

## **CHAPTER 5: SPECIAL NEEDS HOUSING**

### **Introduction**

In addition to understanding the characteristics and trends of the overall housing stock and market in a community, it is often useful to examine specific market segments to determine if unique needs exist that are not evident through the overall market data. In this chapter of the report we review the characteristics of a segment of the market known as special needs housing. This segment covers a range of consumer groups who have unique needs related to housing.

#### **Chapter Overview**

We discuss five groups of consumers—the elderly, persons with disabilities, persons with HIV/AIDS, the homeless, and large families (i.e. those with 5 or more family members). Although there is overlap among these groups, we discuss each in a separate section. We begin each section by discussing the characteristics that justify each group’s inclusion in the special needs segment. Then we discuss how many members of each group reside in the county and project, where possible, how many people in each group will live in the county in the future. To the extent that data allow, we examine how much housing is available for each group, as well as how affordable the housing is. We conclude each section by drawing conclusions from the findings, some of which suggest actions that might be taken to address needs. However, keeping with our practice in other chapters, we save our discussion of specific recommendations for the recommendations chapter of the report.

The data for this chapter come from a variety of sources, including the U.S. Census, the U.S. Department of Housing and Urban Development (HUD), the Michigan State Housing Development Authority (MSHDA), and reports produced by experts in the field. This chapter also benefits greatly from the insights obtained through interviews with special needs service providers.

#### **Summary of Findings and Conclusions**

Of all the special needs populations, the elderly will create the most obvious pressure for change in the coming decades. Currently, the elderly account for a relatively modest share of Oakland County’s total population. However, a large share of the elderly faces housing affordability problems. Although the elderly are the best-served, in terms of government-subsidized housing, the supply is inadequate to meet the current demand. Moreover, with the aging of baby boomers the elderly population is expected to explode over the next three decades growing by 104% and accounting for about 21% of the county’s population by 2030. This growth will undoubtedly cause changes in the characteristics of the county’s elderly population. However, given the current level of affordability problems among the elderly, the special housing needs and preferences of the elderly, the shortage of housing alternatives for the elderly, and the sheer growth in the elderly population, significant changes in the county’s housing stock and elderly services will need to take place in order for the county to accommodate this growing population. These changes must seek to increase the supply of both traditional elderly housing and new alternative housing arrangements to serve this increasingly diverse population and

enable it to age in place. Support services to enhance the quality of life for those elderly who choose to remain in their existing housing will also need to be enhanced. The county should also consider how the county's housing market will be impacted as many elderly homeowners decide to sell their homes for smaller, more manageable units.

The growth in the elderly population will also increase the need for housing and support services for persons with physical or mental disabilities in two ways. First, as the population of the county ages, the number of disabilities among that population will increase. Second, more and more of the children with disabilities that currently live with their parents or other relatives will need to find alternative housing as their parents/relatives age and are no longer able to care for them. These two trends will compound the pressures that already exist for housing for persons with disabilities. There is already a shortage of housing and supportive services for the existing disabled population, and many persons with disabilities that are able to find housing supplied by someone other than their relatives face tremendous affordability challenges.

Inevitably, public, private, and nonprofit leaders in the county will need to face the challenges for persons with disabilities head-on. Their efforts will need to address funding limitations and zoning/land use laws that inhibit or prohibit the provision of affordable housing for persons with disabilities. In addition to increasing the overall supply of housing targeted to persons with disabilities, they will need to aggressively enhance the capacity of organizations that provide support services to persons with disabilities. Significantly enhancing support services could greatly reduce the need for providing new housing targeted for persons with disabilities by enabling persons with disabilities to remain in their current housing. Accomplishing these goals may require some changes in regulations and funding amounts for existing state and federal programs that serve persons with disabilities. Clearly, housing and service needs of persons with disabilities are issues that the county cannot address on its own.

The housing needs of the other special needs populations are less obvious because their numbers are lower and their population may also fall into one of the other special needs categories. However, each group faces challenges in the existing housing market. Though small relative to the total population, persons with HIV/AIDS are more common in Oakland County than all other counties in the state, but Wayne. This population faces special challenges related to discrimination, medical regimens, and support services. The county could look to increase the availability of housing to directly serve the HIV/AIDS population in the future. However, support services seem to be the more appropriate target of action. As the county seeks to address the needs of persons with disabilities, it could target some of its actions specifically to persons with HIV/AIDS.

The need for housing and support services for the homeless population outstrips the available supply. The capacity of service agencies to serve this population has grown recently through competitive funding from the federal government. However, given the overall decline in housing assistance from the federal government, the competition for the funds that remain is likely to grow, and the ability of Oakland County agencies to receive substantial funding in the future is uncertain. The County has been working on a plan to end homelessness in the county. This will require a concerted effort and commitment by stakeholders with resources to explicitly address the needs of the homeless population and its service providers as it addresses the special

needs of other populations identified in this chapter. Improving the affordability of housing for other special needs populations will lessen the potential burden on the homeless service providers. But without action on the needs specific to the homeless, the population will only grow.

The housing problem related to large families is one of affordability. There is no overall shortage of housing to accommodate large families in Oakland County. However, most of it is for homeowners. As we found with homeowner housing overall, the cost of this housing is relatively high and the result is that more large owner families face cost burden in Oakland County than statewide. The more critical issue is affordability of rental units for large families. Again, there is no shortage of rental units, but they tend to be expensive. To the extent that a shortage of units exists, it appears to be in the subsidized segment of the market.

Given the relatively small prevalence of large families and the overall supply of units available to serve the needs of these families, this part of the special needs market seems to have the least pressing needs. Of course, the number of people impacted for each large family with a problem is much larger than for each small family. Although only about 5,800 large renter households face cost burden, at least 29,000 people reside in these households. Thus, action is warranted. It would seem that the needs of large families would be served more efficiently through subsidies that help them afford existing units rather than efforts to construct new units, particularly since many existing large units are likely to filter down in the housing market as more householders become elderly and leave their existing homes.

## **Elderly**

As our baby boomers age and life expectancies increase, the elderly population is growing in number and diversity. This complicates any description of their characteristics or housing needs. Still, some historical reasons for classifying the elderly as a special needs group remain accurate for a large portion of the elderly population.

First, because of their small family size, the elderly tend to demand smaller housing units than younger households with children or expectations thereof. Second, the elderly typically have a greater need to live near health care providers than their younger counterparts. Third, the elderly tend to be more dependent upon others (e.g. relatives, transit systems, etc.) for transportation to community services and activities. Thus, proximity to both community services (e.g. retail, health care, recreation, etc.) and alternative transportation tend to be more pertinent to housing decisions for this group. Fourth, as the elderly face growing health complications, they tend to need housing of different styles and with different attributes than younger households. For example, single-story homes, small yards, low-maintenance homes, and homes with handicapped accessories become more important. Fifth, even when they obtain housing with such characteristics, the elderly tend to be very dependent upon others for home chores and maintenance. Safety concerns also tend to be more important for the elderly. These characteristics become even more important for the elderly with disabilities. Finally, many elderly households live on fixed, relatively modest incomes that limit the amount they are able to spend on housing.

While the growing diversity of the elderly over the next few decades promises to make some of these generalizations less accurate, other trends may make some characteristics even more prominent. For example, as medical advances enable us to live longer the impact of physical and mental limitations may grow. Moreover, the growing cost of prescriptions and health care services may make income limitations even more prominent. Plus, as the size of housing grows, the need to downsize or adapt existing housing may grow as well.

Of course, the growing size and diversity of the elderly population will also pose unique opportunities in the coming decades. Many of the younger elderly are healthier than their counterparts of past decades. They want to change their particular housing unit, but want to stay active. Even those who require some assistance with daily living want to remain independent. Many households who become elderly in the coming decades will have more disposable income than their predecessors. There is also a growing recognition of the desire of many aging households to remain in their current communities (i.e. age in place) and avoid nursing home placement. These trends pose opportunities for new, alternative housing and community options compared to what has been provided historically. For example, community developments that allow for residents to move from one part of the development to another as they age and their need for assistance grows are becoming increasingly common. Many have health care services on-site. Assisted living facilities that provide modest levels of living assistance while allowing the residents to maintain a high level of independence are providing an alternative to nursing homes. Condos, apartments, and other small housing in mixed-use developments in or near downtowns have also seen growing popularity among elderly consumers.

### **Prevalence of Elderly Households**

When discussing the elderly, two age groups are particularly important. The first is 62 and older, the first point of eligibility for many elderly housing program. The second is 65 and older, the age for many other government programs and the youngest age most people think of when they think of the elderly or senior citizens. As of 2000, about 13 percent of Oakland County's population (159,018) was 62 years or older (Table 5.1). About 11 percent (134,959) was 65 or older—up slightly from the 1990 share. Persons 65 and over were more common among the White, non-Hispanic population (12.6 percent) than among the minority population (5.6 percent).<sup>1</sup>

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<sup>1</sup> While minority populations (primarily African American) have called Oakland County home for a number of years, they are generally younger than the “majority White” population and recent increases in their numbers have been heavily driven by the influx of immigrants – Asian, Hispanic and Middle Eastern – who tend to be heavily concentrated in the younger, working-age cohorts between 20 and 39 years of age. These groups also have higher birth rates, thus contributing to a younger age distribution.

**Table 5.1. Oakland County’s Elderly Population, 2000<sup>2</sup>**

	Total	62 years+	65 years+	62 years+	65 years+
Total Population	1,194,15	159,018	134,959	13.3%	11.3%
White, non-Hispanic	971,752	143,220	122,440	14.7%	12.6%
Minority	222,404	15,798	12,519	7.1%	5.6%

Source: Census Bureau

While the elderly account for a relatively small share of the county’s total population, particularly when compared to other counties in the region, their significance is projected to grow dramatically in the coming decades. Beginning about 2010, as the baby boomers begin to turn 65, Oakland County’s elderly population will grow by anywhere from 50,000 to 70,000 (Table 5.2). This is roughly two to four times the growth experienced in the 1990s. Clearly, this growth must be an area of consideration for future community planning in the county.

**Table 5.2. Oakland County’s Elderly Population, 1990 – 2030**

Year	Total	65 years+	% of Total
1990	1,083,592	117,709	10.9%
2000	1,194,157	134,959	11.3%
2005	1,225,336	139,748	11.4%
2010	1,254,380	154,395	12.3%
2015	1,281,557	179,966	14.0%
2020	1,299,528	213,555	16.4%
2025	1,318,551	248,592	18.9%
2030	1,333,573	275,469	20.7%

Source: SEMCOG

Twenty-seven communities have higher shares of 65 years or older population than the county average of 11.4 percent. In fact, three of those communities, all small and affluent, have shares that already exceed the county projection of 20.7 percent for 2030 (Table 5.3).

The vast majority of Oakland County’s elderly (77 percent of elderly households) are homeowners (Table 5.4). In fact, there were only seven communities where elderly homeownership rates were below 70 percent. These included Royal Oak Twp (24.4 percent), Southfield (53.2 percent), Farmington (61.7 percent), Farmington Hills (66.9 percent), Auburn Hills (67.5 percent), Walled Lake (68.1 percent), and Pontiac (69.0 percent). Most of these communities also had high concentrations of elderly residents compared to the rest of the county. Three of these communities (Southfield, Farmington Hills, and Pontiac) also rank near the top in group-quarters population – both nursing homes and non-institutional.

<sup>2</sup> Just over 48,000 (30% of all people 62 and older) are 75 to 84 years old. About 16,000 (10% of all people 62 or older) are 85 or older.

**Table 5.3. Oakland County Communities with Highest Share of Elderly (65 or older), 2000**

Bingham Farms village	28.5%	Madison Heights city	14.2%
Bloomfield Hills city	23.8%	Birmingham city	14.0%
Lake Angelus city	21.2%	Franklin village	13.8%
Farmington city	20.5%	Village of Clarkston city	13.4%
Beverly Hills village	19.1%	West Bloomfield township	13.4%
Bloomfield township	17.8%	Leonard village	13.0%
Royal Oak township	16.9%	Berkley city	12.9%
Clawson city	15.2%	Huntington Woods city	12.7%
Southfield city	15.2%	Oak Park city	12.2%
South Lyon city	15.0%	Lathrup Village city	12.2%
Sylvan Lake city	14.9%	Walled Lake city	12.0%
Royal Oak city	14.9%	Hazel Park city	11.5%
Lake Orion village	14.5%	Pleasant Ridge city	11.4%
Farmington Hills city	14.4%		

Source: Census Bureau

**Table 5.4. Housing Tenure of Oakland County's Elderly, 2000**

<b>Total Owner occupied</b>	<b>352,125</b>
Householder 55 to 64 years	55,187
Householder 65 years and over	67,369
Percent of Total	19.1%
Householder 65 to 74 years	37,374
Householder 75 to 84 years	24,671
Householder 85 years and over	5,324
<b>Renter occupied</b>	<b>118,990</b>
Householder 55 to 64 years	8,442
Householder 65 years and over	20,241
Percent of Total	17.0%
Householder 65 to 74 years	7,215
Householder 75 to 84 years	8,351
Householder 85 years and over	4,675

Source: Census Bureau

Table 5.5 details the living arrangements of Oakland County's elderly population as of 2000. A large majority (about 67%) of elderly lived in family households, most often with a spouse. Nearly 30% of the elderly (39,910) lived alone. The overwhelming majority of these (78%) were women. The balance of the elderly population (about 3% or 6,117 people) lived in group-quarters—about two-thirds of them nursing homes.

Data limitations and general uncertainty about the future prevent a conclusive determination of how the elderly will live over the next few decades. However, we can use the 2000 data on the elderly to create some baseline estimates of what would happen if current characteristics prevailed. If the living arrangements for the elderly in 2000 held constant over the next three decades, the number of single-person elderly households would grow by 23,294

households (58%) from 2000 to 2020. By 2030, the total would grow another 18,324 to 81,528—104 percent more single-person elderly households than existed in 2000. The elderly living in group quarters would grow by 2,662 through 2020 and another 2,786 by 2030, reaching a total of 12,396. Clearly, these changes would call for considerable changes in the housing options available to the elderly. Most of the remaining elderly population would live with their spouses.

**Table 5.5. Living Arrangements of Oakland County’s Elderly, 2000**

	<u>Number</u>	<u>Percent</u>
Total persons age 65 and over:	134,959	100.0%
In households:	128,842	95.5%
In family households:	86,217	66.9%
Householder:	46,230	35.9%
Male	37,294	80.7%
Female	8,936	19.3%
Spouse	30,576	23.7%
Parent	5,250	6.1%
Other relatives	3,746	4.3%
Nonrelatives	415	0.5%
In nonfamily households:	42,625	33.1%
Male householder:	9,529	22.4%
Living alone	8,819	92.5%
Not living alone	710	7.5%
Female householder:	31,851	74.7%
Living alone	31,091	97.6%
Not living alone	760	2.4%
Nonrelatives	1,245	2.9%
In group quarters:	6,117	4.5%
Institutionalized population	4,140	67.7%
Noninstitutionalized population	1,977	32.3%

Source: U.S. Census Bureau

One reason the elderly are considered a special needs population is because many of them have disabilities that impact the type of housing that they can occupy. Table 5.6 displays the responses received from Oakland County residents 65 years and over when asked by the Census Bureau about disabilities that limit or prevent them from participating in activities of daily living. About two-fifths of the county’s elderly indicated that they had a disability. Among those reporting disabilities, 18.9 percent listed just one. Within this group, a physical disability was identified by almost half (48.2 percent) of the respondents. Second in frequency (26.2 percent) was a disability that limited or prevented them from going outside the home. Many of these disabilities may be physical in nature. Sensory disabilities (e.g. vision or hearing) came in third at 18.7 percent, followed by mental disabilities (6.3 percent) and self-care disabilities (less than 1 percent). Among the 19.9 percent of respondents who identified more than one disability, self-care was listed 44.8 percent of the time. It is apparent that persons see self-care limitations as usually resulting from some other disability.

**Table 5.6. Disability Status of Oakland County’s Elderly, 2000**

<b>65 years and over</b>	<b>130,570</b>	
<b><i>With one type of disability</i></b>	<b>24,636</b>	<b>18.9%</b>
Sensory disability	4,609	18.7%
Physical disability	11,877	48.2%
Mental disability	1,548	6.3%
Self-care disability	153	0.6%
Go-outside-home disability	6,449	26.2%
<b><i>With two or more types of disability</i></b>	<b>26,007</b>	<b>19.9%</b>
Includes self-care disability	11,660	44.8%
Does not include self-care disability:	14,347	55.2%
No disability	79,927	61.2%

Source: Census Bureau

### **Affordability for Elderly Households**

The affordability analysis in Chapter Four showed that housing affordability is a greater concern for the elderly than it is for other age groups in the county. While the elderly account for only 20 percent of all households in the county, they account for 26 percent of households facing cost burden. If we look at how many of the elderly face cost burden, as opposed to the elderly as a share of all households who face cost burden, we find that 29 percent of elderly households face cost burden. This is the second highest percentage of any county in the state. Only Wayne County has a higher percentage, and its percentage is only one point higher. Findings are similar for severe cost burden. With 14 percent of its elderly households paying more than 50 percent of their income on housing, Oakland has the highest ranking of all counties in the state.

The elderly account for far more households with cost burden in some communities than others. They account for as little as ten percent of households with burden in Addison, Northville, and Wixom and as much as 52 percent in Farmington. In at least half of the communities, elderly accounted for 22 percent or less of households with burden. However, in 18 communities the proportion is 30 percent or more. Three communities—Clarkston, Farmington, and Novi Township—have percentages of 40 or more. Variation for severe cost burden was even greater.

As we would expect from our findings for the county as a whole, the elderly are over-represented among households with burden in most CVTs (44 out of 61). The extent to which they are over-represented varies substantially. In 27 communities, the elderly account for five percent more of households with burden than total households. In eleven communities the difference is ten percent or more. The greatest difference (20 percent) is in Farmington. There is no obvious spatial pattern for the extent to which the elderly are over-represented among households with burden.

When we examine elderly households with burden as a proportion of all elderly households the findings are similar. Variation among CVTs is high and those CVTs where the elderly are over-represented among households with burden also tend to have a large share of all

elderly households facing cost burden. There is some concentration of high percentages of elderly households with burden along the southern edge of the county.

The data do not enable a direct assessment of income levels of the elderly with disabilities. However, we can make a broad assessment by examining the socioeconomic characteristics of the communities where disabilities among the elderly are most prevalent. Table 5.7 shows the communities with the highest prevalence of reported disability among the elderly. The ranking follows quite closely with the socioeconomic status of the community as a whole, and the elderly in particular. This is especially evident for the communities of Royal Oak Township, Pontiac, Hazel Park and Auburn Hills. While these data are by no means conclusive, they suggest that the elderly disabled often face income constraints that impact their ability to access affordable housing.

**Table 5.7. Oakland County Communities with Highest Share of Disabled Elderly, 2000**

Royal Oak Twp	60.30%
Pontiac	59.20%
Hazel Park	51.70%
Auburn Hills	49.30%
Holly Twp	48.00%
Addison Twp	47.70%
Oak Park	47.40%
Southfield	46.80%
Ferndale	46.40%
Walled Lake	46.20%
Orion Twp	46.00%
Wixom	45.80%

Source: Census Bureau

### **Prevalence of Elderly Housing**

Broadly defined, elderly housing includes any housing where an elderly person lives. Such housing is clearly available throughout the county. A narrower definition refers to housing that is set-aside specifically for elderly residents. Such housing is typically designed to serve the special needs of the elderly at various stages in their lives by providing physical features and support services to support elderly lifestyles. This elderly housing can be subsidized by the government or completely financed through private sources. Unfortunately, we only have data on those units that are publicly subsidized. Still, this is a useful subset to examine, because it serves those elderly for whom affordability is a special challenge.

Elderly housing can be created through almost all financing sources available for low-income housing. Yet, some programs, such as HUD's Section 202 program, are dedicated almost exclusively to elderly housing. Public housing and other subsidized developments can also include units set-aside exclusively for the elderly.

MSHDA data on housing units with project-based subsidies indicates that at least 7,862 units in housing developments with project-based subsidies are set-aside for elderly residents in Oakland County (Table 5.8).<sup>3</sup> Many of the developments where these units are located would also have supportive services available for residents. These units are heavily concentrated in the southeastern core of the county. In fact, two communities—Troy and Pontiac—account for one-third of these units.

Although the elderly units account for 52 percent of all units with project-based subsidies identified by MSHDA, the total number of such units will likely need to be greatly expanded to accommodate future need. For example, in 2000 these units served 8.4 percent of the county’s elderly households. The total number of units would need to grow by 42% (about 3300 units) in order to serve 8.4 percent of the estimated 133,000 elderly households in 2020.<sup>4</sup> It would need to grow by another 3200 units from 2020 to 2030 to keep pace with the growth in elderly households over the decade. Even with such growth, the extent of cost burden among the elderly would likely remain high (in 2000, units in subsidized developments served 8.4% of elderly households, but 29% of elderly households still faced cost burden and 14% faced severe cost burden). Moreover, many households would have supportive service needs that would go unmet, as was the case in 2000.

Of course, a traditional means of housing the elderly who are no longer able to live independently has been nursing homes. According to the state’s Bureau of Health Services, Oakland County has almost 4800 long-term nursing home beds. By far, most of these would be used by elderly, disabled residents.

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<sup>3</sup> We use the term “at least,” because some of the subsidized developments listed in the MSHDA database do not have information on unit type for all of the units included in the development. We also note that some of the units included in the unit count are market-rate (i.e. not subsidized) units. The overwhelming majority of units in this count are subsidized.

<sup>4</sup> The estimate for number of elderly households was created by multiplying the estimated number of elderly living alone times one and the estimated number of elderly living in family households or non-family (but not alone) households by .5. This is considered a conservative estimate. The estimates of living arrangements were derived by applying 2000 living arrangement distributions to 2020 elderly population estimates.

**Table 5.8. Subsidized Elderly Housing by Community<sup>5</sup>**

<b>Community</b>	<b>Developments</b>	<b>Units</b>
Auburn Hills city	3	275
Clawson city	1	264
Farmington city	2	163
Farmington Hills city	9	789
Ferndale city	3	173
Hazel Park city	3	356
Highland Twp	1	32
Lake Orion	2	78
Madison Heights city	5	697
Milford	1	36
Oak Park city	1	149
Pontiac city	10	1651
Rochester city	1	128
Rochester Hills city	3	397
Royal Oak city	3	658
South Lyon city	1	15
Southfield city	4	529
Troy city	5	982
Walled Lake city	1	160
Waterford Twp	2	228
West Bloomfield Twp	1	102
<b>TOTAL</b>	<b>62</b>	<b>7,862</b>

Source: MSHDA Directory of Subsidized Housing

### **Conclusions Related to Elderly Needs**

Currently, the elderly account for a relatively modest share of Oakland County’s total population. However, a large share of the elderly faces housing affordability problems. Although the elderly are the best-served special needs group in terms of government-subsidized housing, the supply is inadequate to meet the current demand. Moreover, with the aging of baby boomers the elderly population is expected to explode over the next three decades growing by 104% and accounting for about 21% of the county’s population by 2030 (up from 13% in 2000). This growth will undoubtedly cause changes in the characteristics of the county’s elderly population. However, given the current level of affordability problems among the elderly, the special housing needs and preferences of the elderly, the shortage of housing alternatives for the elderly, and the sheer growth in the elderly population, significant changes in the county’s housing stock and elderly services will need to take place in order for the county to accommodate this growing population. These changes must seek to increase both the supply of traditional elderly housing and new, alternative housing arrangements to serve this increasingly diverse population and enable it to age in place. Support services to enhance the quality of life for those elderly who choose to remain in their existing housing will also need to be enhanced.

<sup>5</sup> Op cit.

The county must also consider what will happen with the elderly's existing housing as many current homeowners will decide to sell their homes for smaller, more manageable units.

## **Persons with Disabilities**

According to the U.S. Census Bureau, a disability is defined as a long-lasting (at last six months) physical (e.g. blindness, paralysis, etc.), mental (e.g. mental retardation, autism, etc.), or emotional condition (e.g. depression, anxiety, etc.) that can make it difficult for the person to undertake basic activities, such as walking, climbing stairs, dressing, bathing, learning, or remembering. This condition can also impede a person from being able to go outside the home alone or to work at a job or business.<sup>7</sup>

Although many people with disabilities live independently, many require special accommodations in their housing. These can include physical accommodations—from simple accommodations like wheelchair ramps and hand-rails to more sophisticated ones, such as voice-activated devices. They can also include service accommodations—support services that range from transportation to assistance with cooking, bathing, paying bills, and other daily living activities. Moreover, since many people with disabilities are either unable to work or severely limited in their employment options, persons with disabilities often have difficulty affording housing. Though the specific needs vary by person, persons with disabilities clearly have special needs related to housing.

The Fair Housing Act of 1968 prohibits discrimination by direct providers of housing, banks and lending institutions, and homeowners insurance companies based upon race, religion, sex, national origin, familial status, or disability. Enforcement of the Fair Housing Act for persons with disabilities generally involves ensuring that zoning and other land use regulations are not employed to hinder residential choices of disabled home-seekers and ensuring that newly constructed multifamily housing is built in accordance with the Act's accessibility requirements.<sup>8</sup> The Americans with Disabilities Act of 1990 also prohibits housing discrimination against persons with disabilities.

In spite of the federal laws prohibiting it, those with disabilities still encounter an unfair share of housing discrimination. Turner et al. (2005) found that deaf and wheelchair-bound disabled people encountered significant levels of discrimination when searching for rental

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<sup>7</sup> This is a relatively broad definition of disability. We use it here because of our reliance on census data and its inclusiveness. The discussion and analysis in this section applies to many different definitions of disability.

<sup>8</sup> The Fair Housing Act requires all newly constructed multi-family dwellings of four or more units intended for first occupancy after March 13, 1991, to have certain features: an accessible entrance on an accessible route, accessible common and public use areas, doors sufficiently wide to accommodate wheelchairs, accessible routes into and through each dwelling, light switches, electrical outlets, and thermostats in accessible location, reinforcements in bathroom walls to accommodate grab bar installations, and usable kitchens and bathrooms configured so that a wheelchair can maneuver about the space (Source: U.S. Department of Justice website—[www.usdoj.gov/crt/housing/housing\\_coverage/htm](http://www.usdoj.gov/crt/housing/housing_coverage/htm)).

housing in the Chicago metropolitan area<sup>9</sup>. They also found that many housing providers were unwilling to make the reasonable modifications necessary to make available housing fully accessible to testers in wheelchairs. Abravanel and Cunningham (2002) found that only slightly more than half of Americans knew it was illegal for landlords to refuse to make reasonable accommodation for persons with disabilities or to permit reasonable modification to a housing unit. The level of discrimination encountered, as well as the refusal of landlords to make changes to housing to accommodate persons with disabilities, severely limit the housing options for disabled homeseekers, regardless of their income.

As a HUD study of disabled housing in the Detroit metropolitan area found, “While choices for people with mobility impairments are perceived to be limited, options for people with cognitive or mental impairments are even fewer” (Locke, Nolden, Michlin, Winkel, and Elwood, 2000, Detroit Metropolitan Area, p. 5). Often, property managers are reluctant to lease to people with mental disabilities out of fear that they will forget to take their medicine and, consequently, will cause disturbances. There is also some historical friction between elderly and non-elderly disabled tenants living in elderly housing. This is attributed to “different lifestyles.” Locke, et al. also found that support services for the mentally disabled were lacking and case managers were severely overloaded. With the high demand for low-cost elderly housing, managers are often able to rent the units to elderly clients instead of the non-elderly disabled.

Interviewees indicated that the opposition to housing for persons with disabilities goes far beyond property managers. They have spent a great deal of time fighting community zoning and land use regulations that prohibit or significantly inhibit the development of affordable housing for persons with disabilities.

### **Prevalence of Persons with Disabilities in Oakland County**

The disability status of the almost 51,000 elderly residents with disabilities in Oakland County was discussed above (see Table 5.6). Next, we provide a similar analysis for children (5 – 15 years), pre-adults (16 – 20 years), and working-age adults (21 to 64 years) who are disabled by type of disability. While access to housing opportunities is obviously an issue for the adult population, there is a need to briefly look at issues of disability across the age spectrum.

Table 5.9 details the census responses provided for people between the age of 5 and 15 years of age. While the level of disability is difficult to identify, it is important to understand the incidence rate<sup>10</sup>. Of particular concern are those households with limited economic resources who must deal with disabled children. The numbers show that the overall incidence of disability across the county is 5.2 percent – approximately 9,700 children. A mental disability was the primary type, accounting for 86 percent, listed for those children identified as having a single

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<sup>9</sup>In fact, Turner and her colleagues found that persons with disabilities experienced higher levels of discrimination in the Chicago-area rental housing market than non-disabled minority testers experienced in a similar study.

<sup>10</sup> According to the Michigan Department of Education Office of Special Education and Early Intervention Services, there were 22,100 students (age 6 thru 21) enrolled in special education as of the December 1, 2004 count. <http://www.micis.org/micis/Index.asp?GUID=%7BF1CE970E-3E19-4A04-9E36-564876883381%7D>

disability. When more than one disability was listed, the issue of self-care was included 71 percent of the time.

**Table 5.9. Disability Status of Persons 5 – 15 Years of Age in Oakland County, 2000**

<i>5 to 15 years</i>	<b>187,487</b>	
With one type of disability	7,794	4.2%
Sensory disability	624	8.0%
Physical disability	368	4.7%
Mental disability	6,695	85.9%
Self-care disability	107	1.4%
With two or more types of disability	1,897	1.0%
Includes self-care disability	1,344	70.8%
Does not include self-care disability	553	29.2%
No disability	177,796	94.8%

Source: Census Bureau

Table 5.10 details the responses for people between 16 and 20 years of age. The percentage of people for whom a disability was identified is approximately twice that of the younger group – 10.7 percent, primarily because a new type of disability appears—“employment disability.” Once again the category of mental disability was a major response for single disability residents, but was now second to employment disability. For multiple disability respondents, self-care disability was infrequently seen as the issue. Rather, employment disability was tops again and often combined with a difficulty in “going outside the home.”

**Table 5.10. Disability Status of Persons 16 – 20 Years of Age in Oakland County, 2000**

<i>16 to 20 years</i>	<b>68,459</b>	
With one type of disability	4,806	7.0%
Sensory disability	323	6.7%
Physical disability	274	5.7%
Mental disability	1,727	35.9%
Self-care disability	36	0.7%
Go-outside-home disability	527	11.0%
Employment disability	1,919	39.9%
With two or more types of disability	2,487	3.6%
Includes self-care disability	333	13.4%
Does not include self-care disability	2,154	86.6%
Go-outside home and employment only	892	35.9%
Other combination	1,262	50.7%
No disability	61,166	89.3%

Source: Census Bureau

The immediate housing concerns for this age group are not as great as older groups, because most 16 to 20 year olds with disabilities live with their parents. One of the principal concerns for people in the field, brought out very strongly by a respondent from the Community Housing Network (CHN), is what happens to these children when their parents are no longer able

to care for them, either because of advanced age or death. The most desired outcome, according to this respondent, is to allow them to remain in their home, in the community with which they are familiar and comfortable. Still, it must be recognized that support services necessary to enable people with disabilities to live on their own are quite expensive.

Table 5.11 profiles the disability status of Oakland County’s “working-age” population – those between 21 and 64 years of age. Once again the incidence of reported disability has increased relative to the younger group—now 13.4 percent, or almost 97,000 individuals. An employment disability is identified by half of those who indicated a single disability. This translates to a large number of persons with disabilities whose incomes are limited to SSI payments which are inadequate to cover their needs. The actual number with employment challenges is probably much higher when you factor in the 22 percent with physical limitations, the 9 percent with a mental disability, and the 7 percent who have difficulty going outside of their homes.

**Table 5.11. Disability Status of Persons 21 – 64 Years of Age in Oakland County, 2000**

<b>21 to 64 years</b>	<b>720,665</b>	
With one type of disability	54,293	7.5%
Sensory disability	6,236	11.5%
Physical disability	11,988	22.1%
Mental disability	5,015	9.2%
Self-care disability	240	0.4%
Go-outside-home disability	3,657	6.7%
Employment disability	27,157	50.0%
With two or more types of disability	42,374	5.9%
Includes self-care disability	9,770	23.1%
Does not include self-care disability	32,604	76.9%
Go-outside home and employment only	12,282	29.0%
Other combination	20,322	48.0%
No disability	623,998	86.6%

Source: Census Bureau

Given the breadth of the Census Bureau’s definition of disability, we can view the disability numbers reported above as an upper limit for the number of people with disabilities in the county. We can look to data on government services provided to people with disabilities for a lower-bound estimate. According to the Michigan Department of Community Health, in 2005 the Oakland County Community Mental Health Authority (OCCMHA) served 9,642, adults with serious mental illness; 3,392 people with developmental disabilities; and 1,596 children with severe emotional disturbances. This leads to a total of 14,630 people with disabilities served by OCCMHA. Yet, these numbers significantly underestimate the presence of disabilities in the county, because only a small fraction of all people with disabilities meet OCCMHA’s strict eligibility requirements. These requirements include standards for the degree of disability, extent of prior service, and level of income (i.e. Medicaid eligible).

Forecasting the extent of disabilities in the future is especially challenging. Presently, we focus only on known disabilities among the non-elderly population and estimated disabilities among the elderly. If the proportion of the elderly population with disabilities remains stable

over the next three decades, the growth in elderly population would lead to a 111 percent increase in the elderly disabled population by 2030. The total number of elderly disabled would be almost 107,000, an increase of more than 56,000 compared to the totals in 2000. Even if we look only to 2020, there would be a 64 percent increase in elderly disabled (almost 83,000 total). The data do not indicate with certainty how many of those with disabilities have special housing needs. However, recalling that a large number of elderly are likely to be living alone, many of these residents would likely need special housing and/or service accommodations.

Compounding the disability concerns for the elderly would be the number of non-elderly people who are currently disabled and might no longer be able to live with their parents in future decades. By 2020, a large share of the almost 17,000 disabled who are currently 5 to 20 years old might fall into this category. By 2030, the share for each group would probably increase. A share of the almost 97,000 disabled 21-64 year-olds would also fall into this group, but a large portion of this age group would already be included in the estimates for elderly disabled.

### **Affordability for Persons with Disabilities**

Data limitations prevent us from directly assessing housing affordability persons with disabilities reported in the census figures, but some general observations are possible. While people with disabilities have made enormous strides forward in the last 20 years, in terms of civil rights, education, employment, and self-determination, they continue to experience tremendous challenges in the area of housing. It is incredibly difficult to find affordable housing, because most disabled individuals are unable to work, or severely limited in the work they can do. This significantly limits their income. The lack of affordable housing units is a constant obstacle for individuals with disabilities. The elderly disabled tend to have access to more housing and income than non-elderly disabled, but affordability and support services are still critical.

As reported elsewhere in this chapter, the majority of disabled individuals in the county live with their parents or other relatives. Many of these individuals will soon choose or need to leave their parents' or other relatives' homes. Availability of housing with necessary physical accommodations and/or support services will be a big concern. Affordability will be a special challenge. As these disabled individuals leave their current homes, some will be able to work. Some will have family inheritances. Many will be dependent upon Supplementary Security Income (SSI) as are many adult persons with disabilities. Affordability is particularly challenging for SSI recipients in Michigan. On average, it requires 101.6% of a Michigan SSI recipient's benefit to rent a one-bedroom housing unit (O'Hara & Cooper, 2005).

Another indicator of affordability problems for people with disabilities is that the average income of the over 14,000 disabled people served by OCCMHA was less than \$11,000 per year. As reported in Chapter Four, there is very little housing in Oakland County that would be affordable to households earning such an income.

### **Prevalence of Housing for Persons with Disabilities**

Housing for people with disabilities can come from various sources. Most persons with disabilities do not live in housing units directly financed through public dollars. Instead, they

live with family members or struggle to afford market-rate units on meager salaries, SSI, or SSDI. While the Americans with Disabilities Act has made more market-rate units accessible to persons with disabilities, the prices are still often out of the affordability range. Because of the varying sources of disabled housing, it is quite difficult to estimate the total number of units accessible and affordable to persons with disabilities.

Most affordable housing for persons with disabilities requires some sort of public subsidy when the housing is provided by someone other than disabled persons' family. HUD's Section 811 program is the largest housing program devoted exclusively to serving those with physical or mental disabilities. It is typically used to fund apartments or group homes. Nonprofits in Oakland County (i.e. Springhill Housing) did relatively well in competing for 811 funds in the late 90s and first part of this decade, receiving almost \$8 million since 1997. However, the funding provides less than 60 units in the county, and the most recent year of funding was 2001. HUD's Section 202 housing program for elderly populations also provides direct support for units to serve persons with disabilities, but these units typically go to elderly disabled persons due to changes in federal legislation and the high market demand for elderly units. The same can be said of projects funded through HUD's Section 236 or 221(d)(3) programs. HUD and MSHDA data show a total of as many as 939 Section 202 units in Oakland County. Only two of these are specified as "barrier free." HUD and MSHDA data show 1,728 Section 236 units and 998 Section 221(d)(3) units. None are specified as "barrier free." The actual number of units for all three of these programs that would be suitable for disabled residents, particularly non-elderly disabled residents, is unclear.

Some other federal and state programs, such as Section 8 project-based assistance or state housing finance agency programs may require up to 10% of the units financed to be set-aside for non-elderly disabled. Almost all of the 329 "barrier free" units on MSHDA's subsidized housing list appear to be financed through Section 8. There are about 6,800 subsidized units in projects with Section 8 subsidies throughout the county. How many, if any, are reserved for disabled populations is unclear. The County has also used federal HOME dollars to support the acquisition, rehabilitation, and sale of homes to people with disabilities who are first-time homebuyers. While the number of homes completed through this program is modest, the program represents a promising approach to dealing with the special needs of people with disabilities who are moving out on their own.

The Oakland County government, through its Community and Home Improvement Division, uses federal CDBG dollars to fund housing rehabilitation for low-income homeowners. From May 1, 2004 through April 30, 2005 the County completed 244 home rehabilitations through its Home Improvement Program. Fifteen percent of these loans were provided to persons with disabilities.

For those with severe disabilities, nursing homes are often the only option. Some residents have to finance these beds completely on their own while others rely on Medicare or Medicaid for assistance. According to the state's Bureau of Health Services, Oakland County has almost 4,800 long-term nursing home beds. By far, most of these would be used by elderly disabled residents.

Most of the other units for persons with disabilities are provided through programs that provide project-based or tenant-based assistance for low-income units more broadly. Some of these units may be set-aside for persons with disabilities, but more typically people with disabilities access the housing through the same means non-disabled low-income households do. Examples of these programs include public housing, Section 8 Housing Choice Vouchers, and Low-Income Housing Tax Credits (LIHTC). Public housing and Housing Choice Vouchers provided through public housing agencies sometimes have set-asides or preferences for persons with disabilities. Of the seven public housing agencies in the county, Pontiac indicated that it had a preference for persons with disabilities in its allocation of public housing units. It also indicated its intentions to seek approval to set-aside units for the elderly or disabled.<sup>11</sup> No such preference exists in its voucher program. Madison Heights has 50 “Mainstream Housing Vouchers” that are dedicated to disabled individuals. Ferndale provides a preference to disabled or senior applicants on its housing waiting list, but it does not have a Mainstream Voucher program. There are 1,754 LIHTC units in the county, but set-asides for disabled are uncertain.

Finally, through HUD’s Shelter Plus Care program, homeless individuals with disabilities can receive rental assistance in conjunction with supportive services. The assistance is typically targeted to people with mental disabilities and/or HIV/AIDS and their families. Since FY2001, the Michigan Department of Community Health has received \$1.9 million in Shelter Plus Care funding for disabled homeless persons within Oakland County. This funding provides rental assistance from five to ten years. Currently, there are 62 Shelter Plus Care beds in Oakland County.

Clearly, there is no definitive count of persons with disabilities in need of housing assistance, nor the number of units or tenant-based housing subsidies currently reserved for people with disabilities in Oakland County, but we can create some rough estimates using the numbers provided above. Our minimum estimate of the number of disabled people in need of housing assistance is the approximately 13,000 adult Medicaid recipients served by OCCMHA. Again, we recognize that this number underestimates the total need, given the restrictions related to OCCMHA services. The census data on disabilities among the population 21 to 64 years of age suggests that the number is quite a bit higher. If we count only those people with self-care, employment, and go outside the home disabilities, we come up with more than 53,000 individuals with some disability that likely inhibits their ability to work. Not all of these individuals would need housing assistance, but these numbers don’t even include those who reported only physical or sensory disabilities, persons with disabilities 65 or older, or the likely expansion in persons with disabilities that will occur as the population ages.

When we look at the housing units or tenant-subsidies that are set-aside specifically for persons with disabilities, we find the supply to be grossly short of the need. If we assume that 10% of all subsidized units (except for public housing which is not set-aside for persons with disabilities) and 5% of all nursing home beds were set-aside for persons with disabilities (both admittedly over-optimistic assumptions), we would find that almost 1,500 units were set-aside for people with disabilities. Both the population and unit counts are very rough estimates, but

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<sup>11</sup> Findings on set-asides and preferences were determined from interviews and a review of the most recently approved public housing agency plan available through HUD’s website [http://www.hud.gov/offices/pih/pha/approved/view\\_approved\\_plans.cfm#MI096](http://www.hud.gov/offices/pih/pha/approved/view_approved_plans.cfm#MI096).

the conclusion seems clear—the subsidies to enable persons with disabilities to live in affordable housing fall substantially short of need.

### **Conclusions Related to Needs of Persons with Disabilities**

There is a shortage of housing and supportive services for the existing disabled population, and many persons with disabilities that are able to find housing supplied by someone other than their relatives face tremendous affordability challenges. As noted in Chapter Three, to the extent that subsidized housing exists to serve the needs of people with disabilities, it is highly concentrated in a few communities.

The prevalence of housing need for persons with disabilities is likely to grow significantly in the coming decades. The growth in the elderly population will increase the need for housing and support services for the physically and mentally disabled in two ways. First, as the population of the county ages, the disabilities among that population will grow. Second, as the population ages, more and more children with disabilities that currently live with their parents or other relatives will need to find alternative housing. These two trends will compound the pressures that already exist for housing for persons with disabilities.

Inevitably, public, private, and nonprofit leaders in the county will need to face the challenges head-on. Their efforts will need to address funding limitations and zoning/land use laws that inhibit or prohibit the provision of affordable housing for persons with disabilities. In addition to increasing the overall supply of housing targeted to persons with disabilities, they will need to aggressively enhance the capacity of organizations that provide support services to persons with disabilities. Significantly enhancing support services could greatly reduce the need for providing new housing targeted for persons with disabilities by enabling persons with disabilities to remain in their current housing. Accomplishing these goals may require some changes in regulations and funding amounts for existing state and federal programs that serve persons with disabilities.

## **Persons Living with HIV/AIDS**

Persons living with HIV/AIDS are a special subset of persons with disabilities. As with other disabled groups, as the disability progresses the ability of this population to work, maintain their homes, and even handle basic tasks of daily living erodes. Yet, because of the communicable nature of HIV/AIDS and the stigma that still surrounds the disease, those who have it face a unique set of challenges in finding and keeping affordable housing. HUD reports that persons living with HIV/AIDS must have stable housing to access comprehensive healthcare and adhere to complex HIV/AIDS drug therapies.

## **Prevalence of Persons Living with HIV/AIDS**

As of April 1, 2005, Oakland County had a total of 1,740 persons living with HIV/AIDS. This total placed Oakland County second to Wayne County among all 83 counties in the state.<sup>12</sup> A special analysis of the racial/ethnic distribution of these cases showed that Whites accounted for 60 percent of cases, African-Americans accounted for 34 percent, Hispanics and other races accounted for the remaining six percent.<sup>13</sup> The share of cases in the African-American community is considerably disproportionate to their 10 percent share of the total population. The Hispanic rate of 3.5 percent is above their 2 percent share of the population, while the White HIV/AIDS share of 60 percent is well below their general population share of 81.4 percent.

## **Affordability and Prevalence of Housing for Persons Living with HIV/AIDS**

Persons with HIV/AIDS can participate in all programs targeted to meeting low-income housing needs, so long as they meet income and other eligibility requirements. HUD also administers the Housing Opportunities for Persons with AIDS (HOPWA) program. HOPWA provides grants to states, local communities, and nonprofit agencies for projects that serve the special needs of persons with HIV/AIDS. Specifically, the program funds short- and long-term rental assistance, physical and mental health care, case management and other supportive services, and development of housing set-aside specifically for persons with HIV/AIDS. The Oakland Livingston Human Services Agency (OLHSA) is the primary organization in the county working to align persons with HIV/AIDS with necessary services and housing. OLHSA is the only government or nonprofit agency to receive HOPWA funding for services in Oakland County since 1992. The money is used for security deposit, rent, mortgage, and utility assistance for people in Oakland, Macomb, Livingston, Lapeer, and St. Clair counties. Approximately 40 to 50 clients throughout these five counties are provided direct assistance each year.

## **Conclusions Related to Needs of Persons with HIV/AIDS**

Persons with HIV/AIDS are more common in Oakland County than all other counties in the state, but Wayne. This population faces special challenges related to discrimination, medical regimens, and support services. Currently, this population has very little housing assistance designed to serve its specific needs. The county could look to increase the availability of such housing assistance in the future. Support services seem to be the most important target of action. As the county seeks to address the needs of persons with disabilities, it could target some of its actions specifically to persons with HIV/AIDS.

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<sup>12</sup> Data pulled from the April 1, 2005 Quarterly HIV/AIDS Analysis available from the Michigan Department of Community Health's website, [http://www.michigan.gov/mdch/0,1607,7-132-2944\\_5320\\_5331-35962--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2944_5320_5331-35962--,00.html), last accessed 2/27/2006.

<sup>13</sup> Special analysis available from the Michigan Department of Community Health's website, [http://www.michigan.gov/mdch/0,1607,7-132-2944\\_5320\\_5331-35962--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2944_5320_5331-35962--,00.html), last accessed 2/27/2006.

## **Homeless**

Of all groups with needs related to housing, the homeless have the most obvious. By definition homeless individuals and families need housing assistance. Yet, the needs of this group extend far beyond housing. Many homeless individuals suffer from physical or mental disabilities. A significant share suffers from substance abuse problems. Virtually all of homeless individuals face difficulties obtaining and/or retaining employment, particularly employment that pays a living wage. In recent years, however, the homeless have taken on new traits. Homeless families are becoming more common. Young women are becoming more common among the homeless population. Even people with steady jobs are more prone to be homeless now than in the past. These changes bring new dimensions to the needs that the homeless population faces.

### **Prevalence of Homeless and Housing for the Homeless**

According to Oakland County's 2005 Continuum of Care Application Summary, in January 2005, there was an estimated minimum of 1,293 homeless people in the county. While the point-in-time survey method used to derive this total was sound, the difficulties in identifying homeless individuals make it likely that the total number of homeless people is at least slightly higher. In total, as of early 2005, agencies serving the homeless in Oakland County had almost 950 beds in emergency shelters, transitional housing, or permanent supportive housing available to serve the homeless. The need for housing and support services for the homeless population outstrips the available supply. In fact, the 2005 CoC Application Summary reports that from May 2004 through May 2005, emergency shelters were over capacity and turning people away an average of 103 days during the year. They were over 90 percent capacity during the rest of the year. Transitional and permanent supportive housing slots remain 100% leased with people on waiting lists.

The majority of the services to the homeless in Oakland County are provided through nonprofit service providers. Organizations such as South Oakland Shelter, Common Ground Sanctuary, Lighthouse of Oakland County, Grace Centers of Hope, HAVEN, and New Bethel Outreach Ministry, provide emergency or transitional housing for homeless populations. Some of the shelters specialize in a specific sub-population. Common Ground Sanctuary serves run-away/throw away youth (ages 10-21). HAVEN assists battered and abused spouses and their children. New Bethel Outreach Ministry and Lighthouse of Oakland County serve women and children. Others serve any in need of assistance. Most of the shelters offer supportive services in conjunction with the housing. Although there are a few warming centers, the majority of the shelters are open year round.

In addition to providing housing, these organizations work with a variety of public agencies and other service providers to ensure that the homeless in Oakland County receive the housing, education, health, counseling, and other services necessary so that the homeless may transition to permanent housing and economic stability. Providers identify needs, coordinate, monitor, and enhance services through Oakland County's Continuum of Care (CoC). Since 1987, the Oakland County Taskforce on Homelessness and Affordable Housing (OCTH) has played a lead role in the CoC. Oakland County homeless service providers also collaborate with

the Michigan Coalition Against Homelessness (MCAH) to increase awareness of the needs of the homeless and advocate for improvements in resources available to this population.

While the county government receives a modest amount of annual formula funding through HUD's Emergency Shelter Grant program, most homeless funding comes through competitive grants from HUD through the Continuum of Care (CoC). Nonprofits and the county government have done a commendable job of acquiring competitive CoC homeless funding in recent years. CoC grants for homeless activities provided an average of \$2.3 million from FY01 to FY05. The funding received in FY04 was \$1.4 million more than received the previous year. However, from FY04 to FY05 funding decreased by 19%. The bulk of this funding (about 70 percent) is allocated to housing.

### **Conclusions Related to Needs of the Homeless**

The need for housing and support services for the homeless population outstrips the available supply. The capacity of service agencies to serve this population has grown recently through competitive funding from the federal government. However, given the overall decline in housing assistance from the federal government, the competition for the funds that remain is likely to grow, and the ability of Oakland County agencies to receive substantial funding in the future is uncertain. In fact, in FY05 federal homeless support for Oakland County organizations dropped by 19% from the high in FY04. The County has been working on a plan to end homelessness in the county. This will require a concerted effort and commitment by stakeholders with resources to explicitly address the needs of the homeless population and its service providers as it addresses the special needs of other populations identified in this chapter. Inevitably, improving the affordability of housing for other special needs population will lessen the potential burden on the homeless service providers. But without action on the needs specific to the homeless, the population will only grow.

## **Large Families**

In terms of special needs for housing, a family that contains five or more people is considered large. The special housing needs of large families relate to two issues. The first, which is common to all large families, is the need for more floor space and bedrooms than smaller families. The second need pertains to housing cost. Large families tend to have larger costs of living than small families. Thus, they tend to have less money to spend on housing. Clearly, this special need does not pertain to all large families, as many have sufficient incomes to cover the expenses associated with a large family. However, when these two needs combine, the complications can be significant. Large families with low-incomes can often only afford rental units, but most rental units tend to be too small to accommodate large families.

## **Prevalence of Large Families and Housing for Large Families**

Oakland County had just over 43,000 households<sup>14</sup> that contained 5 or more persons in 2000 (Table 5.12). Owner-occupied units housed 86.2 percent of the total, with 96 percent of the owners living in traditional single-family units. The other primary owner structure was the mobile home, accounting for 1,242 households, or 3.3 percent of the total. Three rural townships – Brandon, White Lake and Highland – each had over 100 such households. These were followed by the townships of Oxford, Independence, and Groveland, and the cities of Auburn Hills and Novi, each containing between 70 and 99 such households, respectively. It may be assumed that these households fall into the low-income category, with multiple children, and are living in extremely crowded conditions. Just over 60 percent of the 5,951 large renter households lived in one-unit single-family structures as well. The next largest category was households living in structures with 5 – 19 units (17 percent) and 2 to 4 units (12 percent).

Large-families require a minimum of three bedrooms. Such housing is readily available in the county. Three-bedroom homes were the most common in the county, accounting for 40% of all units. Even four-bedroom homes are quite common, accounting for 21% of all housing units. Countywide, there was a 32 percent increase in the number of 4-bedroom housing units since 1990. The result was that 4-bedroom units as a share of all units grew by 3 percentage points in the 1990s.

However, most of the housing available for large families is for homeowners. Ninety-four percent of the units with three or more bedrooms are occupied by homeowners. About 18,000 rental units (15% of all rental units) have three or more bedrooms. About 3,200 (less than 3% of rental units) have four or more bedrooms. Not surprisingly, the large rental units tend to be more expensive than smaller ones. The gross rent (i.e. contract rent, plus the estimated monthly cost of utilities) on about 63% of all rental units with three or more bedrooms is at least \$750 per month. For 38% of rentals with three or more bedrooms, monthly rent is \$1000 or more. In contrast, only 48% of rental units with two bedrooms or less cost \$750 or more.<sup>15</sup>

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<sup>14</sup> Of these households, 42,783 were families, while 410 were non-family households (source: Census 2000, Table PCT17).

<sup>15</sup> Data reported here were obtained from the 2000 Census (SF3 File).

**Table 5.12. Living Arrangements (Structure Type) of Oakland County's Large Households (5 Persons or more), 2000**

<b>Owner-occupied 5-or-more person household</b>	<i>Households</i> <b>37,163</b>	
1, detached or attached	35,795	96.3%
2 to 4	108	0.3%
5 to 19	6	0.0%
20 to 49	0	0.0%
50 or more	12	0.0%
Mobile home	1,242	3.3%
<b>Renter occupied: 5-or-more person household</b>	<b>5,951</b>	
1, detached or attached	3,657	61.5%
2 to 4	723	12.1%
5 to 19	1,009	17.0%
20 to 49	176	3.0%
50 or more	267	4.5%
Mobile home	119	2.0%

Source: Census Bureau

Large rental units are especially rare in subsidized developments. Of the almost 15,000 units for which size was specified on MSHDA's Directory of Subsidized Housing, only 1,180 have three bedrooms. They are heavily concentrated, with most of them located in Pontiac and Auburn Hills. Only 133 units in subsidized developments have four bedrooms. Seventy-seven of these are located in Pontiac. The rest were in Auburn Hills, Royal Oak Twp, and Ferndale.

These numbers translate into greater affordability problems for large renter families than large owners. An estimated 31% of large renter families face cost burdens while the share of large owner families with such problems is about 20%. The renter percentage is about the same as the statewide percentage, but the owner percentage is about three points higher than comparable figures for the state.

### **Conclusions Related to Needs of Large Families**

The housing problem related to large families is one of affordability. There is no overall shortage of housing to accommodate large families in Oakland County. However, most of it is for homeowners. As we found with homeowner housing overall, the cost of the housing is relatively high and the result is that more large owner families face cost burden in Oakland County than statewide. The more critical issue is affordability of rental units for large families. Again, there is no shortage of rental units, but they tend to be expensive, partly because many of these units are single-family units, which usually cost more to rent than multifamily units. To the extent that a shortage of units exists, it appears to be in the subsidized segment of the market, where only a small number of units with three or more bedrooms exist and they are highly concentrated in a few communities where the prevalence of lower-income families is fairly high.

Given the relatively small prevalence of large families and the overall supply of units available to serve the needs of these families, this part of the special needs market seems to have

the least pressing needs. Of course, the number of people impacted for each large family with a problem is much larger than for each small family. Although only about 5,800 large renter households face cost burden, at least 29,000 people reside in these households. Thus, action is warranted. It would seem that the needs of this population would be best served through subsidies that help them afford existing units rather than efforts to construct new units, particularly since many existing large units are likely to filter down in the housing market as more householders become elderly and leave their existing homes.