Policy objective: Meeting the housing and services needs of older adults and people with disabilities

Older people and people with disabilities often benefit from living in areas that provide easy access to public transportation and services.

Although the social safety net is somewhat stronger for older people and people with a qualifying disability than for younger people without disabilities, many of these areas are unaffordable for people with limited incomes. In high-cost areas, the basic fixed income support provided by social security, Supplemental Security Income (SSI), and Social Security Disability (SSDI) often is not enough to allow them to comfortably afford housing costs without the benefit of rental assistance. Some of the factors that make it difficult for older adults and people with disabilities to have their housing needs met are:

- Rents keep going up while incomes are fixed (rising only with social security inflation factors). Household income may also drop following the death of a spouse, resulting in diminished resources to pay rent. In 2015, the most recent year for which data is available, 1.85 million elderly renter households experienced worst case housing needs (compared with 2.9 million families with children), meaning they had very low incomes and paid more than one-half of their income for rent and/or lived in severely inadequate conditions.
- The overall share of the housing stock that is accessible to people with mobility limitations is small. According to one estimate, fewer than 4 percent of housing units qualify as “livable” for people who have moderate mobility problems, and even fewer are wheelchair accessible. These supply constraints amplify the affordability difficulties of older adults and people with disabilities who are on fixed incomes.
- For those who own their homes, fixed-rate mortgages may have been paid off or payments may be small in today’s terms. However, home maintenance becomes more expensive for those who no longer can do it themselves and often gets neglected. People who have aged in place often become concentrated in particular neighborhoods as younger adults and families with children move away. The deferred maintenance of homes occupied by older people can have a negative effect not only on the safety and quality of life of individual homeowners but also on neighborhoods, as under-maintenance becomes visible. In addition, even homeowners that have paid off their mortgage may struggle to pay their property taxes.
- Older adults and people with disabilities living on a fixed income may have limited resources to upgrade or replace their heating and cooling systems. Energy costs
associated with older systems may contribute to affordability problems. When these systems fail to function normally, they can also result in serious health hazards as occupants are exposed to extreme temperatures or resort to unsafe methods of heating their homes.

- Some people who have aged in place and/or have disabilities require supportive services to live independently—that is, out in the community rather than in an institution. These services, including help with medical needs and with activities of daily living, can be very costly to receive in the home without assistance.

There is also an important legal context underlying efforts to provide housing and services for people with disabilities. The Supreme Court’s Olmstead decision has put legal obligations on the public sector to make it possible for people with disabilities to live in the least restrictive settings that align with their personal preferences. Because of state responsibility for Medicaid, Olmstead often is thought of as a mandate for states. It applies to cities as well, however, as part of their obligation to affirmatively further fair housing in their use of public funds. Furthermore, cities and counties may own psychiatric hospitals, and health departments may provide services funded by Medicaid. Even without the Olmstead mandate, cities may consider supporting the independence and quality of life of their vulnerable residents as an important objective, and one that is consistent with the overwhelming desire of older adults to age in place in their homes and communities.

**Meeting the housing and services needs of older adults and people with disabilities with the housing policy toolkit**

There are several ways to meet the housing and services needs of older adults and people with disabilities, including those who are renters and those who own their own homes.

- **Rental assistance to lower rent burdens** – Older adults and people with disabilities use the same rental assistance programs that help all low-income households. Sixty percent of households who receive federal rental assistance (primarily housing choice vouchers, public housing, or project-based Section 8) include one or more persons who are elderly and/or who have a disability.

- **Rezoning to allow greater density** – Zoning code revisions can open up new opportunities for the development of affordable housing for older adults and people with disabilities. Local jurisdictions can allow the creation of accessory dwelling unit on an “as of right” basis, enabling older homeowners who have the space to bring in renters who can help defray mortgage or property tax payments and share responsibility for home maintenance tasks. Cities can also “upzone” lower density
zones to allow for development of more multifamily housing. Multifamily housing is much more likely to be accessible to people with mobility limitations, as it often has elevator access and a lack of front steps.

- **Supportive housing** – Also referred to by people in the healthcare community as “supported” housing, supportive housing provides access to medical services, related non-clinical services such as care coordination, and personal care services for people living in the city, town, or county. Supportive housing can bring services to units rented with a housing voucher, sometimes the same unit in which a person has aged in place, or services can be provided to the residents of a subsidized housing development in which some or all residents need such services. Whether the services are delivered to multiple clients in the same housing development or to clients scattered throughout a community, supportive housing requires funding for service coordinators to help people access the services they need and depends on coordination between the housing and health systems.

Cities, towns, and counties can use their housing development resources to build supportive housing developments, and public housing authorities can make the housing affordable for people with low incomes by providing rental subsidies in the form project-based vouchers to cover operating costs. At the same time, cities, towns, and counties may be able to convert existing projects into supportive housing by bringing health services and case management to the residents. Cities often have many affordable housing developments dedicated to seniors—among these are public housing, projects developed under the Section 8 and Section 202 programs, and LIHTC developments.[1] Some of these developments may already be supportive housing. Others are targets to be turned into supportive housing, because residents who may have been “younger” seniors when they moved in (for federal programs, “elderly” starts at age 62) now need services to stay and age in place and also because it will be easier and more efficient to turn these developments into supportive housing than to build new developments. The Section 8 and 202 developments already have rental assistance, so they can reach the lowest income seniors. Section 202 developments and some other developments occupied by seniors already have service coordinators but not the level of case management and access to health services needed by an aging population. The key role cities, towns, and counties can play is to encourage the owners of this housing to turn it into supportive housing and to facilitate linkages to the various components of the health care system that are under city or state control and to other social services. To assist seniors and people with disabilities who are homeowners, cities may also consider the following:

- **Home maintenance and retrofit programs** – These programs provide low-cost or free assistance with home repairs and upkeep to income-qualified households. They may
also include home modifications to support accessibility as people develop mobility impairments, including installation of grab bars, wheelchair ramps, and accessible light switches and outlets. These programs traditionally have been funded through city CDBG programs or through non-profits, including organizations such as Rebuilding Together and Habitat for Humanity that rely in part on volunteer labor. Some states may permit Medicaid to cover costs of home modifications needed to permit people to live in the community. [2]

- *Circuit breaker programs* – Homeowners living in a fixed or limited income may have difficulty paying their property tax bills, particularly if they live in a gentrifying area where property values are quickly increasing. Property tax “circuit breakers” and other similar policies provide relief by limiting tax liability for qualified homeowners through tax exemptions or tax credits.

- *Home-sharing programs*— These programs connect seniors with younger roommates who can help with household chores and light caretaking. In addition to basic home maintenance, younger tenants help to alleviate seniors’ housing cost burdens by contributing to rent payments.

This exhibit describes how policy tools in all four categories can be used to increase rental housing affordability for older adults and people with disabilities. The policies included here are illustrative of options within each category. Please see the Housing Policy Library for a full listing and explanation of policy options.

I. Create and preserve dedicated affordable housing units
Logic/mecanisms:
Provides a platform for delivering services to seniors who need supportive services and to non-elderly people with disabilities

Specific policies:
Work with PHAs and private owners of affordable housing for seniors to introduce community health workers and intensive case management into assisted housing in order to transform public housing, Low-Income Housing Tax Credit (LIHTC) buildings, and other affordable developments into supportive housing—or if they already have some elements of supportive housing to connect them better to the health care system and to Medicaid-funded community-based services.

Use subsidy programs (LIHTC and capital subsidies for affordable housing developments) to create new supportive housing.

Use operating subsidies for affordable housing developments and project-based Housing Choice Vouchers to make units in new and existing LIHTC properties (and other properties) affordable for the lowest income seniors and people with disabilities.

Incorporate supportive housing into inclusionary zoning, density bonuses, tax abatements, and other incentives or requirements for affordable housing.

II. Promote affordability by reducing barriers to new supply
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<th>Logic/mechanism:</th>
<th>Specific policies:</th>
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<td>Expanding the overall supply of housing (especially rental housing) moderates rent increases for seniors and people with disabilities, as well as for other renters.</td>
<td><strong>Zoning changes to allow for higher density development</strong>, reduced parking requirements, streamlined permitting processes, and <strong>zoning changes to facilitate the use of lower cost types of housing units</strong> can lower the cost of rental housing by increasing the overall supply. In addition, these changes can help reduce the costs of producing affordable properties for older adults and persons with disabilities.</td>
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<tr>
<td>Permitting higher density housing development and encouraging small multifamily housing expands locations and properties for supportive housing.</td>
<td><strong>Zoning changes</strong> that permit lower-cost and higher-density housing types, including accessory dwelling units and senior co-housing, among other options, may enable development of supportive housing.</td>
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### III. Help households access and afford private-market homes
Logic/mechanism:
Tenant-based rental assistance can help seniors and people with disabilities stay in their communities as rents rise. Programs that reduce energy costs—either through direct assistance with utility costs or retrofits that reduce energy costs can do the same thing for homeowners.

Tenant-based assistance can provide a platform for delivering services to people with disabilities, many of whom prefer housing that is integrated into the community. The Olmstead decision requires communities to give people with disabilities the opportunity to live in the least restrictive setting that meets their preferences.

Specific policies:
Work with PHAs to maintain and expand the quantity of Housing Choice Vouchers within budget constraints (e.g., fully utilize resources despite budget uncertainties). Use HOME or other locally controlled resources for tenant-based rental assistance.

Use set-asides of Housing Choice Vouchers to make supportive housing developed through LIHTC affordable for the lowest income seniors and people with disabilities.

Target utility assistance and energy-efficient retrofit programs to housing units occupied by seniors and people with disabilities and to neighborhoods with large numbers of such residents.

IV. Protect against displacement and poor housing conditions
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<th>Logic/mechanism:</th>
<th>Specific policies:</th>
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<td>Keeping housing owned and occupied by aging seniors and other people with disabilities well maintained and making needed physical modifications can help people stay in the city and in their communities.</td>
<td>Combine code enforcement with assistance for home safety modifications and homeowner rehabilitation assistance programs that help seniors and people with disabilities maintain and modify their home. Target weatherization assistance to housing units occupied by seniors and people with disabilities.</td>
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Provide tax relief/circuit breaker programs that help income-qualified households pay their tax bills and avoid foreclosure. Consider creating home-sharing programs that connect older adults with younger roommates to relieve some of the rent burden and assist with home maintenance and light caretaking.

**Combining policies to meet the housing and service needs of older adults and people with disabilities**

The specific policies highlighted in the exhibit often can and should be used in combination, as illustrated in the following scenarios:

**Scenario 1:**

A city, town, or county undertakes an analysis of the stock of dedicated affordable housing properties restricted to occupancy by seniors, including the characteristics of its residents, resources currently available for service coordination, and gaps in the availability of services needed by current residents or by potential future residents who have greater needs. Having identified three developments that could be transformed into service-rich supportive housing, the city works with the current owners (PHAs and private owners) to find the funding needed for enhanced service coordination and to modify current tenant selection procedures to focus on older seniors and seniors with needs for supportive services. One of the three developments is a LIHTC property without rental assistance, and the city works with the PHA to provide project-based vouchers to the property to help lower income seniors afford the
rents.

**Scenario 2:**
A city, town, or county with a variety of neighborhoods identifies a neighborhood with a substantial percentage of single-family units owned and occupied by aging seniors. The homes are showing signs of disinvestment that are having a negative effect on neighborhood quality and property values. The city creates a program for home maintenance and modifications funded in part by CDBG and in part by philanthropic contributions and in-kind labor provided by the implementing non-profit. One element of the program is identifying people for whom home modifications may not be sufficient to enable them to live independently and placing them on waiting lists for supportive housing.

**Partnerships and coordination**
Local and state agencies can work together to incorporate supportive housing into housing plans and to fund and implement community-based services. Local health agencies are an essential partner and may be strongly motivated to participate in the housing planning process because of the challenges they have in finding community-based housing for people in city-owned institutions and recipients of services from local health departments.

1. Some public housing and Section 8 developments serve both seniors and people with disabilities. Others have been “designated” as serving only seniors, under authority that permits owners of housing for the elderly to obtain that designation under certain circumstances.

2. Reverse mortgages are another tool that can be used to free up cash for home maintenance and modifications. Reverse mortgages enable homeowners over the age of 62 to draw down the equity they have built up in their home in a lump sum, monthly payments, or a line of credit. The reverse mortgage industry has faced challenges in recent years, as a lack of awareness among consumers of the terms of the product – including an ongoing obligation to pay property taxes – have resulted in high default rates.