THE LONG
WAIT
FOR A HOME

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**NATIONAL LOW INCOME
HOUSING COALITION**

ABOUT NLIHC

The National Low Income Housing Coalition is dedicated solely to achieving socially just public policy that assures people with the lowest incomes in the United States have affordable and decent homes.

Founded in 1974 by Cushing N. Dolbeare, NLIHC educates, organizes and advocates to ensure decent, affordable housing for everyone.

Our goals are to preserve existing federally assisted homes and housing resources, expand the supply of low income housing, and establish housing stability as the primary purpose of federal low income housing policy.

Housing Spotlight: The Long Wait for a Home
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NATIONAL LOW INCOME HOUSING COALITION

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HOUSING SPOTLIGHT:
The Long Wait for a Home

EXECUTIVE SUMMARY

The Public Housing and Housing Choice Voucher (HCV) programs provide essential affordable housing to some of the nation's most financially vulnerable households. Forty percent of new public housing admissions and 75% of new voucher holders each year are required to be extremely low income (ELI) households, who earn no more than 30% of their area's median income (AMI) or the federal poverty guideline, whichever is higher. Seventy-one percent of the nearly 1.1 million public housing households and 74% of the 2.2 million HCV recipient households are ELI (HUD, 2015).

The housing resources available to ELI renters however are insufficient. The private and subsidized rental markets make available only 3.2 million affordable homes for the nation's 10.4 million ELI renter households, resulting in a national shortage of 7.2 million rental homes (NLIHC, 2016). ELI households face a long wait for housing assistance. Unable to find affordable housing, 75% of ELI renter households are severely cost burdened, spending more than 50% of their income on housing costs and leaving little money for other necessities (NLIHC, 2016).

The last nationwide survey of Public Housing Agencies (PHAs) regarding their public housing and voucher waiting lists was conducted in 2012. Since then, rental affordability has worsened, squeezing ELI renters even further out of the private market. To document the current state of waiting lists, NLIHC surveyed PHAs in the Fall of 2015 and Winter of 2016. Three hundred twenty PHAs responded with complete surveys, representing a diversity of size, location, and metropolitan status.

Survey data paint a bleak picture of waiting lists closed to new applicants and long waits for housing assistance. Key findings include:

> "**CLOSED WAITING LISTS** AND **LONG WAITS FOR HOUSING ASSISTANCE** MAKE CLEAR THAT **WE MUST EXPAND HOUSING RESOURCES FOR OUR NATION'S LOWEST INCOME RENTERS**."

- Fifty-three percent of HCV waiting lists were closed to new applicants for housing assistance. Sixty-five percent of HCV waiting lists closed to the general public had been closed for at least one year.

- Eleven percent of public housing waiting lists were closed to new applicants. Thirty-seven percent of public housing waiting lists closed to the general public had been closed for at least one year.

- The median HCV waiting list had a wait time of 1.5 years. Twenty-five percent of HCV waiting lists had a wait time of 3 years or longer.

- The median public housing waiting list had a wait time of 9 months. Twenty-five percent of public housing waiting lists had a wait time of 1.5 years or longer.

- ELI households accounted for nearly 74% of households on the average HCV waiting list and more than 67% of households on the typical public housing waiting list.

- Families with children accounted for 60% of households on the average HCV waiting list and 46% of households on the typical public housing waiting list.

- Seniors comprised the most common type of household on 15% of the public housing waiting lists for which these data were provided.

Closed waiting lists and long waits for housing assistance make clear that we must expand housing resources for our nation's lowest income renters. Legislation introduced in the 114th Congress would increase investments in vouchers, public housing, and other housing programs. While these bills have not yet moved forward in the legislative process, we encourage members of the upcoming 115th Congress to reintroduce and pass these bills. The Pathways out of Poverty Act (H.R. 2721) and the Common Sense Housing Investment Act (H.R. 1662)

propose modest changes to the mortgage interest deduction (MID) that would generate more than $200 billion in savings over ten years to be invested in vouchers, public housing capital improvements, and the national Housing Trust Fund (HTF) to better serve the nation's most financially vulnerable renters. A third bill, the Ending Homelessness Act of 2016 (H.R. 4888) would provide funding for an additional 295,000 to 300,000 HCVs over five years for homeless individuals and families. The Affordable Housing Credit Improvement Act of 2016 (S. 3237) would provide incentives for ELI rental housing in the Low Income Housing Tax Credit program, the largest affordable housing production program in the country.

These policy changes, and others like them, could end housing poverty and homelessness once and for all by providing the resources necessary for every low income family to afford a home.

INTRODUCTION

The Public Housing and Housing Choice Voucher (HCV) programs provide essential affordable housing to some of the nation's most financially vulnerable households. Public housing consists of rental homes operated and maintained by Public Housing Agencies (PHAs), which rent them directly to qualified low-income applicants. Tenants typically pay 30% of their income toward rent, and the PHA covers the remaining cost with federal funds. The HCV program provides vouchers to households who can use them to rent modest housing from landlords in the private market. Voucher holders typically pay 30% of their monthly income toward the rent, and federal funding pays the remaining rent up to a payment standard based on HUD's Fair Market Rent (FMR).

Forty percent of new public housing admissions and 75% of new voucher holders each year are required to be extremely low income (ELI) households, who earn no more than 30% of their area's median income (AMI) or the federal poverty guideline, whichever is higher. The nearly 1.1 million public housing households have an average income of $14,368. Seventy-one percent are ELI (HUD, 2015). The nearly 2.2 million HCV households have an average income of $13,821. Seventy-four percent are ELI (HUD, 2015).

The housing resources available for ELI renters however are insufficient. Only 3.2 million affordable homes are available for the 10.4 million ELI renter households in the U.S., resulting in a national shortage of 7.2 million rental units. Unable to find affordable housing, 75% of ELI renter households

are severely cost burdened, spending more than 50% of their income on housing costs and leaving little money for other necessities (NLIHC, 2016).

Local data paint a bleak picture of long waits for housing assistance. The Charlotte Housing Authority in North Carolina, for example, has more than 31,000 applicants on its HCV waiting list, yet only 200 to 240 vouchers become available every year to new recipients (Clark & Kemp, 2015). In Baltimore, 74,000 applicants applied for a chance at getting on a waiting list of 25,000 for a voucher. Only 1,000 to 1,500 vouchers become available in Baltimore each year (Wenger, 2014). At that pace, it would take more than 16 years to offer housing assistance to the households lucky enough to get on the wait list.

> **"** ONLY **3.2 MILLION AFFORDABLE HOMES** ARE AVAILABLE FOR THE **10.4 MILLION ELI RENTER HOUSEHOLDS** IN THE U.S., RESULTING IN A **NATIONAL SHORTAGE OF 7.2 MILLION RENTAL UNITS**. **"**

A 2012 survey indicated that 2.8 million families nationwide were on HCV waiting lists and more than 1.6 million were on public housing lists (PAHRC, 2015). The actual number of families in need of housing assistance is even higher, because many eligible families can't apply. As of 2012, 48% of HCV waiting lists and 6% of public housing waiting lists were closed to new applicants (Dunton, Henry, Kean, & Khadduri, 2014).

No regularly updated source of national waiting list data exists. The last nationwide survey of PHAs was conducted in 2012. Since then, rental affordability has worsened, squeezing ELI renters even further out of the private market. To document the current state of HCV and public housing waiting lists, NLIHC surveyed PHAs in the Fall of 2015 and Winter of 2016.

Table 1. PHA Size Distribution

PHA Size	Sample (n=320)	All PHAs[a]
Less than 300 units	46.2% (148)	60.2 %
300 to 499 units	10.6 % (34)	11.0 %
500 to 999 units	15.3 % (49)	12.0 %
1,000 to 2,999 units	16.9 % (54)	11.2 %
3,000 to 4,999 units	3.8 % (12)	2.4 %
5,000 or 9,999 units	3.1 % (10)	1.8 %
10,000 or more units	4.1 % (13)	1.3 %

a. Source: HUD, 2015

METHODOLOGY

NLIHC sent an initial email in October 2015 to PHAs managing public housing or HCVs, inviting them to participate in a web-based survey. A follow-up email was sent two weeks later. Further outreach was conducted through national and state PHA umbrella organizations. The convenience sample of 320 PHAs who completed the survey were diverse in size, metropolitan status, and location, but larger and metropolitan PHAs were overrepresented. PHAs managing more than 5,000 public housing units and vouchers combined account for 3% of all PHAs, but 7% of our sample (Table 1). Metropolitan PHAs account for 53% of all PHAs, but 64% of our sample. We applied sample weights based on the response size within each size and metropolitan status stratum[1] to estimate the total waiting list population and present results that better represent the universe of PHAs.

"THE SURVEY ASKED QUESTIONS ABOUT **WAITING LIST SIZE, STATUS, WAIT TIMES, AND HOUSEHOLD COMPOSITION** FOR BOTH VOUCHERS AND PUBLIC HOUSING."

The survey asked questions about waiting list size, status, wait times, and household composition for both vouchers and public housing. The responses provide a picture of the households waiting for housing assistance, but not a precise estimate of the country's housing needs. First, PHAs manage their lists in a variety of ways, making a precise estimate of housing needs difficult to obtain. Some PHAs close their waiting lists to new applicants after their list reaches a certain size. Where they are unable to apply, households who may qualify for assistance will be undercounted. Other PHAs keep their lists open, but regularly purge households who cannot be reached. Second, not all qualified households apply for vouchers or public housing. Third, applicants can apply to multiple PHAs at the same time, which may improve their chances for assistance. Applicants are also able to apply for both vouchers and public housing. Households on multiple waiting lists will be counted more than once.

REPORTING CAPACITY

PHAs could not provide data for at least one of three

1 Size strata were < 100 units, 100 to 299 units, 300 to 499 units, 500 to 999 units, 1,000 to 2,999 units, 3,000 to 4,999 units, 5,000 to 9,999 units, and 10,000 or more units. Within each size stratum, PHAs were identified as metropolitan, micropolitan, or neither.

Table 2. Not Reporting Household Characteristics of Waiting List

Housing Choice Vouchers	Income	Race	Household Type
Cannot provide information	36.2%	29.0%	29.2%
Reason information cannot be provided (of PHAs who cannot provide)[a]:			
Software limitations	49.1%	52.4%	56.3%
Lack of staff time to report data	30.6%	31.2%	26.6%
Does not ask applicants this information	21.8%	17.9%	15.6%
Public Housing	**Income**	**Race**	**Household Type**
Cannot provide the information	35.0%	27.1%	17.8%
Reason information cannot be provided (of PHAs who cannot provide)[a]:			
Software limitations	52.5%	53.9%	61.6%
Lack of staff time to report data	28.7%	21.7%	35.5%
Does not ask applicants this information	13.8%	21.7%	3.4%

a. Percentages can sum to more or less than 100%. Some respondents provided more than one reason and a small number of respondents did not provide a reason.

household characteristics (income, race, or household type (i.e., family with children, elderly, household with at least one person with a disability) for 45% of HCV waiting lists and 46% of public housing waiting lists. Of PHAs with HCV waiting lists, 36% could not report income, 29% could not report race, and 29% could not report household type (Table 2). Of PHAs with public housing waiting lists, 35% could not report income, 27% could not report race, and 18% could not report household type.

The primary reason for PHAs' inability to provide complete household information were limitations on their software capability and staff time. The majority said that their database management software did not store the information, or did not make an aggregation of waiting list data easy to obtain.

A minority of PHAs do not ask for or require household income at the time of initial application, preferring to wait until housing assistance is available, and another small number questioned the accuracy of their income information. Household circumstances often change during the lengthy wait, so they do not verify income until the applicant is at or close to the top of the waiting list. With regard to household type, some PHAs ask about family size, and not composition, at the time of application and verify household type only when housing assistance is available.
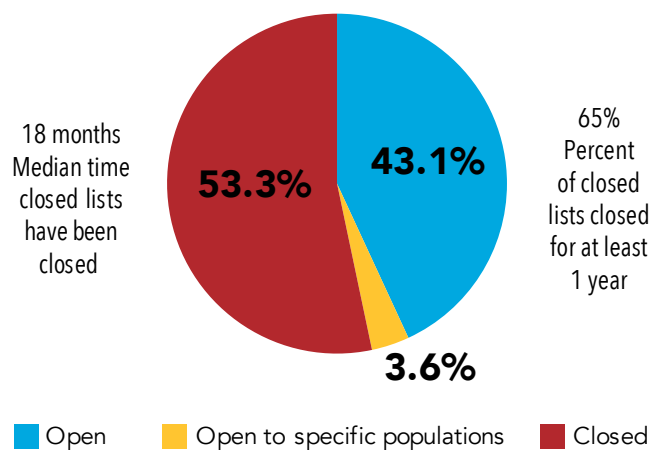
FINDINGS

STATUS OF WAITING LISTS

Fifty-three percent of HCV waiting lists were closed and another 4% were open only to one or more specific populations (Figure 1), such as homeless individuals and families, veterans, persons with a disability, or persons with local residency. Sixty-five percent of the HCV waiting lists closed to the general public had been closed for at least one year, 50% had been closed for at least 1.5 years, and 13% had been closed for at least five years. More than half of the PHAs with a closed HCV list did not think it would reopen over the next year.

housing waiting lists nationwide. The average HCV waiting list consisted of 2,013 households, a number heavily influenced by large PHAs and those with long waiting lists. The median HCV waiting list had 256 households, still a significant number given that the median PHA manages only 316 vouchers.[2] Twenty-four percent of HCV waiting lists included more than 1,000 households, approximately 10% had 5,400 or more households, and 5% had at least 11,520 households. The largest wait list in the sample consisted of more than 40,000 households.[3]

Figure 1a: Housing Choice Vouchers

- 18 months Median time closed lists have been closed
- 65% Percent of closed lists closed for at least 1 year
- 53.3%
- 43.1%
- 3.6%

Open | Open to specific populations | Closed

Figure 1b: Public Housing

- 6 months Median time closed lists have been closed
- 37% Percent of closed lists closed for at least 1 year
- 11.4%
- 4.0%
- 84.7%

Open | Open to specific populations | Closed

Eleven percent of public housing waiting lists were closed, and another 4% were open only to specific populations, typically seniors, families, and persons with a disability. Half of the waiting lists closed to the general public had been closed for at least six months, 37% had been closed for at least one year, and 15% had been closed for at least 2 years. Approximately one-third of PHAs with a closed public housing waiting list did not think it would reopen over the next year.

SIZE OF WAITING LISTS

Millions of households are on HCV and public

Small PHAs with fewer than 300 units of public housing and vouchers combined had an average HCV waiting list of 87 households, while the largest PHAs with more than 5,000 units had an average HCV waiting list of 12,736 households (Figure 2a). Approximately twenty percent of the largest PHAs had a waiting list of at least 19,000 households. Across all

2   Calculated from HUD (2015) *A Picture of Subsidized Households.*

3   Waiting lists larger than 40,000 are rare. The largest PHA, New York City Housing Authority, has more than 148,000 families on its HCV waiting list and 263,000 families on its public housing waiting list (NYCHA, 2015).
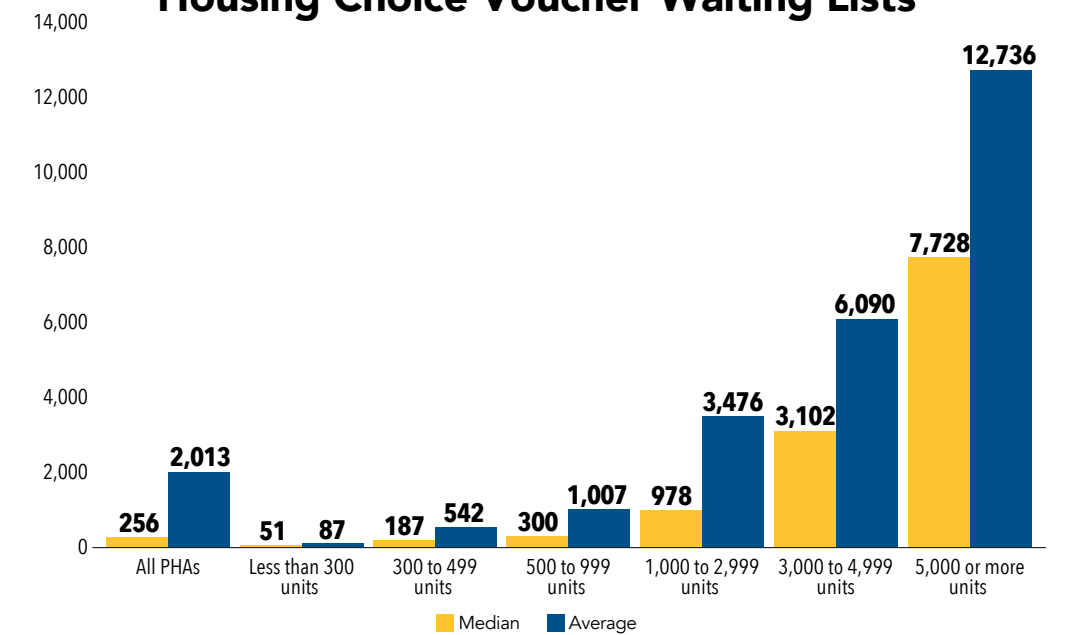

PHA size categories, the average number of households on the HCV waiting lists was larger than the median, indicating some PHAs had significantly longer waiting lists relative to others in their size group.
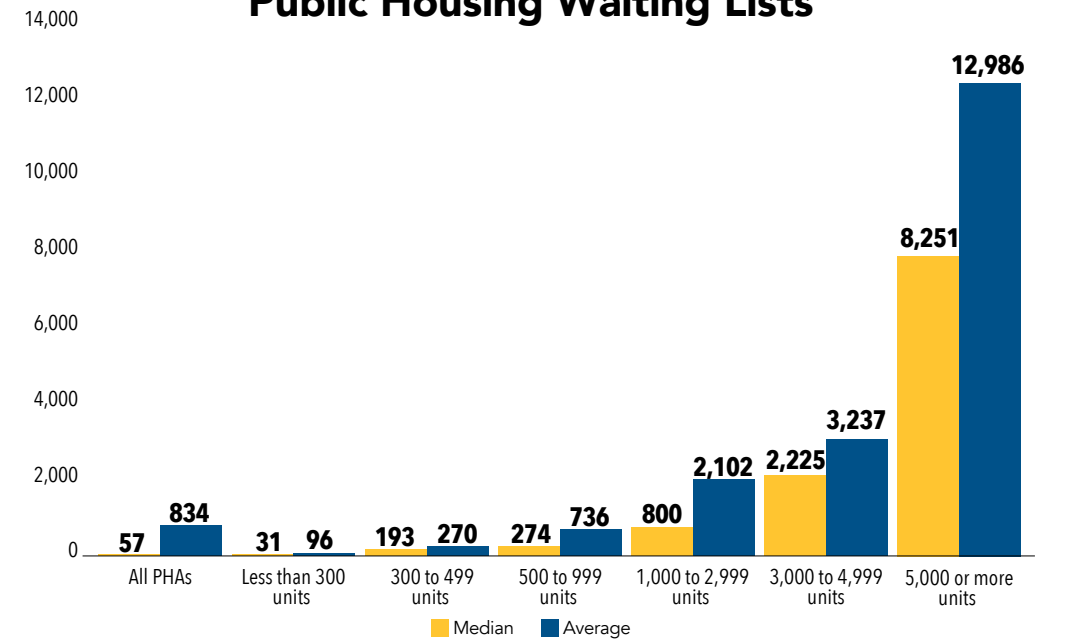
The average public housing waiting list included 834 households. The median waiting list consisted of 57 households, once again a significant number when approximately half of PHAs have fewer than 100 public housing units.[4] More than 11% of public housing waiting lists included at least 1,000 households. The average size of public housing waiting lists was 96 households for small PHAs and 12,986 for the largest PHAs (Figure 2b).

WAIT TIMES

Wait times are longer for vouchers than for public housing. PHAs administering vouchers reported a median wait time of 18 months, or 1.5 years, on their HCV waiting list (Figure 3a). Twenty-five percent of HCV waiting lists had a wait time of 36 months (3 years) or longer. The maximum reported wait time was 15 years.

The largest PHAs tended to have longer wait times. The median wait time among PHAs with more than 5,000 vouchers and public

housing units combined was 36 months for a voucher. Twenty-five percent of large PHAs had a wait time of at least 84 months (7 years). PHAs' ability to serve households on their waiting list is constrained by the slow turnover of voucher recipients and inadequate funding.

Figure 2a: Households on Housing Choice Voucher Waiting Lists

	Median	Average
All PHAs	256	2,013
Less than 300 units	51	87
300 to 499 units	187	542
500 to 999 units	300	1,007
1,000 to 2,999 units	978	3,476
3,000 to 4,999 units	3,102	6,090
5,000 or more units	7,728	12,736

Figure 2b: Households on Public Housing Waiting Lists

	Median	Average
All PHAs	57	834
Less than 300 units	31	96
300 to 499 units	193	270
500 to 999 units	274	736
1,000 to 2,999 units	800	2,102
3,000 to 4,999 units	2,225	3,237
5,000 or more units	8,251	12,986

4   Calculated from HUD (2015) *A Picture of Subsidized Households.*

PHAs reported a median time of 9 months on their public housing waiting lists (Figure 3b). Twenty-five percent of public housing waiting lists had a wait time of at least 18 months (1.5 years). The largest PHAs had a median wait time of 24 months (2 years) and twenty-five percent of them had wait times of at least 51 months (4.25 years).

Several PHAs commented that the number of bedrooms a household needed was an important factor in the wait time for public housing. Of the PHAs who commented, 34% indicated a longer wait for family housing and 25% indicated a longer wait for one-bedroom units. The others were ambiguous as to the length of wait by apartment size. The need for specific apartment sizes is dependent on the local area's demographics and housing market, as well as the mix of housing offered by the PHA.

WAITING LIST COMPOSITION

The average income distribution for HCV waiting lists was 74% ELI households, 18% very low income (VLI) households with income between 31% and 50% of AMI, and 6% low income (LI) households with income between 51% and 80% of AMI (Figure 4a). Larger PHAs on average had a higher percentage of ELI households on their HCV waiting lists than smaller ones.

The average income distribution of public housing waiting lists was 67% ELI, 19% VLI, and 12% LI households (Figure 4b). Large PHAs had a significantly poorer

Figure 3a: Housing Choice Voucher Wait Time

Figure 3b: Public Housing Wait Time

population on their public housing waiting lists than smaller PHAs. The average income distribution of public housing waiting lists among the largest PHAs was 86% ELI and 11% VLI, while the average list of the smallest PHAs was 65% ELI and 20% VLI.

The racial and ethnic composition of waiting lists varied for PHAs of different sizes. The average HCV waiting list was 47% white, 37%, black, and 10% Hispanic (Figure 5a). The largest PHAs' HCV waiting lists were on average less racially diverse and less white. They were on average 19% white, 66% black, and 7% Hispanic.
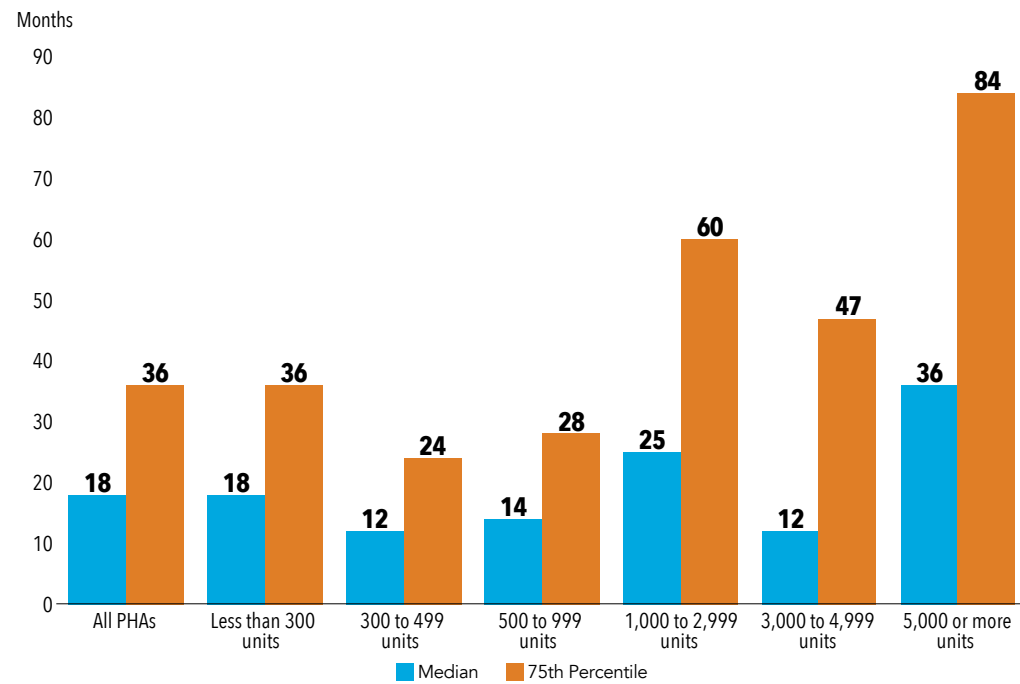
Public housing waiting lists were on average 58% white, 31% black, and 8% Hispanic (Figure 5b). The smallest and largest PHAs had the least diverse lists, but with different populations. The average racial and ethnic composition among small PHAs was 66% white, 25% black, and 7% Hispanic. The average racial and ethnic composition among large PHAs 20% white, 69% black, and 3% Hispanic.

The differences in racial and ethnic composition of waiting lists across differently sized PHAs is partly a function of demographics. Small PHAs on average were located in jurisdictions
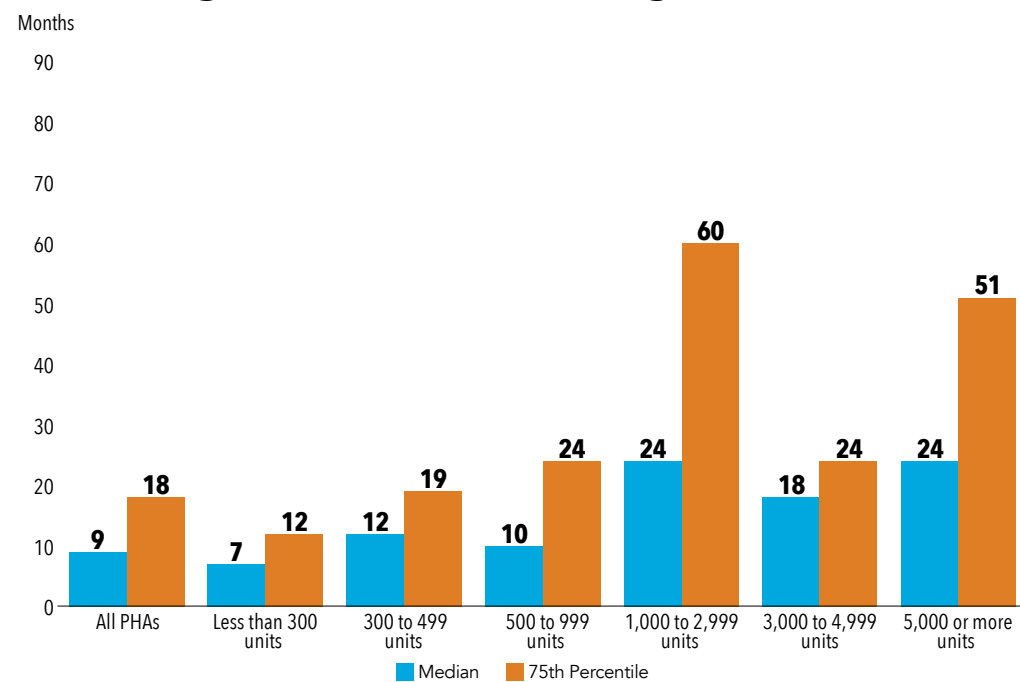
with a higher proportion of white residents, while large PHAs served jurisdictions with a smaller proportion.

Across all PHA sizes however black low income households appear overrepresented on waiting lists,
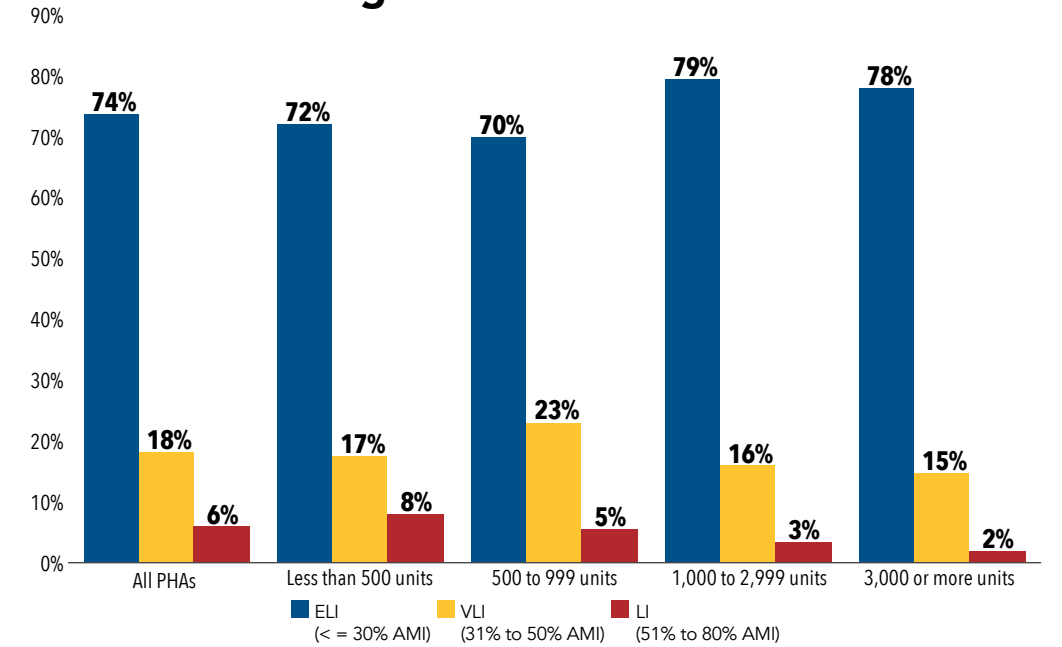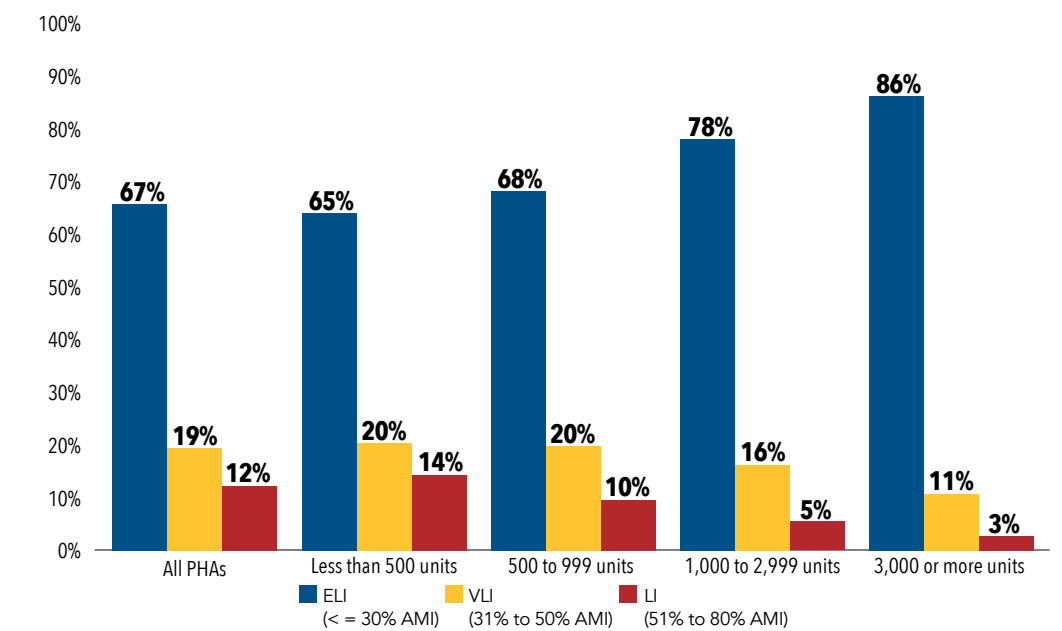
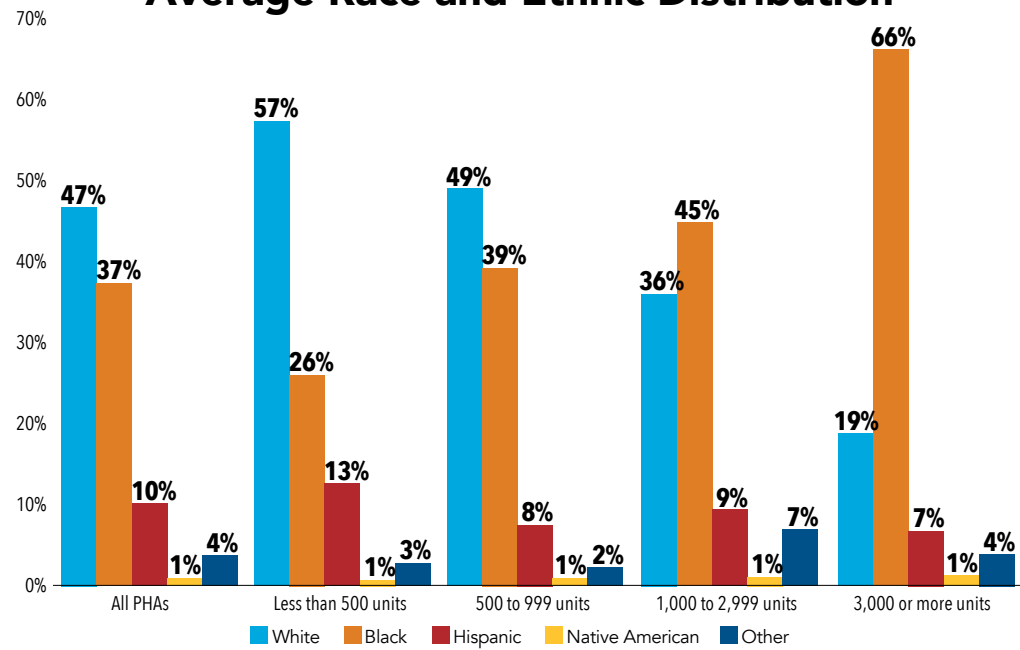### Figure 4a: Housing Choice Voucher Waiting Lists Average Income Distribution

Figure 4b: Public Housing Waiting Lists Average Income Distribution

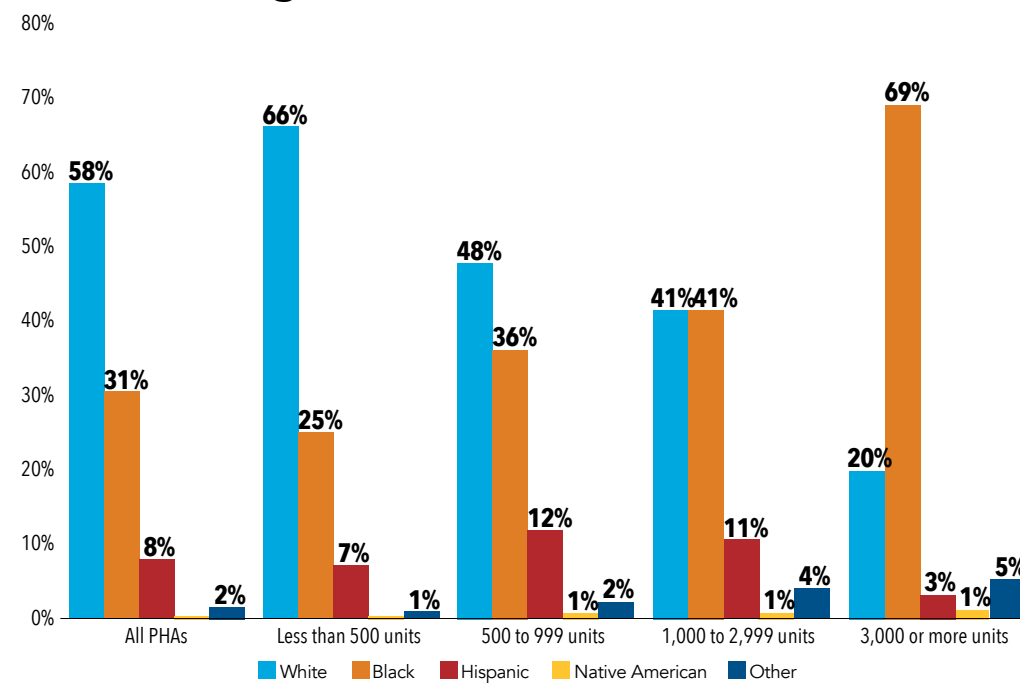while white and Hispanic low income households appear underrepresented. The average racial distribution of all very low-income and extremely low-income renters in jurisdictions with PHAs that administered vouchers was 61% white, 18% black and 16% Hispanic[5], but the average voucher waiting list was 47% white, 37% black and 10% Hispanic. The average racial distribution of very low-income and extremely low-income renters in jurisdictions with public housing was 67% white, 20% black, and 11% Hispanic, but the average PHA public housing waiting list was 58% white, 31% black, and 8% Hispanic. This pattern existed across all PHA sizes, but was less pronounced among the smallest PHAs.

The average household distribution on HCV waiting lists was 60% families with children, 11% seniors, and 18% households with at least one person with a disability (Figure 6a). The distribution was fairly consistent across PHAs of different size. Waiting lists of public housing were more diverse with an average distribution of 46% families with

5 Calculated from HUD (2016) Comprehensive Housing Affordability Strategy (CHAS) Data, 2009-2013 ACS 5-year average.

Figure 5a: Housing Choice Voucher Waiting Lists Average Race and Ethnic Distribution

Note: Percentages do not add up to 100%, because a category for "unknown" is omitted

Figure 5b: Public Housing Waiting Lists Average Race and Ethnic Distribution

Note: Percentages do not add up to 100%, because a category for "unknown" is omitted.

children, 24% seniors, and 19% households with at least one person with a disability (Figure 6b).

The housing stock managed by PHAs may influence the types of households on their public housing waiting lists. Recent research indicates that public housing is more likely than private market housing to provide a minimum level of accessibility for people with moderate mobility challenges (Chan & Ellen, 2016). In addition, PHAs often manage housing designated specifically for the elderly, which may explain the higher proportion of elderly households on public housing waiting lists than HCV lists. Seniors were the dominant household type on 15% of public housing waiting lists for which data were available, compared to 1% of HCV waiting lists. Similarly, households with at least one person with a disability were the dominant household type on 11% of public housing waiting lists.

POLICY IMPLICATIONS

We must expand our housing resources for the nation's most vulnerable
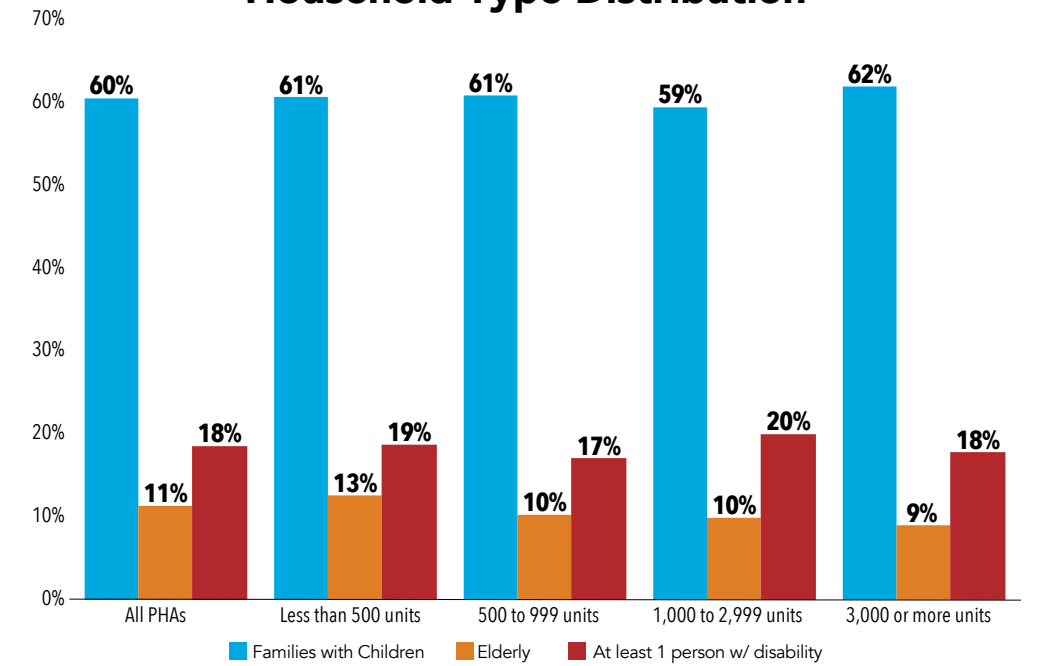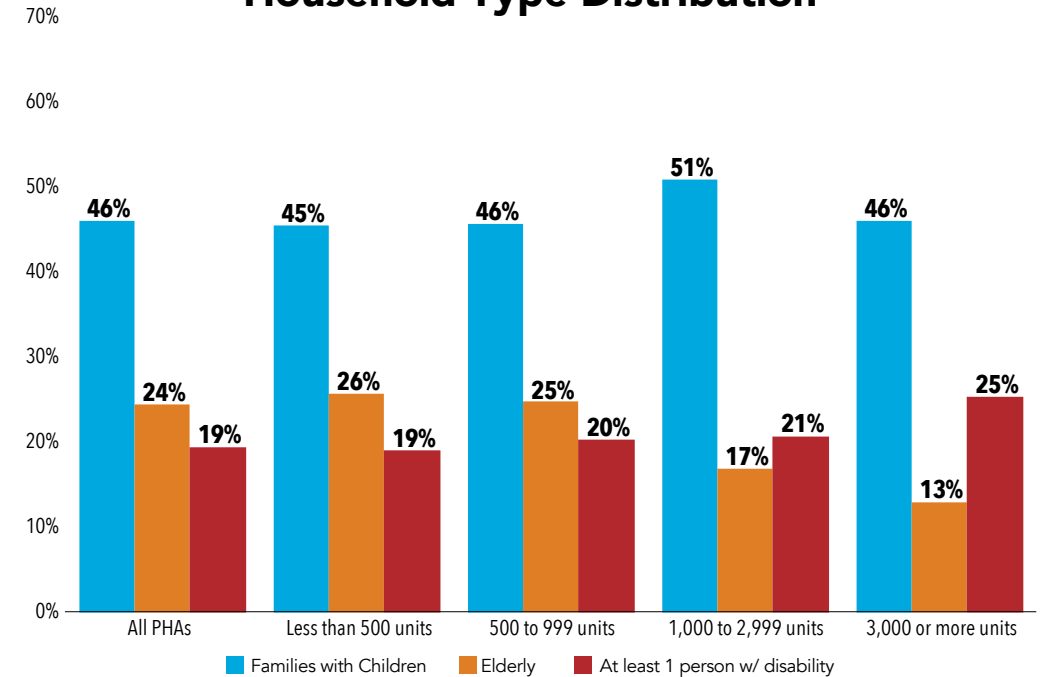
renters. Despite the significant need, Public Housing received $1.6 Billion less in 2016 than in 2010, capital

Figure 6a: Housing Choice Voucher Waiting Lists Household Type Distribution

Note: Percentages do not add up to 100% because "other" and "unknown" categories are omitted.

Figure 6b: Public Housing Waiting Lists Household Type Distribution

Note: Percentages do not add up to 100% because "other" and "unknown" categories are omitted.

funding used to repair and renovate the public housing stock has declined by 53% since 2000, and HCV funding has not yet returned to pre-sequestration levels (CBPP, 2016).

A combination of vouchers and affordable housing capital investment is critical. Vouchers are an important tool for meeting the housing needs of ELI renters, with proven success in ending homelessness and housing insecurity. Funding for the Housing Choice Voucher program should be significantly expanded to meet the existing need. Vouchers may, however, be difficult to use in high demand housing markets where landlords have more potential tenants. Landlords may reject vouchers because of limited program knowledge, an unwillingness to deal with the program's inspections, or outright discrimination against voucher holders (Graves, 2016). Voucher recipients with a disability or those who are seniors may face challenges in finding accessible housing, as rental housing in the private market is less likely than public housing to be accessible (Chan & Ellen, 2016).

It is equally important to increase capital dollars for the production, preservation and rehabilitation of rental homes affordable to the lowest income people. The national Housing Trust Fund (HTF) was created in 2008 precisely to meet this need; it is the first new housing program in more than 26 years that is focused solely on the nation's poorest renters. The HTF's first nationwide funding allocation of $174 million will be distributed to states this fall. At least seventy-five percent of HTF funds must benefit ELI households, and 100% must benefit them while the HTF is capitalized under $1 Billion. To meet the existing need, the HTF should be significantly expanded.

Legislation introduced in the 114th Congress would increase much needed investments in the HTF, vouchers, public housing, and other housing programs. While these bills have not yet moved forward in the legislative process, we encourage members of the upcoming 115th Congress to reintroduce and pass these bills. The Pathways out of Poverty Act (H.R. 2721), introduced by Barbara Lee (D-CA), and the Common Sense Housing Investment Act (H.R. 1662), introduced by Keith Ellison (D-MN), propose modest changes to the mortgage interest deduction (MID) that would provide funds for both vouchers and public housing.

The bills would reduce the mortgage amount eligible for a federal tax break from $1 million to $500,000. The bills would also convert the MID to a 15% non-refundable tax credit that could be taken by all homeowners, providing 15 million more homeowners with a mortgage related tax break (Lu, Rosenberg, and Toder, 2015). These modifications would generate $213 billion in new revenue over ten years for affordable housing programs, including the HTF, Public Housing Capital Fund and vouchers (Lu, Rosenberg, & Toder, 2015). A third bill, the Ending Homelessness Act of 2016 (H.R. 4888), introduced by Maxine Waters (D-California), would provide funding for an additional 295,000 to 300,000 HCVs over five years for homeless individuals and families, as well as $1 billion in mandatory funding each year for the national HTF.

Other housing programs could alleviate pressures on public housing and vouchers by better targeting ELI renters. The Affordable Housing Credit Improvement Act of 2016 (S. 3237), introduced by Senators Maria Cantwell (D-WA) and Orrin Hatch (R-UT), provides incentives for ELI rental housing in the Low Income Housing Tax Credit program, the largest affordable housing production program in the country. These incentives include a 50% credit boost for ELI housing, and income averaging to allow a more diverse mix of incomes in a project to cross-subsidize more ELI units.

Different local housing markets have different needs, ranging from one bedroom apartments for older adults to large family-sized units. Quality data about who is applying for housing assistance would help housing agencies and advocates better understand the households behind the numbers. Additional administrative funding would allow resource-strapped PHAs to invest more resources in managing, analyzing, and sharing information from their waiting lists.

Closed waiting lists and the long wait for housing assistance are symptomatic of the housing crisis that ELI renters face. Resolving this crisis will require multiple solutions. We must protect and expand HCVs and public housing capital funding, invest in an expansion of the national HTF, and improve affordable housing programs to more deeply target assistance. These changes could end the housing crisis for our lowest income households once and for all.

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