportation Council (NYMTC). The demographic projections widely vary because of the manner in which birth and death rates along with net-migration data is used, in conjunction with economic forecasts. Therefore, the population projections from Cornell may be considered conservative, while the projections from NYMTC may be considered very high.

These calculations provide a range of estimated housing unit needs. The range of estimates is intended to assist the overall housing and community planning effort. The figures may be used to assist municipalities in understanding possible projected growth and its impact on housing. The estimates are not intended for use in specific regulations or legal proceedings. The estimates are not designed to direct exact building counts or be interpreted as a fair share housing allocation to any extent.

The projection of housing units is based upon demographics drawn from the 2000 and 2010 Census. Population projections are taken from the Cornell University - Program on Applied Demographics and the New York Metropolitan Transportation Council (NYMTC). Housing needs estimates are based upon population projections and a linear extrapolation of persons per household. The calculation assumes the institutional group quarters population as a constant and the share of municipal population as a constant from the 2010 Census through the year 2025. The industry standards for vacancy rates of 1.75% (owner-occupied) and 5% (renter) are used to assure a healthy stock of available units for residential transitions. The vacancy rates are not too low to negatively impact landlords; however, the rates are high enough to allow for tenant and owner mobility.

The estimated ranges of housing unit needs are meant to identify and highlight the tenure of housing units that are under or over-supplied in the towns and county. The estimates may be used by local communities in their planning efforts to assess the potential need for new homes for owners and apartments for renters.

PROJECTED NUMBER OF HOUSING UNITS SUMMARY TABLES

The following tables and graphs represent a range of housing units needed by 2020 and 2025. The first table provides a total of all towns for a county-wide summary of owner-occupied and rental housing. The subsequent tables include all six (6) towns and are split between owner-occupied and rental housing.

Owner Occupied and Rental Housing

Municipality	Cornell Population Projections		NYMTC Population Projections	
	2020	2025	2020	2025
Carmel	352	164	443	639
Kent	148	69	187	271
Patterson	119	57	151	219
Philipstown	109	50	137	194
Putnam Valley	126	59	159	228
Southeast	198	92	249	357
County Totals	1,052	491	1,326	1,908

Owner-Occupied Housing

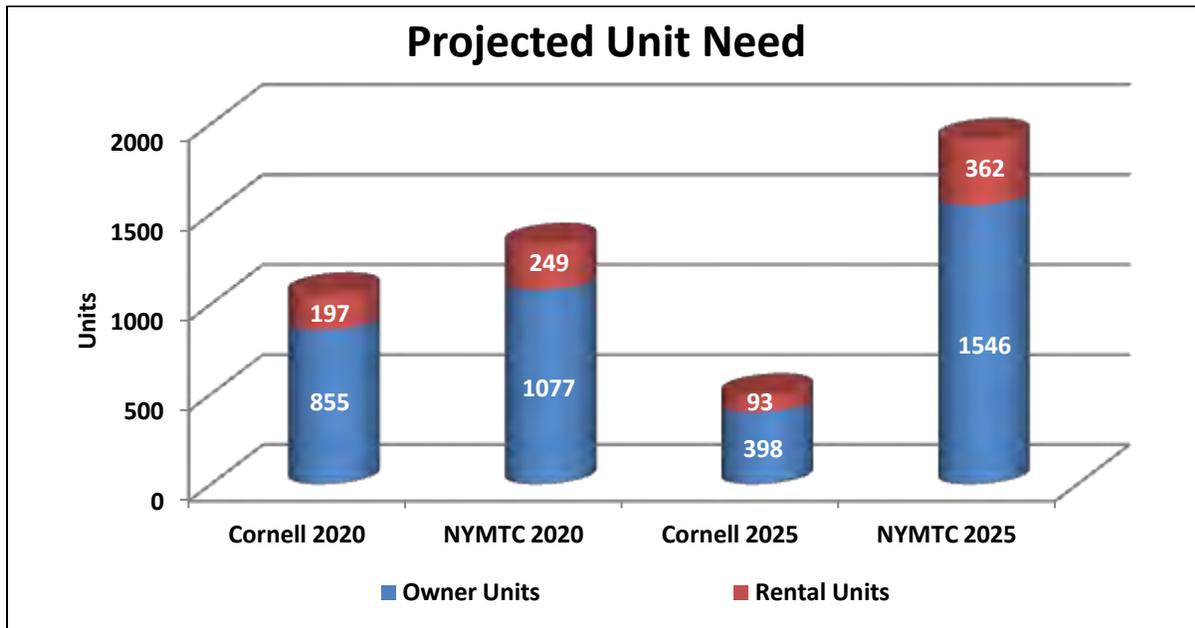
Municipality	Cornell Population Projections		NYMTC Population Projections	
	2020	2025	2020	2025
Carmel	287	133	361	517
Kent	126	59	159	231
Patterson	94	44	119	170
Philipstown	85	39	107	152
Putnam Valley	109	51	137	197
Southeast	154	72	194	279
County Totals	855	398	1,077	1,546

Rental Housing

Municipality	Cornell Population Projections		NYMTC Population Projections	
	2020	2025	2020	2025
Carmel	65	31	82	122
Kent	22	10	28	40
Patterson	25	13	32	49
Philipstown	24	11	30	42
Putnam Valley	17	8	22	31
Southeast	44	20	55	78
County Totals	197	93	249	362

Putnam County

OWNER-OCCUPIED AND RENTAL HOUSING	CENSUS		Cornell Population Projection		NYMTC Population Projection	
	2000	2010	2020	2025	2020	2025
Total Household Population	93,581	97,118	99,879	101,141	104,608	109,508
Projected Household Population Growth			2,761	1,262	3,467	4,900
Owner and Renter Housing Units	32,703	35,041				
Persons per Household	2.86	2.77	2.68	2.64	2.68	2.64
Projected Unit Need to Accommodate Growth			1,029	480	1,294	1,864
Vacancy Rate for Healthy Market			23	11	32	44
Total Projected Need			1052	491	1326	1908



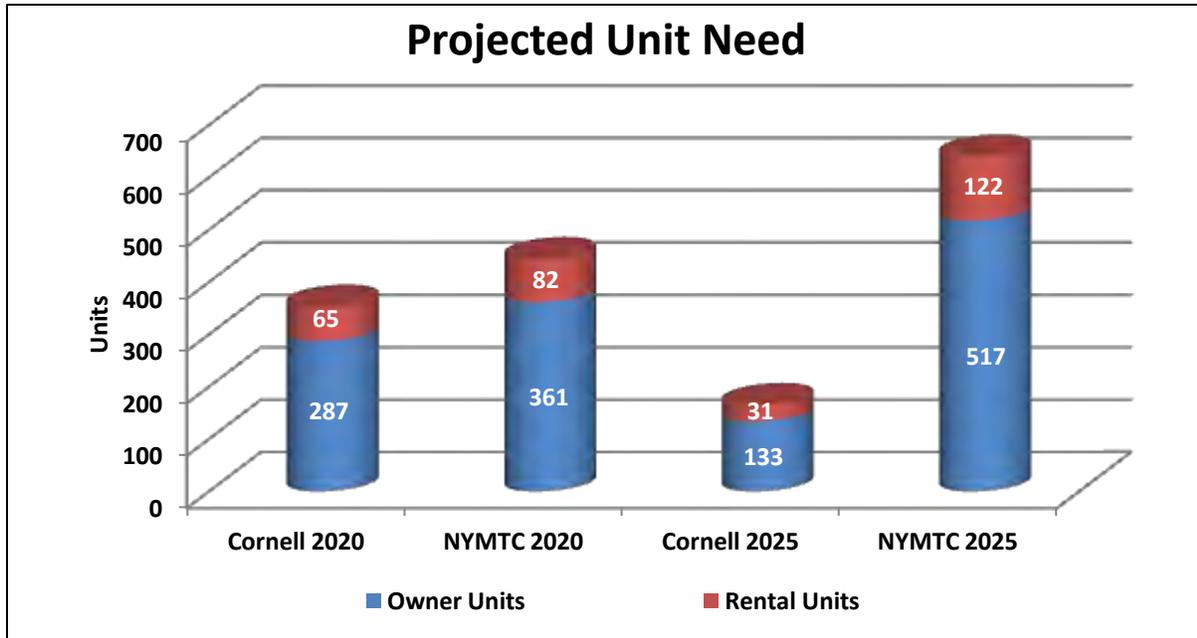
OWNER-OCCUPIED	CENSUS		Cornell Population Projection		NYMTC Population Projection	
	2000	2010	2020	2025	2020	2025
Total Household Population	79,871	82,664	85,014	86,088	89,039	93,210
Projected Household Population Growth			2,350	1,074	2,951	4,171
Owner-occupied Housing Units	26,885	28,688				
Persons per Household	2.97	2.88	2.79	2.75	2.79	2.75
Projected Unit Need to Accommodate Growth			842	391	1,058	1,520
Vacancy Rate for Healthy Market			13	7	19	26
Total Projected Need			855	398	1,077	1,546

RENTAL	CENSUS		Cornell Population Projection		NYMTC Population Projection	
	2000	2010	2020	2025	2020	2025
Total Household Population	13,710	14,454	14,865	15,053	15,569	16,298
Projected Household Population Growth			411	188	516	729
Rental Housing Units	5,818	6,353				
Persons per Household	2.36	2.28	2.19	2.15	2.19	2.15
Projected Unit Need to Accommodate Growth			187	89	236	344
Vacancy Rate for Healthy Market			10	4	13	18
Total Projected Need			197	93	249	362

HOUSING UNITS NEEDS

TOWN OF CARMEL

OWNER-OCCUPIED AND RENTAL HOUSING	CENSUS		Cornell Population Projection		NYMTC Population Projection	
	2000	2010	2020	2025	2020	2025
Total Household Population	32,712	33,896	34,860	35,300	36,510	38,220
Projected Household Population Growth			964	440	1,210	1,710
Owner and Renter Housing Units	10,847	11,672				
Persons per Household	3.02	2.90	2.79	2.74	2.79	2.74
Projected Unit Need to Accommodate Growth			344	161	433	624
Vacancy Rate for Healthy Market			8	3	10	15
Total Projected Need			352	164	443	639

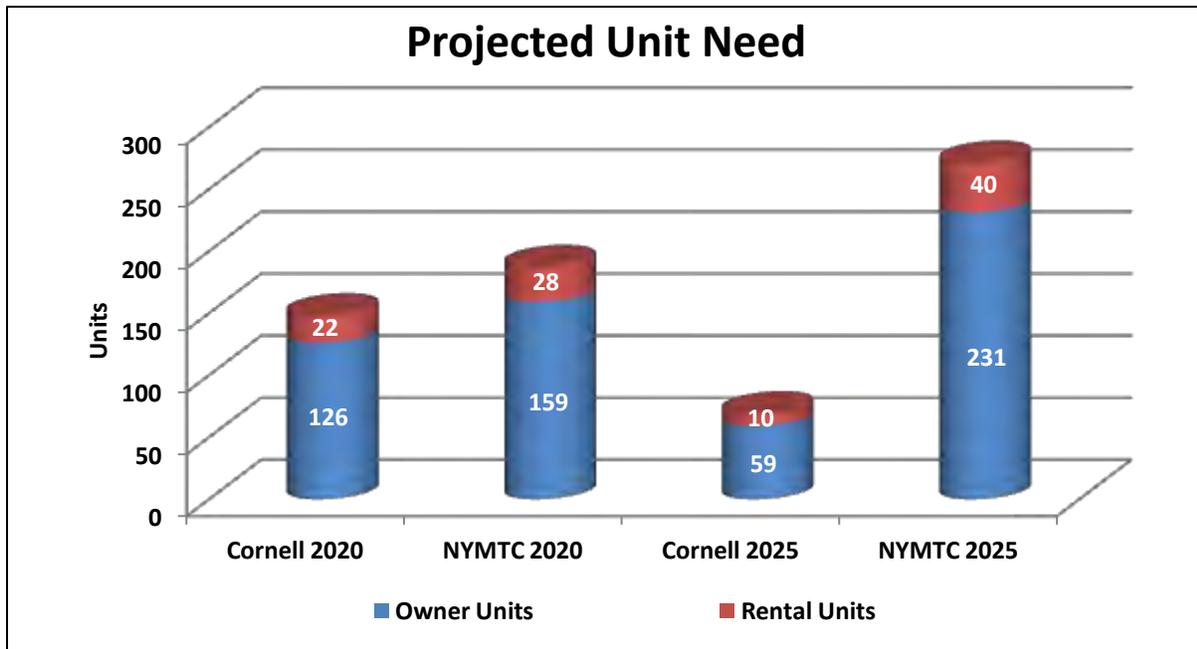


OWNER-OCCUPIED	CENSUS		Cornell Population Projection		NYMTC Population Projection	
	2000	2010	2020	2025	2020	2025
Total Household Population	28,679	29,470	30,308	30,691	31,743	33,230
Projected Household Population Growth			838	383	1,052	1,487
Owner-occupied Housing Units	9,165	9,668				
Persons per Household	3.13	3.05	2.97	2.93	2.97	2.93
Projected Unit Need to Accommodate Growth			282	131	355	508
Vacancy Rate for Healthy Market			5	2	6	9
Total Projected Need			287	133	361	517

RENTAL	CENSUS		Cornell Population Projection		NYMTC Population Projection	
	2000	2010	2020	2025	2020	2025
Total Household Population	4,033	4,426	4,552	4,609	4,767	4,991
Projected Household Population Growth			126	58	158	223
Rental Housing Units	1,682	2,004				
Persons per Household	2.40	2.21	2.02	1.92	2.02	1.92
Projected Unit Need to Accommodate Growth			62	30	78	116
Vacancy Rate for Healthy Market			3	1	4	6
Total Projected Need			65	31	82	122

TOWN OF KENT

OWNER-OCCUPIED AND RENTAL HOUSING	CENSUS		Cornell Population Projection		NYMTC Population Projection	
	2000	2010	2020	2025	2020	2025
Total Household Population	13,807	13,304	13,682	13,855	14,330	15,001
Projected Household Population Growth			378	173	475	671
Owner and Renter Housing Units	4,868	4,888				
Persons per Household	2.84	2.72	2.61	2.55	2.61	2.55
Projected Unit Need to Accommodate Growth			145	68	183	265
Vacancy Rate for Healthy Market			3	1	4	6
Total Projected Need			148	69	187	271



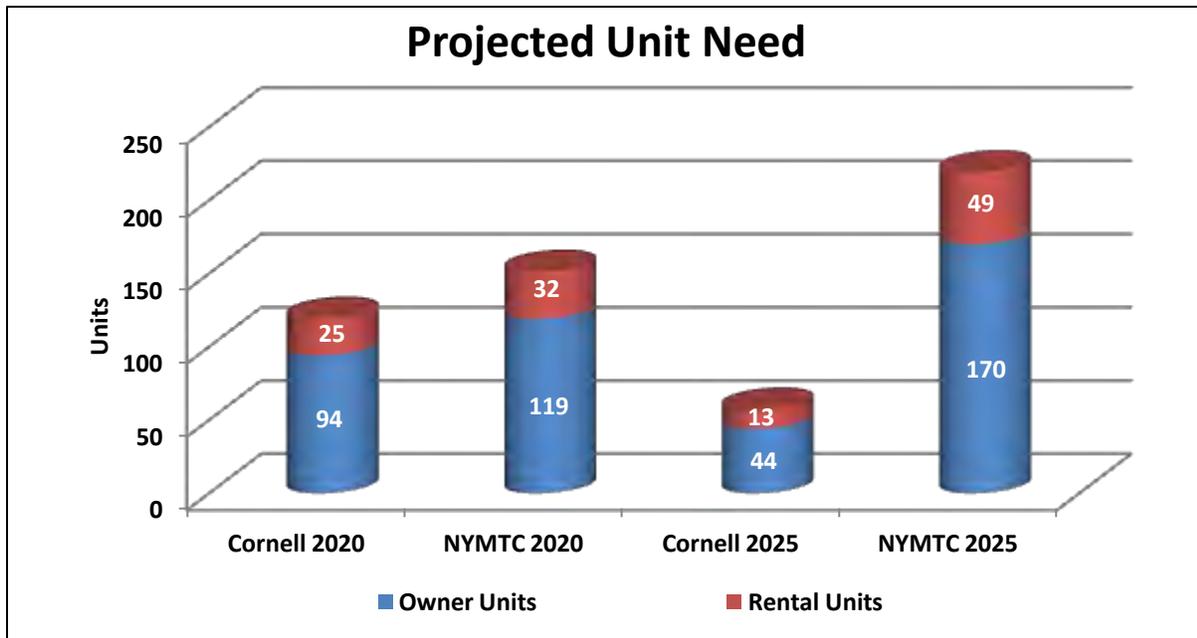
OWNER-OCCUPIED	CENSUS		Cornell Population Projection		NYMTC Population Projection	
	2000	2010	2020	2025	2020	2025
Total Household Population	11,778	11,502	11,829	11,978	12,389	12,969
Projected Household Population Growth			327	149	411	580
Owner-occupied Housing Units	4,040	4,147				
Persons per Household	2.92	2.77	2.63	2.56	2.63	2.56
Projected Unit Need to Accommodate Growth			124	58	156	227
Vacancy Rate for Healthy Market			2	1	3	4
Total Projected Need			126	59	159	231

RENTAL	CENSUS		Cornell Population Projection		NYMTC Population Projection	
	2000	2010	2020	2025	2020	2025
Total Household Population	2,029	1,802	1,853	1,877	1,941	2,032
Projected Household Population Growth			51	23	64	91
Rental Housing Units	828	741				
Persons per Household	2.45	2.43	2.41	2.40	2.41	2.40
Projected Unit Need to Accommodate Growth			21	10	27	38
Vacancy Rate for Healthy Market			1		1	2
Total Projected Need			22	10	28	40

HOUSING UNITS NEEDS

TOWN OF PATTERSON

OWNER-OCCUPIED AND RENTAL HOUSING	CENSUS		Cornell Population Projection		NYMTC Population Projection	
	2000	2010	2020	2025	2020	2025
Total Household Population	10,080	10,695	10,999	11,138	11,520	12,059
Projected Household Population Growth			304	139	382	540
Owner and Renter Housing Units	3,529	3,905				
Persons per Household	2.86	2.74	2.62	2.56	2.62	2.56
Projected Unit Need to Accommodate Growth			117	55	147	214
Vacancy Rate for Healthy Market			2	2	4	5
Total Projected Need			119	57	151	219

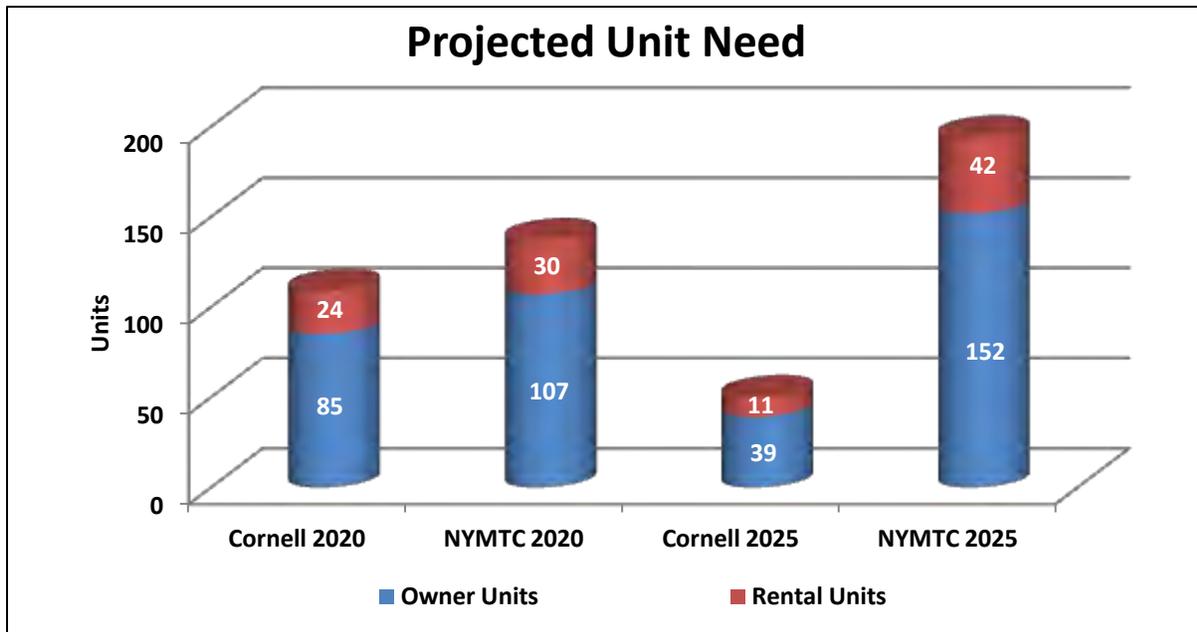


OWNER-OCCUPIED	CENSUS		Cornell Population Projection		NYMTC Population Projection	
	2000	2010	2020	2025	2020	2025
Total Household Population	8,411	9,150	9,410	9,529	9,856	10,317
Projected Household Population Growth			260	119	327	462
Owner-occupied Housing Units	2,829	3,169				
Persons per Household	2.97	2.89	2.80	2.76	2.80	2.76
Projected Unit Need to Accommodate Growth			93	43	117	167
Vacancy Rate for Healthy Market			1	1	2	3
Total Projected Need			94	44	119	170

RENTAL	CENSUS		Cornell Population Projection		NYMTC Population Projection	
	2000	2010	2020	2025	2020	2025
Total Household Population	1,669	1,545	1,589	1,609	1,664	1,742
Projected Household Population Growth			44	20	55	78
Rental Housing Units	700	736				
Persons per Household	2.38	2.10	1.81	1.67	1.81	1.67
Projected Unit Need to Accommodate Growth			24	12	30	47
Vacancy Rate for Healthy Market			1	1	2	2
Total Projected Need			25	13	32	49

TOWN OF PHILIPSTOWN

OWNER-OCCUPIED AND RENTAL HOUSING	CENSUS		Cornell Population Projection		NYMTC Population Projection	
	2000	2010	2020	2025	2020	2025
Total Household Population	9,211	9,318	9,583	9,704	10,037	10,507
Projected Household Population Growth			265	121	333	470
Owner and Renter Housing Units	3,599	3,685				
Persons per Household	2.56	2.53	2.50	2.48	2.50	2.48
Projected Unit Need to Accommodate Growth			106	49	133	190
Vacancy Rate for Healthy Market			3	1	4	4
Total Projected Need			109	50	137	194



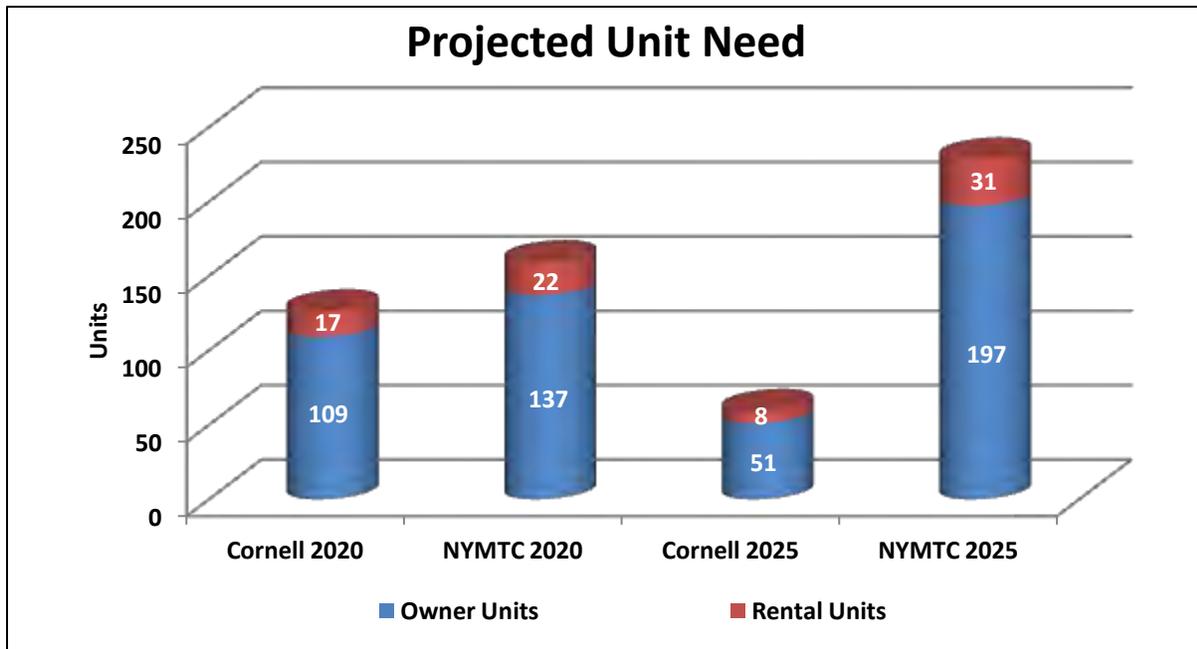
OWNER-OCCUPIED	CENSUS		Cornell Population Projection		NYMTC Population Projection	
	2000	2010	2020	2025	2020	2025
Total Household Population	7,560	7,634	7,851	7,950	8,223	8,608
Projected Household Population Growth			217	99	273	385
Owner-occupied Housing Units	2,802	2,884				
Persons per Household	2.70	2.65	2.60	2.57	2.60	2.57
Projected Unit Need to Accommodate Growth			84	39	105	150
Vacancy Rate for Healthy Market			1		2	2
Total Projected Need			85	39	107	152

RENTAL	CENSUS		Cornell Population Projection		NYMTC Population Projection	
	2000	2010	2020	2025	2020	2025
Total Household Population	1,651	1,684	1,732	1,754	1,814	1,899
Projected Household Population Growth			48	22	60	85
Rental Housing Units	797	801				
Persons per Household	2.07	2.10	2.13	2.15	2.13	2.15
Projected Unit Need to Accommodate Growth			22	10	28	40
Vacancy Rate for Healthy Market			2	1	2	2
Total Projected Need			24	11	30	42

H O U S I N G U n i t N E E D S

TOWN OF PUTNAM VALLEY

OWNER-OCCUPIED AND RENTAL HOUSING	CENSUS		Cornell Population Projection		NYMTC Population Projection	
	2000	2010	2020	2025	2020	2025
Total Household Population	10,611	11,793	12,128	12,282	12,703	13,298
Projected Household Population Growth			335	153	421	595
Owner and Renter Housing Units	3,676	4,216				
Persons per Household	2.89	2.80	2.71	2.66	2.71	2.66
Projected Unit Need to Accommodate Growth			123	58	155	223
Vacancy Rate for Healthy Market			3	1	4	5
Total Projected Need			126	59	159	228

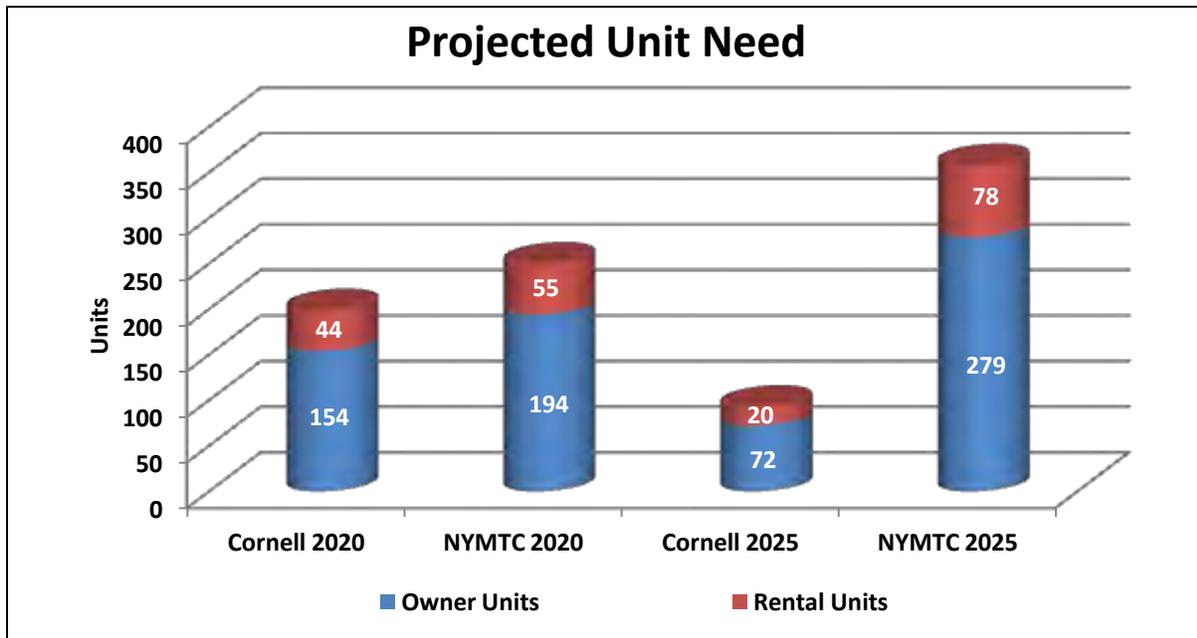


OWNER-OCCUPIED	CENSUS		Cornell Population Projection		NYMTC Population Projection	
	2000	2010	2020	2025	2020	2025
Total Household Population	9,509	10,492	10,790	10,927	11,301	11,831
Projected Household Population Growth			298	136	375	529
Owner-occupied Housing Units	3,216	3,658				
Persons per Household	2.96	2.87	2.78	2.74	2.78	2.74
Projected Unit Need to Accommodate Growth			107	50	135	194
Vacancy Rate for Healthy Market			2	1	2	3
Total Projected Need			109	51	137	197

RENTAL	CENSUS		Cornell Population Projection		NYMTC Population Projection	
	2000	2010	2020	2025	2020	2025
Total Household Population	1,102	1,301	1,338	1,355	1,401	1,467
Projected Household Population Growth			37	17	46	66
Rental Housing Units	460	558				
Persons per Household	2.40	2.33	2.27	2.24	2.27	2.24
Projected Unit Need to Accommodate Growth			16	8	20	29
Vacancy Rate for Healthy Market			1		2	2
Total Projected Need			17	8	22	31

TOWN OF SOUTHEAST

OWNER-OCCUPIED AND RENTAL HOUSING	CENSUS		Cornell Population Projection		NYMTC Population Projection	
	2000	2010	2020	2025	2020	2025
Total Household Population	17,160	18,112	18,627	18,862	19,509	20,423
Projected Household Population Growth			515	235	647	914
Owner and Renter Housing Units	6,184	6,675				
Persons per Household	2.77	2.71	2.65	2.62	2.65	2.62
Projected Unit Need to Accommodate Growth			194	89	243	348
Vacancy Rate for Healthy Market			4	3	6	9
Total Projected Need			198	92	249	357



OWNER-OCCUPIED	CENSUS		Cornell Population Projection		NYMTC Population Projection	
	2000	2010	2020	2025	2020	2025
Total Household Population	13,934	14,416	14,826	15,013	15,528	16,255
Projected Household Population Growth			410	187	515	727
Owner-occupied Housing Units	4,833	5,162				
Persons per Household	2.88	2.79	2.70	2.66	2.70	2.66
Projected Unit Need to Accommodate Growth			152	70	190	274
Vacancy Rate for Healthy Market			2	2	4	5
Total Projected Need			154	72	194	279

RENTAL	CENSUS		Cornell Population Projection		NYMTC Population Projection	
	2000	2010	2020	2025	2020	2025
Total Household Population	3,226	3,696	3,801	3,849	3,981	4,168
Projected Household Population Growth			105	48	132	186
Rental Housing Units	1,351	1,513				
Persons per Household	2.39	2.44	2.50	2.53	2.50	2.53
Projected Unit Need to Accommodate Growth			42	19	53	74
Vacancy Rate for Healthy Market			2	1	2	4
Total Projected Need			44	20	55	78

Putnam County



HOUSING FAMILIES IS WHAT WE DO

Housing Corp.



Myths About Fairhaven at Baldwin Place

February 17, 2021

Myth #1: Fairhaven at Baldwin Place is a “different” type of housing.

- ▶ **Fact: No.** Fairhaven at Baldwin Place (Fairhaven) is the same as any other rental or condominium community. It is quality housing for people of all ages.
- ▶ The only difference between Fairhaven and a typical Senior Housing development in the Town is the age of some of its residents.
- ▶ Residents of senior developments are able to reside independently but often need minimal assistance in certain areas, much like residents of Fairhaven.
- ▶ Fairhaven welcomes people of all ages including seniors, young people, and everyone in between.

Myth #2: There is no need for Fairhaven in Mahopac or Putnam County

- ▶ Fact: Numerous studies, including one conducted by the Putnam County Department of Health in partnership with 85 local organizations, concluded additional housing is needed in the community.
- ▶ This and other studies found at least half the county's residents carry "unaffordable" housing costs, and many are "severely cost-burdened."¹

"There is an overwhelming need to preserve and rehabilitate existing affordable rental housing and develop new affordable housing at all income levels..."

– Putnam County Housing Corporation Housing Needs Assessment, 2014.

Myth #3: Fairhaven is a “facility” or “institution.”

- ▶ Fact: Fairhaven is neither a “rehabilitation facility” nor an “institution.” It is a supportive and workforce housing development, and its tenants will be able to reside independently with some very basic and minimal support services.
- ▶ Search for Change offers quality affordable apartments to deserving individuals who qualify.

Myth #4: Fairhaven is “low income” housing.

- ▶ Fact: Fairhaven is open to individuals with incomes up to 60% of the Area Median Income (AMI). It is not “low income” housing but affordable housing for those who qualify.
- ▶ The current AMI for a family of four living in Putnam County is \$113,700. A family with annual earnings up to \$68,220 (60% of AMI) would qualify, as would single individuals with annual earnings up to \$47,760!
- ▶ Fairhaven will provide attractive and affordable accommodations to members of our local workforce including:
 - ▶ Some police officers and law enforcement officials (average annual earnings of \$59,800 - \$69,800) and other Town and County employees
 - ▶ Construction workers, general office, and administrative support occupations (average annual earnings of \$41,469 - \$42,334)
 - ▶ Service, sales, and related occupations (average annual earnings of \$26,822 - \$27,305)

Myth #5: “Comingling” tenants of supportive and workforce housing units won’t work

- ▶ Fact: Developments like Fairhaven at Baldwin Place operate successfully throughout New York State. Most are fully occupied, and many have lengthy waitlists.
- ▶ Occupants of supportive housing units are not unlike occupants of workforce housing units. Supportive housing tenants simply have health conditions for which they require minimal and basic support services. Some are employed and all of them are able to reside independently.

Myth #6: Tenants of Fairhaven will pose a “risk” to the local community.

- ▶ Fact: Tenants of Fairhaven will be like tenants of any other housing development. They will simply have health or financial needs for which the services of supportive and workforce housing are needed. Individuals with these needs already reside in our community. In fact, tenants of Fairhaven will come from our community.
- ▶ In addition, tenants will be subject to rigorous screening procedures in order to ensure their success and their ability to pay their rent.

Myth #7: Fairhaven will look “cheap” or “undesirable.”

- ▶ Fact: Fairhaven must comply with the same construction and design standards as all housing developments. Its architectural renderings submitted to the Town of Carmel confirm Fairhaven will provide highly attractive accommodations that are equivalent to or exceed those of surrounding developments.
- ▶ Fairhaven will sit on a beautiful 15-acre property.

Myth #8: Fairhaven will drive down local property values.

- ▶ **Fact:** Research has repeatedly shown affordable housing has no negative impact on home prices or on the speed or frequency of the sale of neighboring homes.²

Myth #9: Fairhaven will compromise the commercial viability of adjacent parcels and the community's broader development plans.

- ▶ Fact: Fairhaven will be subdivided from a parcel that has remained vacant for many years. The development of much-needed residential capacity is fully aligned with the community's long-term plans.
- ▶ Occupants of the housing development will support local economic activity. They will be purchasers of goods and services and active participants in the surrounding community.

Myth #10: Fairhaven will house “large families” and present a burden on local schools.

- ▶ Fact: Extensive research has shown households in supportive and workforce housing have, on average, fewer children than those living in single family homes or other rental developments.³
- ▶ Enrollment in both the Mahopac and Carmel public schools has significantly declined over the last 15 years. At present, school enrollments are approximately 25% below their peak of 15 years ago.
- ▶ The 2020 enrollment in Mahopac public schools of 4,036 students was 25% off its peak enrollment of 5,377.
- ▶ The rising cost of housing has driven younger individuals and young families from our community. Many can no longer afford to live in the Town of Carmel.

Myth #11: Fairhaven will lead to increased use of municipal services (e.g., police, EMT) and associated costs.

- ▶ Fact: Numerous studies confirm supportive and workforce housing developments lead to reduced use of municipal services.⁴ These developments promote tenants' health, stability, and productive participation in their local communities.

Myth #12 Fairhaven will be an “economic drain” on the community.

- ▶ Fact: Supportive and workforce housing developments offer numerous economic benefits to their local communities.
 - ▶ Fairhaven residents spend a significant portion of after-tax earnings on housing, food, and transportation –followed by utilities, fuels, and public services; apparel and services; and entertainment. About 70% of dollars spent on these items remain within their local economies.⁵ These dollars support local businesses and promote their long-term success.
 - ▶ Supportive and workforce housing also stimulates economies through job development in construction, manufacturing, retail, and related industries.⁶

Myth #13: Fairhaven will produce increased vehicle traffic or congestion.

- ▶ Fact: Fewer occupants of supportive and workforce housing developments own cars (in comparison to other developments comparable in size). Many tenants of Fairhaven will utilize public transportation.

“Creating local policy that encourages the development and preservation of housing that is affordable must be a high priority by local decision makers and planners. Putnam County is faced with limited choice and an insufficient supply of affordable and market rate rental housing.”

– Putnam County Housing Corporation Housing Needs Assessment, 2014.

References

- ▶ ¹Putnam County Community Health Assessment – Community Health Improvement Plan, 2018.
- ▶ ²Business and Professional People for the Public Interest, 2004.
- ▶ ³Brennan, M., Reed, P. & Sturtevant, L. (2014). “The Impacts of Affordable Housing on Education.” Center for Housing Policy; Obrinsky, M. & Stein, D. (2007). “Overcoming Opposition to Multifamily Rental Housing.” National Multi-Housing Council.
- ▶ ⁴Center on Budget and Policy Priorities, 2016.
- ▶ ⁵Fuller, S. (2013). “The Trillion Dollar Apartment Industry.” National Multi-Housing Council.
- ▶ ⁶ Dolan, C. (2020). “6 Ways Supportive Housing Can Boost Local Economies.” CommonBond Communities.



PUTNAM COUNTY

Community Health Assessment Community Health Improvement Plan

2016-2018

Putnam County Department of Health
One Geneva Road
Brewster, NY 10509
845-808-1390
www.putnamcountyny.gov

Putnam Hospital Center
670 Stoneleigh Avenue
Carmel, NY 10512
845-279-5711
www.healthquest.org/PHC

PARTNERS

Advanced Chiropractic Wellness Care
Akzonobel
American Heart Association
American Lung Association of the NE
Arms Acres-Liberty Management
Boxwood Alliance
Brewster Central School District
Camp Wilbur Herrlich
Carmel Central School District
Center for a Tobacco-Free Hudson Valley
Center for Regional Healthcare Innovation
Child Care Council of Dutchess & Putnam
Cornell Cooperative Extension
Drug Crisis in our Backyard
Dunmore Corporation
Dutchess County Department of Health
Economic Development Corporation
Fishkill Correctional Facility
Four Winds Hospital
Garrison Union Free School District
Green Chimneys
Haldane Central School District
Hannaford
Health Quest
Hudson Valley Cerebral Palsy Association
Hudson Valley Community Services
Hudson Valley Farm to School
HYGEIA Integrated Health LLC
Kidz Country Day Care
Live Healthy Putnam Coalition
Mahopac Central School District

Maternal Infant Services Network (MISN)
Mental Health Association of Putnam
Mental Health Providers Group
National Association of Mental Illness, PC
NCADD, Putnam
New York State Courts
New York State Health Foundation
NYP-Lawrence Hospital
NYS Department of Health
Open Door Family Medical Center
Orange County Department of Health
P & N West. Women's Resource Center
P.A.R.C
Partnership for Success/NCADD/Putnam
PC Board of Health
PC Bureau of Emergency Services
PC Chamber of Commerce
PC Child Advocacy Center
PC Department of DSS, Mental Health
PC Department of Health
PC Disaster Preparedness/Bioterrorism TF
PC Medical Reserve Corps
PC Office for People with Disabilities
PC Office for Senior Resources
PC Parks & Recreation
PC Planning Department
PC Sheriff's Department
PC Veterans Affairs
PC Youth Bureau
PEOPLE, Inc.
Planned Parenthood Hudson Peconic

POW'R Against Tobacco
Public Health Improvement Program
Putnam Communities That Care Coalition
Putnam Community Action Program
Putnam County Courier
Putnam Family & Community Services
Putnam Hospital Center
Putnam Independent Living Service
Putnam Valley Central School District
Putnam/Northern Westchester BOCES
Reality Check
Rockland County Department of Health
Rockland County Office of Mental Health
Rose House (PEOPLE)
Search for Change
St. Christopher's Inn
Suicide Prevention Taskforce
The Freight House Café
Town of Carmel Parks & Recreation
Town of Kent Police Department
Town of Patterson Library
Ulster County Department of Health
Unilock
United Way of Westchester & Putnam
VET2VET Program of Putnam
Veterans Task Force
Visiting Nurse Association of Hudson Valley
Visiting Nurse Service of Putnam
Westchester County Department of Health

INVITING YOU TO PARTICIPATE

The mission of the Putnam County Department of Health is to improve and protect the health and well-being of county residents. The vision is to be recognized as bold and innovative leaders, partnering with the community in advocating for public health.

To help achieve this mission and vision, in 2013 the Putnam County DOH undertook the challenge of becoming a nationally accredited health department. On March 11, 2016, the Public Health Accreditation Board (PHAB) awarded this coveted distinction to us and our health department became one of only three counties in New York State to attain this recognition.

As an accredited health department, mechanisms have been put in place to ensure ongoing department-wide performance management and workforce development. Additionally, we have chosen to facilitate the best-practice Mobilizing for Action through Planning and Partnerships (MAPP), a “gold standard” community needs assessment and strategic planning process. MAPP uses four unique assessments to determine community priorities and lay the groundwork for future action.

The Putnam County Community Health Improvement Plan (CHIP) is the result of this MAPP work, which brought together a broad representation of Putnam County constituencies and community leaders. This collaborative plan will be used as a guide to improving the health of everyone who

lives in Putnam County, by outlining goals and strategies and identifying areas on which to focus. Community change and health improvement require dedication and commitment from all stakeholders—including all citizen, business, government and community sectors. A special thank you goes to all community partners who have already provided guidance, direction and input to the Putnam County Department of Health.

This report is being posted on our website and we invite all of you to participate in some capacity. Residents can join a coalition, participate in a focus group, or simply respond to our periodic community asset survey. If you are interested, please contact us at (845) 808-1390 or e-mail us at PutnamHealth@putnamcountyny.gov.

Together we can improve the health of all the individuals, families, and communities that make up Putnam County.

Sincerely,



Michael Nesheiwat, MD
Interim Commissioner
Putnam County Department of Health

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This report is posted on the Putnam County Department of Health website: www.putnamcountyny.com/health/

EXECUTIVE SUMMARY

Community health improvement planning is most effective when approached through collaborative effort.

Fortunately, the Putnam County Department of Health (DOH) has a long-standing and well-established relationship with the county's only hospital, Putnam Hospital Center. Health assessment activities, public health education campaigns, and emergency and response activities have been worked on jointly for more than a decade.

Since 2012, the New York State DOH has required local health departments to work with local hospitals and community partners on development of the Community Health Assessment and a Community Health Improvement Plan (CHIP). Currently, the basis of these plans is the state's own health improvement plan, the 2013-2018 *Prevention Agenda*.

The Putnam County DOH initiated and continues to facilitate the Mobilizing for Action through Planning and Partnerships (MAPP) strategic planning process with community partners in order to develop these assessments and plans. Established partnerships, including the Live Healthy Putnam Coalition, the Mental Health Provider Group, the Suicide Prevention Task Force and Putnam Hospital Center's Community Health Needs Committee, have been joined by a new alliance with the Communities That

Care Coalition, providing guidance and support in the area of substance abuse prevention. Another alliance supporting and advancing CHIP work is with the Population Health Improvement Program (PHIP), a New York State Department of Health initiative fostering regional collaboration among public and private health organizations in the Hudson Valley. So far PHIP has provided training and data support specifically in the two overlapping areas of concern, Social Determinants of Health and Mental Health Stigma.

Each organization or coalition brings a particular agenda and strength to the collective; all work in concert with the ultimate goal to improve the health of the community. These partnerships form the basis from which to reach out to individuals both at the organizational and personal level who want to participate in the MAPP planning process. The annual Public Health Summit has also provided an excellent platform to present and discuss data, review existing strategies and select priorities to concentrate on in the upcoming year.

The MAPP process uses four unique assessments to determine community priorities: Community Themes and Strengths, Community Health Status, Local Public Health System and Forces of Change. These assessments inform the development of the CHIP. More than 85 organiza-

tions participated in these assessments and greater than 600 Putnam County residents responded to the community asset survey. Through the MAPP process two overarching priorities were identified and served as a foundation for developing the Putnam County CHIP: *Promote Mental Health and Prevent Substance Abuse* and *Prevent Chronic Diseases*.

A third priority was recently added to the CHIP: *Promote a Healthy and Safe Environment*. This change came from discussions with Putnam Hospital Center and the Putnam County Office for Senior Resources. Both organizations will be implementing evidenced-based programs to prevent falls in the growing elderly population.

Formal CHIP Action Plans have been developed to cover work through 2018. All strategies and activities related to these priorities have components focused on reducing health disparities. Understanding how social determinants of health impact health equity is the first step. In addition to identifying the strategies and activities, measurable objectives were set, corresponding timelines developed, and responsible parties named. This labor-intensive work to develop Action Plans was accomplished by five steering committees. The Action Plan for the CHIP priority to *Promote Mental*

Health and Prevent Substance Abuse was worked on by the Mental Health Provider Group, the Suicide Prevention Task Force and the Communities That Care Coalition. The Live Healthy Putnam Coalition worked on the Action Plan for the second CHIP priority—*Prevent Chronic Disease*. In addition to these five steering committees, an extensive number of other community organizations partnered with them to develop these plans. Another steering committee to work on the third CHIP priority to *Promote a Healthy and Safe Environment*, specifically fall prevention activities, is proposed for 2017. Progress on this priority, as well as the two original priorities, will be discussed with Putnam Hospital Center at quarterly Community Health Needs Committee meetings.

Please see the CHIP planning grids starting on page 65 and the Partner Involvement by CHIP Priority list on page 76.

SOCIAL DETERMINANTS OF HEALTH

Social determinants of health are conditions in the environment into which people are born, live, learn, work, play, worship, and finally age, that affect a wide range of health outcomes and quality-of-life issues. Social, economic and physical circumstances play a role in all settings, including school, church, workplace, and neighborhood. Collectively these characteristics are often referred to as “place.” Place is not just a sum of material attributes, but also comprises patterns of social engagement, and sense of security and well-being.

Understanding the relationship between how population groups experience “place” and the impact of “place” on health is fundamental to community health improvement planning.

EXAMPLES OF SOCIAL DETERMINANTS OF HEALTH

- Safe and affordable housing
- Availability of healthy foods
- Educational, economic, and job opportunities
- Access to health care services, both routine and emergency
- Quality of education and job training
- Availability of recreational and leisure-time activities
- Transportation options
- Public safety
- Social support
- Social norms and attitudes (e.g., discrimination, racism, residential segregation, distrust of government)
- Exposure to crime, violence, and social disorder (e.g., presence of trash and lack of cooperation in a community)
- Socioeconomic conditions (e.g., concentrated poverty and the stressful conditions that accompany it)
- Language/Literacy
- Access to mass media and communication technologies (e.g., cell phones, the Internet, and social media)
- Culture

In Putnam County, results from the Community Health Status Assessment show people who live at or below the Federal Poverty Level are more likely to be less educated, have higher rates of unemployment and be uninsured. In general, these factors can lead to poorer health outcomes.

MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS

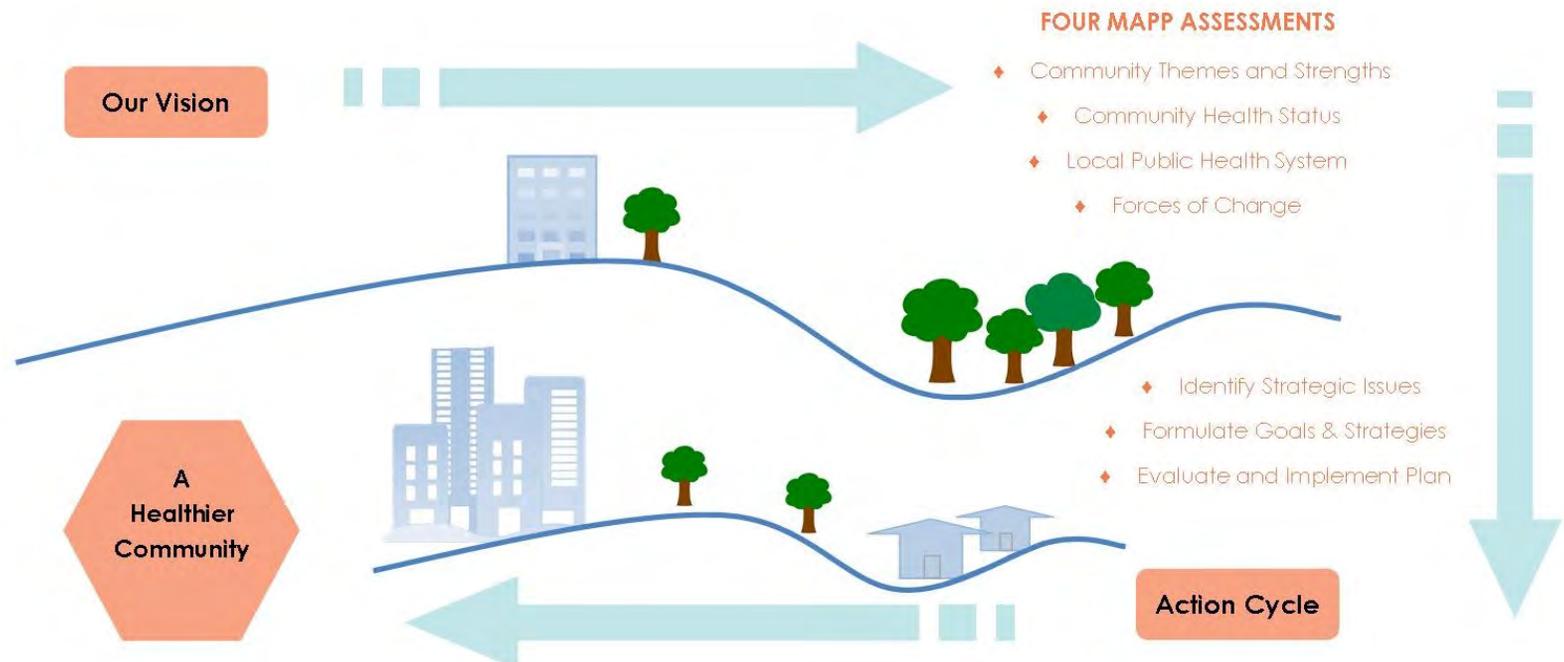
Mobilizing for Action through Planning and Partnerships (MAPP) is a community-driven strategic planning process for improving community health. It provides a framework that helps communities apply strategic thinking to prioritize public health issues and identify resources to address them. MAPP is not an agency-focused assessment process; rather, it is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local public health systems. Four MAPP Assessments—Community Themes and Strengths Assessment, Community Health Status Assessment, Local Public Health System Assessment and Forces of Change Assessment—provide a complete picture of health strengths and opportunities in Putnam County.

The use of MAPP signals a shift in how public health is planned. It is a shift from operational to strategic planning: from a focus on the agency to a focus on the public health system, from needs assessment to an emphasis on assets and resources, from a medically or service-oriented model to a model that encompasses a broad definition of

health. In essence it is a move away from an “agency knows all” perspective to the belief that “everyone knows something.” By gathering all of the assets and resources within the community, the community is able to determine how best to use all of the wisdom to create a healthier community.

MAPP:

THE ROADMAP TO COMMUNITY HEALTH



PHASE ONE: ORGANIZING FOR SUCCESS

The first phase of the Putnam County MAPP process was to mobilize partners and residents. The Putnam County DOH has a robust history of working with health care providers, community leaders, organizations and interested residents, collaborating on health priorities and concerns. The Putnam County DOH has been informing and educating its partners about the MAPP and CHIP process since December 2012 when New York State DOH mandated the CHIP be conducted by each local health department.

The annual Public Health Summit provides the opportunity for the Putnam County DOH, Putnam Hospital Center, community-based organizations, mental health agencies, social service agencies, educational institutions, faith-based organizations, healthcare providers, local industry, emergency services providers, veterans' agencies and residents to convene and review the current state of health in Putnam

County. Local data and planning updates are shared and discussed so that community partners are engaged in the planning process.

The sixth annual Public Health Summit, held on June 7, 2016, provided an opportunity for 78 attendees from 47 different agencies to collaborate, identify, and review health priorities and needs within the county. The half-day format included: a community health assessment data overview; panel discussions from partner agencies working on the 2013-2017 CHIP strategies from the Mental Health, Substance Abuse and Chronic Disease priority areas; and CHIP priority selection for the 2016-2018 CHIP update.

PHASE TWO: VISION FOR A HEALTHIER PUTNAM

The vision to create a healthy community by actively collaborating with our partners to identify gaps and leverage resources is a common theme among all involved. The many partnerships, committees and coalitions are dedicated to improving the overall health of our community without stigma or judgment.



PHASE THREE: ASSESSING PUTNAM'S HEALTH

The third phase of the MAPP process includes conducting four assessments. Each assessment provides information for determining local health priorities and for improving the health of the community. By combining the findings of all four assessments a more complete picture of the local public health system can be established. The four MAPP Assessments and the issues they address are described in the following pages.

- Assessment 1: Community Themes and Strengths
- Assessment 2: Community Health Status Assessment
- Assessment 3: Local Public Health System Assessment
- Assessment 4: Forces of Change

Performance Scores

INSTRUCTIONS: In the shaded yellow box, select your score for the Model Standards under each Essential Service from the drop down menu. Use the following scale: No Activity = 0; Minimal Activity = 25; Moderate Activity = 50; Significant Activity = 75; Optimal Activity = 100.

ESSENTIAL SERVICE 8: Assure a Competent Personal Health Care Workforce

Model Standard: Workforce Assessment, Planning and Development
At what level does the local public health system:

8.1	Set up a process and a schedule to track the number of LPHS jobs and the knowledge, skills, and abilities of those jobs are in the public or private sector?
8.1.1	Review the information from the workforce assessment to find and address gaps in the local public health system?
8.1.2	Provide information from the workforce assessment to community organizations and groups, including public and private agencies, for use in planning?
8.2	Model Standard: Public Health Workforce At what level does the local public health system:
8.2.1	Make sure that all members of the public health workforce have the required certificates, licenses, and meet the law?

Community Asset Survey for Putnam County

This survey is being conducted to get your opinions about our community's strengths and help pinpoint important issues. Questions focus on health and quality of life issues. The Hospital and the Department of Health will use this information to develop the Community Health Improvement Plan in collaboration with the public health partners in Putnam County. Anyone who lives or works in Putnam County is encouraged to respond to this survey. Thank you for helping us to identify our most pressing concerns.

This survey can be taken online at www.putnamcountyny.gov - OR -
Please submit this survey no later than August 31, 2013 by fax: 845-808-1336;
email: karen.yates@putnamcountyny.gov;
or mail: Putnam County Department of Health - Health Education 1 Geneva RD Brewster, NY 10909
For more information, please call 845-808-1390 xt.43125

1. What are the greatest STRENGTHS of our ENTIRE COMMUNITY?
Please select 4 areas by placing an "x" in 4 boxes below:

- Access to affordable, healthy food for everyone
- Access to affordable housing for everyone
- Access to basic health care for everyone
- Access to medical screenings for everyone
- Access to arts and cultural events
- Access to recreation
- Low violence/abuse (domestic, elder, child)
- Meet basic needs of everyone (food, shelter)
- Programs, activities and support for youth and teens during non-school hours

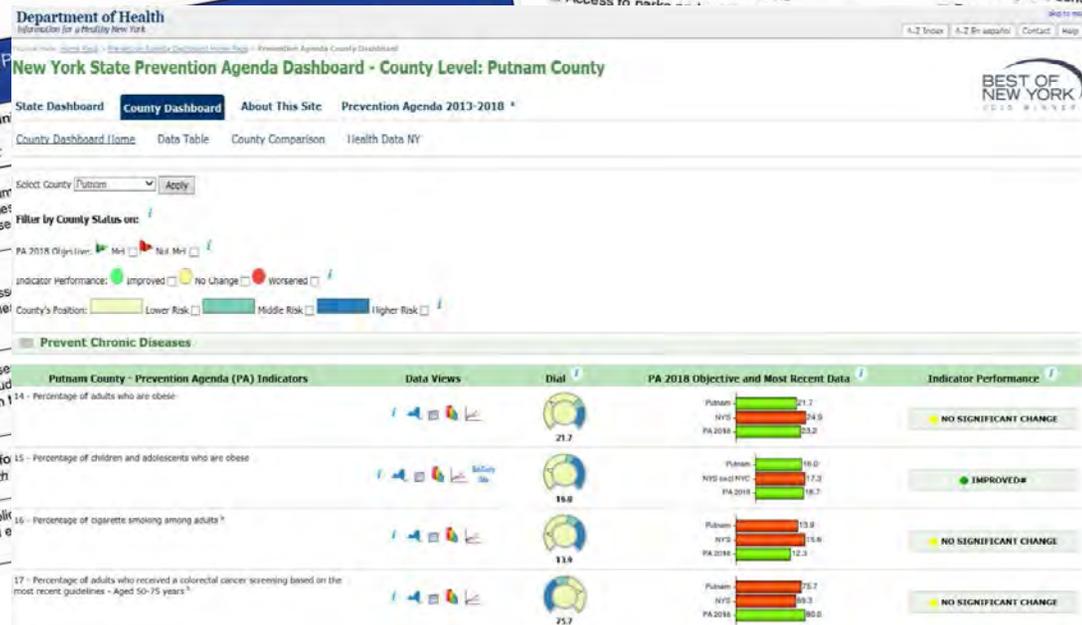
and support for the senior

if everyone needing and crisis agencies

IMPROVE THE QUALITY OF LIFE
Select 4 areas below:

- Access to affordable, healthy food for everyone
- Access to affordable housing for everyone
- Access to basic health care for everyone
- Access to medical screenings for everyone
- Access to arts and cultural events
- Access to recreation
- Low violence/abuse (domestic, elder, child)
- Meet basic needs of everyone (food, shelter)
- Programs, activities and support for youth and teens during non-school hours

or everyone needs and crisis agencies



COMMUNITY THEMES AND STRENGTHS ASSESSMENT

The Community Themes and Strengths Assessment is a data-driven report that focuses on identifying residents' perceptions of community strengths, health-related concerns and areas for improvement. By utilizing survey results and focus group input, MAPP committees have a better understanding of the community's health status. Combined with the Community Health Status Assessment, Local Public Health System Assessment and Forces of Change Assessment, a broad picture of the health status of Putnam County can be described.

SURVEY METHODOLOGY

The Community Asset Survey (CAS) was developed by the Putnam County DOH with input from Putnam Hospital Center and the Live Healthy Putnam Coalition. It was decided that three key questions, eight demographic questions and an open ended comment section would be used. The survey was piloted with members of the Live Healthy Putnam Coalition.

Online and paper surveys were created in both English and Spanish. The most frequently used survey was the online English survey. All surveys were anonymous.

It was determined that a convenience sample would be utilized to gather survey responses. The Putnam County DOH has a history of conducting online surveys which often over represent female residents and under represent minority groups and lower socio-economic status (SES) residents. With this knowledge it was determined that

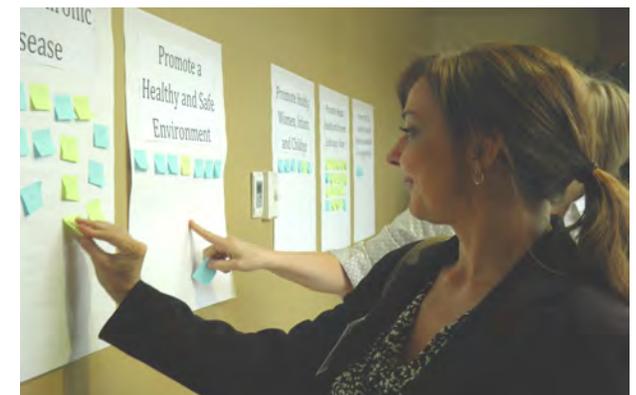
under-represented segments of the population would be focused on in the promotional campaign.

Since no fiscal resources were available for the MAPP process, no-cost opportunities based on existing community relationships and the local public health system were used and a promotional campaign was developed.

The Putnam County Executive and the Putnam Hospital Center CEO sent an email to all of their staff with an online link to the survey (this represented the two largest employers in Putnam County). A media release and campaign were developed and shared in 15 online event calendars, 7 school district newsletters, 2 social media networking sites, 4 print media and 31 community bulletin boards in high traffic areas. The description and link were also shared with agencies participating in the MAPP process, previous Public Health

Summits and other established partnerships. Every agency was then encouraged to share with their members and clients.

Through the efforts of the Putnam County DOH, Putnam Hospital Center, Open Door FQHC and many other agencies, over 600 surveys were received. The survey completion rate (survey fully answered) was nearly 90%.



SURVEY RESPONDENTS

The survey was open to both residents and those who work in Putnam County. If neither the home nor work zip code was in Putnam then the survey response was excluded.

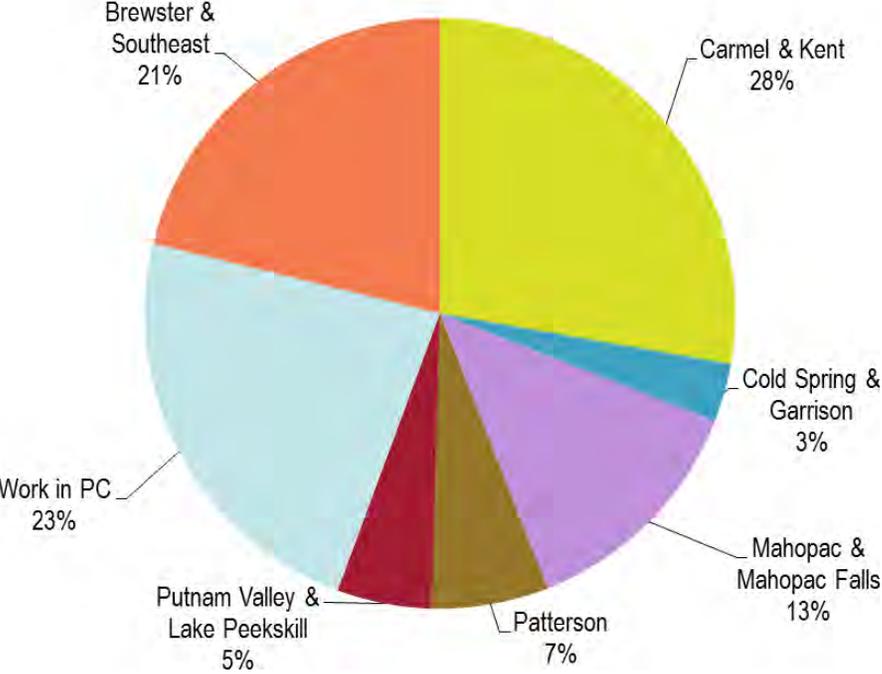
- Three quarters of the respondents live in Putnam County.
- Nearly half of the respondents live in Brewster, Southeast, Carmel or Kent.
- Less than a quarter of respondents live or work on the western side of Putnam.

RACE OR ETHNICITY

RACE	CAS Sample	2015 Census
White	83.8%	89.6%
Black	1.5%	2.0%
Asian and Pacific Islander	1.0%	2.3%
Native American and Alaskan	0.5%	0.4%
ETHNICITY		
Hispanic or Latino	18.9%	12.3%

- White, Asian and Pacific Islander significantly under sampled
- Hispanic or Latino oversampled

LIVE OR WORK IN PUTNAM COUNTY



OVERARCHING CAS RESULTS

Survey participants were asked “What are the greatest STRENGTHS of our ENTIRE COMMUNITY?” 19 choices were provided, along with an opportunity to write in a response. The table below summarizes what residents deemed the Strengths of Putnam County. These aspects of the community are assets relating to safety and the local environment and have a direct impact on the health of residents.

- A Clean and Healthy Environment – ranked 1st by most respondents
- Safe Neighborhoods – ranked 1st by Mahopac residents

RESULTS RANKING – TOP 5 GREATEST STRENGTHS OF OUR ENTIRE COMMUNITY

POPULATION AREA	CLEAN AND HEALTHY ENVIRONMENT [1]	LOCAL 24/7 POLICE, FIRE AND RESCUE SERVICES [2]	LOW CRIME (THEFT, DWI, HOMICIDE) [3]	ACCESS TO PARKS AND RECREATION [4]	SAFE NEIGHBORHOODS [5]
Brewster and Southeast	1	3	2	4	5
Carmel and Kent	1	1	3	4	2
Cold Spring and Garrison	1	3	2	5	4
Mahopac	3	4	2	5	1
Putnam Valley	1	3	3	2	3
Patterson	1	2	3	2	3
Live in PC (Total)	1	2	3	5	4
Work in Putnam	1	2	5	2	3

Respondents were asked “Where should the community focus its resources and attention to IMPROVE THE QUALITY OF LIFE for our community?” 19 choices were provided, along with a write-in option. The table below summarizes where residents feel resources and attention should be focused to improve the quality of life in Putnam County. Many of the areas identified in this assessment are common challenges that have been identified in other assessments and by partners. Unlike the unified response in the previous table four priority areas were identified.

- More Programs for Youth – ranked 1st by Mahopac and all respondents that Live in Putnam County
- Housing – ranked 1st by Cold Spring, Garrison, Patterson and all respondents that Work in Putnam County
- More Jobs – ranked 1st by Brewster, Southeast, Carmel and Kent
- Transportation – ranked 1st by Putnam Valley

RESULTS RANKING – TOP 5 AREAS TO FOCUS RESOURCES AND ATTENTION TO IMPROVE QUALITY OF LIFE

POPULATION AREA	MORE PROGRAMS FOR YOUTH [1]	HOUSING [2]	MORE JOBS [3]	TRANSPORTATION [4]	MORE AFFORDABLE FOOD [5]
Brewster and Southeast	2	3	1	5	4
Carmel and Kent	3	2	1	4	5
Cold Spring and Garrison	2	1	2	3	4
Mahopac	1	3	4	2	5
Putnam Valley	3	2	4	1	5
Patterson	2	1	3	2	5
Live in PC (Total)	1	3	2	4	5
Work in Putnam	3	1	2	4	6

Respondents were asked “What are the most important HEALTH ISSUES that our community should focus on?” 20 choices were provided, along with a write-in option. The table below shows how respondents answered when asked to identify the most important health issues that our community should focus on. Many of these health issues are well known to Putnam County and are major priorities for the local public health system.

- Drug Abuse – ranked 1st by Carmel, Kent, Cold Spring, Garrison, Mahopac, Patterson, all respondents that Live in Putnam County and all respondents that Work in Putnam County
- Mental Health – ranked 1st by Brewster, Southeast and Putnam Valley
- Alcohol Abuse – most commonly ranked 3rd

RESULTS RANKING - TOP 5 MOST IMPORTANT HEALTH ISSUES

POPULATION AREA	DRUG ABUSE (PRESCRIPTION AND ILLEGAL) [1]	MENTAL HEALTH (DEPRESSION, ANXIETY, STRESS) [2]	ALCOHOL ABUSE [3]	MENTAL ILLNESS (SERIOUS AND PERSISTENT) [4]	OBESITY [5]
Brewster and Southeast	2	1	3	6	6
Carmel and Kent	1	2	5	3	4
Cold Spring and Garrison	1	2	3	5	6
Mahopac	1	2	3	7	6
Putnam Valley	2	1	5	6	5
Patterson	1	2	7	4	3
Live in PC (Total)	1	2	3	4	6
Work in Putnam	1	2	5	3	4

PREVENTION AGENDA PRIORITIES

After completing the Community Asset Survey, gathering input from local coalitions and through discussions at the annual Public Health Summit common themes were identified. Overall, Putnam County is considered an asset rich place to live and work.

The main theme identified by respondents is that Putnam has an active and healthy environment. The availability of parks, recreation facilities, rail trails and the opportunity to fish, canoe and kayak on the abundant lakes, streams, and reservoirs provides many opportunities for physical activity and recreation.

The other main theme is that Putnam is considered a safe place to live, work and raise a family. The availability of 24-hour police, fire and rescue, low crime and violence rates led residents to feeling that they live in safe neighborhoods. Generally, the police, fire, rescue and health department are well prepared to handle emergency events as evidenced by the response during Hurricane Irene.

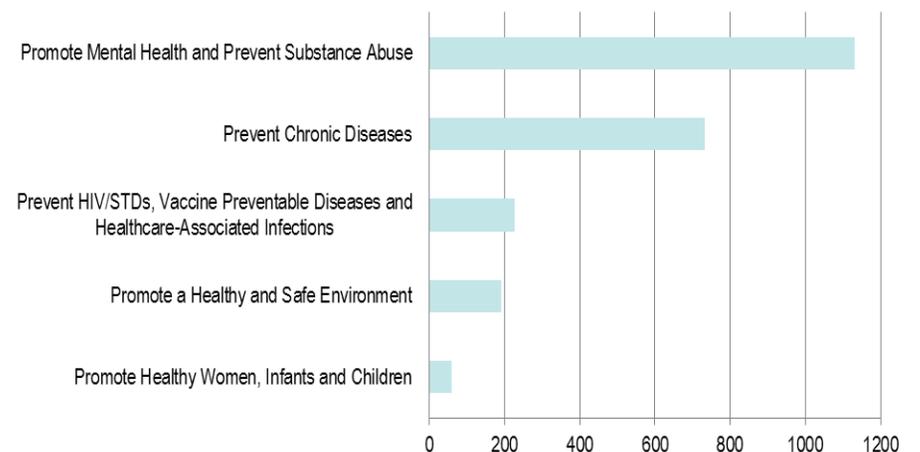
Availability of programs for youth, particularly after school, was considered a focus area to address. With more dual working and single parent households, the need for pro-social involvement is very important. When youth are given opportunities to participate in meaningfully important activities at school and in the community, they are less likely to engage in drug use and other problem behaviors.

There was a perception that the current state of the economy and jobless rate are areas for focus and improvement. The lack of job stability and rising cost of living caused many residents concern.

The overarching health concerns in Putnam County are the opioid epidemic, mental health and chronic disease.

One of the main purposes of this CTS Assessment is to identify the New York State DOH Prevention Agenda priorities that the Putnam County community will focus collective efforts on. Promoting Mental Health and Preventing Substance Abuse was the overwhelming priority.

COMMUNITY THEMES AND STRENGTHS ASSESSMENT SUMMARY BY PREVENTION AGENDA CATEGORY



COMMUNITY HEALTH STATUS ASSESSMENT

ASSESSMENT APPROACH

The Community Health Status Assessment is a data-driven report that focuses on identifying, collecting and analyzing information to describe the health status of Putnam County residents and identify key indicators of health. By utilizing the results of this assessment, MAPP committees have a better understanding of the community's health status, can prioritize various health indicators and ultimately select and monitor the goals and strategies contained in the CHIP. This report also allows for comparison to benchmark data at the state and national levels. The New York State Prevention Agenda 2103-2018 is the blueprint for state and local action to improve the health of New Yorkers and provides objectives and indicator performance data. The Healthy People 2020 and National Prevention Strategy are sets of national objectives for improving the health of all Americans and are used to set and monitor goals.

Report (BRFSS) designed by the Centers for Disease Control and Prevention; the *Community Health Status Report Card* from the U.S. Department of Health and Human Services; *County Health Assessment Indicators* compiled by the New York State DOH; the *County Health Rankings* conducted by the Robert Wood Johnson Foundation and the University of Wisconsin; *Healthy People 2020* compiled by the U.S. Department of Health and Human Services; *Local Data* including reports and data provided by local agencies; *Prevention Agenda 2013-2018 Dashboard* gathered by the New York State DOH; *Statewide Planning and Research Cooperative System (SPARCS)* hospital based data compiled by the New York State DOH; and *Vital Statistics of New York State* compiled by the New York State DOH.

See specific list of resources at the end of this document.

DATA SOURCES

Multiple sources of data have been gathered and analyzed by the Putnam County DOH Epidemiologist and MAPP committees in creating this assessment. By using multiple data sources a more comprehensive snapshot of health in Putnam County can be created. Sources include: the *Behavioral Risk Factor Surveillance System*

COMMUNITY HEALTH STATUS

Putnam County, with a population approaching 100,000 residents, has historically ranked high in health status due in part to the high per capita income and numerous community resources. These assets, along with high education levels and high socio-economic status, generally translate to a population that also enjoys low unemployment and high rates of insurance coverage, leading to good life expectancy.

The past twenty years have seen a shift in the Putnam County population leading to increased racial diversity, advancing age of the residents and changes in socioeconomic status. The result is a greater contrast in population characteristics and more challenges in the health planning process.

Although these subgroups are growing, they remain small in comparison to the total population. Poor health outcomes are more common among racial minorities, in groups at or near the poverty level, and among those without access to health care. Health disparities must be recognized and addressed, while balancing the health needs of the entire community.

The Community Health Status Assessment attempts to identify these health disparities, as well as other priority areas that can lead to identification of CHIP goals, opportunities for collaboration among community partners and strategies for measuring progress.

* Alone = reporting only one race

** Hispanics may be of any race, so are also included in race applicable categories

COMMUNITY CHARACTERISTICS

A community's population size, age and racial composition are important determinants of health status and health care needs. The following table and summaries provide a snap shot of Putnam County residents.

Demographics - 2015 U.S. Census Data	Putnam	New York
Population	99,042	19,795,791
Persons under 5 years	4.5%	6.0%
Persons under 18 years	20.9%	21.3%
Persons 65 years and over	15.2%	15.0%
Race - White Alone* (reporting only one race)	92.0%	70.1%
Black or African American Alone	3.3%	17.6%
American Indian and Alaska Native Alone	0.4%	1.0%
Asian Alone	2.5%	8.8%
Native Hawaiian and Other Pacific Islander Alone	0.1%	0.1%
Two or more races	1.8%	2.4%
Ethnicity - Hispanic** of Latino	13.5%	18.8%
White Alone, not Hispanic or Latino	80.2%	56.0%
Other not Hispanic or Latino	6.3%	25.2%
2010-2014 U.S. Census Data		
Foreign born persons	12.9%	22.3%
Language other than English spoken at home age 5+	18.8%	30.2%
Veterans	5.03%	4.4%
Housing - Homeownership rate	82.7%	53.8%
Housing multi-unit structures	15.2%	50.7%
35% or + Rent as percentage of household income	48.7%	44.8%

POPULATION

- Under 100,000 residents
 - ◊ Population has remained constant
- Representing only 0.5% of the New York State population
- Percentage of males and females is equal at 50%

AGE

- Population is aging
- Median age rose from 37.4 years to 42.6 years in the past 5 years
- A quarter of the residents are over 55 years
- Senior residents now account for 15.2% of the population

Lack of transportation, social isolation, financial decline and increased incidence of chronic diseases are all factors that affect the health outcomes of seniors and leads them to be considered a vulnerable population.

RACE

- Racially homogenous
- Majority of residents are White
- Hispanics (of any race) 13.5% of the population
 - ◊ The largest increase in any race or ethnicity group
- Asians and Blacks also continue to increase but at smaller rates than Hispanics
- Residents are predominantly American born and speak English in the home, but these rates are also rising

Race in America is linked to poorer health outcomes. Regardless of economic status, Blacks, Asians and Native Americans have greater health disparities than Whites.

VETERANS

- 5% of Putnam residents are veterans
- Similar to New York State

Mental health issues, high rates of traumatic brain injuries and housing issues make veterans a vulnerable population with disparate health outcomes.

HOUSING

- Majority of Putnam residents own and live in their own home
- Homeownership rate in Putnam exceeds the State
- 15% of the units available in Putnam are multi-unit causing shortages for those renting
- Of those paying rent, nearly 50% spend 35% or more of their household income on rent

Families paying a large portion of their income on rent potentially limits the ability to make choices between rent, healthy food, transportation, health care and other expenses. Lack of affordable housing can lead to instability and poor health outcomes for most residents, but for those residents with persistent and severe mental illness and disabilities housing is of particular concern.

SOCIAL DETERMINANTS OF HEALTH

Many factors can influence the health of an individual. The resources a person has access to and the environment a person lives, works and plays in impact health outcomes. Quality of jobs, family income, level of education, community safety,

access to quality health care, transportation and family and social support are all resources that can affect health and well-being.

Social and Economic Factors - 2010-2014 U.S. Census Data	Putnam All Residents	Putnam/NYS Below Poverty Level	New York/All residents
Highest Education - High school graduate or equivalency	26.5%	8.4%/16.8%	26.9%
Some college with no degree	18.7%	4.8%/12.3%	16.3%
Associate's degree	8.8%		8.5%
Bachelor's degree or higher	38.3%		2.3%/5.7%
High School graduation rate (2015 NYS Education Dept.)	90.0%	77.0%/70.0%	78.0%
Unemployment	7.8%	11.6%/29.6	8.9%
Poverty	5.6%	N/A	15.6%
Children in Poverty	5.7%		22.1%
Single parent households	13.3%		19.8%
Single household 65 years and older	8.1%		10.9%
Mean travel time to work	39.1 min.		31.9 min
Commute to work - drove alone - car, truck or van	76.0%		53.6%
Commute to work - public transportation	8.6%		27.4%
Homicide mortality rate/100,000 (NYSDOH 2011-2013)	0.0		3.0
Assault hospitalization rate/100,000 (NYSDOH 2011-2013)	1.1		2.6

EDUCATION

- Well educated, nearly 95% having a high school diploma or higher
- Nearly half have an Associate's or college degree
- Compared to NYS, more Putnam residents have some college with or without a degree
- High school graduation rates exceed the New York State rate
 - ◇ 90% of students graduating within four years
- Putnam County, along with Nassau County, has the highest graduation rate in NYS

Residents living in poverty have lower rates of graduation and attaining all levels of education. Education, particularly a college degree, is associated with higher paying jobs and improved health throughout the life cycle. Adults with limited education are more likely to be unemployed and involved in crime.

EMPLOYMENT & INCOME

- Nearly 6% of Putnam children and adults live in poverty
- Putnam residents have a higher level of employment than NYS
 - ◇ One of the lowest unemployment rates within the State
 - ◇ Constant since 2012
 - ◇ Level of unemployment for those in poverty was half of the NYS level

Employment impacts health through the income that it provides and the potential of health benefits provided by employers. Income and health have a reciprocal relationship; higher income leads to improved health and improved health leads to more opportunity for attaining higher income. Access to safe housing, healthy food and quality child care are also associated with higher income.

FAMILY & SOCIAL SUPPORT

- Putnam County has less single parent households than NYS
- Single households with individuals 65 years and older has remained constant since 2010

Individuals with more social support, less isolation and greater interpersonal relationships have healthier lives. Levels of anxiety, depression and stress-related behaviors are lower in those with social connectedness.

TRANSPORTATION

- Putnam workers have a longer commute than New York State by seven minutes
- More Putnam workers commute alone than New York State workers
- Putnam workers use public transportation less than New York State workers

Longer commute times are associated with less free time, can contribute to poor health outcomes and can be associated with increased stress levels. There are also increased costs associated with owning a vehicle as well as the impact on traffic congestion and air pollution.

COMMUNITY SAFETY

- Putnam has low levels of homicide and assault
- Considered a safe county to live in

Lower levels of violence and higher levels of community safety are associated with improved health outcomes.

HEALTH INDICATORS

Health indicators are a summary of measures that describe the population health status, the health care system and the factors that have the potential to influence health outcomes. These indicators provide comparable information, an opportunity to track progress over time, and identify areas for improvement within the health care system. In order to make the data included in this report comparable, the indicators have been developed in context of the Prevention Agenda (PA) framework first and then with Healthy People (HP) 2020 second.



HEALTH OUTCOMES		
INDICATOR	MEASURE	SOURCE
Deaths (Mortality)		
Chronic Disease	All Cancer — Age-Adjusted Death Rate	HP2020 C-1; NYSDOH
	Cerebrovascular Disease — Age-Adjusted Death Rate	HP2020 HDS-3; NYSDOH
	Coronary Heart Disease — Age-Adjusted Death Rate	HP2020 HDS-2; NYSDOH
	Diabetes Mellitus — Age-Adjusted Death Rate	HP2020 D-3; NYSDOH
Injury & Violence	Homicide — Age-Adjusted Death Rate	HP2020 IVP-29; NYSDOH
	Motor Vehicle Related — Age-Adjusted Death Rate	HP2020 IVP-11; NYSDOH
	Unintentional Injury — Age-Adjusted Death Rate	HP2020 IVP-13; NYSDOH
Maternal & Infant Health	Infant Mortality Rate	HP2020 MICH-1.3; NYSDOH
	Maternal Mortality Rate	PA-50; HP2020 MICH-5; NYSDOH
Mental Health	Suicide — Age-Sex-Adjusted Death Rate	PA-64; HP2020 MHMD-1; NYSDOH
Premature Death	% Premature Deaths (before age 75 YO)	PA-1; NYSDOH
Quality of Life		
Mental Health	% Adults with Good or Better Mental Health	PA-60; HP2020 HRQOL-1.2; BRFSS
Physical Health	% Adults with Good or Better Physical Health	HP2020 HRQOL-1.1; BRFSS

HEALTH OUTCOMES

Health outcomes include disease mortality and how healthy people feel. By looking at these measures an assessment of health status can be measured and monitored over time. Focusing on both overall mortality and premature mortality provides an opportunity to identify diseases that cause death in general as well as prematurely.

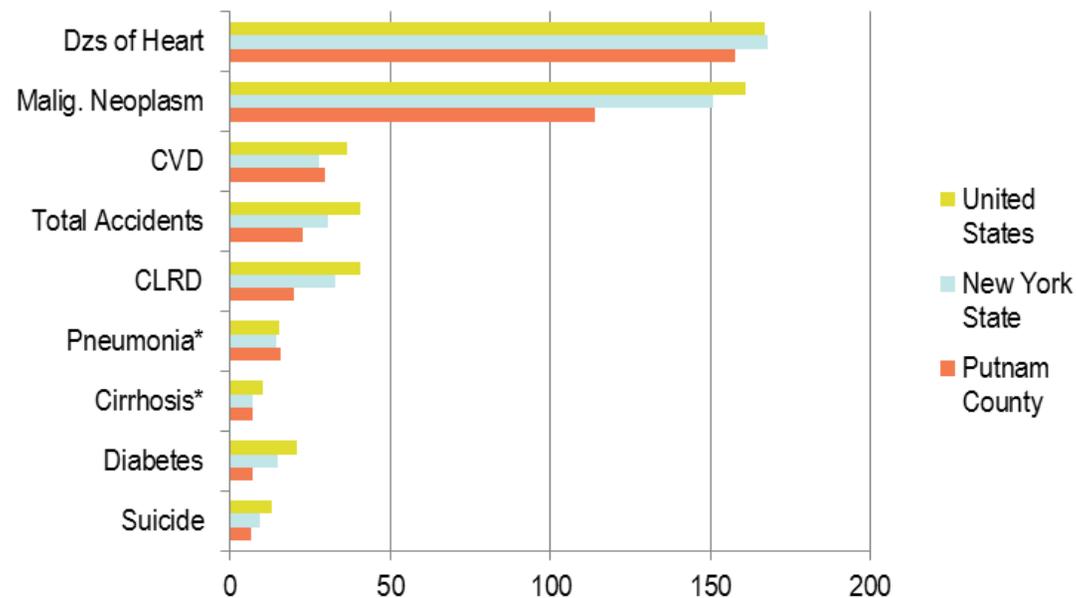
- Premature death rate - 4,715 years of potential life lost
- 6th lowest rate in New York State
- Mortality rate – 532 per 100,000
- 5th lowest rate in New York State

MORTALITY

A mortality rate is a measure of the number of specified deaths in a defined population during a certain time frame. Monitoring the total number of deaths in a population is an important public health function and is useful in determining the magnitude of deaths due to specific diseases. Disease mortality generally occurs more in older residents but does occur across all age groups. To appropriately compare different populations (Putnam versus New York State versus the United States) it is best to use age-adjusted rates to ensure that the differences being observed are not due to differences in the age of a population.

All mortality rates are age-adjusted. When possible, data are 3-Year combined rates with the year shown being the mid-point (2004 represents 2003-2005).

ALL DISEASES 2014 MORTALITY—TOP 9 CAUSES

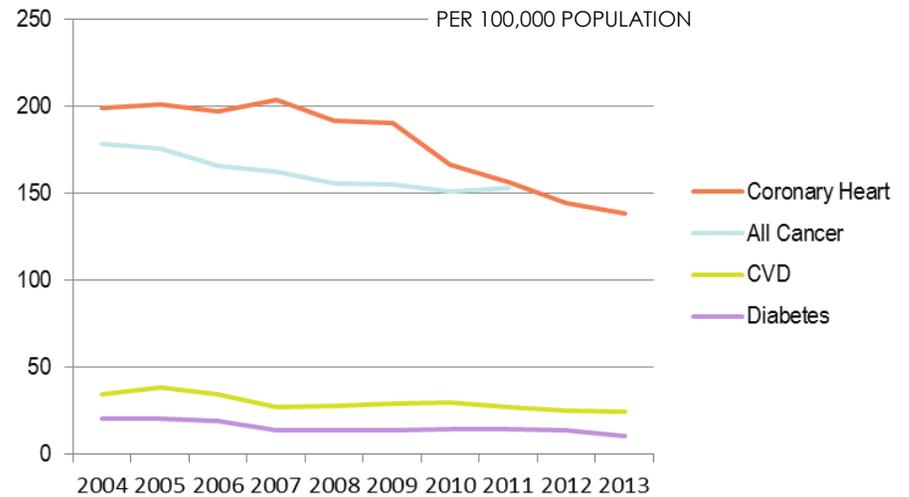


The top two causes of death in Putnam County, Diseases of the Heart and Malignant Neoplasms, are the same as the State and Country. These have been the leading causes of death for the past ten years. Cerebrovascular Diseases, Total Accidents, and Chronic Lower Respiratory Diseases (CLRD), although in different rank order, are the third –fifth most common causes of mortality. Of note is that for the United States, Cirrhosis also includes deaths from liver disease and Pneumonia also includes Influenza deaths.

Mortality rates for Coronary Heart Disease, All Cancers, Cerebrovascular Disease and Diabetes, four diseases associated with health behaviors and chronic conditions are shown. Coronary Heart Disease mortality has been decreasing over the past seven years. All Cancer mortality has also been on the decline but over the past ten years. Cerebrovascular Disease and Diabetes have remained constant. Data for All Cancer deaths were not yet available after 2011-2013.

Homicides in Putnam County are rare, ranging from zero to a high of three in 2007. Motor Vehicle Accidents (MVA) have been on the decline over the past eight years, with a high of 13 deaths in 2009 to a low of 2 in 2010 and 2014. Deaths due to unintentional injury exceed both homicide and MVA. These rates have fluctuated over the past eight years.

CHRONIC DISEASE 3-YEAR MORTALITY RATES



INJURY AND VIOLENCE 3-YEAR MORTALITY RATES



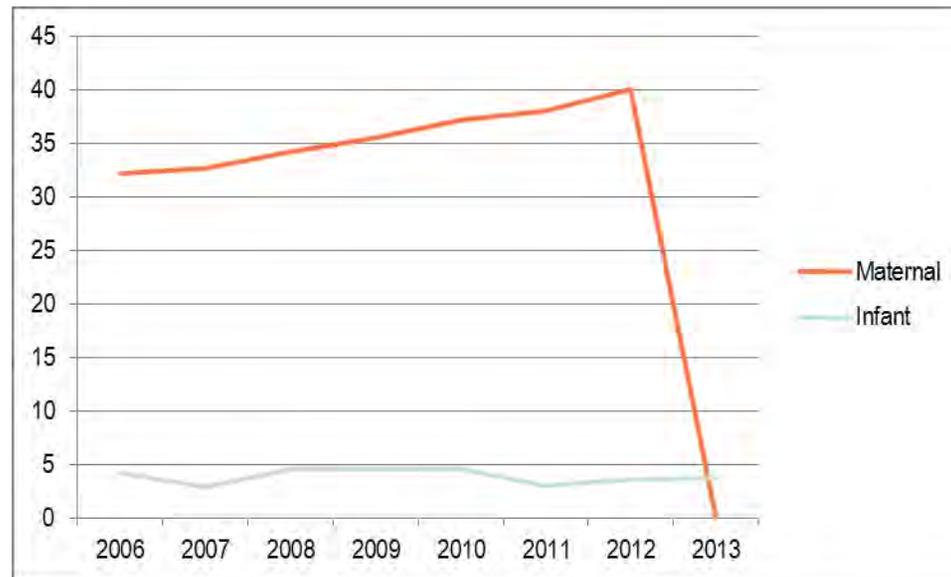
MATERNAL AND INFANT 3-YEAR MORTALITY RATES

Live Births in Putnam have been on the decline over the past ten years with highs of 1,034 in 2005 and 1,036 in 2007 to the low of 802 in 2013. Over the past four years the number of live births has been between 802 and 866.

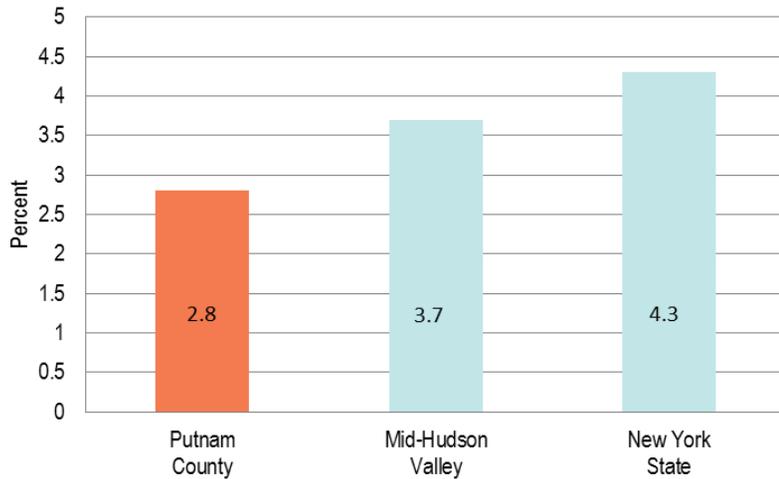
Maternal mortality (per 100,000 live births) is rare in Putnam County. There have been three deaths, one each in 2011, 2008 and 2005. Interpreting the rates is difficult due to the low number of deaths.

Infant deaths (per 1,000 live births) are also rare in Putnam

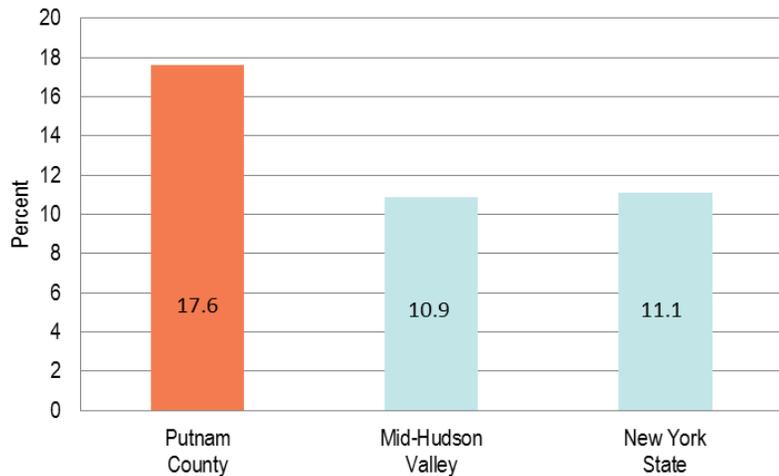
County. The most deaths occurred in 2008 (eight) and the least occurred in 2012 and 2006 (one each). Like maternal mortality it is difficult to interpret these rates due to the low number of deaths.



ADULTS REPORTING POOR PHYSICAL HEALTH (past 30 days)



ADULTS REPORTING POOR MENTAL HEALTH (≥ 14 days)



QUALITY OF LIFE

Quality of life (QOL) is the perception that an individual has about their well-being. It can include emotional, social and physical components of one's life. A person's health status can have a direct impact on their QOL and satisfaction with life.

Putnam has less residents reporting that they are generally in poor health. This level rises to 10% when you include residents who report generally being in poor or fair health. Both levels are below the Regional and State. The average number of physically unhealthy days for all residents is 2.9 days, compared to 3.6 days for the State. People who feel healthy are more productive and engaged in their community. This level meets the Healthy People 2020 goal of 79.8% of residents reporting good or better health.

Putnam has more residents reporting poor mental health for 14 or more days in the last month. This level is significantly higher than the Region and State. The average number of mentally unhealthy days for all residents is 3.1 days, compared to 3.7 for the State. Like physical health, people who feel mentally healthy are more productive and engaged in their community. This level meets the Healthy People 2020 goal of 79.1% of residents reporting good or better mental health but does not meet the Prevention Agenda goal of 89.9%.

HEALTH FACTORS

Health Factors are characteristics and exposures that influence a person developing a disease. Health behaviors, access to care, the physical environment and social and economic factors are some examples. Due to the high socioeconomic status and low unemployment rates, Putnam residents generally have better health outcomes. Despite these benefits, some residents do not have the same advantages since social determinants of health do not afford them the same health outcomes.

- High School Graduation
 - ◊ 90% All residents versus only 77% of residents below the poverty level
- Unemployment
 - ◊ 7.8% All residents versus 11.6% of residents who are below the poverty level

HEALTH FACTORS		
INDICATOR	MEASURE	SOURCE
Health Behaviors		
Diet and Exercise	% Adults Who Are Obese	PA-14; HP2020 NWS-8; BRFSS
	% Adults Reporting No Leisure-Time Physical Activity	HP2020 PA-1; BRFSS
	% Adults Stressed About Money for Nutritious Meals	HP2020 NWS-13; BRFSS
	Food Environment Index	USDA Food Environment Atlas
Sexual Health	Chlamydia Case Rate	PA-29; HP2020 STD-2; NYSDOH
	Syphilis Case Rate	PA-30; HP2020 STD-7; NYSDOH
Substance Abuse	% Adults Binge Drinking	PA-42; HP 2020 SA-14.3; BRFSS
	% High School Seniors Never Using Illicit Drugs	HP2020 SA-2.4; Prevention Needs Assessment
Tobacco Use	% Adults Currently Smoking	PA-16; HP2020 TU-1.1; BRFSS
Clinical and Access to Care		
Immunizations	% Children with 4:3:1:3:3:1:4 Series 19-35 Month Old	PA-23; HP2020 IID-8
Insurance	% Adults and Children with Health Insurance	PA-3; HP2020 AHS-1.1; US Census
Regular Provider	% Adults with Regular Health Care Provider	PA-4; AHS-3; EBRFSS
Social and Economic Factors		
Assault	Assault-Related Hospitalization Rate	PA-7; NYSDOH
Poverty	% Children Living in Poverty	HP2020 SDOH-3.2; US Census
Education	% 9 th Graders Graduating within 4 Years	HP2020 AH-5.1; BRFSS; US Census
Employment	% Population Employed	US Census
Housing Insecurity	% Adults Stressed About Having Money for Housing	BRFSS
Physical Environment		
Commute Time	% Adults with Long Commute-Driving Alone	US Census
Food Environment	% Low-Income and Access to Supermarket	PA-11; US Department of Agriculture

HEALTH BEHAVIORS

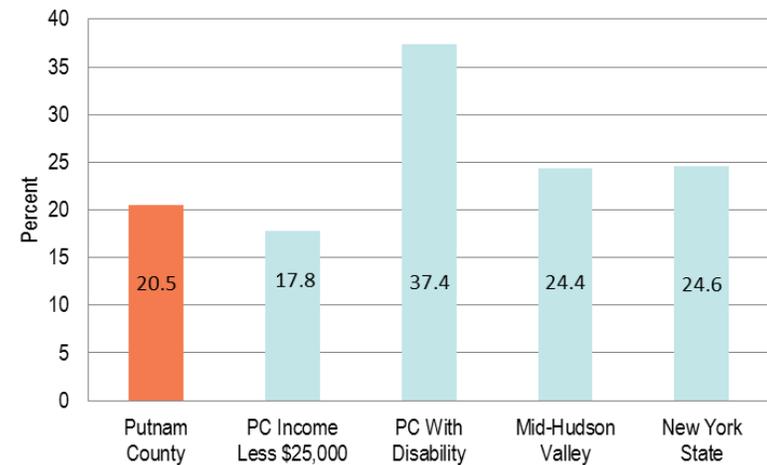
DIET AND EXERCISE

Consuming a healthy, well-balanced diet and being physically active have direct links to maintaining a healthy weight, preventing chronic diseases and improving quality of life. Changing diet and increasing physical activity should include efforts at the individual level as well as at the policy level.

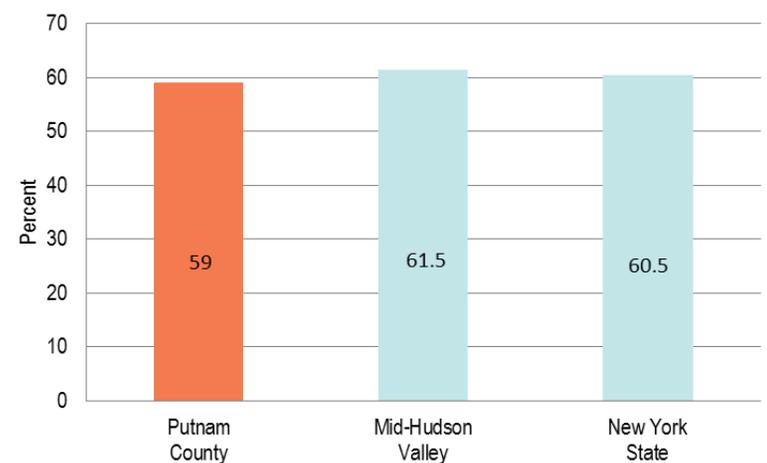
Putnam County has shown declines in the obesity (body mass index \geq 30) level and is currently lower than the State and Regional levels. Generally those living in poverty are more likely to be obese; however, Putnam households with an income less than \$25,000 have lower levels of obesity than the County as a whole and in comparison to the Mid-Hudson Valley and New York State. The highest levels of obesity were found in residents who are disabled and can find it more difficult to eat healthy, be physically active and control their weight. Overall obesity rates are below the Prevention Agenda goal of 23.2% and the Healthy People 2020 goal of 30.5%.

Being overweight (BMI 25 - <30), as well as obese, raises the risk of acquiring health problems like Type 2 Diabetes, elevated blood pressure, heart disease, stroke and sleep apnea. Over half of adults report being overweight or obese and this is similar to the Regional and State levels.

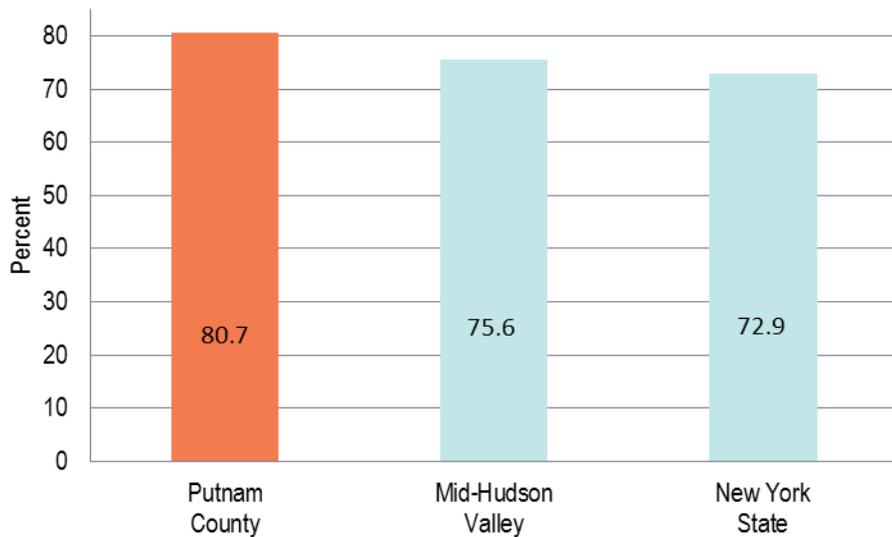
ADULTS WHO ARE OBESE



ADULTS WHO ARE OVERWEIGHT OR OBESE

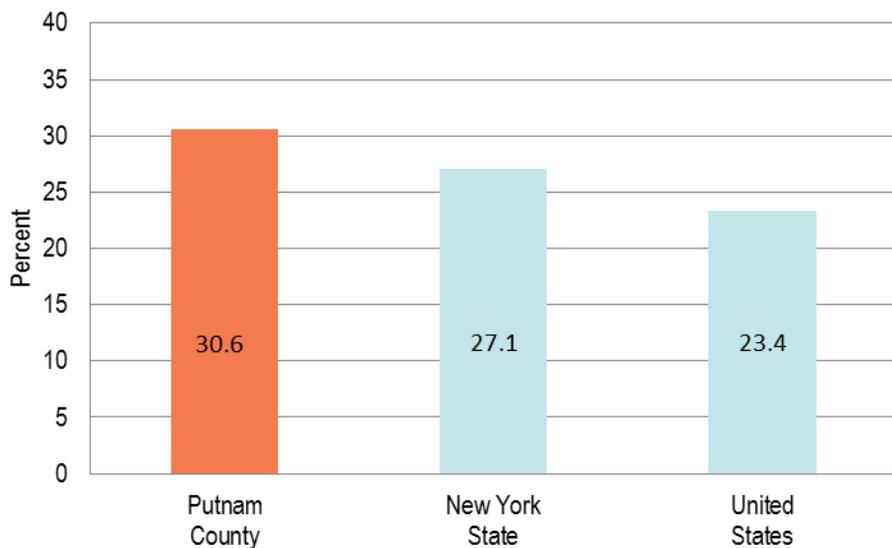


ADULTS WHO PARTICIPATED IN LEISURE TIME ACTIVITY



Being sedentary can increase the risk of developing many chronic diseases as well as contributing to a poor quality of life. Regardless of age, disease status, or disability, regular activity can promote a person's health and decrease the risks for developing disease. Over three-quarters of Putnam residents report engaging in leisure time activity. This exceeds the State and meets the Healthy People 2020 goal of 67.4%.

ADULT CONSUMPTION OF FRUITS AND VEGETABLES



Consumption of fruits and vegetables is an important part of eating a healthy and well-balanced diet. Links have been established between diet, particularly the amount and variety of fruits and vegetables consumed, and the development of chronic diseases and cancers. Less than a third of residents reported consuming five or more fruits and vegetables a day which is more than the State and Country.

FOOD INSECURITY

A healthy food environment increases the ability of all residents to access grocery stores which provide a wider variety of foods and often more healthy options than a convenience store. Food insecurity is a report of limited or uncertain access and availability of nutritionally adequate foods. 5.5% of residents report food insecurity. The food environment index is a measure of two factors: limited access to healthy foods by low income residents and food insecurity estimates; therefore this measure accounts for proximity to healthy foods and income availability. Despite the rural/suburban makeup of Putnam County, the food environment index is 9.1 (out of 10) suggesting that most residents have access to a healthy food environment.

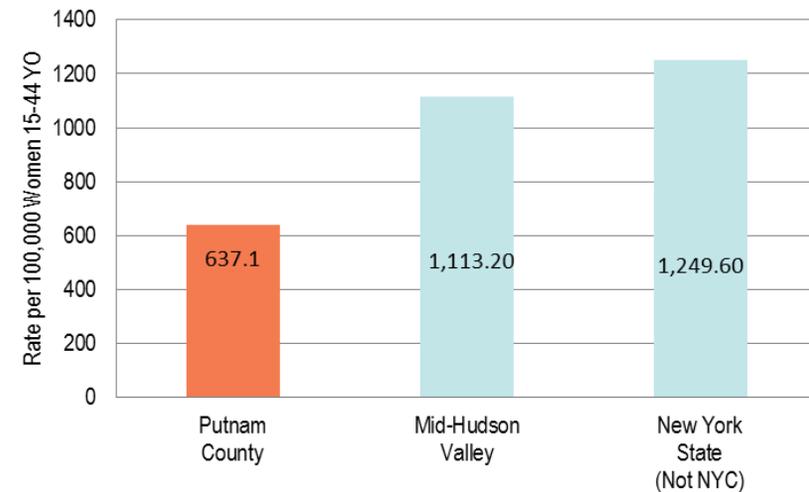
SEXUAL HEALTH

Despite advances in clinical testing and wide-spread screening the incidence of sexually transmitted diseases (STD) are on the rise as are the health and economic costs associated with these diseases. STDs can cause clinical complications, including reproductive health problems for women, newborn health problems and increased occurrences of some cancers. Also contributing to this disease burden is the fact that many STDs go undiagnosed, so reported cases only reflect a fraction of the true case load.

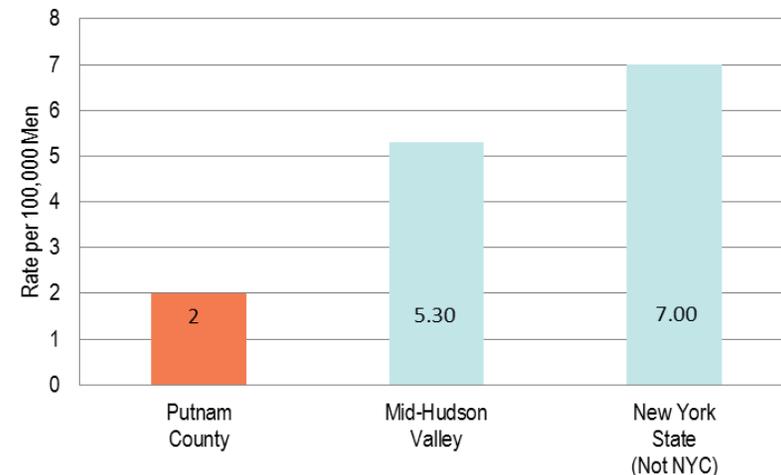
Putnam County has lower rates of Chlamydia than the Region and the State (without New York City), but rates have been increasing in all three geographic areas. The greatest rise in incidence of Chlamydia has been in Putnam, which saw a 24% increase in cases, compared to 4% for New York State (without New York City) and 0.66% for the United States.

Putnam County has lower rates of Syphilis than the Region and the State (without New York City) and rates have been increasing across the State and the County. Syphilis has been on the rise in Putnam, with cases more than doubling in 2016.

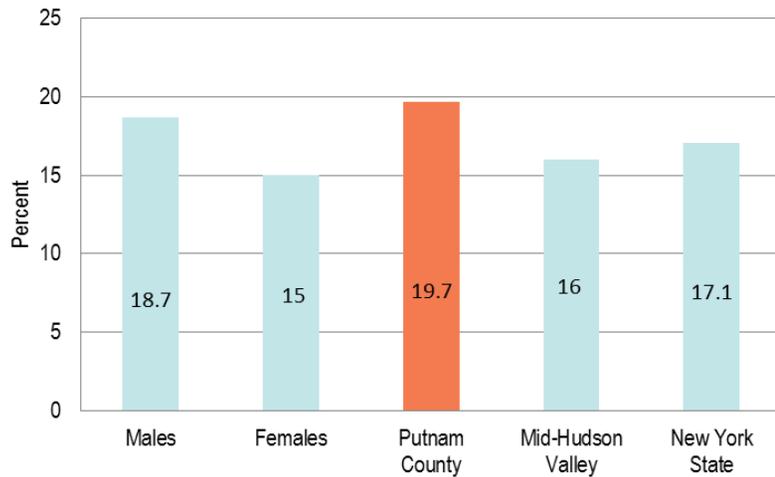
CHLAMYDIA INCIDENCE (2014)



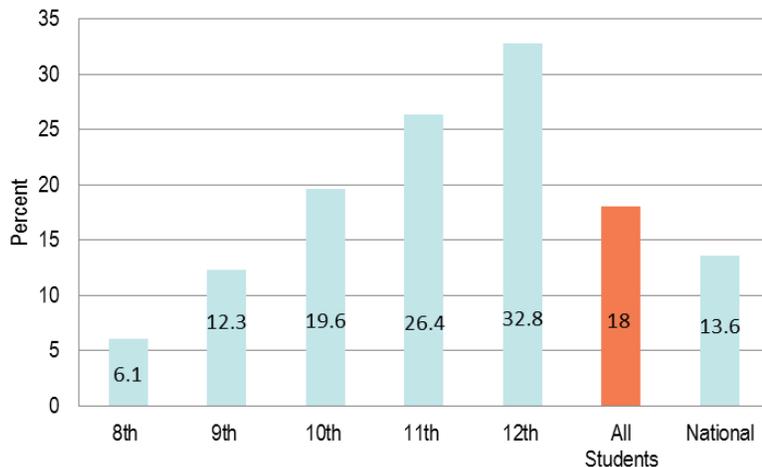
SYPHILIS INCIDENCE (2014)



ADULT BINGE DRINKING



ADOLESCENT BINGE DRINKING



SUBSTANCE ABUSE

Reducing substance abuse, whether drugs or alcohol, is a major public health priority. The abuse of alcohol, use of illicit drugs and epidemic of addiction to prescription pain medications and heroin are all linked to serious health and social issues that can impact individuals, families and the community.

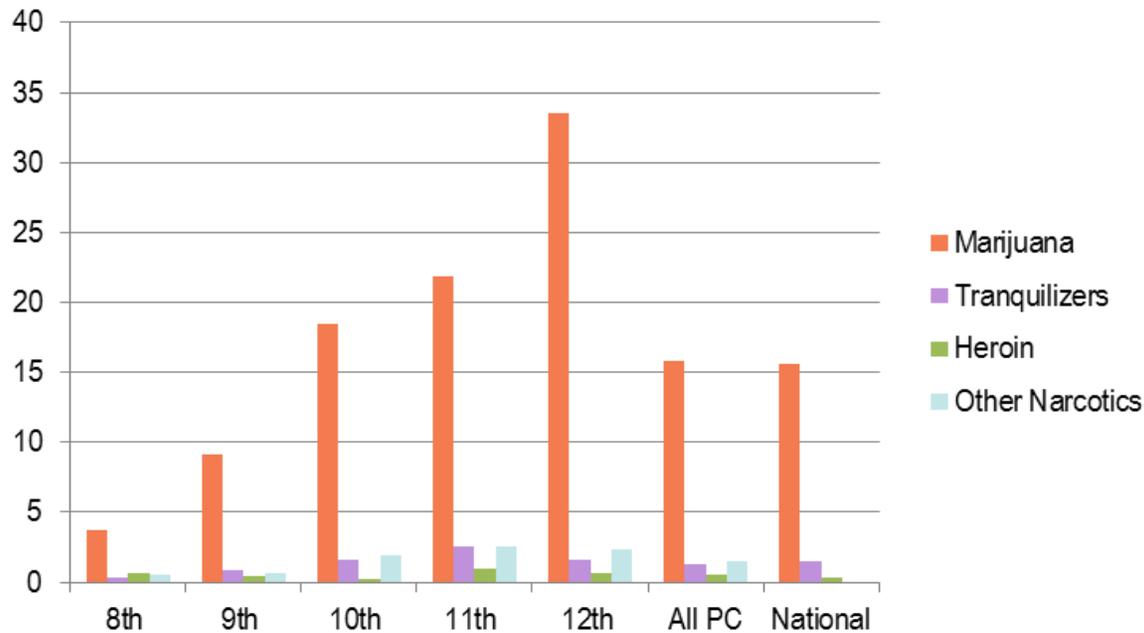
When people drink in excess they place themselves at a greater risk for developing health and social problems like alcohol-impaired driving, sexually transmitted diseases and domestic violence and family disputes. Binge drinking (men who have five or more drinks and women who have four or more drinks on one occasion) has been an identified health issue in Putnam County for many years. In Putnam, one in ten adults report binge drinking which exceeds both the Region and the State. More men than women report binge drinking which is similar to national trends. Despite these trends, Putnam County meets the Healthy People 2020 goal of 24.4%.

Binge drinking is also a concern for school aged children. Rates of binge drinking (five or more alcoholic drinks in a row in the past two weeks one or more times) in students have been declining over the past six years; however, Putnam County students have greater reports of binge drinking than the national average. Youth who drink alcohol are more likely to experience school and social problems as well as health problems due to unprotected sexual activity, alcohol-impaired driving and higher risk of suicide.

As with binge drinking, substance use increases each year, peaking in 12th grade. Marijuana is the most used drug in the middle and high school settings. Marijuana use increases nine fold between 8th and 12th grade, with a third of 12th grade students reporting use of marijuana at least one or more times in the past month. This is similar to the national average. Tranquilizers and other narcotics are used by fewer

students than marijuana and 11th grade is the peak usage. Less than one percent of students report using heroin; however, more Putnam students report trying heroin than the national average. When asked the same question for using these drugs during their lifetime, all grades reported higher usage than during the past thirty days suggesting that many kids experiment with trying these drugs.

ADOLESCENT DRUG USE PAST 30 DAYS (PERCENT)



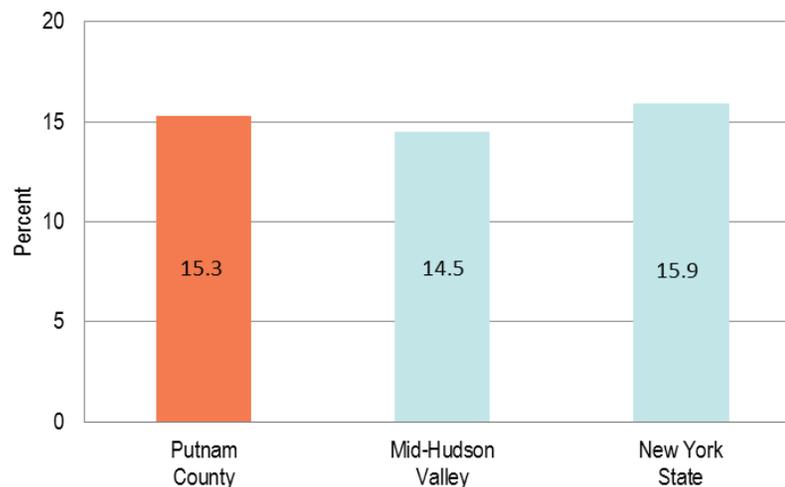
TOBACCO

According to the Centers for Disease Control and Prevention, smoking is the leading cause of preventable death. Smoking, second-hand smoke, and smokeless tobacco all increase the risk of health problems such as cancer, heart disease, stroke, asthma and increased respiratory infections.

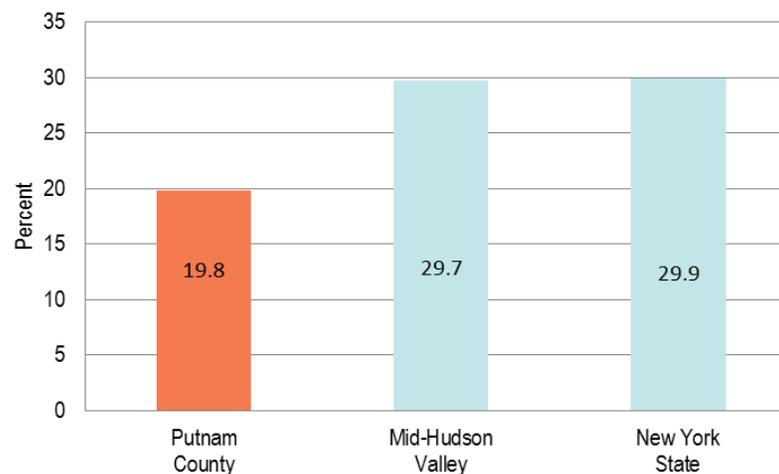
Putnam has similar smoking rates as the Region and the State. These are adults who report having smoked at least 100 cigarettes in their lifetime and currently smoke every day or most days. Of those residents who report general poor mental health, smoking rates were higher than compared to all residents. Of note is that smoking rates in this population are lower than the Region and the State for this population, unlike the general smoking rate.

There is limited data on the use of electronic cigarettes; however, a local survey conducted by POW'R Against Tobacco included questions regarding this form of smoking. Nearly a quarter of respondents reported trying an electronic cigarette at least once and 11% report smoking them every day.

SMOKING, ALL ADULTS



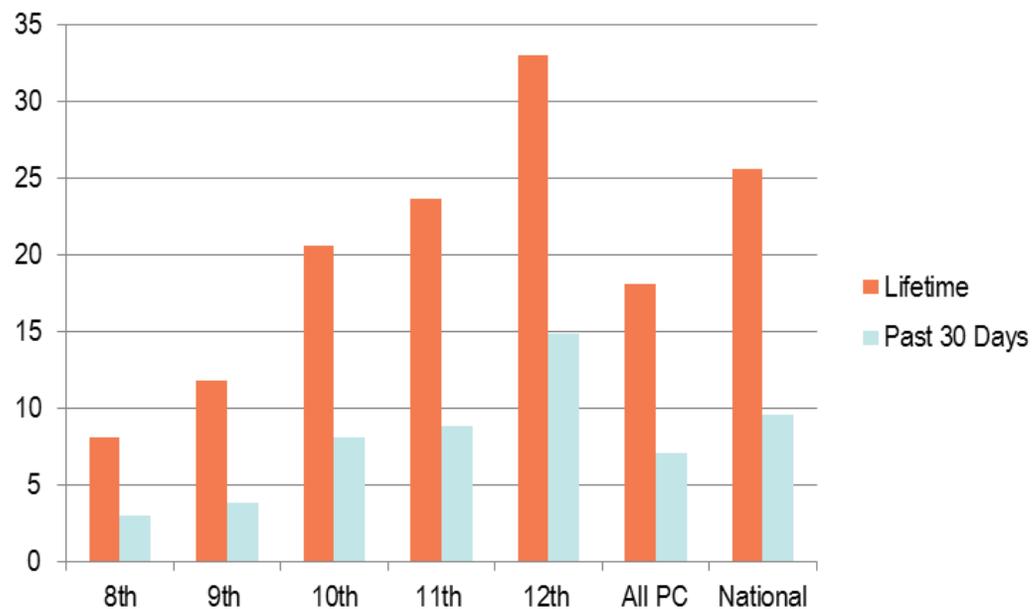
SMOKING, ADULTS REPORTING POOR MENTAL HEALTH



According to the Centers for Disease Control and Prevention tobacco use is established primarily during adolescence and nearly nine out of ten cigarette smokers first tried smoking by age 18. In Putnam, cigarette smoking increases each year as children reach 12th grade with 15% of seniors students reporting they are current smokers. In general rates of smoking are lower than compared to the

National average. Of note is that almost double the number of students have attempted to smoke as compared to current smokers. This survey does not currently ask about electronic cigarettes but partners are aware of the targeted marketing to this population and are working on local policy to limit this form of smoking.

YOUTH SMOKING (PERCENT BY GRADE)



CLINICAL AND ACCESS TO CARE

Access to health care allows residents to receive health services and achieve positive health outcomes. Having health insurance is a direct path to accessing the health care system and ensuring that timely diagnosis and care are provided.

health care. The Mental Health Provider ratio in Putnam is the third best in the Mid-Hudson Valley and is better than New York State.

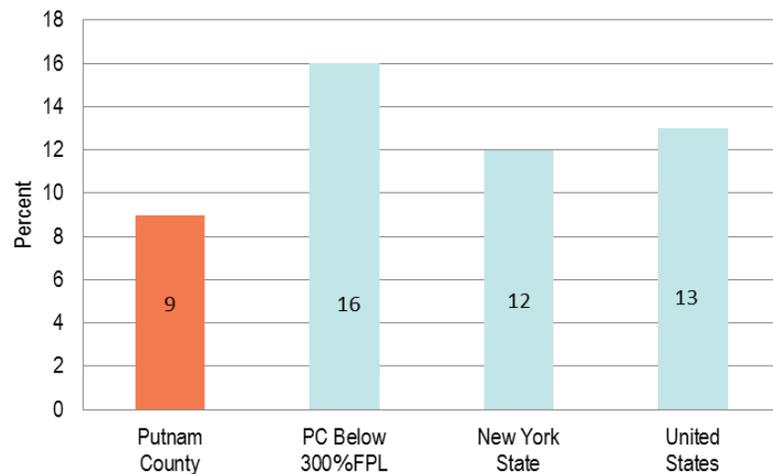
Putnam County has only one local hospital and trauma level care is only available outside of the County. The federally qualified health center has expanded services to include oral health as well as physical and behavioral health. Despite the high ratio of mental health providers to population, there is a gap for child and adolescent providers not reflected in this number.

Putnam County has less Primary Care Physicians in comparison to the Mid-Hudson Valley and New York State. This is consistent with findings from previous local and regional surveys where residents report leaving Putnam for

HEALTH CARE SYSTEM ASSETS

Healthcare Resources	Putnam
Facilities	
Local Hospital	1 (164 beds)
Trauma Center	0
Federally Qualified Health Center	1
Nursing Homes	2 (320 beds)
Assisted Living Facility	1 (40)
Adult Day Care	3
Providers (ratio of population to providers)	
Primary Care Physician (MD and DO)	1,993:1
Primary Care Non-Physician (NP or PA)	2,163:1
Mental Health Providers (Psychiatrist, Psychologist, LCSW or Counselor)	368:1
Dentist	1,842:1

POPULATION UNDER AGE 65 WITHOUT HEALTH INSURANCE

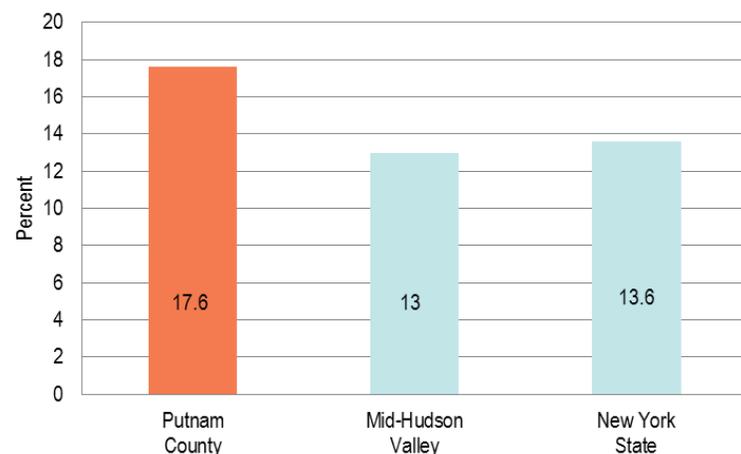


Putnam County has generally had less uninsured residents when compared to the State and the US. Residents living below 300% of the Federal Poverty Level experience a much higher level of uninsurance. Despite these high levels of insurance, the Healthy People target is universal coverage (0% uninsured) which has yet to be met.

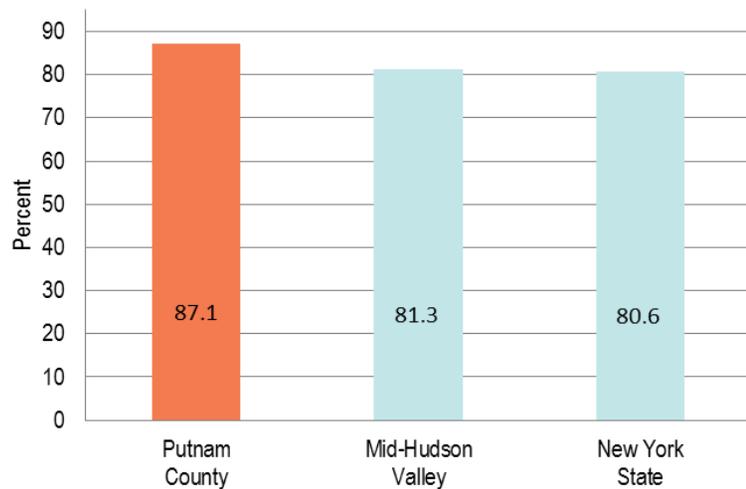
Healthy People 2020 describes access to health services as the timely use of personal health services leading to the best health outcomes. In order to achieve these outcomes a person must gain entry into the health care system, access a health care location and find a health care provider who they can communicate with and trust.

Despite having health insurance, many residents report being unable to access their health care needs due to the high costs of having health insurance, the co-pays, or high deductible plans. By not accessing timely health services individuals have unmet health needs which lead to preventable hospital stays and later stage disease progression at time of diagnosis. More residents in Putnam, compared to the Mid-Hudson Valley and New York State, report not receiving medical care because of cost. Community Asset Survey respondents also reported high deductible insurance limiting ability to go to the doctor (5.3%).

DIFFICULTY ACCESSING HEALTH CARE DUE TO COST



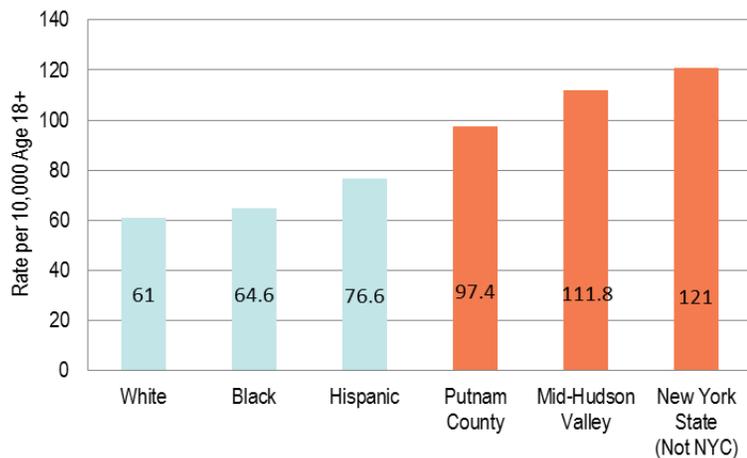
ADULTS WHO HAVE A REGULAR HEALTH CARE PROVIDER



Individuals who do not have a regular source of health care are less likely to have routine check-ups, receive appropriate screenings, and delay seeking treatment in general. Children and the elderly are more likely to have a health care provider that they have a relationship with and routinely see. Putnam County has a slightly higher reporting of residents having a regular health care provider and meets the Healthy People 2020 goal of 83.9%; however, this does not meet the Prevention Agenda Goal of 90.8%.

Potentially preventable hospitalizations are admissions to a hospital for certain acute illnesses or worsening chronic conditions that might not have required hospitalization had these conditions been managed successfully by primary care providers in the outpatient settings. These admissions are costlier and can sometimes require a change in patient behavior for some populations. They are also a marker of health care system efficiency. Putnam County has less preventable hospitalizations when compared to the Region and the State. Within Putnam County, White residents have the lowest rate of preventable hospitalization and Blacks and Hispanics have progressively higher rates. These racial and ethnic disparities are similar to National trends. Within the local public health system of Putnam County many partners are actively engaged in the Delivery System Reform Incentive Payment Program attempting to transform the health care system and decrease avoidable hospital stays by 25% over five years.

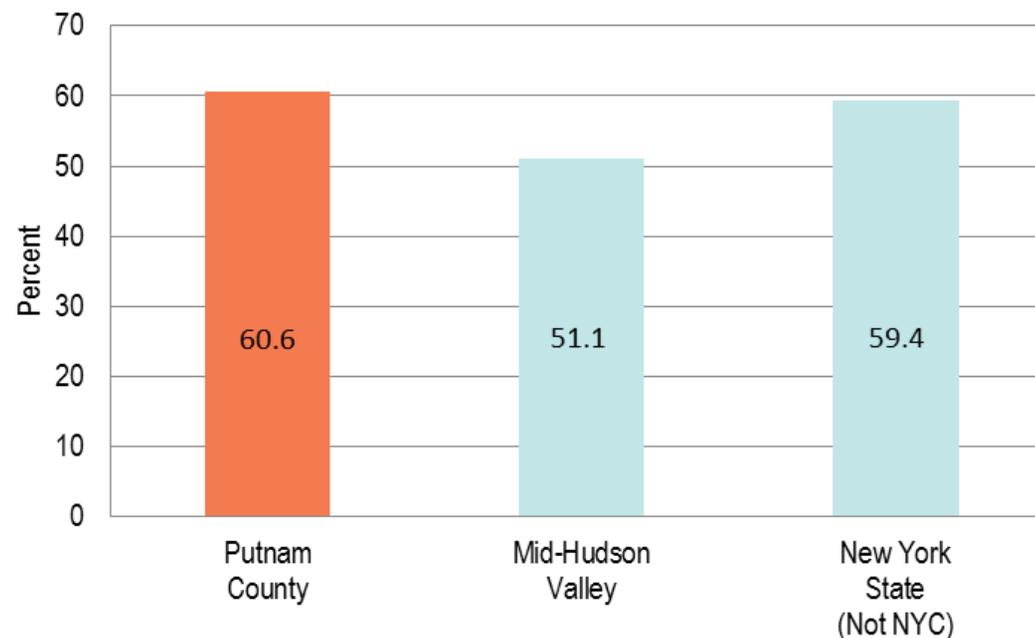
PREVENTABLE HOSPITALIZATION RATES



PERCENTAGE OF CHILDREN WITH 4:3:1:3:3:1:4 IMMUNIZATION SERIES

Immunization against vaccine preventable diseases is a major medical advancement that has reduced morbidity and mortality as well as decreased health care costs associated with disease sequela. Globalization and fears about vaccine safety have led to increased outbreaks of diseases that have been eradicated or previously at very low levels. Disparities still exist for those living in poverty and non-White children. The Advisory Committee on Immunization Practice

recommends that all children 19-35 months receive 4 DTap: 3 Polio: 1 MMR: 3 Hep B: 3 Hib: 1 Varicella: 4 PCV13 immunizations. Putnam County exceeds the Mid-Hudson Valley and is similar to New York State (without New York City) but does not meet the Healthy People 2020 and Prevention Agenda Goal of 80%.



SOCIAL AND ECONOMIC FACTORS

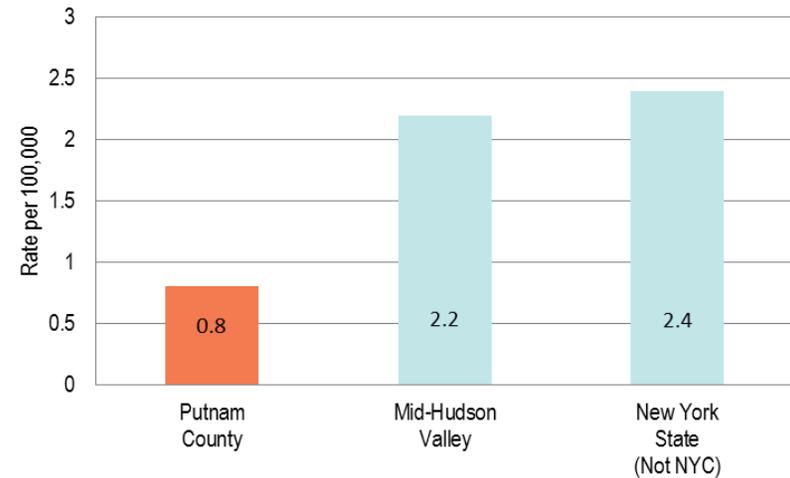
Social and economic factors have a great influence on the health of individuals and a community and can strongly influence health behaviors. Education, employment status, housing, and violence all play a part in determining the make-up of a community.

Putnam County has a low assault-related hospitalization incidence, and is lower than the Region and State (without New York City), which contributes to the perception that this is a safe county to live in.

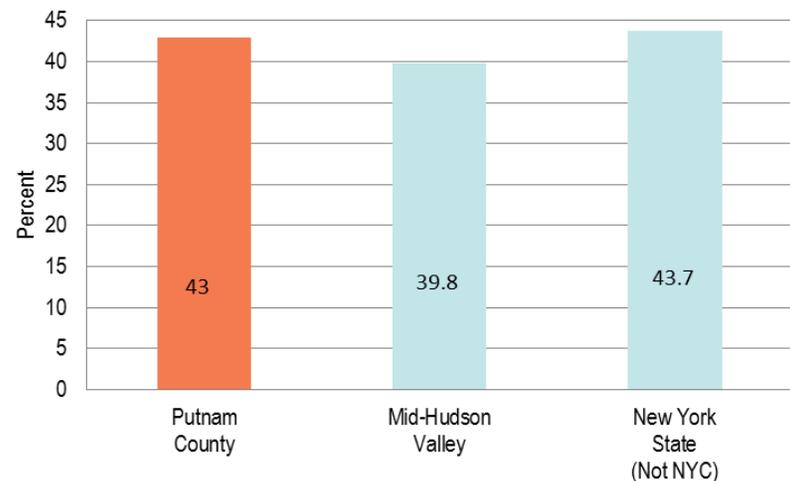
Putnam County is similar to the Region and the State (without New York City) in residents reporting being worried or stressed about having enough money to pay the rent or mortgage. Increased levels of stress are associated with residents worrying about paying for housing and not having a stable home environment.

As previously discussed, Putnam County has a well-educated population with low levels of poverty and is considered a safe community to live in. These positive social and economic factors translate to better health outcomes.

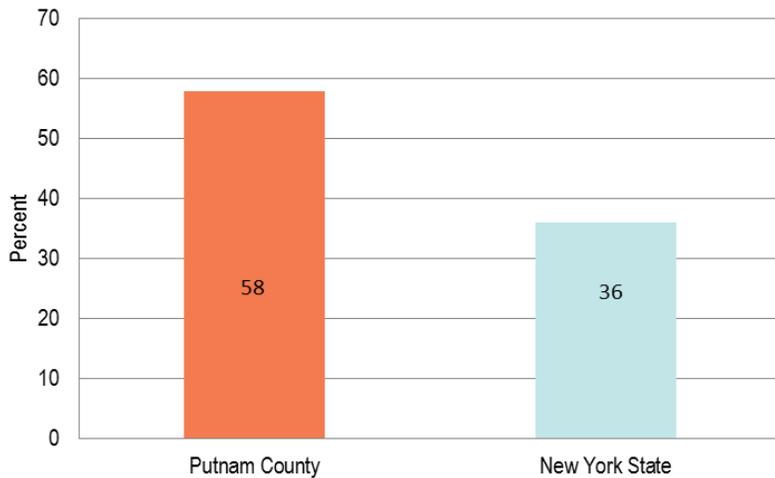
ASSAULT-RELATED HOSPITALIZATION



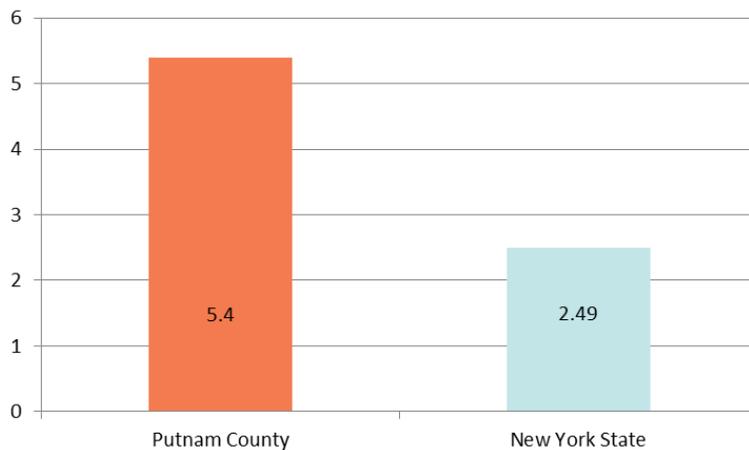
HOUSING INSECURITY



DRIVING ALONE WITH LONG COMMUTE TIME



LOW INCOME AND LOW ACCESS TO A GROCERY STORE



PHYSICAL ENVIRONMENT

Living in a healthy environment is a key factor to increasing the quality of life and health of residents. Community design, access to various health-related resources (healthy foods, parks and recreation), and exposure to air pollution and other toxic substances can all directly impact the health outcomes of a community.

Putnam County has the second highest rate of residents commuting more than 30 minutes, alone in a car. This exceeds the State rate and places these residents at an increased risk of developing an increased body mass index and hypertension. Commuting alone also contributes to traffic congestion and air pollution.

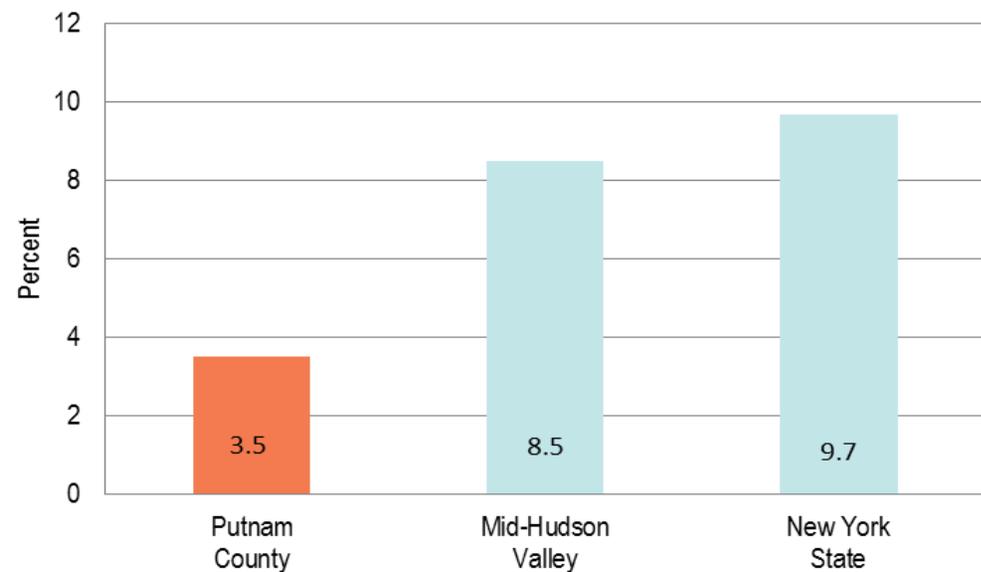
The percentage of Putnam residents who are low income and living more than 10 miles from a supermarket is more than double that of New York State and exceeds the Prevention Agenda goal of 2.24%. This is an important indicator of the built environment of a community because if residents can't access healthy and varied foods and live farther from a grocery store they have less food options that support a nutritious diet. Accessibility, availability and affordability are key components to all residents having a healthy diet.

CHRONIC DISEASE

According to the Centers for Disease Control and Prevention, chronic diseases are among the most common, costly, and preventable of all health problems in the United States. Health behaviors play a part in developing disease and leading to premature death. Lack of physical activity, poor nutrition and tobacco use are the leading health risk behaviors that individuals can change for a healthier lifestyle and less chronic disease.

Learning to manage and live with a chronic disease improves quality of life and lowers health care costs. Putnam has lower reports of adults taking self-management courses for high blood pressure, arthritis or diabetes when compared to the Region and the State. This level rises to 11.4% in those over 65.

ADULTS WHO HAVE TAKEN COURSE TO MANAGE THEIR CHRONIC DISEASE OR CONDITION



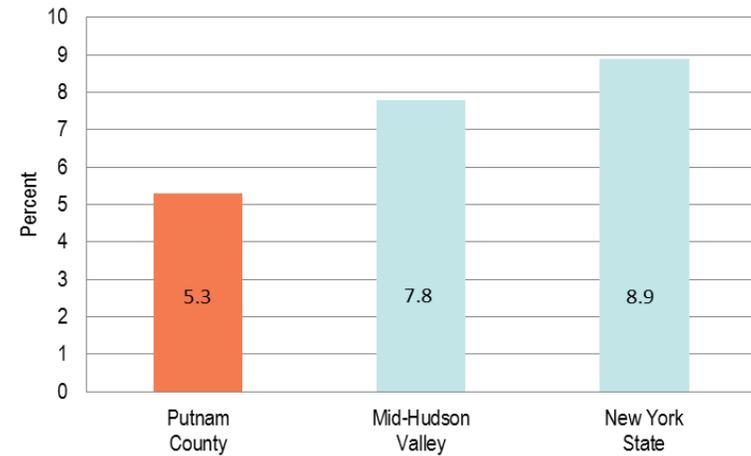
DIABETES

Physical activity, proper nutrition, medication, communication and support from health care providers are all self-management tools that can lead to improved health outcomes for those with diabetes.

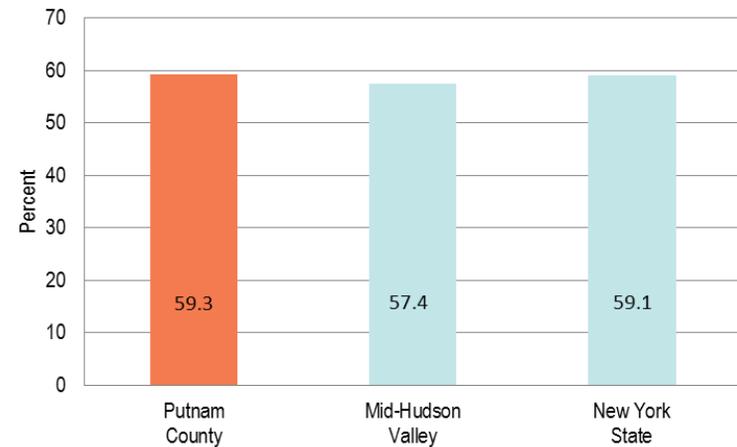
There are less reports of diabetes in Putnam adults compared to the Region and the State. When looking at those 65+, 22.7% of Putnam residents report a diabetes diagnosis versus 20.7% for the Region. With the aging population in Putnam these numbers are expected to continue to rise

Undiagnosed and poorly treated diabetes can have harmful effects on most of the major organ systems. Early diagnosis of diabetes and proper treatment can prevent or delay diabetic complications. More than half of Putnam residents are tested for diabetes which is similar to the State. When looking at testing in those 45-64 years old and 65+, the testing rises to about three quarters.

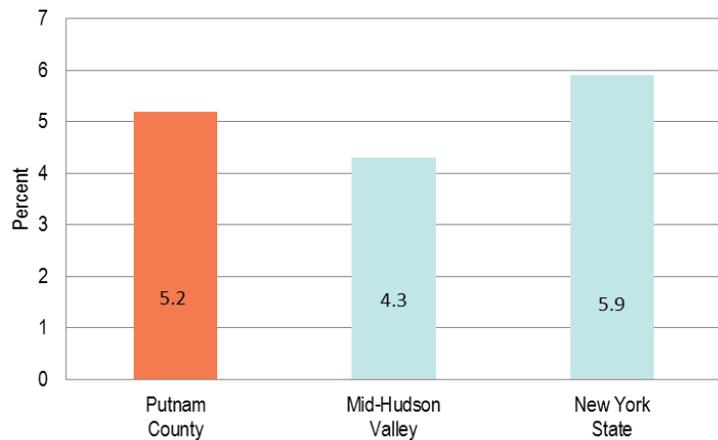
ADULTS WITH PHYSICIAN-DIAGNOSED DIABETES



ADULTS WITH TEST FOR HIGH BLOOD SUGAR OR DIABETES IN PAST 3 YEARS



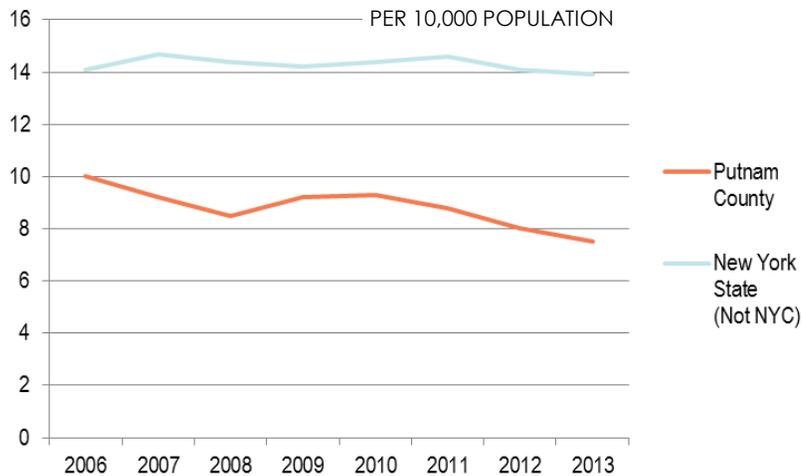
ADULTS WITH PHYSICIAN-DIAGNOSED PREDIABETES



A person with prediabetes has an elevated blood sugar that is higher than normal but not high enough to be diagnosed with diabetes. In those with prediabetes, losing weight and increasing physical activity can delay or even prevent the development of diabetes, improving long term health benefits. Residents in Putnam have similar levels of prediabetes as the State and higher levels than the Region.

Hospitalizations for those with diabetes (primary diagnosis) can be due to severe diabetes, diabetic complications or poorly managed diabetes. Regardless of the reason, managing diabetes in the outpatient setting is less costly and provides better outcomes for individuals. The rate of hospitalizations in Putnam has been declining over the past ten years. Putnam residents have lower rates of admission than New York State (without New York City). Recent data for the United States was not available but for 2009 the US rate was 21.5 per 10,000 which is higher than Putnam.

DIABETES HOSPITALIZATION 3-YEAR RATES



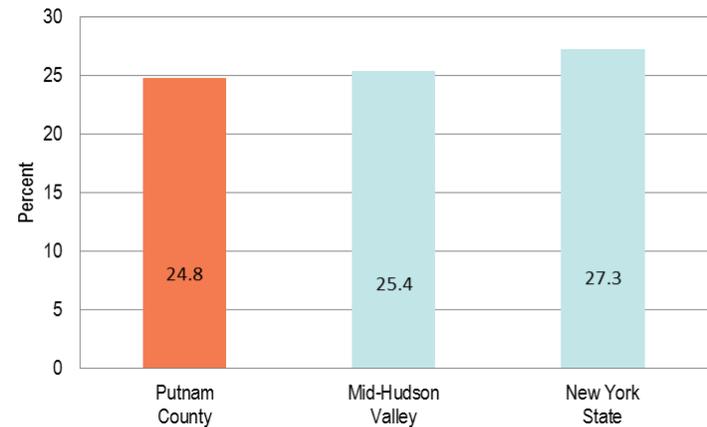
HEART DISEASE

Heart disease is the leading cause of death in Putnam and nationally. High blood pressure, elevated LDL cholesterol and smoking are all health behaviors that put someone at risk for heart disease, as well as the risk associated with having diabetes, obesity, poor diet and low levels of physical activity.

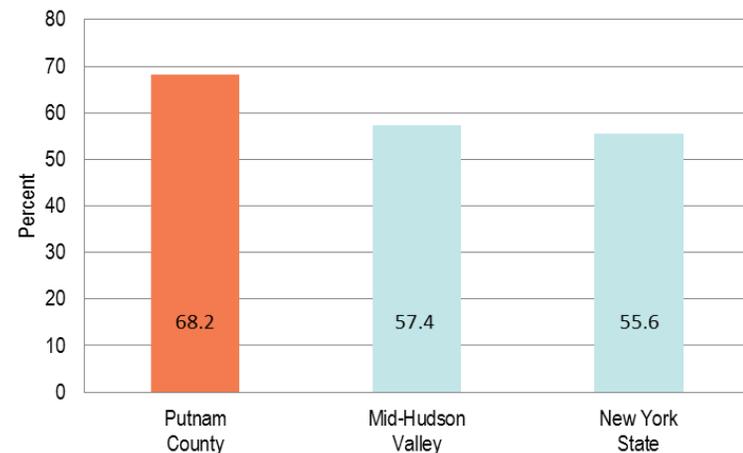
Putnam County has similar rates of physician diagnosed high blood pressure compared to the Region and a lower rate than the State. This meets the Healthy People 2020 target of 26.9%. When this is looked at in terms of age the level rises to 31.1% for those 45-64 years old and 55.3% for those 65+.

More Putnam residents who have physician diagnosed high blood pressure take medication than the Region and the State. This percent rises to 85.9% in those residents 45-64 years old and 93.9% in those 65+.

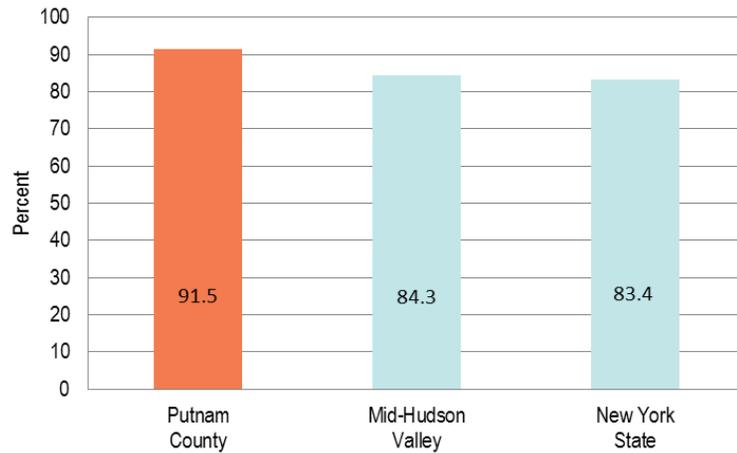
ADULTS WITH PHYSICIAN-DIAGNOSED HIGH BLOOD PRESSURE



ADULTS WITH PHYSICIAN-DIAGNOSED HIGH BLOOD PRESSURE TAKING BLOOD PRESSURE MEDICATION



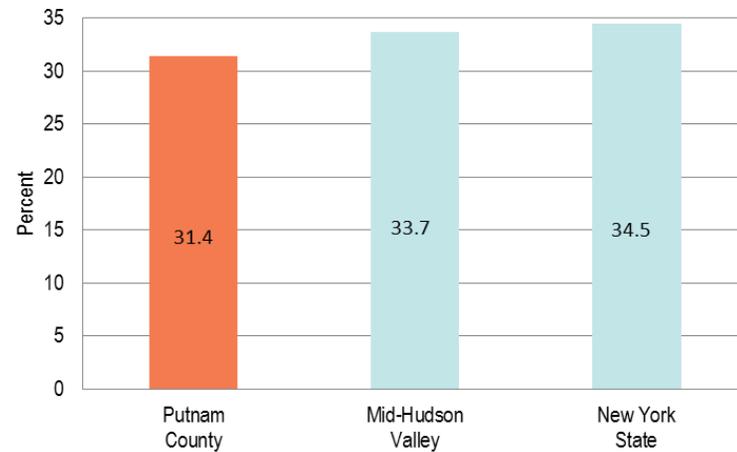
ADULTS WITH CHOLESTEROL CHECKED



More Putnam residents have their cholesterol checked by a health professional than the State and the Region. When this is looked at in terms of age the level rises to 97.7% for those 45-64 years old and 98.3% for those 65+. This exceeds the Healthy People 2020 target of 82.1%.

Putnam has lower levels of elevated cholesterol in comparison to the Region and the State. This does not meet the Healthy People 2020 target of 13.5%. When this is looked at in terms of age the level rises to 50.6% for those 45-64 years old.

ADULTS WITH ELEVATED CHOLESTEROL



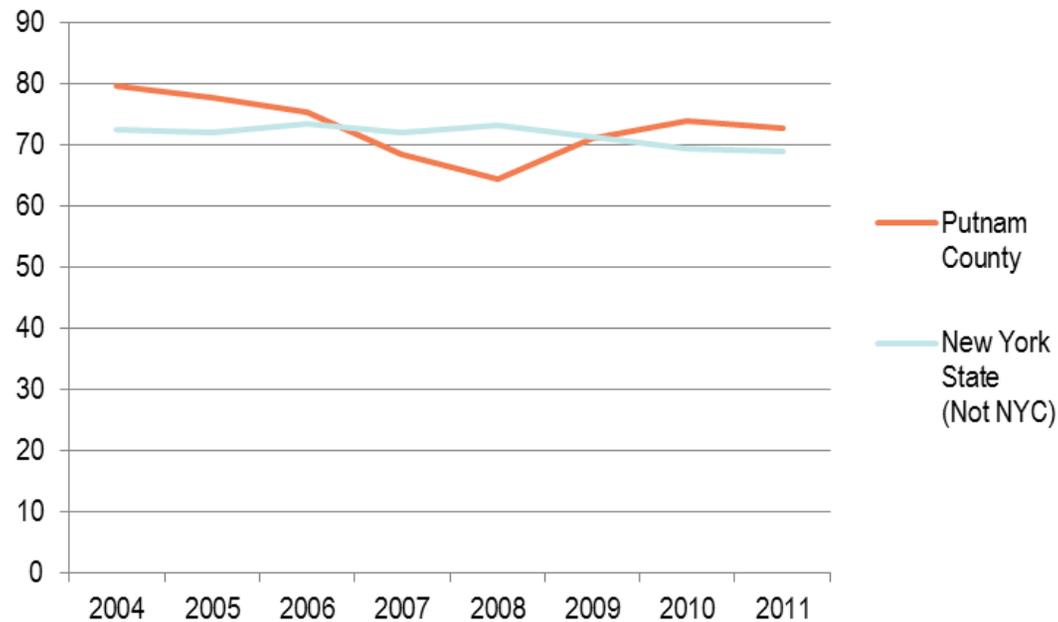
LUNG AND BRONCHUS CANCER

Cigarette smoking is the number one risk factor for developing lung cancer and according to the Centers for Disease Control and Prevention, 80-90% of diagnosed lung cancers are linked to smoking. Secondhand smoke and radon exposure also contribute to the development of lung cancer.

Putnam County had a greater incidence (newly diagnosed cases) of lung and bronchus cancer for the past three years. Despite smoking rates currently being similar to the State they have only recently decreased to these levels

and have usually been higher than the State. Putnam is considered to be a “high-risk radon zone” by the Environmental Protection Agency with elevated radon levels commonly occurring in homes.

LUNG AND BRONCHUS CANCER INCIDENCE PER 100,000 POPULATION

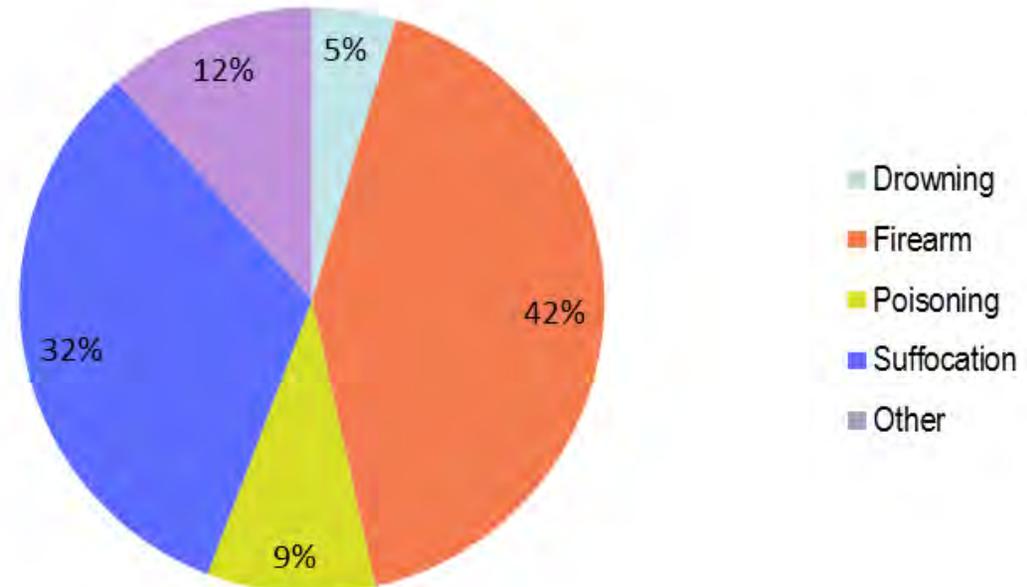


MENTAL HEALTH

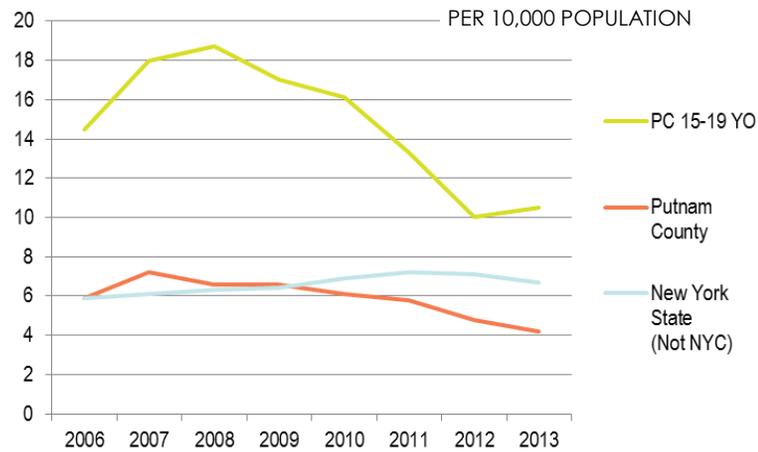
Mental health conditions, such as depression and anxiety, affect an individual's ability to engage in positive health behaviors. In turn, problems with physical health, such as chronic disease and risky behaviors, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

There have been 43 suicides in Putnam County between 2013 and November 2016. The leading cause of suicide is by firearm and then suffocation, including: hanging, asphyxiation and suffocation. This is similar to National trends.

2013-2015 SUICIDES BY CATEGORY



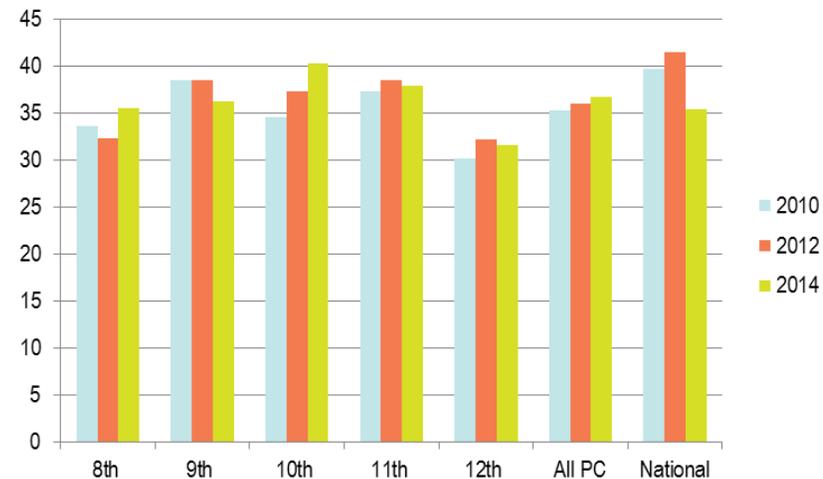
SELF-INFLICTED INJURY HOSPITALIZATION RATE



A self-inflicted injury occurs when someone intentionally harms them self, and there are many types of self-inflicted injury. A common reason for self-injury is to cope with emotional pain or deal with pressure and relationship issues. The self-inflicted injury hospitalization rate has been on the decline in Putnam County and is now lower than the State (without New York City) rate. Similar to the National trend, the 15-19 year old population has an increased incidence of self-inflicted injury which is also seen in Putnam County youth. There has been a decline in youth self-inflicted injuries over the past five years with an uptick for 2012-2014.

Middle and high school students face many challenges and increasing pressures to fit in and succeed. Teenage depression, which is sometimes hard to distinguish from “moodiness,” can lead to serious health problems and impact all aspects of a teen’s life. In Putnam County the percent of children reporting depressive symptoms has fluctuated over the past five years. For the 2010 and 2012 surveys, all grades had lower reports of depressive symptoms than the National average. In 2014 all grades and the Putnam total (excluding 12th grade) exceeded the National average. Of note, depressive symptoms were measured as depressed or sad most days over the past year.

DEPRESSIVE SYMPTOMS BY GRADE



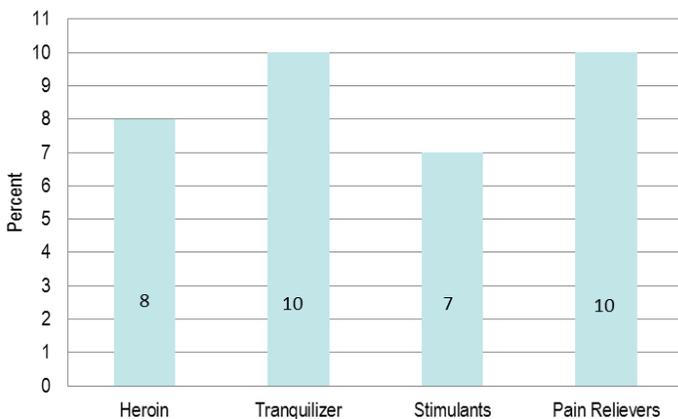
SUBSTANCE ABUSE

Substance abuse, whether from drugs or alcohol or both, has a significant impact on mental, physical, social and public health. There are also economic costs associated with the health issues, lost work productivity and criminal related costs. The current opioid epidemic highlights the complexity of this public health crisis and the inability of the public health system to prevent this from re-occurring.

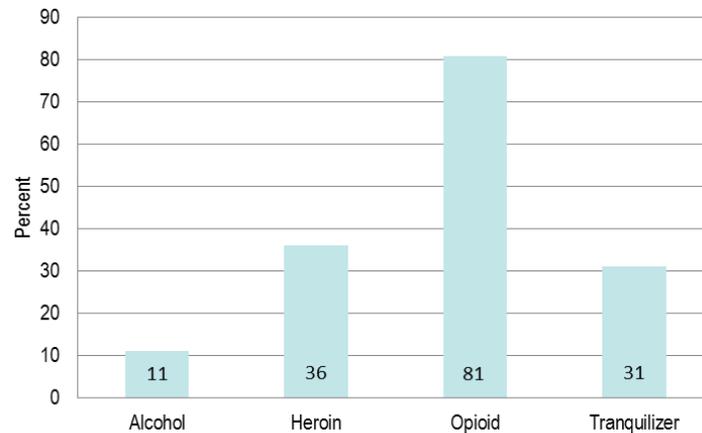
A local survey was conducted in the 18-25 year old population for the Partnership for Success grant. Results revealed that the use of prescription tranquilizers, stimulants and pain relievers, as well as heroin, are being used by 1 in 10 respondents. When compared to the middle and high school data previously reported, the rates increase dramatically. For heroin use there is a 1500% increase in use and for prescription tranquilizers there is a 525% increase in usage.

There were 36 overdose deaths between 2013 and 2015. The majority of the deaths involved opioid ingestion. A third involved either heroin or prescription tranquilizer ingestion. One in ten involved alcohol. Many drug overdose deaths involve mixed intoxication and 61% of these deaths were from multiple drugs and/or alcohol being ingested. Finally, 64% of these deaths were in those 25-54 years old.

ANY DRUG USE—PAST 30 DAYS YOUNG ADULT (18-25 YO)



OVERDOSE DEATHS 2013-2015



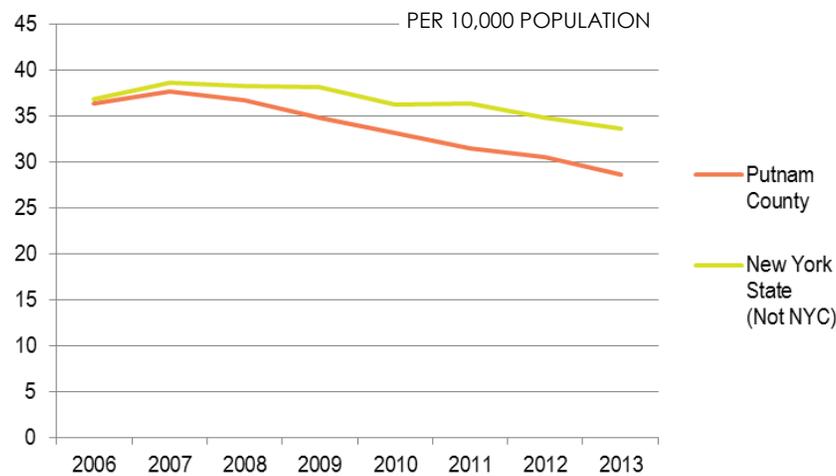
FALLS

For those 65 and older, falls are the leading cause of injury and hospitalization. According to the Centers for Disease Control and Prevention nearly one in five falls cause serious injury and one in three older adults fall each year. There are various causes for these falls but more research is showing that the risk for falls can be reduced.

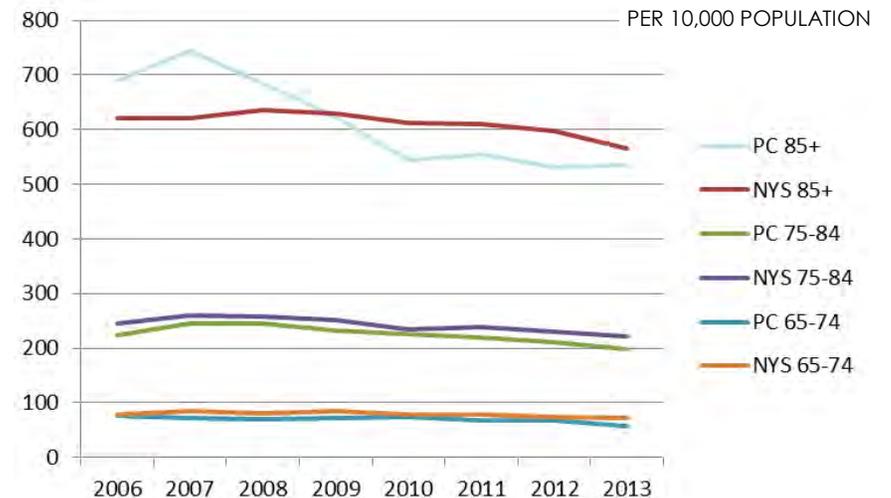
The rate of falls for all age groups has been on the decline in Putnam County. In comparison to the State (without New York City) Putnam has a lower fall rate and the difference in these rates has been increasing.

As with National trends the majority of hospitalizations occur in residents over 65 years old. The greatest rate of hospitalization is in those over 85+. Rates drop considerably for those 75 – 84 years old and then further drop for those 65 – 74 years old. Rates for all age groups below 65 are below the combined Putnam County rate. All Putnam County rates are below the State rates.

FALL HOSPITALIZATION RATE FOR ALL AGES



FALL HOSPITALIZATION RATE FOR RESIDENTS OVER 65 YEARS



Traumatic Brain Injuries (TBI) are caused by a blow to the head that disrupts the normal function of the brain. The severity of a TBI can be mild to severe, but according to the Centers for Disease Control and Prevention (CDC) most of the yearly TBIs would be considered mild and more commonly called concussions. The CDC reports that more than half of TBIs in children 0-14 years old (YO) were caused by falls. For those 65+ more than two-thirds of TBIs are caused by falls.

When looking at the rates of ED visits for TBIs in Putnam, the highest rates occur in children less than 19 YO. The highest rate overall was in children less than one year. The 15 – 19 YO, 1 – 4 YO, and 10 – 14 YO groups all have similar rates that are all above 1,000 per 100,000. Those 65+ had a higher rate of TBIs than the Putnam average but it did not exceed those in the pediatric population.

TRAUMATIC BRAIN INJURIES EMERGENCY DEPARTMENT (ED) VISITS 2011—2013

Population	Mean Annual Frequency	Rate per 100,000 Residents
Total Putnam County	622	624.0
0 – <1 YO	15	1,830.5
1 – 4 YO	45	1,159.1
5 – 9 YO	38	635.1
10 – 14 YO	73	1,033.7
15 – 19 YO	91	1,298.6
20 – 24 YO	40	718.0
25 – 44 YO	103	446.2
45 – 64 YO	105	321.3
65+	112	821.0

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

The Local Public Health System (LPHS) Assessment measures the capacity of the public health system to provide the ten Essential Public Health Services. These services provide the fundamental framework for all local public health system activities that contribute to the health and well-being of communities.

THE TEN ESSENTIAL PUBLIC HEALTH SERVICES

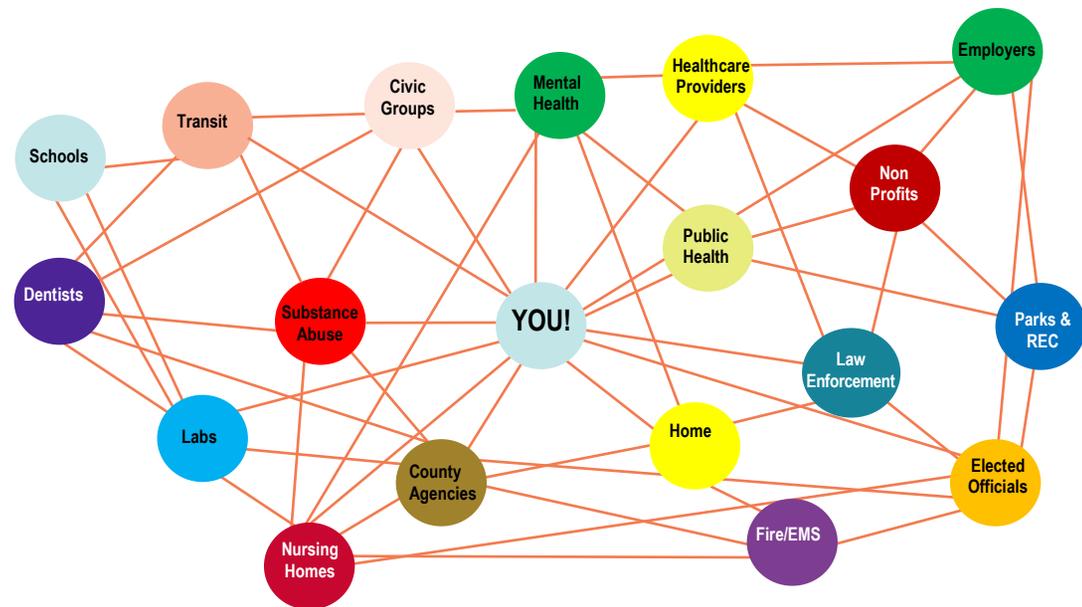
1. Monitor health status to identify community health problems
2. Diagnose and investigate health problems and health hazards
3. Inform, educate, and empower people about health issues
4. Mobilize community partnerships to identify and solve health problems
5. Develop policies and plans that support individual and community health efforts
6. Enforce laws and regulations that protect health and ensure safety
7. Link people to needed personal health services and assure the provisions of health
8. Assure a competent public and personal health care workforce
9. Evaluate effectiveness, accessibility, and quality of personal and population health services
10. Research for new insights and innovative solutions to health



THE LOCAL PUBLIC HEALTH SYSTEM

The LPHS includes all of the organizations and entities that contribute to public health in a community, including the local public health department and public, private and voluntary organizations.

In Putnam County, the LPHS is comprised of many organizations (public, private and voluntary entities) and individuals that engage in activities that contribute to the delivery of the ten essential public health services.



ASSESSMENT

This assessment will assist in identifying paths for improvement, ensuring the provisions of quality services, and the means for implementing more efficient responses to public health challenges.

The Local Public Health System Assessment helps to answer the questions:

- *What are the activities and capacities of our public health system?*
- *How well are we providing the Essential Public Health Services in our County?*

METHODOLOGY

Putnam County conducted The National Public Health Performance Standards Program, a local public health system assessment, which is framed around the 10 Essential Public Health Services (EPHS). This program is used throughout the United States to evaluate the performance of local public health systems. It was developed in 2001 as a collaboration of the Centers for Disease Control and Prevention and the National Association of County and City Officials.

The assessment included model standards for each EPHS that describe the key aspects of an optimally performing public health system. Each model standard is followed by assessment questions that serve as measures of performance. Each individual's responses to these questions indicate how well the model standard, which portrays the highest level of performance, is being met. Partici-

LPHSA PERFORMANCE SCORING SCALE	
Optimal Activity	75% - 100% of the activity is met
Significant Activity	50% but no more than 74% of the activity is met
Moderate Activity	25% but no more than 49% of the activity is met
Minimal Activity	Greater than 0% but no more than 24% of the activity is met
No Activity	0% or absolutely no activity

pants responded to assessment questions using the response options above. These same categories are used in this report to characterize levels of activity for each Essential Service.

PROCESS

The assessment was conducted during multiple sessions with key community partners including: the Live Healthy Putnam Coalition, Community Health Needs Committee, Putnam County DOH staff and key informant partners representing the public health system. Sessions were organized by Essential Public Health Service. Scoring is based on the knowledge and perception of participants in each EPHS group. This perception may not always be a true reflection of activity that is or is not taking place in the county.

STRENGTHS

Based on the results from the assessment, the following areas have been identified as the top three strengths of the local public health system.

Number One Strength: ESSENTIAL SERVICE 4—Mobilize Community Partnerships to Identify and Solve Health Problems

- Strong community partnerships due to small county size with only one hospital, familiarity within community organizations.
- Focused coalitions that meet regularly are working on specific priorities: chronic disease, mental health, substance abuse and emergency preparedness.

Number Two Strength: ESSENTIAL SERVICE 1—Monitor Health Status to Identify Community Health Problems

- Utilization of the MAPP process with multi-faceted assessments strengthens resulting community needs assessment and strategic planning.
- 6th year of conducting the annual Public Health Summit, good venue to share data, discuss public health priorities, assess strengths and gaps in service.

SUMMARY OF ESSENTIAL PUBLIC HEALTH SERVICES SCORES		
EPHS1	Monitor health status to identify community health problems	91
EPHS2	Diagnose and investigate health problems and health hazards	73
EPHS3	Inform, educate, and empower people about health issues	72
EPHS4	Mobilize community partnerships to identify and solve health problems	96
EPHS5	Develop policies and plans that support individual and community health efforts	83
EPHS6	Enforce laws and regulations that protect health and ensure safety	78
EPHS7	Link people to needed personal health services and assure the provision of health	78
EPHS8	Assure a competent public and personal health care workforce	58
EPHS9	Evaluate effectiveness, accessibility, and quality of personal and population health services	44
EPHS10	Research for new insights and innovative solutions to health problems	46
OVERALL SCORE		72

Number Three Strength: ESSENTIAL SERVICE 5—Develop Policies and Plans that Support Individual and Community Health Efforts

- Community Health Improvement Plan includes specific targeted strategies at the individual and community level to improve health status of county residents.
- Town and county legislative policies have been enacted to improve residents' health.

CHALLENGES

While there is much strength within the public health system, there are also areas in which Putnam County can improve.

Number One Challenge: ESSENTIAL SERVICE 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population Health Services

- Most individuals identified the need for greater emphasis on evaluation in their agencies, but due to lack of staff and limited expertise in this area it is difficult to attain.
- Evaluation of services is often eliminated when staff vacancies arise and an already overtaxed workforce is asked to do more with less.

Number Two Challenge: ESSENTIAL SERVICE 10: Research for New Insights and Innovative Solutions to Health Problems

- There is no college or university within Putnam County to offer support in this area. Although there are strong alliances with universities outside of the county this ES would be improved with research expertise within the county.
- Most organizations, including the health department, have small staff with limited resources for research and development activities.

Number Three Challenge: ESSENTIAL SERVICE 8: Assure a Competent Public and Personal Health Care Workforce

- Decreased funding for staff development has curtailed workforce development and training, particularly in-person training.
- Time constraints due to lack of adequate staffing lead to decreased opportunities for training.

FORCES OF CHANGE ASSESSMENT

The most recent Forces of Change assessment was completed at the 2015 Public Health Summit. It was conducted as a brainstorming session with significant community partner discussion, looking for possible threats and opportunities. It identified forces—trends, factors or events—which will affect the health and quality of life of residents and the local public health system. These forces may be social, economic, political/legal, technological/scientific, environmental or ethical in nature. Although this assessment was formally conducted at the summit, these discussions are ongoing at committee and coalition meetings held throughout the year.

OVERARCHING THEMES

ACCESS TO CARE ISSUES

The Affordable Care Act aims to increase accessibility and affordability of health services. Locally, this has increased the number of individuals enrolled in a health insurance plan, but it has also resulted in higher co-pays and deductibles and increased costs for some. Limited availability of mental health therapists and providers is also a serious issue in the county. Quality of health services may also be in jeopardy with these changes. The shift toward a patient centered care model and electronic health records should help offset and correct quality issues down the line.

DISCUSSION DETAILS

SOCIAL FORCES	TREATS POSED	OPPORTUNITIES CREATED
Domestic Violence	<ul style="list-style-type: none"> Victims of violence don't have the ability to live healthily and safely in Putnam Many kids may turn to drugs when involved in violence at home or elsewhere 	<ul style="list-style-type: none"> We can create partnerships and coalitions to educate the public and make it easier for a person to leave an abusive environment (help with housing, substance abuse, etc.)
ECONOMIC FORCES	TREATS POSED	OPPORTUNITIES CREATED
Affordable Care Act	<ul style="list-style-type: none"> Increased costs for some Unknown future due to recent enactment Availability of mental health therapists, providers Higher co-pay for mental health services 	<ul style="list-style-type: none"> Decreased cost for some Greater access to care Mental health parity
Health Republic Bankruptcy	<ul style="list-style-type: none"> Small and Non-Profit companies may not be able to find affordable coverage for their employees 	<ul style="list-style-type: none"> FQHC sliding scale services
Essential Plan (EP)	<ul style="list-style-type: none"> Higher income residents excluded Small and Non-Profit company employees at risk for EP exclusion and staff reductions to afford insurance payments. May also need Broker or Navigator to take advantage of cost-sharing and tax credits 	<ul style="list-style-type: none"> Increased coverage for low income residents Cost-sharing and tax credits available to Small and Non-Profit companies.
Dental Insurance	<ul style="list-style-type: none"> High cost of service 	<ul style="list-style-type: none"> Federally qualified health clinics provide services on a sliding scale fee

OPIOID ADDICTION

The overprescribing of opioid-based pain medication has resulted in high rates of substance abuse throughout the county. Heroin addiction is at an all-time high and overdose rates in the county have increased at alarming rates. Narcan administration has without a doubt prevented deaths, but has not solved the root causes and the epidemic continues. There is targeted focus on community-based education and intervention to assist with these crises.

TRANSPORTATION AND HOUSING LIMITATIONS

The lack of quality transportation services in the county is a major stumbling block to accessing healthcare, quality food, and employment. The lack of adequate affordable housing for lower income households as well as those individuals with mental illness is also a major concern.

DISCUSSION DETAILS

POLITICAL/LEGAL FORCES	THREATS POSED	OPPORTUNITIES CREATED
Healthcare reform (ACA)	<ul style="list-style-type: none"> Preventable readmissions will impact providers (reimbursement and penalties) Patients who do not utilize services appropriately will have preventable hospital admissions Substance abuse and mental health clients difficult to insure appropriate access 	<ul style="list-style-type: none"> Increased number of residents with coverage Value based payment system Possibility for more collaborative discharge planning with all agencies
HIPAA	<ul style="list-style-type: none"> There's not enough infrastructure to be Medicaid reimbursable which leads to uncertainty about the stability of the agency 	<ul style="list-style-type: none"> Strategic partnering and coordinating helps provide more service to more people
Mentally Ill Within the Legal System	<ul style="list-style-type: none"> There may not be enough funding and staff 	<ul style="list-style-type: none"> Potential to bring back mental health court which leads to fewer mentally ill individuals in the prison system
Medicaid Redesign and DSRIP	<ul style="list-style-type: none"> Five-day maximum stay at Rose House Mental health care needs to be integrated into primary care 	<ul style="list-style-type: none"> Safe place to stay provides those with mental illness and substance abuse issues chance to recover Close surveillance can identify those with depression and other mental illnesses sooner
Money Follows the Person (MFP)	<ul style="list-style-type: none"> Not enough housing in its current state 	<ul style="list-style-type: none"> MFP gets people out of nursing homes and into where they want to be Foreclosed and abandoned homes can be renovated into affordable homes

DISCUSSION DETAILS

TECHNOLOGICAL/ SCIENTIFIC FORCES	THREATS POSED	OPPORTUNITIES CREATED
Opioid Epidemic	<ul style="list-style-type: none"> • Pain needs to be managed and opioid based pain relievers provide the best pain management 	<ul style="list-style-type: none"> • Non-physician pain management assistance can begin to be instated • Alternative pain relievers that are less addictive are being administered
Addressing Addiction in Putnam County	<ul style="list-style-type: none"> • Narcan funding may not be sustained • Addiction and abuse continue in prisons even after the user is incarcerated 	<ul style="list-style-type: none"> • Narcan training is available to anyone • Fixes the overdose problem briefly but does not solve the epidemic
Telemedicine	<ul style="list-style-type: none"> • Unreliable practitioners may take advantage to make a profit • Deceit and decreased health 	<ul style="list-style-type: none"> • More rural areas have access to very highly specialized care
Community Paramedicine	<ul style="list-style-type: none"> • Putnam is an aging community and there is more need than ever for ER visits from our population 	<ul style="list-style-type: none"> • Offers successful glucose and vitals monitoring • Doctors can partner with this program and keep individuals out of the ER
ETHICAL FORCES	THREATS POSED	OPPORTUNITIES CREATED
Housing for the Homeless Population	<ul style="list-style-type: none"> • People with mental illness often have co-morbidities such as substance abuse and chronic diseases 	<ul style="list-style-type: none"> • Search For Change offers housing opportunities for homeless with a set of regulations that the client must meet in order to be considered
ENVIRONMENTAL FORCES	THREATS POSED	OPPORTUNITIES CREATED
Transportation Limitations of Suburban/Rural Community	<ul style="list-style-type: none"> • Aging population is unable to access healthcare due to lack of transportation 	<ul style="list-style-type: none"> • Use of technology and telehelp to reach patients who cannot access healthcare due to lack of transportation

PHASE FOUR: STRATEGIC ISSUES

During this phase of the MAPP process, Putnam County DOH, Putnam Hospital Center, and many community agencies and partners identified the most important issues facing the community. Priorities were selected by exploring the convergence of the results of the four MAPP Assessments, partner input and review of priorities selected during the previous CHIP process.

Promote Mental Health and Prevent Substance Abuse was again selected as a Putnam County CHIP priority. Within this priority, preventing suicides among youth and adults, with emphasis on veterans, is a focus area. The Suicide Prevention Task Force is spearheading these efforts toward zero suicides. Promoting mental, emotional and behavioral well-being in the community is another focus area which falls within this priority.

Prevent Chronic Disease remains the second of three identified Putnam County CHIP priorities. Selected focus areas include reducing obesity in children and adults, preventing

childhood obesity through partnership with early childcare centers and schools, prevention and cessation of tobacco use, and chronic disease prevention and management.

Through discussions with Putnam Hospital Center and the Putnam County Office for Senior Resources, a third priority has been added to the CHIP this year—Promote a Healthy and Safe Environment. More specifically the focus is to “Reduce Factors that Increase Risk of Falls, Particularly Among the Elderly” and both agencies are already involved in planning programs to prevent falls in the elderly population. A county committee is being formed to identify evidence-based initiatives that will help support the efforts and extend the reach of these programs.

PHASE FIVE: FORMULATE GOALS AND STRATEGIES

During this phase of the MAPP process, strategic issues identified in the previous phase are formulated into goal statements related to those issues. Then, broad strategies are identified for addressing issues and achieving goals related to the community's vision. The result is the development of the following CHIP grids which include goals, objectives, interventions, activities, partner roles, timelines and process measures for each selected priority and focus area.



PRIORITY AREA: PROMOTE MENTAL HEALTH AND PREVENT SUBSTANCE ABUSE

FOCUS AREA: Promote Mental, Emotional and Behavioral Well-Being

GOAL: Improve the Mental Health of Residents and Decrease the Suicide Rate.

Outcome Objective 1: By December 31, 2018, decrease the percentage of adults reporting poor mental health by 5%. (Baseline: 17.6%; Source eBRFSS)

Outcome Objective 2: By December 31, 2018, decrease the number of residents that commit suicide to zero. (Local data)

Intervention	Best Practice/ Evidence- Based	Addresses Disparity	Activities	By When	Partner Resources / Partner Role	Process Measures
Prevent suicides among youth and adults	Y	Y	Offer gatekeeper training: SafeTALK, ASIST, Restrict Means & Crisis Intervention Training	Ongoing	Suicide Prevention Taskforce – Lead PHC, MHA , PCCAC & PCDOH – Partners	# of persons trained in SafeTALK, ASIST, Restrict Means & Crisis Intervention Training
			Share data on suicides, attempts, and prevention efforts	Ongoing	PC Coroner – Lead PCDOH, SPTF, PHC – Partners	
			Connect suicide postvention training	Q3 2017	SPTF & Mental Health Provider Group – Lead	# of meetings to develop system
Promote mental, emotional, and behavioral wellbeing in community.	Y	Y	Support the provision of basic mental health “first aid” training for youth and adults.	Ongoing	PC Mental Health – Lead SPTF, PHIP, PHC & PCDOH – Partners	# of adult Mental Health First Aid Trainings Provided # of youth Mental Health First Aid Trainings Provided

PHC – Putnam Hospital Center PCDOH – Putnam County Department of Health SPTF – Suicide Prevention Taskforce MHA – Mental Health Association
PCCAC – Putnam County Child Advocacy Center PHIP – Population Health Improvement Project

PRIORITY AREA: PROMOTE MENTAL HEALTH AND PREVENT SUBSTANCE ABUSE

FOCUS AREA: Prevent Substance Abuse and Other Mental Emotional Behavioral Disorders

GOAL: Prevent Drug and Alcohol Initiation and Decrease Substance Abuse.

Outcome Objective 1: By December 31, 2018, decrease the number of substance abuse related deaths to zero. (Baseline: TBD; Source: Local data)

Intervention	Best Practice/ Evidence- Based	Addresses Disparity	Activities	By When	Partner Resources / Partner Role	Process Measures
Prevent underage drinking, non-medical use of prescription pain relievers by youth and excessive alcohol consumption by adults.	Y	Y	Community-based prevention education: Too Good For Drugs	Ongoing	PFCS – Lead Mahopac Central School District, Putnam Valley Central School District, Haldane Central School District, and Garrison Central School district – Partners	# of community based prevention education sessions held
			Supply reduction and diversion control: Medication Take Back Day	Ongoing	PCCTC – Lead PCDOH, PHC & PCSD – Partners	# of Medication Take Back Day events # of pounds of medication returned
			Harm reduction including Naloxone training	Ongoing	Arms Acres – Lead Drug Crisis in our Backyard, PCSD, PCCTC & PCDOH – Partners	# of Naloxone trainings provided
			Share data on drug overdose deaths, attempts, and usage of Naloxone	Ongoing	PC Coroner – Lead PHC, Local Law Enforcement, PCDA, PCDOH, SPTF, Partnership for Success – Partners	
			Social marketing campaign: youth and young adult perceptions that prescription drugs have immediate and serious consequences.	Ongoing	Partnership for Success – Lead NCADD, PCCTC, LHP & SPTF – Partners	# of public service announcements and billboards # of newspaper display ads # of social media page views # of posters distributed

PFCS – Putnam Family & Community Services PCCTC – Putnam County Communities That Care Coalition PCDOH – Putnam County Department of Health LHP – Live Healthy Putnam

PCSD – Putnam County Sheriff's Department SPTF – Suicide Prevention Taskforce PCDA – Putnam County District Attorney PHC – Putnam Hospital Center

PRIORITY AREA: PROMOTE MENTAL HEALTH AND PREVENT SUBSTANCE ABUSE

FOCUS AREA: Strengthen Infrastructure						
GOAL: Strengthen Infrastructure for Mental Emotional and Behavioral Health Promotion and Disorder Prevention						
Outcome Objective 1: By December 31, 2018, develop a shared purpose and identify Suicide Prevention Taskforce goals.						
Intervention	Best Practice/ Evidence- Based	Addresses Disparity	Activities	By When	Partner Resources / Partner Role	Process Measures
Conduct a Strategic Planning Process	N	N	Meet with Suicide Prevention Taskforce partners to complete the Strategic Planning process	Q4 2017	SPTF & SPC of NYS – Lead Suicide Prevention Taskforce Members – Partners	Development of a Strategic Plan
SPTF – Suicide Prevention Taskforce SPC of NYS – Suicide Prevention Center of NYS						

PRIORITY AREA: PREVENT CHRONIC DISEASES

FOCUS AREA: Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings.
GOAL: Promote Evidence-Based Care to Prevent and Manage Chronic Diseases

Outcome Objective: By December 31, 2018, increase percentage of Putnam County adults with one or more chronic diseases who have attended a prevention or self-management program by 5%. (Baseline: 3.5%; Source: eBRFSS)

Intervention	Best Practice/ Evidence- Based	Addresses Disparity	Activities	By When	Partner Resources / Partner Role	Process Measures
Promote the use of evidence-based interventions (EBI) to prevent or manage chronic disease	Y	Y	Provide training/refresher training to maintain adequate number of facilitators	Q1 2017	PCOSR & VNA – Co-Leads PCOSR & VNA – Staff time PCOSR - Data	# of partners trained to facilitate an EBI
			Provide outreach to healthcare providers for EBI	Ongoing through Q4 2018	PCDOH – Lead (data) PHC – Partners PCDOH & PHC – Staff Time	# of outreach events
			Promote EBI interventions for chronic disease prevention or self-management	Ongoing through Q4 2018	PCOSR, PCDOH, PHC & VNA – Leads & Staff time	# of marketing initiatives
			Offer chronic disease prevention or self-management EBI programs to community	Ongoing through Q4 2018	OSR, PCDOH, PHC & VNA – Leads & Staff time Community Peer Leaders – Partners	# of chronic disease EBI's offered by community partners # of EBI participants
PCOSR – Putnam County Office of Senior Resources VNA – Visiting Nurse Association of Hudson Valley PCDOH – Putnam County Department of Health PHC – Putnam Hospital Center						

PRIORITY AREA: PREVENT CHRONIC DISEASES

FOCUS AREA: Reduce Obesity in Children and Adults

GOAL: Prevent Childhood Obesity Through Child Care

Outcome Objective: By December 31, 2018, increase implementation of evidenced-based nutrition education and obesity prevention interventions in the child care, school and community-based settings in Putnam County by 5%. (Baseline: TBD; Source: Local data)

Intervention	Best Practice/ Evidence- Based	Addresses Disparity	Activities	By When	Partner Resources / Partner Role	Process Measures
Encourage child care providers, schools and community-based organizations to implement best-practice nutrition education and obesity prevention strategies.	Y	Y	Implement the USDA “Seed to Supper” (Oregon University-based) initiative with community-based organizations in Putnam County focusing on low SES populations.	Q4 2017	CCE – Lead Eat Smart New York, Studio Around the Corner, Brewster Library, Patterson Library, PCDOH, PCCAP, Camp Herrlich, The Longview School, WCC Davis Scholars – Partners	# of small-spaced gardens planted; # of lbs. of fresh vegetables donated to pantries and soup kitchens # of participating youth willing to try new vegetables.
	Y	N	Utilize the USDA “Dig-In Program” to implement gardens with 5 th and 6 th graders in after-school programs as well as interested summer camps.	Q4 2017	CCE – Lead Camp Herrlich & PCDOH – Partners	# of children who successfully grow and eat their own vegetables.
	Y	N	Investigate utilization of the USDA “Garden Detective” Program with interested 3 rd and 4 th grade children.	Q4 2017	CCE – Lead Kent Primary School, Carmel Girl Scout Troop 1086 & PCDOH – Partners	# of children who successfully grow and eat their own vegetables.

CCE – Cornell Cooperative Extension PCDOH – Putnam County Department of Health PCCAP – Putnam County Community Action Program WCC – Westchester Community College

PRIORITY AREA: PREVENT CHRONIC DISEASES

FOCUS AREA: Reduce Obesity in Children and Adults

GOAL: Expand the Role of Public and Private Employers in Obesity Prevention

Outcome Objective: By December 31, 2018, decrease by 5% the number of adults who are overweight or obese. (Baseline: 20.5%; Source: eBRFSS)

Intervention	Best Practice/ Evidence- Based	Addresses Disparity	Activities	By When	Partner Resources / Partner Role	Process Measures
Work with worksite wellness partner organizations to implement *nutrition standards at meetings and events	Y	N	Provide each partner worksite with* NYSDOH food and beverage standards for meetings and events	Q2 2017	PCDOH – Lead (data) Worksite Wellness Committees – Partners	# of worksites to receive NYSDOH food and beverage standard guidelines
			Educate Wellness Committee about benefits of food and beverage standards for meetings and events.	Q2 2017		# of Wellness Committees to receive education of food and beverage standard benefits
			Educate employees about benefits of standards through Wellness Board displays	Q3 2017		# of Wellness Board display sites
			Provide policy template for food and beverage standards to worksite partners	Q4 2017		# of worksites to implement a wellness policy for food and beverages at meetings and events.

PCDOH – Putnam County Department of Health

*http://www.health.ny.gov/diseases/cardiovascular/heart_disease/toolkits/docs/meetings_events.pdf

PRIORITY AREA: PREVENT CHRONIC DISEASES

FOCUS AREA: Reduce Illness, Disability and Death Related to Tobacco use and Secondhand Smoke Exposure

GOAL: Prevent Initiation of Tobacco Use by Youth and Young Adults

Outcome Objective: By December 31, 2018, decrease youth smoking rate by 5%. (Baseline: 7.1%: Source: Putnam County Prevention Needs Assessment)

Intervention	Best Practice/ Evidence-Based	Addresses Disparity	Activities	By When	Partner Resources / Partner Role	Process Measures
Encourage municipalities to implement policies that protect youth from tobacco marketing in the retail environment, also known as point-of-sale (POS)	Y (NYSDOH Refresh Chart Page 4 of 42)	Y	Participate in annual statewide coordinated earned media activities, including Kick Butts Day, World No Tobacco Day and the Great American Smoke-Out	Q1 2017	POW'R – Lead PCDOH – Partner	# of media campaigns
			Utilize social media including Facebook and Twitter to communicate key messages	Ongoing	POW'R – Lead PCDOH – Partner	# social media posts
			Testify at public hearing about the impact of retail tobacco marketing on youth.	Q4 2017	POW'R – Lead PCDOH – Partner LHP Partners – Support	# of public meetings attended # of county and/or town officials contacted about restricting tobacco marketing in stores
			Educate and communicate with elected officials about the impact of retail tobacco marketing in youth.	Q3 2017	POW'R – Lead PCDOH – Support LHP Partners – Partner	# of municipalities that implement policies.
POW'R – Putnam Orange Westchester & Rockland Counties PCDOH – Putnam County Department of Health LHP Partners – Live Healthy Putnam Coalition Partners						

PRIORITY AREA: PREVENT CHRONIC DISEASES

FOCUS AREA: Reduce Illness, Disability and Death Related to Tobacco use and Secondhand Smoke Exposure

GOAL: Prevent Initiation of Tobacco Use by Youth and Young adults

Outcome Objective: By December 31, 2018, decrease the percentage of adults who smoke. (Baseline: 20%; Source: POW'R survey)

Intervention	Best Practice/ Evidence- Based	Addresses Disparity	Activities	By When	Partner Resources / Partner Role	Process Measures
Encourage P.C. businesses, community based organizations and municipalities to implement policies that restrict smoking in outdoor areas.	Y	Y	Disseminate information at community events regarding the danger of second-hand smoke.	Q2 2017	POW'R – Lead PCDOH – Partner	# of community events
			Provide opportunities for allies to publicly support and call for action to increase the number of tobacco-free outdoor policies.	Q3 2017	POW'R – Lead PCDOH – Partner PC Legislature PC Town Supervisors PC Town Board Members	# of businesses & community based organizations and municipalities that implement policies restricting smoking in outdoor areas.
			Provide technical assistance and signage to area businesses, CBOs, etc. who want to adopt tobacco-free outdoor policies.	Ongoing 2017		

POW'R – POW'R Against Tobacco (Putnam Orange Westchester & Rockland Counties) PC – Putnam County PCDOH – Putnam County Department of Health LHP Partners – Live Healthy Putnam Coalition Partners

PRIORITY AREA: PREVENT CHRONIC DISEASES

FOCUS AREA: Reduce Illness, Disability and Death Related to Tobacco use and Secondhand Smoke Exposure GOAL: Promote Tobacco Use Cessation, Especially Among Low SES Populations and Those with Poor Mental Health.						
Outcome Objective: By December 31, 2018, Increase the number of providers who deliver evidence-based assistance to their patients who smoke including brief counseling, medications and follow-up. (Baseline: TBD; Source: Center for a Tobacco Free Hudson Valley)						
Intervention	Best Practice/ Evidence- Based	Addresses Disparity	Activities	By When	Partner Resources / Partner Role	Process Measures
Promote the use of evidence-based tobacco dependence treatment among those who use tobacco.	Y (NYSDOH Refresh Chart Page 4 of 42)	Y	Provide the American Lung Association Freedom From Smoking Program to PC Employees	Ongoing	PCDOH – Lead Center for a Tobacco Free-Hudson Valley – Support	# of PC employees who participate in FFS Program
			Provide the American Lung Association Freedom From Smoking Program to PFCS Employees.	Ongoing	PFCS – Lead Center for a Tobacco Free-Hudson Valley & PCDOH – Support	# of PFCS employees who participate in FFS Program
			Provide the 5 A's to Arms Acres' Clients with an enhancement of the Assessment by using the Fagerstrom nicotine addiction scale, & then focusing on the Assist, utilizing NRT, MI counseling, & arrange for follow-up.	Ongoing	Arms Acres – Lead Center for a Tobacco Free-Hudson Valley – Partner	# of Arms Acres' clients who are Assisted , Referred, and then Follow-up by Arms Acres' Tracking Data
Utilize Electronic Medical Record (EMR) to increase the number of providers who screen patients for tobacco use and referral to NYS Smokers Quitline	Y	Y	Continue to work with Putnam Hospital Center and ensure tobacco cessation policies utilizing the electronic medical record are working effectively.	Ongoing	PHC – Lead ODB FQHC – Lead PCDOH – Support	# of PHC patients referred to NYS Smokers Quitline
			Provide the 5A's to ODB Federal Qualified Health Center patients, focusing on the Assist, Refer and Arrange for follow-up included in their EMR.	Ongoing	Center for a Tobacco Free-Hudson Valley – Partner NYS Smokers Quitline – Resource	# of ODB patients who are Assisted, Referred, and then followed-up by ODB Tracking data provided by ODB.

PHC – Putnam Hospital Center ODB FQHC – Open Door Brewster Federally Qualified Health Center PCDOH – Putnam County Department of Health

PRIORITY AREA: PROMOTE A HEALTHY AND SAFE ENVIRONMENT

FOCUS AREA: Injuries, Violence and Occupational Health

GOAL: Reduce Factors that Increase the Risk of Falls, Particularly Among the Elderly

Outcome Objective: By December 31, 2018 reduce the number of hospitalizations of adults 65 years and older due to falls by 5%. (Baselines: 57.4 per 10,000 for 65 to 74 YO, 198.5 per 10,000 for 75 to 84 YO, 556.2 per 10,000 for 85+ YO; Source SPARCS data)

Intervention	Best Practice/ Evidence-Based	Addresses Disparity	Activities	By When	Partner Resources / Partner Role	Process Measures
Promote the implementation of Tai Chi for Arthritis	Y	Y	Promote and provide Tai Chi for Arthritis Workshops to Putnam County senior citizens	Ongoing	PCOSR – Lead, Staff Time & Data PCDOH & PHC – Partner	# of workshops offered # of people who completed Tai Chi for Arthritis program
			Form a subcommittee to explore other evidence-based fall prevention interventions	Q2 2017	PCDOH – Lead PHC, PCOSR & VNSW – Partners	EBI Selected

PCOSR – Putnam County Office for Senior Resources PCDOH – Putnam County Department of Health PHC – Putnam Hospital Center
VNSW – Visiting Nurse Service of Westchester and Putnam

PHASE SIX: ACTION CYCLE

The Action Cycle links three activities—Planning, Implementation, and Evaluation. Each of these activities builds upon the other in a continuous and interactive manner. While the Action Cycle is the final phase of MAPP, it is by no means the "end" of the process. During this phase, the efforts of the previous phases begin to produce results, as the local public health system develops and implements an action plan for addressing priority goals and objectives.

The Live Healthy Putnam Coalition, Mental Health Provider Group, Putnam Hospital Center Community Health Needs Committee, Communities That Care Coalition, Suicide Prevention Task Force and the newly formed Fall Prevention Committee will plan, implement and monitor the progress

toward meeting the goals set forth in this plan. This will include a quarterly evaluation process whereby process measures will be tracked and interventions adjusted accordingly.

The MAPP process and CHIP planning activities are a roadmap to improving the health status of Putnam County. This plan guides the actions of our local public health system to implement evidenced-based initiatives and strategies to improve health outcomes.

Successful achievement of this plan depends upon the continued commitment of all of our community partners and residents.



PARTNER INVOLVEMENT BY CHIP PRIORITY

Organizations	Prevent Chronic Diseases	Promote Mental Health and Prevent Substance Abuse	Promote a Healthy and Safe Environment
Advanced Chiropractic Wellness Care	√		
Akzonobel	√		
American Heart Association	√		
American Lung Association of the NE	√		
Arms Acres-Liberty Management		√	
Boxwood Alliance	√		
Brewster Central School District	√	√	
Camp Wilbur Herrlich	√	√	
Carmel Central School District	√	√	
Center for a Tobacco-Free Hudson Valley	√		
Center for Regional Healthcare Innovation	√	√	
Child Care Council of Dutchess & Putnam	√	√	
Cornell Cooperative Extension	√		
Drug Crisis in our Backyard		√	
Dunmore Corporation	√		
Dutchess County Department of Health	√	√	
Economic Development Corporation	√		
Fishkill Correctional Facility	√		

Organizations	Prevent Chronic Diseases	Promote Mental Health and Prevent Substance Abuse	Promote a Healthy and Safe Environment
Four Winds Hospital		√	
Garrison Union Free School District	√	√	
Green Chimneys		√	
Haldane Central School District	√	√	
Hannaford	√		
Health Quest	√	√	√
Hudson Valley Cerebral Palsy Association		√	
Hudson Valley Community Services		√	
Hudson Valley Farm to School	√		
HYGEIA Integrated Health LLC		√	
Kidz Country Day Care	√		
Live Healthy Putnam Coalition	√	√	√
Mahopac Central School District	√	√	
Maternal Infant Services Network (MISN)	√		
Mental Health Association of Putnam	√	√	
Mental Health Providers Group		√	
National Association of Mental Illness, PC		√	
NCADD, Putnam	√	√	

Organizations	Prevent Chronic Diseases	Promote Mental Health and Prevent Substance Abuse	Promote a Healthy and Safe Environment
New York State Health Foundation	√		
NYP-Lawrence Hospital	√		
NYS Department of Health	√	√	
Open Door Family Medical Center	√	√	
Orange County Department of Health	√	√	
P & N West. Women's Resource Center	√	√	
P.A.R.C		√	
Partnership for Success/NCADD/Putnam	√	√	
PC Board of Health	√	√	√
PC Bureau of Emergency Services		√	
PC Chamber of Commerce	√		
PC Child Advocacy Center		√	
PC Department of DSS, Mental Health		√	
PC Department of Health	√	√	√
PC Disaster Preparedness/Bioterrorism Taskforce		√	
PC Medical Reserve Corps	√	√	

Organizations	Prevent Chronic Diseases	Promote Mental Health and Prevent Substance Abuse	Promote a Healthy and Safe Environment
PC Office for People with Disabilities		√	
PC Office for Senior Resources	√	√	√
PC Parks & Recreation	√		
PC Planning Department	√		
PC Sheriff's Department		√	
PC Veterans Affairs		√	
PC Youth Bureau	√	√	
PEOPLE, Inc.		√	
Planned Parenthood Hudson Peconic	√	√	
POWR Against Tobacco	√		
Public Health Improvement Program	√	√	
Putnam Communities That Care Coalition	√	√	
Putnam Community Action Program	√	√	
Putnam County Courier	√	√	
Putnam Family & Community Services	√	√	

Organizations	Prevent Chronic Diseases	Promote Mental Health and Prevent Substance Abuse	Promote a Healthy and Safe Environment
Putnam Hospital Center	√	√	√
Putnam Independent Living Service	√	√	
Putnam Valley Central School District	√	√	
Putnam/Northern Westchester BOCES		√	
Reality Check	√		
Rockland County Department of Health		√	
Rockland County Office of Mental Health		√	
Rose House (PEOPLE)		√	
Search for Change	√	√	
St. Christopher's Inn	√	√	
Suicide Prevention Taskforce		√	
The Freight House Café	√		
Town of Carmel Parks & Recreation	√		

Organizations	Prevent Chronic Diseases	Promote Mental Health and Prevent Substance Abuse	Promote a Healthy and Safe Environment
Town of Kent Police Department		√	
Town of Patterson Library	√		
Ulster County Department of Health	√	√	
Unilock	√		
United Way of Westchester & Putnam	√		
VET2VET Program of Putnam		√	
Veterans Task Force		√	
Visiting Nurse Association of Hudson Valley	√	√	√
Westchester County Department of Health	√	√	

RESOURCES

Topic	Source	Note
Social Determinants of Health	Office of Disease Prevention and Health Promotion (ODPHP)	Healthy People 2020
Mobilizing for Action through Planning and Partnerships	National Association of County and City Health Officials (NACCHO)	
Community Asset Survey	Putnam County Department of Health (DOH) – 2016	MAPP Phase 3
Prevention Agenda	New York State DOH eBRFSS – 2013-2014 and Prevention Agenda (PA) 2013-2018	
Race or Ethnicity	United States (US) Census – 2015 QuickFacts	
Live or Work in Putnam County	Community Asset Survey – 2016	
Prevention Agenda Priorities	New York State DOH – 2013-2018	
Community Health Status Assessment	NACCHO	MAPP Phase 3
Community Characteristics	US Census – 2015 QuickFacts	
	US Census – 2010-2014 DP04 and DP05	
Social and Economic Factors	US Census – 2010-2014 DP03, S1501, S1701, S2501	
	New York State DOH – Community Health Indicator Report (CHIR) 2014	
	New York State Department of Education – 2014-2015	
	New York State DOH – 2011-2013 Vital Statistics	
	New York State DOH – 2011-2013 Statewide Planning and Research Cooperative System	
2014 All Diseases Mortality – Top 9 Causes	New York State DOH – 2014 Vital Statistics Table 40	
	Centers for Disease Control and Prevention (CDC) – Health, United States, 2015	
Chronic Disease 3-Year Mortality Rates	New York State DOH – 2014 Vital Statistics	
	New York State DOH – 2003-2012 Cancer Registry Data (CHIR)	
	New York State DOH – 2003-2014 Vital Statistics (CHIR)	
Injury and Violence 3-Year Mortality Rates	New York State DOH – 2005-2014 Vital Statistics (CHIR)	Homicides*
Maternal and Infant 3-Year Mortality Rates	New York State DOH – 2005-2014 Vital Statistics (CHIR)	Maternal Mortality*
DATA NOTE:	* Fewer than 10 cases in numerator, caution when interpreting	

Topic	Source	Note
Adults Reporting Poor Physical Health (past 30 days)	ODPHP - 2016	
	New York State DOH Expanded Behavioral Risk Factor Surveillance System – 2013-2014	
	County Health Rankings and Roadmap – 2016	
Adults Reporting Poor Mental Health (≥ 14 Days)	ODPHP – 2016	
	New York State DOH eBRFSS – 2013-2014 and PA Dashboard – 2016	
	County Health Rankings and Roadmap – 2016	
Adults Who are Obese	New York State DOH PA Dashboard – 2016 and eBRFSS – 2013-2014	
	ODPHP – 2016	
Adults Who are Overweight or Obese	New York State eBRFSS – 2013-2014	
	ODPHP – 2016	
Adults Who Participated in Leisure Time Activity	New York State eBRFSS – 2013-2014	
	ODPHP – 2016	
Adult Consumption of Fruits and Vegetables	New York State BRFSS – 2009	
Food Insecurity	HealthlinkNY – Community Dashboard – 2016	
	County Health Rankings and Roadmap – 2016	
Chlamydia Incidence (2014)	New York State DOH PA Dashboard – 2016	
	Putnam County Department of Health – 2016	
	CDC Sexually Transmitted Diseases Surveillance – 2015	
Syphilis Incidence (2014)	New York State DOH PA Dashboard – 2016	
	Putnam County Department of Health – 2016	
Adult Binge Drinking	New York State eBRFSS – 2013-2014	Males**
	ODPHP – 2016	
DATA NOTE:	** Wide confidence interval, caution when interpreting	

Topic	Source	Note
Adolescent Binge Drinking	Prevention Needs Assessment – 2010-2014	
Adolescent Drug Use Past 30 Days (Percent)	Prevention Needs Assessment – 2010-2014	
Smoking, All Adults	New York State DOH eBRFSS – 2013-2014	
Smoking, Adults Reporting Poor Mental Health	New York State DOH eBRFSS – 2013-2014	
Electronic Cigarette Discussion	POW-R Against Tobacco – 2015	
Youth Smoking (Percent by Grade)	Prevention Needs Assessment – 2012-2016	
Health Care System Assets	Putnam County DOH Resource List – 2016	
	County Health Rankings and Roadmap – 2016	
	HealthlinkNY – Community Dashboard – 2016	
Population Under Age 65 Without Health Insurance	US Census – 2013-2015 S2702	
	County Health Rankings and Roadmap – 2016	
	ODPHP – 2016	
Difficulty Accessing Health Care Due to Cost	HealthlinkNY – Community Dashboard – 2016	
	Putnam County Department of Health – 2016	
Adults Who Have a Regular Health Care Provider	New York State DOH PA Dashboard – 2016	
	ODPHP – 2016	
Preventable Hospitalization Rates	NYSDOH Sub-County Health Data Report for County Health Rankings – 2016	
Percent Children with 4:3:1:3:3:1:4 Immunization Series	New York State DOH PA Dashboard – 2016 and NYS Immunization Information System	
Assault-Related Hospitalization	New York State DOH PA Dashboard – 2016 and SPARCS	
Housing Insecurity	New York State DOH eBRFSS – 2013-2014	
Driving Alone With Long Commute	County Health Rankings and Roadmap – 2016	
	HealthlinkNY – Community Dashboard – 2016	
Low Income and Low Access to a Grocery Store	County Health Rankings and Roadmap – 2016	
	HealthlinkNY – Community Dashboard – 2016	

Topic	Source	Note
Adults Who Have Taken Course to Manage Chronic DZ	New York State DOH eBRFSS – 2013-2014	
Adults With Physician-Diagnosed Diabetes	New York State DOH eBRFSS – 2013-2014	
Adults With Test for High Blood Sugar or Diabetes	New York State DOH eBRFSS – 2013-2014	
Adults with Physician-Diagnosed Prediabetes	New York State DOH eBRFSS – 2013-2014	
Diabetes Hospitalization 3-Year Rates	New York State DOH –2012-2014 SPARCS (CHIR)	
Adults With Physician-Diagnosed High Blood Pressure	New York State DOH eBRFSS – 2013-2014	
Adults With Physician-DX High BP Taking BP Medication	New York State DOH eBRFSS – 2013-2014	45-64 YO**
Adults With Cholesterol Checked	New York State DOH eBRFSS – 2013-2014	
	ODPHP – 2016	
Adults With Elevated Cholesterol	New York State DOH eBRFSS – 2013-2014	
Lung and Bronchus Cancer Incidence Per 100,000 Pop	New York State DOH –2003-2012 Cancer Registry (CHIR)	
Radon Levels in Putnam County	US Environmental Protection Agency	
	New York State DOH Radiological Health/Radon	
2013-2015 Suicides by Category	Putnam County Coroner – 2013-2015	
Self-Inflicted Injury Hospitalization Rate Per 10,000 Pop	New York State DOH –2004-2014 SPARCS (CHIR)	
Depressive Symptoms by Grade	Prevention Needs Assessment – 2010-2014	
Any Drug Use – Past 30 Days Young Adult (18-25 YO)	Partnership For Success – 2015	
Overdose Deaths 2013-2015	Putnam County Coroner – 2013-2015	
Fall Hospitalization Rate for All Ages Per 10,000 Pop	New York State DOH –2005-2014 SPARCS (CHIR)	
Fall Hospitalization Rate for Residents Over 65 Years	New York State DOH –2005-2014 SPARCS (CHIR)	
	CDC National Center for Injury Prevention and Control	
Traumatic Brain Injuries Emergency Department Visits	New York State DOH –2011-2013 SPARCS	
	CDC National Center for Injury Prevention and Control	
DATA NOTE:	** Wide confidence interval, caution when interpreting	

Topic	Source	Note
Ten Essential Public Health Services Wheel	CDC	
National Public Health Performance Standards Program	CDC	
	NACCHO	MAPP Phase 3
	Putnam County Local Public Health System	
Forces of Change	NACCHO	MAPP Phase 3
	Putnam County Local Public Health System	
Formulate Goals and Strategies	American Lung Association – Smoking Cessation Evidence-Based Interventions (EBI)	
	CDC – The Community Guide	
	County Health Rankings – What Works for Health EBI	
	NACCHO	MAPP Phase 5
	Natl Institutes of Health Office of Disease Prevention – Evidence-Based Programs and Practices (EBPP)	
	NYSDOH Bureau of Community Chronic Disease Prevention –Food Standards EBI	
	NYSDOH Prevention Agenda Refresh Chart – EBI	
	ODPHP – Healthy People 2020 Interventions and Resources	
	Substance Abuse and Mental Health Services Administration – National Registry of EBPP	
	United States Department of Agriculture Food and Nutrition Service – Educ and Obesity EBI	
	USDA FNS - Garden EBI	
Other General Sources Utilized	Gallatin City-County Health Department CHA and CHIP	
	Northern Kentucky Independent District Health Department CHA and CHIP	
	US Department of Health and Human Services National Prevention Strategy	
	US Department of Health and Human Services Community Health Status Report Card	



February 10, 2021

Town of Carmel Planning Board
Carmel Town Hall
60 McAlpin Avenue
Mahopac, New York 10541
Via Email: Rose Trombetta - rtrombetta@ci.carmel.ny.us

RE: MK Realty Site Plan
U.S. Route 6 and Old Route 6
Tax Map No. 55.06-1-44 & 45

Dear Chairman Paepre and Members of the Board:

The above referenced Site Plan was re-granted Site Plan Approval by the Planning Board in March of 2019 and a one year extension of approval in March of 2020. Since the project was originally approved, the Bond amount was reviewed by the Board's consultants at the time of the last re-grant of approval (2015) and increased to reflect the current construction costs associated with the project.

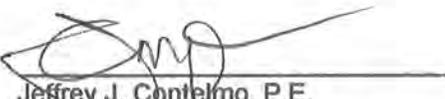
It should be noted that the applicant has kept all of the regulatory permits associated with the subject project current. Enclosed herewith please find an updated copy of the approval list for the project and showing that all permits are current and the updated expiration date for each outside agency approval.

It is respectfully requested that this project be placed on the Planning Board's next available agenda for consideration of a Re-Grant of Site Plan Approval. The \$3,000.00 fee for the re-grant of approval will be delivered to your office under separate cover.

Should you have any questions or comments regarding this information, please do not hesitate to contact our office.

Very truly yours,

INSITE ENGINEERING, SURVEYING & LANDSCAPE ARCHITECTURE, P.C.

By: 
Jeffrey J. Contelmo, P.E.
President, Principal Engineer

JJC/zmp

Enclosure(s)

cc: Kevin Dwyer, Via Email: kevinbdwyer@msn.com

Insite File No. 04235.100



**MK REALTY
APPROVAL LIST
January 27, 2021**

AGENCY	APPROVAL	EXPIRATION DATE
Carmel Planning Board	Site Plan	March 11, 2021
Carmel Environmental Conservation Board	Wetland Permit	March 14, 2021
Putnam County Department of Health	Sewer	February 20, 2023
New York City Department of Environmental Protection	Sewer	January 19, 2026
New York City Department of Environmental Protection	Stormwater Pollution Prevention Plan	August 16, 2026
New York State Department of Transportation	Highway Work Permit	Transferred to the new NYSDOT Permit in May of 2015. (No Expiration Date)
New York State Department of Environmental Conservation	Stormwater Pollution Prevention Plan Coverage	General Permit Coverage obtained March 19, 2011. (No Expiration Date)

February 12, 2021

Town of Carmel Planning Board
60 McAlpin Avenue
Mahopac, NY 10541-2340

Attn: Mr. Craig Paeprer, Chairman

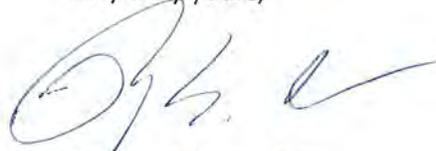
Re: Proposed 14-Lot Subdivision
Yankee Development, Piggott Road
TM # 76.15-1-12

Dear Chairman and Members of the Board:

On behalf of the owners of the above captioned property we are hereby requesting an additional 180-day extension of Preliminary Subdivision Approval. This project was granted a 180 day extension until February 15, 2021. Our client is proceeding with the DEP review process and will ultimately subdivide the property if the residential real estate market continues on its positive trend. A check in the amount of \$ 2,000 for the renewal fee is enclosed.

We respectfully request to be placed on your earliest available agenda. Should you require any additional information, please feel free to contact me.

Very truly yours,



Timothy S. Allen, P.E.

TSA/mme
Enclosure

cc: Angelo Luppino
Michael Sirignano
File