



Housing and Services Needs of Our Changing Veteran Population

Serving Our Older Veterans, Female Veterans,
and Post-9/11 Veterans

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DEDICATION

WE DEDICATE THIS GUIDE TO ALL OF THE MEN AND WOMEN
OF THE ARMED FORCES. OUR GRATITUDE FOR THEIR SACRIFICES
IS A DAILY REMINDER TO AID THOSE WHO HAVE SERVED.

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INTRODUCTION

 Our nation's veterans should not return from their military service to face homelessness and housing insecurity. In 2009, President Barack Obama and then Department of Veterans Affairs (VA) Secretary Eric K. Shinseki announced the goal of ending veteran homelessness by the end of 2015. And, in fact, veteran homelessness has been on the decline since 2010.¹ However, many of our nation's veterans—particularly those with low incomes—still face challenges finding affordable and stable housing and supportive services. Current programs offered by the VA, the Department of Housing and Urban Development (HUD), and other agencies need additional resources to meet the full range of veterans' needs. Furthermore, the design and scope of housing and service programs are not always appropriate to meet the needs of a changing veteran population.

Understanding how the veteran population is changing—and will change in the future—is critical to developing policies and programs to meet their housing and service needs. Older veterans (age 55 and older), who currently make up the largest cohort of the US veteran population, increasingly will need housing and supportive services that can enable them to age in their homes or communities. Female veterans with children make up a growing share of the veteran population, but many housing and supportive service programs targeting veterans currently do not serve single-parent families well. And our most recent veterans, those who served following 9/11, have returned to a slow-growing economy and rising home prices and rents, which have made the transition from military service to civilian life difficult for many.

While existing housing and supportive services programs are not always designed to meet the evolving needs of our veteran population, there are some innovative examples from around the country that can serve as models for other communities. In addition, there are steps federal policymakers can take to expand and modify housing and service opportunities for veterans within the framework of existing programs. State and local policies, along with collaboration between public agencies and non-profit organizations, are also vital to serving our veterans.

HOUSING AND SERVICE NEEDS OF OUR NATION'S VETERANS

Veterans need stable and affordable housing in order to successfully transition from military service to civilian life. The needs are particularly great for lower-income veterans and their families, as well as older veterans, female veterans with children, and young post-9/11 veterans. Some veterans may simply need access to affordable housing to help reduce their housing cost burden so that they have sufficient resources for other necessities. For other veterans, supportive services—including health, psychological, and employment services—can be the key to individual and family self-sufficiency and well-being. Affordable housing that serves the lower-income veteran population and offers supportive services is critical for reducing veteran homelessness, supporting self-sufficiency, and promoting economic security after their service to our country.

The Basic Elements of Service-Enriched Housing

There is no one model of combining housing and supportive services. Indeed, different models—often combining multiple funding sources from federal, state, and local agencies—have been shown to be effective for meeting the needs of different subsets of the veteran population. Service-enriched housing may simply offer a service coordinator to help connect residents with other service providers, or there may be on-site programs or case managers to help residents address ongoing needs. Regardless of the type and level of services, the basic structure of service-enriched rental housing involves three elements: (1) the physical building, (2) affordable rent levels, and (3) a supportive services program or service coordinator.

PHYSICAL BUILDING

As with any affordable housing development, acquiring or constructing a suitable building to house veterans can be a lengthy and expensive process. Enhanced Use Leases (EULs) from the VA, as well as local land donation programs, can help offset the development expense by providing excess land and buildings for the development of affordable housing. In conjunction with the national effort to end veteran homelessness, the VA's Building Utilization Review and Repurposing (BURR) initiative prioritized EULs for veterans' housing on the grounds of VA medical campuses. This helps to increase the supply of veterans' housing and ensures that veterans can readily access VA health care. The grant element of the VA's Grant and Per Diem (GPD) program offers another source of capital for affordable rental housing for veterans. Funds from these sources can cover the costs of construction or acquisition of transitional or permanent supportive housing for homeless veterans, or a related service center.

Financing the bricks and mortar also relies on traditional rental housing programs, including the Low Income Housing Tax Credit (also referred to as the Housing Credit or LIHTC) and federal block grant programs. Housing Credit allocations, awarded by state housing finance agencies, yield upfront development money from investors in exchange for a long-term stream of federal tax credits. Most veterans' housing developments—in fact, most new affordable housing for any population—rely on the Housing Credit. Housing Credits alone, however, typically do not yield enough capital to fully cover development costs, so state and local governments may provide support with Community Development Block Grants (CDBG) and HOME Investment Partnerships (HOME) funding or other local sources.

The needs are particularly great for lower-income veterans and their families, as well as older veterans, female veterans with children, and young post-9/11 veterans.

For residents with serious mental health or addiction disorders, supportive services may help to promote stability.

RENT SUBSIDIES

When residents have extremely low incomes, affordable rents are unlikely to cover the costs of basic operations. Ongoing rent subsidies support property and grounds maintenance and upkeep while allowing residents to pay rent and have enough left over for other basic needs. HUD-VA Supportive Housing (HUD-VASH) vouchers provide a rent subsidy along with case management for veterans, allowing properties to keep rents low and providing needed services to residents. Veterans' housing developments may also use traditional rental subsidies through the Housing Choice Voucher Program, although these sources of support do not come with case management funds. In either case, vouchers may be linked to the resident—theoretically allowing residents a greater choice of units—or to the development, which can increase the supply of available housing and facilitate service delivery.

SUPPORTIVE SERVICES

A body of research on homeless programs has documented the importance, for both individual well-being and system-wide cost containment, of providing supportive services along with housing.² Residents may or may not choose to use the services, but having them visible and available enhances treatment options. Particularly for residents with serious mental health or addiction disorders, supportive services may help to promote stability.³ The funds for a service coordinator, case manager, or other on-site service provider are, therefore, the third essential component of service-enriched housing developments.

The VA's Supportive Services for Veteran Families (SSVF) program is a key source of supportive services funding for homeless or at-risk veterans and their families, providing a subsidy to supportive housing providers that serve a high-needs population. SSVF can be used for outreach, case management, and other service coordination. In limited cases, SSVF can help with housing costs when needed for homelessness prevention.

HUD-VASH and GPD can also ensure residents receive supportive services. HUD-VASH vouchers include case management provided by the VA. GPD's per diem element provides a modest operating stipend for supportive housing that may help supplement other sources.



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SUMMARY OF VETERAN HOUSING AND SERVICE PROGRAMS

HUD-VA Supportive Housing (HUD-VASH)

HUD-VASH has been an effective tool for combating veteran homelessness and affordability challenges. The HUD-VASH program combines rental assistance through HUD Housing Choice Vouchers with case management through the VA. Most HUD-VASH vouchers are deployed as portable assistance for use in any rental housing that will accept them, but in 2010 HUD allocated a national pool for project-based assistance. Of the approximately 68,000 HUD-VASH vouchers issued, only around 2,250 are property based.⁴ In addition, some public housing authorities choose to use portions of their HUD-VASH allocations for project-based assistance, enabling the creation of new permanent supportive housing units.

The VA's Grant and Per Diem (GPD) Program

The VA's GPD program provides funds to community agencies to serve homeless veterans using a combination of capital grant and operation subsidy for housing and supportive services. The program primarily aims to provide temporary or transitional assistance, but there have also been successful examples of GPD providing permanent supportive housing. The program has a strong network of housing providers and, with additional flexibility in program rules, could become more compatible with supporting long-term housing.

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Enhanced Use Leases (EULs)

EULs provide excess or underutilized VA-owned land and buildings as sites for transitional or permanent supportive housing for veterans or other uses that support the VA's mission. The EUL program started in 1991, and as of 2012 the VA had approved 20 EUL sites for veterans' housing or low-income housing, with priority given to veterans, on VA medical center campuses that enhance provision of supportive services to chronically homeless or low-income veterans.⁵

Supportive Services for Veteran Families (SSVF) Program

The VA's SSVF program issues grants to non-profit organizations that rapidly re-house homeless veteran families and prevent homelessness among at-risk veteran families. Using the Housing First model, the SSVF program's primary goal is to help veterans and their families secure stable and permanent housing. Grantees offer a variety of services to veterans and their families (including legal assistance, credit counseling, health care, and other services) to address an individual's or a family's barriers to stable housing. Between 2012 and 2014, the program served nearly 100,000 veterans and family members, and 84 percent of individuals and families exiting the program during that time had secured permanent housing.⁶

HUD's McKinney-Vento Homeless Assistance Programs

The McKinney-Vento Homeless Assistance programs, grouped together under HUD's Continuum of Care, help families, including veterans, move out of emergency or transitional housing and into more stable long-term housing. Homeless assistance has been reauthorized through the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act and further supported by funding in 2009 through the Homelessness Prevention and Rapid Re-Housing Program and Emergency Solutions Grants. In the 2015 appropriations bill, McKinney-Vento programs received \$2.135 billion in funding, \$30 million more than in 2014. These funds include \$1.86 billion for the Continuum of Care and rural housing stability programs and \$250 million for Emergency Solutions Grants.

Transition Assistance Program (TAP)

TAP helps service members and their spouses make the initial transition from military service to the civilian workplace. While TAP is not generally linked to housing programs, it can be a valuable resource for lower-income veterans who receive housing assistance. TAP consists of a three-day workshop at selected military installations nationwide. Professionally trained workshop facilitators present information about job searches, career decision-making, current occupational and labor market conditions, resume and cover letter preparation, and interviewing techniques. Veterans with a service-connected disability are offered the Disabled Transition Assistance Program (DTAP), which includes the standard TAP workshop plus additional hours of individual instruction to help determine job readiness and address the special needs of disabled veterans.

Specialty Adapted Housing (SAH) and Special Housing Adaptation (SHA) Grants

SAH grants, also referred to as 2101(a) grants, provide financial resources to veterans with service-connected disabilities to complete home modifications to make their places of residence wheelchair accessible. SHA grants, also referred to as 2101(b) grants, are related subsidies available to disabled veterans to make home modifications necessary to allow them to continue to live independently despite blindness or the loss of use of their hands resulting from an injury sustained during their military service. Grants of \$50,000 are available to disabled veterans through these programs to make their homes accessible.



Home-Based Primary Care

VA health care teams, supervised by VA physicians, offer various health care services, case management, assistance with activities of daily living, and caregiver relief to veterans in their own homes. These home-based primary care services are available to all veterans as part of the Veterans Health Administration Standard Medical Benefits options as long as the veteran has clinical need for the services. Veterans using the services may be charged a copay depending on their VA service-connected disability status and income.

State Veterans Homes

All 50 states own and operate State Veterans Homes to provide nursing home care, shelter, and/or adult day care to homeless and disabled veterans. Each state establishes its own eligibility criteria and service offerings, and some states also receive some funding from the VA.

OUR CHANGING VETERAN POPULATION: OLDER VETERANS, FEMALE VETERANS, AND POST-9/11 VETERANS

The increase in numbers and the demographic and economic characteristics of these veterans—older veterans, female veterans, and post-9/11 veterans—will drive future housing and service needs. The changing veteran population suggests a need to look critically at the programs that serve them, and to alter and expand services to better meet evolving needs.

This section uses data from the US Census Bureau’s American Community Survey (ACS) and other data sources to describe the characteristics and needs of these important veteran populations.⁷ In addition, this section explains some of the challenges associated with serving these subgroups and highlights programs that have successfully provided housing and services to support older veterans, female veterans, and post-9/11 veterans in communities across the country.



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OUR OLDER VETERANS: COMBINING HOUSING AND HEALTH SERVICES FOR AN AGING POPULATION

In 2013, there were more than 14.2 million veterans in the United States age 55 or older, accounting for almost two-thirds of the current veteran population.⁸ The largest cohort of veterans in the United States includes those who served in the Vietnam War; there are approximately 6.8 million of these, along with another quarter of a million veterans who served in the Vietnam War and in World War II and/or the Korean War.⁹ The number of older veterans has reached its peak, and over the coming decades, as this population ages, they will face a diverse set of housing and service needs.

Older veterans may require modest home modifications or accessible rental housing as they get older and their mobility becomes compromised. Others may need home- and community-based health services to enable them to age in place. Homeless or near-homeless older veterans often require intensive outreach and services to ensure they have stable housing and to help promote self-sufficiency. As this population ages, their housing, health, and other needs will change, and many will require different housing options and more assistance to age comfortably in their homes or communities.

The recent national campaign to end veteran homelessness has been associated with a significant drop in the number of homeless veterans.¹⁰ In 2013, veterans comprised around 10 percent of the total homeless population, which is about their share in the overall population.¹¹ But homeless veterans tend to be older than the non-veteran homeless.¹² While there is a complex set of risk factors associated with homelessness, family background, access to support from family and friends, and various personal characteristics have been shown to be among the most important indicators of the risk of homelessness among the older veteran population.¹³

Older veterans—like older adults in the civilian population—have increased physical limitations and health problems as they age. Nearly 35 percent of veterans age 55 and older report a service-related disability. While housing and supportive service programs are available to assist veterans with service-related disabilities, the services available for a large aging veteran population,

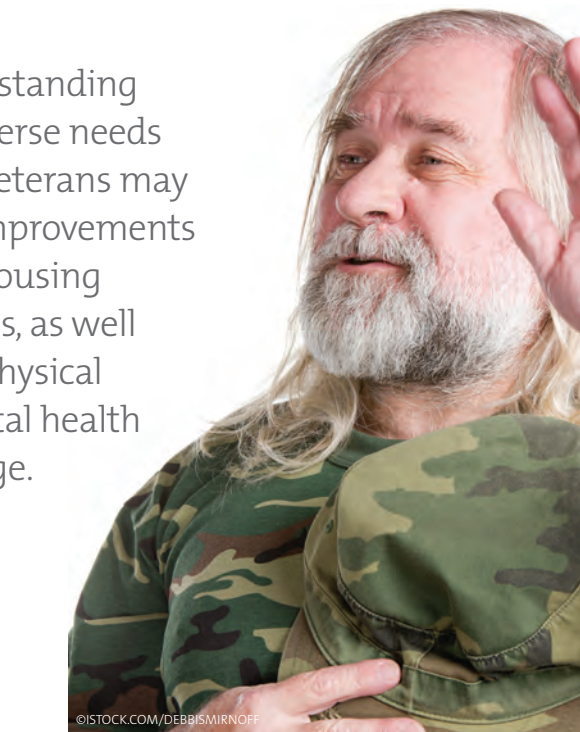
with increasingly complex physical and health needs, may not be sufficient. The older veteran population includes some of our most vulnerable veterans, including those who are simply oldest. About seven percent of the overall veteran population is currently age 85 or older.¹⁴

An understanding of the diverse needs of older veterans may lead to improvements in their housing conditions, as well as their physical and mental health as they age. We should take steps to meet the housing and service needs of older veterans now and to plan for the evolving needs of an aging veteran population in the future.

The Housing and Service Needs of Our Older Veterans

Older veterans face many of the same challenges as their civilian peers in affording and accessing housing that is adequate for their needs, and in finding services to enable them to age at home or in their communities. Chronic health conditions or physical disabilities can hinder the ability of some older adults to work or to complete activities of daily living (such as getting out of bed, bathing, or eating)

An understanding of the diverse needs of older veterans may lead to improvements in their housing conditions, as well as their physical and mental health as they age.



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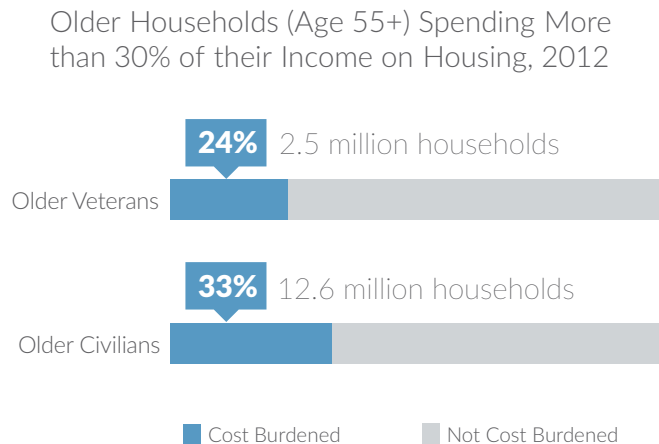
without assistance. But veterans often have additional challenges not faced by the older civilian population. Older veterans are more likely to have a disability, often related to their military service, than their civilian counterparts and may be more likely to need supportive services to maintain their health and well-being. Older veterans can experience a range of housing challenges, from finding housing they can afford in their communities to dealing with physical, psychological, and economic conditions that put them at risk of homelessness.

Overall, nearly 2.5 million older veteran households—or 24 percent of all households headed by veterans age 55 or older—are housing cost burdened, meaning they spend 30 percent or more of their income on housing. The prevalence of cost-burdened households varies considerably across the country, and some of the places with the largest veteran populations are also the places where the cost burden of older veterans is greatest. California had the largest number of older veteran households that were cost burdened in 2012 (300,000 households); the highest share of cost-burdened older veteran households was in New Jersey (35.2 percent). Despite their affordability challenges, households headed by older veterans are less likely to be cost burdened than older civilian households, largely because of their higher average incomes and greater likelihood of being homeowners.

HUD has estimated that there were 138,000 homeless veterans living in shelters or on the street at some point in 2012, and 11 percent—or over 15,000—of these veterans were age 62 or older.¹⁵ The number of homeless veterans has declined steadily since 2010, but older veterans continue to be vulnerable to homelessness, particularly those with unstable economic situations, alcohol or drug dependencies, and/or weak ties to family and friends. Furthermore, as housing and health services become more expensive, our aging older veteran population may face new financial pressures that leave them at greater risk for homelessness.

In addition to affordability challenges, many older veterans will face obstacles to aging in their homes or in their communities. The vast majority of older Americans would prefer to remain in their homes for as long as possible,¹⁶ but physical limitations can make that difficult. Older veterans are more likely than their civilian counterparts to have a disability. In 2012, approximately 35 percent of older veterans (4.9 million people) had a disability; by contrast, 28 percent of civilians age 55 or older had a disability. Older veterans who are homeowners will need physical modifications to their homes to enable them to age in place; others will be looking to downsize from a single-family home to an accessible rental home. Many older veterans with a disability or with complex health

FIGURE 1. OLDER VETERANS ARE LESS LIKELY THAN OLDER CIVILIANS TO STRUGGLE TO AFFORD HOUSING



Source: 2012 American Community Survey, 1-year Public Use Microdata Sample file.

Older Individuals (Age 55+) with a Disability, 2012

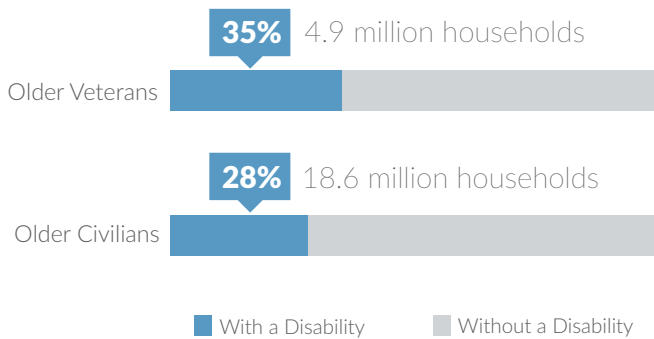


FIGURE 2. OLDER VETERANS ARE MORE LIKELY TO HAVE A DISABILITY THAN OLDER CIVILIANS

Source: 2012 American Community Survey, 1-year Public Use Microdata Sample file.

Low-income older veterans have the greatest needs for services; nearly half of the 854,000 older veterans living below the poverty line in 2012 had a disability.

needs will need supportive services that are typically available in assisted living facilities, which can be costly, or in home- and community-based programs, which are not available in all areas of the country. Low-income older veterans have the greatest needs for services; nearly half of the 854,000 older veterans living below the poverty line in 2012 had a disability.

The number of veterans age 85 and older is projected to increase by 37 percent over the next 20 years.¹⁷ As the veteran population ages, the demand for these supportive services will rise and innovative options will be required to meet the housing and service needs of our oldest veterans.

Some lower-income older veterans may simply need affordable and accessible housing to help reduce their housing cost burden and enable them to age comfortably in their homes or communities. However, lower-income older veterans and the growing share of older veterans

with physical limitations and complex health issues are likely to achieve better outcomes when affordable housing is paired with supportive services. Many veterans' organizations have adopted service models that combine housing along with health, counseling, and other services targeted to older veterans.

The VA has several programs that help wounded veterans pay for constructing or modifying their homes to make them more accessible. These programs include the Specially Adapted Housing (SAH) and Special Housing Adaptation (SHA) grants. New rules associated with these programs can provide eligible veterans with grants of up to \$50,000. This assistance can be critical for older veterans—as well as younger veterans with service-related injuries and disabilities—to remain in their homes.

Many older veterans require additional assistance as they age in order to manage chronic health conditions. Using housing as a foundation for providing supportive

services is an effective model that can improve the health outcomes of older adults and help them age in their homes or communities.¹⁸ Assisted living facilities and service-enriched housing offer supportive services that provide assistance to residents to complete activities of daily living (such as getting in and out of bed, bathing, eating, and dressing) and maintain their health. These services can be expensive, and most of these facilities are unaffordable for low-income older veterans. This contributes to a gap between the need for supportive services among older veterans and their ability to afford and access housing and facilities that will help them to live healthy and independent lives.

Solutions for Older Veterans

Oasis at Scholars Landing in Atlanta, currently under construction, plans to reduce this gap by specifically targeting older veterans and tailoring its supportive services to meet the needs of older veterans. When complete, Oasis at Scholars Landing will be an affordable assisted living facility offering supportive services to older veterans and their spouses, including assistance completing activities of daily living, as well as help with housekeeping chores and medication management. For more specialized medical, nursing, and physical and occupational therapy needs,

PHOTO CREDIT: INTEGRAL GROUP, LLC

OASIS AT SCHOLARS LANDING



Traditional affordable housing programs on their own are not sufficient to address the deeper health and other service needs of our older veterans, particularly those with very low incomes.

community health providers will be brought on site to Oasis. Residents will also have access to transportation services to and from doctor appointments. In order to make Oasis affordable to low-income veterans, the developer and housing manager have worked together to create a funding plan that utilizes several different subsidies, including LIHTCs, project-based Housing Choice vouchers issued by the Atlanta Housing Authority, and Aid and Attendance benefits (a supportive service subsidy issued by the VA to veterans).

The development of Oasis has not been without challenges. Working with multiple federal and state agencies with different procedures and requirements can lead to a slower development timeline. Conflicting and interfering policies in place at federal agencies such as the US Department of the Treasury (which administers the LIHTC) and HUD (which regulates the use of Housing Choice vouchers), and state agencies such as the Georgia Department of Community Health (which regulates the operation of assisted living facilities in Georgia) can create delays in the development of such projects. The lengthy timeline for VA approval of individual applications for Aid and Attendance benefits (up to nine months in some cases) means that the facility will face delays in reimbursement for supportive services delivered to residents when they first move into the facility.

The **Armed Forces Retirement Home** (AFRH), which was established in 1851, is another, more traditional model of an affordable retirement community for veterans. AFRH has campuses in Washington, DC and in Gulfport, Mississippi. Veterans are eligible to live at AFRH if they are 60 years old or older, have at least 20 years of service, or if they served in a theater of war and have a service-related disability that inhibits their ability to work. Veterans must be capable of living independently when first admitted to the program, though they can receive greater levels of care in the future. AFRH residents are charged rents up to 65 percent of their income depending on the level of service needed (individuals with higher service needs pay a higher share of their income). The facilities are also funded by a trust fund made up of a 50-cent monthly payroll deduction for active duty military personnel.

Traditional affordable housing programs on their own are not sufficient to address the deeper health and other service needs of our older veterans, particularly those with very low incomes. Current veterans' programs only meet a portion of the needs of our older veterans, and the demands on some of these programs will escalate as the large older veteran population ages. Both traditional and more innovative models of meeting older veterans' needs will be important.

OUR FEMALE VETERANS AND THEIR FAMILIES: TAILORING HOUSING AND SERVICES TO MEET THEIR UNIQUE NEEDS

There are currently 2.3 million female veterans in the United States¹⁹ and more than 350,000 female active duty and Selected Reserve members serving in locations across the country and around the world.²⁰ The number of women serving in the U.S. Armed Forces has grown significantly over the past few decades.²¹ As of 2012, women made up nearly 15 percent of the active duty forces and just over 18 percent of the reserves.²² One in five post-9/11 veterans is a woman,²³ and the share of female veterans is projected to rise to nearly 18 percent by 2040.²⁴



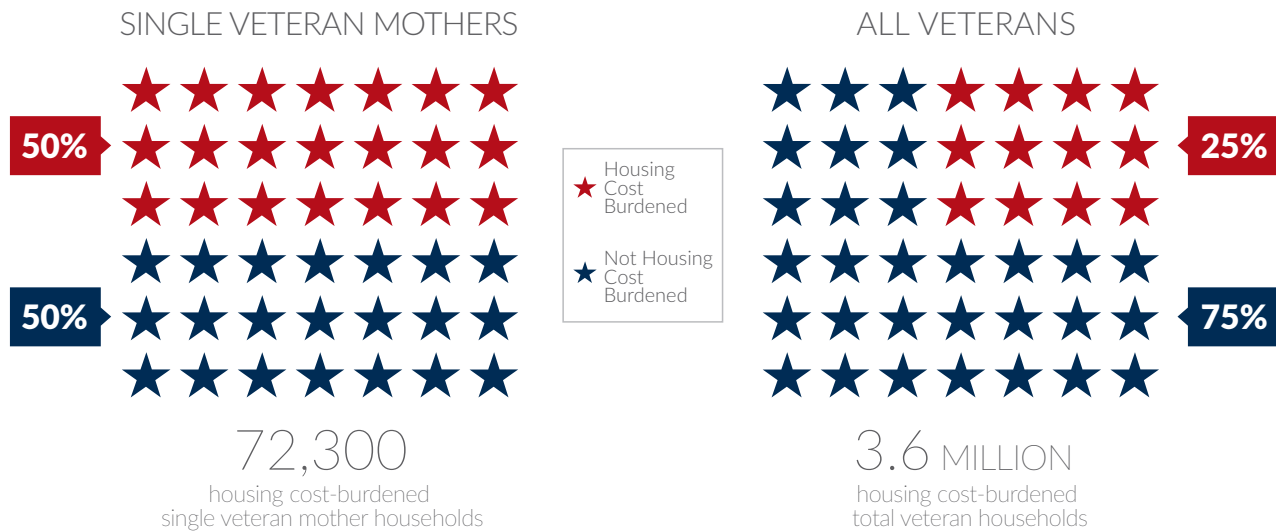
Mothers, in particular, who make tremendous sacrifices when serving in the Armed Forces, may struggle with economic hardship and housing insecurity when they return.

While women are an important and growing part of our veteran population, they face disproportionate housing challenges when they return from service. Mothers, in particular, who make tremendous sacrifices when serving in the Armed Forces, may struggle with economic hardship and housing insecurity when they return. Compared to male veterans, female veterans are more likely to live in poverty,²⁵ and female veterans are at greater risk of homelessness compared with non-veteran women.²⁶

The reasons behind female veterans' increased risks for economic insecurity and homelessness include pre-existing economic or social disadvantages as well as service-related issues such as post-traumatic stress disorder (PTSD) and sexual harassment or assault during their terms of service (referred to collectively as "military sexual trauma," or MST). Access to affordable housing offers female veterans and their families a secure and stable home as they transition out of the military. Home- and community-based supportive service programs can further help at-risk female veterans avoid homelessness, address their physical and mental health needs, and support their families as they become economically self-sufficient in civilian life.

Homelessness and housing insecurity among female veterans often present special housing or service needs and involve more extensive outreach compared with the same issues among their male peers.²⁷ For a variety of reasons, women who served in the military may be reluctant to seek assistance through veterans' programs.²⁸ Their physical safety and psychological well-being, as well as their family status, often require a different housing approach than those afforded by housing options created around the needs of male veterans.²⁹ As a result, compared to male veterans, female veterans may have more limited access to appropriate housing and services, and service providers may find it challenging to reach the female veterans who need assistance.

FIGURE 3. SINGLE VETERAN MOTHERS ARE MORE LIKELY TO FACE HOUSING AFFORDABILITY CHALLENGES THAN OTHER VETERANS



Source: 2012 American Community Survey, 1-year Public Use Microdata Sample file.

The Housing and Service Needs of Our Female Veterans

Affordable housing challenges and homelessness can be substantial problems for female veterans, but some subgroups of female veterans face disproportionate housing challenges. The National Center on Homelessness Among Veterans found that the risks of homelessness were greatest among younger female veterans, especially young African American women.³⁰ Housing instability and high housing cost burdens are common among female veterans' households, but low-income female veterans and single female veterans with children are most likely to face these housing challenges.

Single veteran mothers are a particularly vulnerable population. Many of these women return from military service and face major challenges that put them at increased risk of homelessness. They often lack support in overcoming these obstacles to provide and care for their families as they transition into civilian life. Single veteran mothers constitute a significant and growing share of female veterans; in 2012 there were more than

145,000 households headed by single veteran mothers, which constitutes about 16 percent of all female veteran-headed households. As the share of single-mother households increases in the United States overall,³¹ the numbers of single veteran mothers will also rise.

Half of single veteran mother households were housing cost burdened in 2012.

Half of single veteran mother households were housing cost burdened in 2012. By comparison, only about a quarter of all veteran-headed households were cost burdened that year. The higher rate of housing cost burden for veterans who are single mothers is not surprising, however, since housing cost burden is more common among single-mother households in the civilian population, as well. Furthermore, rates of housing cost burden were much higher among very- or extremely-low income female-headed veteran households and those with children at home.

Many low-income female veterans with children may simply need access to affordable housing options to help them transition into civilian employment and to be better able to support their families.

At least some of the economic challenges faced by female veterans are associated with broader socioeconomic characteristics of this population that predate their military service. For example, in a recent survey, 42 percent of female veterans said that they joined the military due in part to a lack of other job opportunities.³² Researchers have also suggested that some women recruits may see the military as a chance to escape from unstable home environments.³³ Female veterans, therefore, may be more susceptible to difficulties transitioning from military to civilian life as a result of few employment prospects, a weak family support network, and other socioeconomic disadvantages.

Physical and mental health issues and exposure to trauma can also hamper female veterans' efforts to succeed in civilian life. While PTSD diagnoses can be made more than a decade after the trauma, approximately 20 percent of women Iraq and Afghanistan veterans have already been diagnosed with PTSD.³⁴ The ripple effects of PTSD can contribute to additional risks of marital problems, parenting stress, domestic violence, emotional detachment, and behavioral problems in their children.³⁵

MST, whether in the form of verbal harassment, physical harassment, coercion, or outright assault, undermines both the physical and psychological health of those affected. Upon exiting the service, MST can further lead to or exacerbate transition challenges. Female veterans with MST are more likely to have problems with substance use and finding or sustaining employment.³⁶ Episodes of severe depression are also common among sufferers.³⁷

Many low-income female veterans with children may simply need access to affordable housing options to help them transition into civilian employment and to be better able to support their families. However, those struggling with military-connected injuries, the psychological impacts of trauma, or socioeconomic disadvantages may be better able to achieve self-sufficiency when affordable housing is paired with supportive services.

Because the vast majority of veterans are men, many homeless and transitional housing providers serving veterans target their services to single adult men. The options for women, particularly women with children, are limited or nonexistent in many areas. For example, in 2011, over 60 percent of GPD programs were not able to serve female veterans with children due to constrained resources, or these programs limited the number of children in a family that they could accept.³⁸

Female veterans dealing with MST may try to avoid mixed-gender housing and need housing services with heightened attention to safety and security. Yet, a strict interpretation of fair housing laws can limit providers from offering single-gender housing, even for women traumatized by MST, unless the floor or building has common bathrooms. Local zoning laws that define residential occupancy requirements may also create a barrier by prohibiting a group of unrelated women from living together.

Solutions for Female Veterans with Children

Part of the solution for meeting the needs of female veterans with children involves transitional housing with extensive individually focused services. In 2001, U.S.VETS launched a residential recovery program specifically for homeless female veterans called the **ADVANCE Women's Program**. The program is part of a large campus of transitional housing for both male and female veterans on a former Navy base in Long Beach, California. In keeping with the transitional housing approach, the program helps homeless veterans move to independence over a two-year period. To meet the specific needs of homeless female veterans, women with children are welcome and MST treatment is a major program element.

Clermont Commons in Denver offers another approach to meeting the combined housing and service needs of low-income female veterans. Using single-family homes as shared living environments, female veterans and their

children can have a common supportive recovery process in a stable and supportive living environment. The group setting makes it easier to have single-gender housing for women recovering from MST, domestic violence, or PTSD.

To better serve female veterans and their children, veterans' housing providers may opt to build permanent supportive housing with units sized for families. **HELP Philadelphia Homes** constructed supportive housing units for disabled veterans, which include several three-bedroom apartments.³⁹ When the project was completed, however, finding disabled veterans with children for the larger units was difficult; the units for single veterans were much easier to fill. Since opening, just one of the units has been rented to a single mother who is a disabled veteran. The difficulty in recruiting female veterans to veterans' housing developments represents an ongoing challenge for serving this population.

PHOTO CREDIT: HELP USA



HELP PHILADELPHIA HOMES

OUR POST-9/11 VETERANS: LINKING HOUSING AND EMPLOYMENT SERVICES DURING TRANSITION

The attacks of September 11, 2001 inspired many men and women to serve our country by joining the Armed Forces. Many of these service members have completed tours of duty in Iraq and Afghanistan and in other armed conflicts around the world. With the attacks now more than a decade behind us, many service members who joined after 9/11 are now veterans—and



Many post-9/11 veterans face challenges translating their military experience into private sector employment, particularly during the recent recession and weak economic recovery. Even in places with strong job opportunities, there can be a mismatch between the experience required and a veteran's skills. Many other post-9/11 veterans are unable to work due to a disability incurred during their military service.⁴¹ Despite these challenges, post-9/11 vets typically fare slightly better in the job market than their civilian peers. In 2012, a greater share of post-9/11 vets was employed than their civilian counterparts (the unemployment rate among post-9/11 veterans was 11.4 percent versus 12.2 percent for civilians age 18 to 34, excluding students). Post-9/11 veterans also had slightly higher earnings than their civilian peers. The median annual income of post-9/11 veterans in 2012 was \$29,000 compared to \$18,000 for civilians age 18 to 34 (excluding students).⁴²

Despite earning higher incomes than their civilian peers, many households headed by a post-9/11 veteran struggle with rising housing costs. In 2012, more than one in three households headed by a post-9/11 veteran was housing cost burdened.

their numbers will rise in the coming years. In 2012, there were 1.7 million veterans who joined the military after 9/11, accounting for about eight percent of the total US veteran population. The VA estimates that the number of post-9/11 veterans will increase by more than 1.6 million individuals over the next decade.⁴⁰

Because of their recent period of service, post-9/11 veterans are generally young—the median age of these veterans is 29, and over 75 percent of post-9/11 veterans are under age 35. Post-9/11 veterans are also more diverse than the overall veteran population. Nearly 20 percent of post-9/11 veterans are women compared to less than 10 percent of all veterans. Thirty-six percent of post-9/11 veterans belong to a minority ethnic group compared to only 19 percent of all veterans.

These affordability challenges are most difficult in places with strong job opportunities and can also be a challenge in metropolitan areas with the largest populations of young veterans. Almost half of the nation's post-9/11 veterans live in the 50 largest metro areas, including many places where rents and home prices have soared during the last few years. The Jacksonville, San Antonio, and Virginia Beach metro areas have the highest concentrations of post-9/11 veterans among the 50 largest metro areas. Based on the analysis of housing costs in NHC's 2012 *Paycheck to Paycheck* report,⁴³ post-9/11 veterans typically could not afford to buy a median-priced home in 2012 in any of these three metro areas. In fact, in 2012, post-9/11 veterans typically earned enough to afford to buy a median-priced home in only five of the 50 largest US metro areas. And in that year, post-9/11 veterans in more than half of the nation's 50 largest metro areas did not earn enough to afford the typical rent for a one-bedroom home.

The difficulty in finding affordable housing, along with the challenges associated with transitioning from military to civilian life and finding employment in tight labor markets or where jobs haven't recovered from the recession, can create added stress for post-9/11 veterans and their families.

There are programs offered by the Department of Defense (DoD) and the VA to help veterans transition from military to civilian employment. However, there is relatively little coordination between job training and housing programs for young veterans starting families and just beginning their civilian careers. Most of the housing services geared toward veterans focus on older veterans and veterans facing severe housing problems, including homelessness, or physical or mental health problems. However, the growing population of post-9/11 veterans suggests a need to expand the supply of housing available to young, moderate-income workers, particularly those discharging into fast-growing, high-cost housing markets, and to link veterans to both employment and housing opportunities.

The Housing and Services Needs of Our Post-9/11 Veterans

As they enter the civilian workforce, post-9/11 veterans may simply need affordable housing options—both rental and homeownership—in major job centers and in regions with large military and veteran populations. However, those struggling with military-connected injuries or who are having difficulty finding civilian employment may be best served by housing programs that include services targeted to the needs of returning post-9/11 veterans.

While some post-9/11 veterans would benefit from the standard models that serve homeless or at-risk veterans, many are

facing different setbacks that require more of a focus on physical rehabilitation, community reintegration, or job training, and housing approaches that work with these needs. Recent veterans living in high-cost areas with fast-growing job markets may need specialized training to better compete for civilian jobs.

FIGURE 4. THERE ARE FEW METRO AREAS WHERE POST-9/11 VETERANS CAN AFFORD HOUSING

Metro Areas (Out of 50 Largest) Where Post-9/11 Veterans Can Afford to Buy or Rent the Typical Home, 2012



Source: Source: National Housing Conference, 2012 *Paycheck to Paycheck*.

Solutions for Post-9/11 Veterans

Operation Homefront Village in Gaithersburg, Maryland, outside of Washington, DC, houses veterans and their families, giving preference to individuals with disabilities, service members who have recently returned from duty and who are not yet receiving VA benefits, or individuals who are homeless or imminently homeless. Because the program focuses on housing service members with families, most of the units are occupied by veterans of the more recent wars in Iraq and Afghanistan.

Connecting veterans with employment and financial management resources is a key service component at Operation Homefront Village. Case managers check in with residents at least every 30 days to learn about

progress toward employment and financial stability, and each family receives a financial coach. Case managers also connect residents with various non-profits that provide or connect residents with employment-related training and services. The program is funded largely through corporate sponsorships and public donations. Because the program does not receive federal funding from HUD or money from state programs, it has more flexibility to hold residents accountable for making progress toward financial stability. Making residents aware of available services, and encouraging them to explore different employment options, may be a crucial step toward their financial success. Without financial coaching, residents are more likely to accrue large amounts of debt, which may hinder the potential for finding permanent housing.

PHOTO CREDIT: OPERATION HOMEFRONT

OPERATION HOMEFRONT VILLAGE



RECOMMENDATIONS

To meet the needs of our nation’s current and future veterans, policy must allocate adequate resources and sufficient flexibility for the development and operation of housing developments that offer supportive services. Building on the work of NHC’s Veterans Rental Housing Group—and informed by the analysis of needs among the older veteran, female veteran, and post-9/11 veteran populations—we recommend several ways to strengthen the commitments to ensuring our veterans have affordable housing and the supports they need to be successful after returning from service. Furthermore, we suggest ways to plan for the needs of a changing veteran population.

- 1. Assess the Housing and Service Needs of Current and Future Veterans.** This report provides an overview of the characteristics of important and growing segments of the veteran population. The socioeconomic characteristics of military and service members are changing. In addition to projecting changes in the total number of veterans over time, the VA should analyze the characteristics of the projected future veteran population and evaluate their future housing and service needs in light of existing programs and services. Coordinating this analysis and sharing findings with HUD and veteran housing and service providers will help ensure the needs of future veterans are understood and will provide more opportunities for meeting those needs.
- 2. Provide Additional Project-Based Rental Assistance for Veterans and Improve Implementation.** The single scarcest resource in the creation of permanent supportive housing for veterans is rental assistance to support property operations. Additional HUD-VASH vouchers and prioritizing new vouchers for project-based assistance will help enable the creation of new affordable rental units, either in veterans-only properties or in mixed-use developments. In addition, small implementation changes would make creation of new veterans’ permanent supportive housing units more efficient. For example, increasing the administrative fee for agencies administering HUD-VASH and using a longer project readiness timeline to

coordinate financing commitments, complemented by performance benchmarks to keep projects on track and making HUD-VASH more compatible with the development process, would encourage more development of permanent supportive housing for veterans. Furthermore, HUD and the VA should target their awards of project-based assistance to properties serving the veteran populations where the greatest need is anticipated and encourage new housing models to meet those needs.

- 3. Increase the Allocation of Low-Income Housing Tax Credits.** The LIHTC has been an essential source of upfront capital to develop veterans’ supportive housing; it is also the primary driver of any new affordable rental housing in the country. With the national effort to end veteran homelessness and the growing needs among the nation’s older, female, and post-9/11 veterans, communities across the country are faced with both a large gap in the supply of affordable housing and an urgent need for additional dedicated housing for veterans. Increasing the per-capita allocation of Housing Credits would allow states to better meet the housing needs of veterans. Expanding the allocation of Housing Credits can help female veterans in particular since they often need larger family units that are more likely to be found in traditional LIHTC developments.
- 4. Create an Office of Veterans’ Rental Housing at the VA.** Nationwide, the demand for rental housing is on the rise. Rental housing demand will also increase among our nation’s veterans, particularly among older veterans, female veterans with children, and young post-9/11 veterans. Even before considering the added challenges of supportive housing or veteran-specific needs, developing affordable multifamily rental housing is a complex endeavor. Having a dedicated office of real estate professionals at the VA focused on rental housing would help veterans’ housing developers more easily navigate the department’s existing programs and align VA resources with other sources of federal, state, local, and private funding.

- 5. Make FHA Multifamily Financing More Compatible with Property-Based Services.** Existing underwriting restrictions limit how much space a property can devote to supportive services (which are treated incongruously as commercial space). Allowing supportive services income to account for a larger share of total property income in Section 221(d)(4) financing as standard underwriting and allowing waivers to increase the allowable share of total income in all FHA programs would align with the requirements of most veterans' supportive housing properties. Our changing veteran population, particularly low-income veterans and their families, will need a diverse set of supportive services, ranging from employment and financial education services to counseling and mental health programs. The ability to more efficiently integrate those services on site would help ensure vulnerable veterans receive the assistance they need.
- 6. Provide Additional Gap Financing for Veterans' Supportive Housing.** Veterans' permanent supportive housing properties typically use little or no hard debt and require additional gap financing to make projects financially feasible. Due to residents' high needs and low incomes, veterans' supportive housing typically requires gap financing to be financially feasible. HUD and the VA could expand their successful HUD-VASH partnership to address this need with new gap financing funds allocated from the VA to be awarded through a HUD Notice of Funding Availability (NOFA), parallel with HUD-VASH (though not necessarily restricted to recipients of property-based assistance). HOME program rules could also be adapted to govern this additional assistance. Partnerships with non-profits and financing from state and local sources will also be critically important to meet the housing and service needs of our veterans in the future.
- 7. Sustain and Expand Funding for Supportive Services that Combine with Housing.** Permanent supportive housing requires dedicated service funding separate from the resources that sustain the physical structures. Federal programs play an essential role, including the case management provided by the VA, the GPD program, SSVF, and the McKinney-Vento Continuum of Care programs to address homelessness, among others. The VA and HUD should critically assess the characteristics and housing needs not only of current veterans but also of future veterans so that these programs can be expanded, better designed, and more adequately funded to meet the housing and service needs of a changing veteran population.
- 8. Change Local Regulations to Increase the Overall Supply of Housing in High-Cost Markets.** Veterans living in high-cost areas where job opportunities are often greater encounter high housing costs. As a result, they often spend a disproportionate share of their incomes on housing, leaving less for other necessities such as food, transportation, child care, and health care. Alternatively, they move to housing farther from their jobs, which may lower their housing costs but will increase the cost of commuting in both dollars and time. One way to help reduce housing costs is to increase the overall supply of housing in high-cost markets. Local jurisdictions should relax zoning regulations to allow for higher-density housing in neighborhoods where multifamily housing is appropriate. In addition, jurisdictions should adopt inclusionary housing policies that require or incentivize a portion of all new residential development to be set aside as affordable to low- and moderate-income households.

Table A. Housing Cost Burden Among Households Headed by Veterans and Civilians 55 Years Old or Older, 2012

STATE	HOUSEHOLDS HEADED BY VETERANS 55 YEARS OR OLDER		HOUSEHOLDS HEADED BY CIVILIANS 55 YEARS OR OLDER	
	Housing Cost Burdened (Spent >30% of income on housing)	Share with Housing Cost Burden	Housing Cost Burdened (Spent >30% of income on housing)	Share with Housing Cost Burden
Alabama	32,378	17.8%	168,678	27.4%
Alaska	6,723	29.6%	18,860	29.1%
Arizona	65,500	25.1%	241,557	32.5%
Arkansas	18,855	16.4%	89,872	23.9%
California	296,291	32.3%	1,677,031	42.4%
Colorado	47,986	26.6%	179,058	31.7%
Connecticut	33,916	29.3%	183,565	38.9%
Delaware	7,820	21.8%	36,486	31.9%
District of Columbia	4,519	34.1%	31,912	40.8%
Florida	206,650	25.7%	995,439	38.4%
Georgia	67,595	22.6%	344,292	33.5%
Hawaii	13,493	27.8%	59,295	38.4%
Idaho	13,420	21.9%	51,792	29.0%
Illinois	95,817	25.5%	532,175	34.2%
Indiana	42,896	19.0%	208,770	26.1%
Iowa	20,761	17.1%	94,895	23.7%
Kansas	19,246	17.9%	88,925	26.0%
Kentucky	28,554	18.9%	149,943	26.7%
Louisiana	24,191	17.4%	146,288	26.2%
Maine	15,553	24.7%	62,710	31.7%
Maryland	46,485	24.3%	232,744	33.4%
Massachusetts	58,862	30.0%	331,596	37.7%
Michigan	83,561	23.7%	424,900	31.8%
Minnesota	44,722	22.1%	189,078	29.1%
Mississippi	19,159	19.9%	103,295	27.8%
Missouri	51,840	20.6%	216,144	28.8%
Montana	11,069	23.5%	38,079	27.3%
Nebraska	11,561	16.7%	56,286	25.1%
Nevada	29,754	27.4%	113,700	39.9%
New Hampshire	17,759	33.4%	59,676	34.6%
New Jersey	84,867	35.2%	479,397	43.1%
New Mexico	14,950	18.1%	71,996	29.2%
New York	130,646	28.9%	1,057,147	40.6%
North Carolina	71,798	21.3%	377,268	31.8%
North Dakota	2,875	10.5%	18,509	20.5%
Ohio	94,863	22.5%	457,719	29.5%
Oklahoma	26,495	17.4%	116,571	26.2%
Oregon	43,908	27.9%	181,633	35.7%
Pennsylvania	115,481	23.1%	534,012	30.6%
Rhode Island	9,817	27.1%	55,636	39.4%
South Carolina	38,279	21.0%	172,318	29.0%
South Dakota	6,190	18.3%	24,632	23.7%
Tennessee	47,458	20.9%	236,542	29.0%
Texas	141,853	20.1%	723,269	28.7%
Utah	13,488	19.2%	63,394	26.9%
Vermont	7,713	30.3%	32,028	33.7%
Virginia	60,402	20.3%	287,115	31.4%
Washington	73,377	27.5%	279,922	35.3%
West Virginia	10,384	12.8%	56,052	20.2%
Wisconsin	49,813	23.3%	242,819	32.7%
Wyoming	3,278	16.0%	17,200	23.6%
Total United States	2,484,871	24.0%	12,612,220	33.5%

Source: National Housing Conference tabulations of 2012 American Community Survey 1-Year PUMS data.

Table B. Rates of Disability Among Veterans and Civilians Age 55 or Older, 2012

STATE	VETERANS 55 YEARS OR OLDER		CIVILIANS 55 YEARS OR OLDER	
	With a Disability	Share With a Disability	With a Disability	Share With a Disability
Alabama	98,550	40.0%	373,979	35.1%
Alaska	13,318	37.0%	32,088	26.8%
Arizona	118,053	33.5%	354,965	25.6%
Arkansas	65,806	41.8%	225,050	34.7%
California	437,196	34.1%	2,010,326	26.4%
Colorado	75,895	30.6%	232,437	23.2%
Connecticut	50,881	31.6%	197,638	23.6%
Delaware	17,622	33.6%	55,447	26.9%
District of Columbia	5,968	30.3%	34,135	28.6%
Florida	383,699	35.0%	1,288,292	26.4%
Georgia	151,367	36.4%	546,747	29.4%
Hawaii	23,588	35.1%	85,731	26.4%
Idaho	31,859	36.4%	82,751	26.2%
Illinois	163,761	32.7%	720,844	26.2%
Indiana	107,689	35.4%	395,525	28.3%
Iowa	56,757	35.2%	180,876	25.8%
Kansas	51,104	36.2%	166,539	27.7%
Kentucky	84,244	41.1%	340,610	35.1%
Louisiana	76,170	39.6%	334,667	34.5%
Maine	29,413	33.9%	90,491	26.5%
Maryland	78,738	30.0%	294,612	23.8%
Massachusetts	95,751	34.5%	385,115	25.1%
Michigan	163,894	34.1%	623,715	27.3%
Minnesota	87,184	32.3%	263,035	23.0%
Mississippi	59,144	45.1%	237,873	37.6%
Missouri	127,696	38.7%	393,972	29.9%
Montana	23,986	36.3%	61,173	25.4%
Nebraska	30,912	34.1%	100,949	25.8%
Nevada	51,465	34.5%	143,185	26.4%
New Hampshire	22,672	30.4%	73,043	23.5%
New Jersey	103,059	31.2%	488,059	24.1%
New Mexico	43,354	37.4%	139,573	31.5%
New York	206,134	32.5%	1,166,372	25.7%
North Carolina	149,132	33.1%	624,444	29.9%
North Dakota	11,931	31.6%	37,035	24.4%
Ohio	199,146	34.5%	752,037	28.3%
Oklahoma	87,563	41.9%	258,082	32.8%
Oregon	86,424	37.9%	237,923	27.0%
Pennsylvania	221,573	32.7%	839,260	27.2%
Rhode Island	16,470	33.2%	68,196	27.8%
South Carolina	89,828	36.0%	322,429	30.6%
South Dakota	16,874	36.0%	45,968	25.2%
Tennessee	114,281	37.6%	464,030	32.2%
Texas	350,611	36.3%	1,386,347	29.7%
Utah	35,001	36.6%	111,435	25.6%
Vermont	10,924	32.5%	39,261	24.3%
Virginia	116,368	28.8%	418,941	25.2%
Washington	125,529	33.8%	361,857	25.4%
West Virginia	44,971	41.2%	170,368	35.9%
Wisconsin	87,948	31.2%	311,267	24.1%
Wyoming	9,713	34.0%	32,758	26.2%
Total United States	4,911,216	34.7%	18,601,452	27.5%

Source: National Housing Conference tabulations of 2012 American Community Survey 1-Year PUMS data.

Table C. Poverty and Housing Cost Burden Among Households Headed by Single Veteran Mothers and Veterans, 2012

HOUSEHOLDS HEADED BY SINGLE VETERAN MOTHERS	
Total Households	145,596
Below Poverty Threshold	33,321
Share in Poverty	22.9%
Housing Cost Burdened (Spent >30% of income on housing)	72,319
Share of Households with Cost Burden	49.7%

HOUSEHOLDS HEADED BY VETERANS	
Total Households	14,474,241
Below Poverty Threshold	965,781
Share in Poverty	6.7%
Housing Cost Burdened (Spent >30% of income on housing)	3,557,900
Share of Households with Cost Burden	24.6%

Source: National Housing Conference tabulations of 2012 American Community Survey 1-Year PUMS data.

Note: Sample sizes were too small to tabulate state-level estimates for single veteran mothers.

Table D. Post-9/11 Veterans' Unemployment Rate and Median Income, 2012

METRO AREA	TOTAL	NOT IN LABOR FORCE	EMPLOYED	UNEMPLOYED	UNEMPLOYMENT RATE	MEDIAN INCOME
Atlanta, GA	23,793	4,053	17,339	2,401	12.2%	\$24,000
Austin, TX	13,395	2,582	9,676	1,137	10.5%	\$27,200
Baltimore, MD	19,241	2,931	15,511	799	4.9%	\$42,000
Birmingham, AL	4,751	894	3,177	680	17.6%	\$28,000
Boston, MA	16,826	1,735	13,877	1,214	8.0%	\$37,000
Buffalo, NY	4,276	703	3,390	183	5.1%	\$33,000
Charlotte, NC	11,015	1,336	7,741	1,938	20.0%	\$29,000
Chicago, IL	34,316	5,296	23,829	5,191	17.9%	\$27,000
Cincinnati, OH	12,900	1,012	10,207	1,681	14.1%	\$23,000
Cleveland, OH	5,567	969	3,868	730	15.9%	\$18,000
Columbus, OH	8,996	1,062	6,379	1,555	19.6%	\$22,500
Dallas, TX	37,846	8,737	26,640	2,469	8.5%	\$25,000
Denver, CO	14,111	3,306	9,446	1,359	12.6%	\$38,200
Detroit, MI	11,628	1,779	7,742	2,107	21.4%	\$23,800
Hartford, CT	4,909	852	3,974	83	2.0%	\$30,000
Houston, TX	37,874	4,529	30,476	2,869	8.6%	\$33,000
Indianapolis, IN	11,481	1,953	8,687	841	8.8%	\$35,000
Jacksonville, FL	13,240	2,363	9,953	924	8.5%	\$29,800
Kansas City, MO	13,025	2,875	9,801	349	3.4%	\$38,010
Las Vegas, NV	15,700	1,933	12,159	1,608	11.7%	\$34,000
Los Angeles, CA	38,101	6,772	25,451	5,878	18.8%	\$24,500
Louisville, KY	6,118	482	5,318	318	5.6%	\$26,080
Memphis, TN	6,940	1,362	4,906	672	12.0%	\$22,400
Miami, FL	16,152	3,081	11,737	1,334	10.2%	\$28,000
Milwaukee, WI	7,261	1,225	5,145	891	14.8%	\$28,000
Minneapolis, MN	16,720	1,477	13,023	2,220	14.6%	\$27,600
Nashville, TN	11,076	1,415	9,246	415	4.3%	\$32,000
New Orleans, LA	7,923	1,719	5,337	867	14.0%	\$32,000
New York, NY	52,203	8,913	36,343	6,947	16.0%	\$28,000
Oklahoma City, OK	11,118	1,555	9,241	322	3.4%	\$33,000
Orlando, FL	15,864	3,980	10,670	1,214	10.2%	\$17,600
Philadelphia, PA	23,799	3,824	17,872	2,103	10.5%	\$31,200
Phoenix, AZ	26,819	5,012	17,822	3,985	18.3%	\$29,000
Pittsburgh, PA	8,532	1,799	6,364	369	5.5%	\$25,700
Portland, OR	14,845	4,123	9,247	1,475	13.8%	\$23,000
Providence, RI	7,769	691	6,523	555	7.8%	\$33,000
Raleigh, NC	9,928	434	9,294	200	2.1%	\$36,000
Richmond, VA	10,186	1,726	7,574	886	10.5%	\$29,500
Riverside, CA	21,089	4,287	14,389	2,413	14.4%	\$23,000
Rochester, NY	4,271	1,074	2,956	241	7.5%	\$25,000
Sacramento, CA	8,980	1,840	6,175	965	13.5%	\$30,600
San Antonio, TX	26,393	2,953	19,209	4,231	18.1%	\$30,000
San Diego, CA	32,569	5,606	22,981	3,982	14.8%	\$30,000
San Francisco, CA	10,844	2,964	7,042	838	10.6%	\$32,800
San Jose, CA	4,968	1,072	3,722	174	4.5%	\$25,000
Seattle, WA	29,141	4,342	21,216	3,583	14.4%	\$30,000
St. Louis, MO	14,074	1,117	11,626	1,331	10.3%	\$29,800
Tampa, FL	21,938	3,956	16,159	1,823	10.1%	\$32,260
Virginia Beach, VA	36,166	3,868	29,887	2,411	7.5%	\$30,000
Washington, DC	44,970	4,996	38,441	1,533	3.8%	\$52,000
Total	861,647	138,565	638,788	84,294	11.7%	\$30,000

Source: National Housing Conference tabulations of 2012 American Community Survey 1-Year PUMS data.

Table E. Post-9/11 Veterans' Housing Affordability, 2012

METRO AREA	MEDIAN INCOME	MEDIAN HOME PRICE	QUALIFYING HOME BUYING INCOME	AFFORD TO BUY A MEDIAN-PRICED HOME?	FAIR MARKET RENT FOR A 1-BEDROOM HOME	HOUSING INCOME TO RENT	AFFORD TO RENT A 1-BEDROOM HOME?
Atlanta, GA	\$24,000	\$122,000	\$34,454	No	\$757	\$30,280	No
Austin, TX	\$27,200	\$184,000	\$51,964	No	\$812	\$32,480	No
Baltimore, MD	\$42,000	\$223,000	\$62,978	No	\$1,025	\$41,000	Yes
Birmingham, AL	\$28,000	\$134,700	\$38,041	No	\$673	\$26,920	Yes
Boston, MA	\$37,000	\$282,000	\$79,640	No	\$1,166	\$46,640	No
Buffalo, NY	\$33,000	\$94,000	\$26,547	Yes	\$599	\$23,960	Yes
Charlotte, NC	\$29,000	\$152,000	\$42,927	No	\$713	\$28,520	Yes
Chicago, IL	\$27,000	\$158,000	\$44,621	No	\$853	\$34,120	No
Cincinnati, OH	\$23,000	\$110,000	\$31,065	No	\$558	\$22,320	Yes
Cleveland, OH	\$18,000	\$92,000	\$25,982	No	\$603	\$24,120	No
Columbus, OH	\$22,500	\$118,000	\$33,325	No	\$625	\$25,000	No
Dallas, TX	\$25,000	\$161,000	\$45,468	No	\$719	\$28,760	No
Denver, CO	\$38,200	\$207,000	\$58,459	No	\$705	\$28,200	Yes
Detroit, MI	\$23,800	\$78,000	\$22,028	Yes	\$667	\$26,680	No
Hartford, CT	\$30,000	\$175,000	\$49,422	No	\$849	\$33,960	No
Houston, TX	\$33,000	\$145,000	\$40,950	No	\$772	\$30,880	Yes
Indianapolis, IN	\$35,000	\$102,000	\$28,806	Yes	\$629	\$25,160	Yes
Jacksonville, FL	\$29,800	\$128,000	\$36,149	No	\$716	\$28,640	Yes
Kansas City, MO	\$38,010	\$124,400	\$35,132	Yes	\$657	\$26,280	Yes
Las Vegas, NV	\$34,000	\$115,000	\$32,477	Yes	\$870	\$34,800	No
Los Angeles, CA	\$24,500	\$295,000	\$83,312	No	\$1,159	\$46,360	No
Louisville, KY	\$26,080	\$120,000	\$33,889	No	\$588	\$23,520	Yes
Memphis, TN	\$22,400	\$109,000	\$30,783	No	\$645	\$25,800	No
Miami, FL	\$28,000	\$145,000	\$40,950	No	\$927	\$37,080	No
Milwaukee, WI	\$28,000	\$138,000	\$38,973	No	\$688	\$27,520	Yes
Minneapolis, MN	\$27,600	\$158,000	\$44,621	No	\$745	\$29,800	No
Nashville, TN	\$32,000	\$148,800	\$42,023	No	\$653	\$26,120	Yes
New Orleans, LA	\$32,000	\$147,500	\$41,656	No	\$811	\$32,440	No
New York, NY	\$28,000	\$400,000	\$112,965	No	\$1,280	\$51,200	No
Oklahoma City, OK	\$33,000	\$130,000	\$36,714	No	\$574	\$22,960	Yes
Orlando, FL	\$17,600	\$115,000	\$32,477	No	\$819	\$32,760	No
Philadelphia, PA	\$31,200	\$176,000	\$49,705	No	\$899	\$35,960	No
Phoenix, AZ	\$29,000	\$135,000	\$38,126	No	\$721	\$28,840	Yes
Pittsburgh, PA	\$25,700	\$118,000	\$33,325	No	\$579	\$23,160	Yes
Portland, OR	\$23,000	\$201,000	\$56,765	No	\$771	\$30,840	No
Providence, RI	\$33,000	\$165,000	\$46,598	No	\$790	\$31,600	Yes
Raleigh, NC	\$36,000	\$194,000	\$54,788	No	\$763	\$30,520	Yes
Richmond, VA	\$29,500	\$167,000	\$47,163	No	\$786	\$31,440	No
Riverside, CA	\$23,000	\$165,000	\$46,598	No	\$974	\$38,960	No
Rochester, NY	\$25,000	\$117,000	\$33,042	No	\$654	\$26,160	No
Sacramento, CA	\$30,600	\$175,000	\$49,422	No	\$837	\$33,480	No
San Antonio, TX	\$30,000	\$153,000	\$43,209	No	\$616	\$24,640	Yes
San Diego, CA	\$30,000	\$298,000	\$84,159	No	\$1,126	\$45,040	No
San Francisco, CA	\$32,800	\$549,000	\$155,044	No	\$1,522	\$60,880	No
San Jose, CA	\$25,000	\$420,000	\$118,613	No	\$1,350	\$54,000	No
Seattle, WA	\$30,000	\$272,000	\$76,816	No	\$912	\$36,480	No
St. Louis, MO	\$29,800	\$121,000	\$34,172	No	\$638	\$25,520	Yes
Tampa, FL	\$32,260	\$100,000	\$28,241	Yes	\$766	\$30,640	Yes
Virginia Beach, VA	\$30,000	\$171,000	\$48,292	No	\$919	\$36,760	No
Washington, DC	\$52,000	\$285,000	\$80,487	No	\$1,328	\$53,120	No

Source: National Housing Conference tabulations of 2012 American Community Survey 1-Year PUMS data and 2012 *Paycheck to Paycheck* data.

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