PRICED OUT

THE HOUSING CRISIS FOR PEOPLE WITH DISABILITIES

TECHNICAL ASSISTANCE COLLABORATIVE, INC.
CONSORTIUM FOR CITIZENS WITH DISABILITIES HOUSING TASK FORCE
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THE HOUSING CRISIS FOR PEOPLE WITH DISABILITIES

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TECHNICAL ASSISTANCE COLLABORATIVE

CONSORTIUM FOR CITIZENS WITH DISABILITIES

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This *Priced Out* report, issued in 2017, is the latest in a series of housing publications created jointly by TAC and the Washington, D.C.-based Consortium for Citizens with Disabilities (CCD) Housing Task Force. TAC is a national nonprofit organization that works to achieve positive outcomes on behalf of people with disabilities and people who are experiencing homelessness by providing state-of-the-art information, capacity-building, and technical expertise to organizations and policymakers in the areas of mental health, substance abuse, human services, and affordable housing. For further information, contact:

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FOREWORD

The Technical Assistance Collaborative (TAC) and the Consortium for Citizens with Disabilities (CCD) Housing Task Force are pleased to release the 2017 edition of *Priced Out*, our national rental housing report documenting the severity of the housing affordability crisis experienced by the lowest-income people with disabilities.

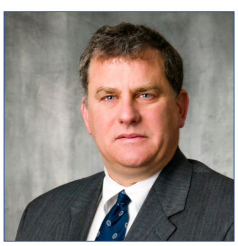
Using the most current data available, *Priced Out* highlights the enormous challenge of meeting rental housing costs with the monthly income of a person living solely on Supplemental Security Income (SSI) payments. Some of the key findings of this important national report include:

- In 2016, the average annual income of a single person receiving SSI payments was $9,156 — about 22% below the 2016 federal poverty level, and equal to only 20% of the national median income for a one-person household.
- The national average rent for a studio/efficiency unit in 2016 was $752, equal to 99% of monthly SSI payments. In thirteen states and the District of Columbia, areas with the highest housing costs in the nation, the average rent for even a studio/efficiency unit exceeded 100% of the income of an SSI recipient.
- In 220 housing market areas, one-bedroom rents exceeded 100% of monthly SSI payments — an increase of almost 60 markets since our last report, *Priced Out in 2014*.

What does this mean for people with disabilities? Too often, the answer is homelessness, institutionalization, incarceration, substandard housing, or severe rent burdens. Research has demonstrated that costs incurred by people with disabilities cycling through public institutions are far greater than the cost of providing rental assistance with supports.

A unified advocacy effort by the disability community is needed to support and potentially expand permanent supportive housing programs and policies and other rental assistance strategies that ensure affordability for people with SSI-level incomes. Together, TAC and the CCD Housing Task Force urge all national, state, and local disability organizations to work with their affordable housing counterparts to achieve this goal. We hope this latest *Priced Out* report will aid your efforts.

Kevin Martone
Executive Director
TAC



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A WORSENING CRISIS

This tenth edition of *Priced Out: The Housing Crisis for People with Disabilities* once again demonstrates that non-elderly adults with disabilities who rely on Supplemental Security Income (SSI) are among the groups most severely affected by the extreme shortage of affordable rental housing across our nation.

Over the last decade, increased rental demand combined with development primarily at the high end of the market has led to record-low vacancy rates, higher rents, and increased competition for affordable and subsidized housing. This overall market trend is reflected in the ever-worsening affordability gap for extremely low-income renters with disabilities.

Supplemental Security Income is the federal income maintenance program that assists people with significant and long-term disabilities who have virtually no assets and — in most instances — no other source of income. The national average rent for a studio/efficiency unit in 2016 was $752, equal to 99% of a monthly SSI payment. *Priced Out* confirms that non-elderly adults with disabilities living on SSI confront a housing affordability gap across all 50 states and the District of Columbia.

This housing affordability crisis deprives hundreds of thousands of people with disabilities of a basic human need: a place of their own to call home. Because of the disparity between SSI income and rental housing costs, non-elderly adults with significant disabilities in our nation are often forced into homelessness or segregated, restrictive, and costly institutional settings such as psychiatric hospitals, adult care homes, nursing homes, or jails.

People with disabilities who rely on SSI and manage to rent a lower-cost, non-subsidized unit are likely to be living in substandard housing or using virtually all of their income just to pay the rent each month. People in these circumstances are at great risk of homelessness and the exacerbation of chronic health conditions as they face the constant struggle of paying rent while meeting other basic needs such as food, medications, transportation, and clothing.

The *Priced Out* report depicts an unrelenting rental housing crisis for extremely low-income people with disabilities in every single one of the nation's housing market areas. The report also highlights the negative outcomes — including homelessness, institutionalization, and incarceration — that occur when people with disabilities lack affordable housing and access to critical health treatment and services. To reverse this worsening crisis, full support for federal rental assistance programs is the first priority. Continued access to supports and services that help individuals meet their health care needs and sustain tenancy is also essential, so that secure housing becomes the foundation for a full and productive life in the community.

KEY NATIONAL FINDINGS

The key findings in *Priced Out* clearly illustrate the housing affordability crisis affecting the nation's non-elderly people with significant disabilities:

- The average annual income of a single person receiving Supplemental Security Income (SSI) payments in 2016 was $9,156 — about 22% below the federal poverty level, and equal to only 20% of the national median income for a one-person household.[1]
- Nationally, the average rent for a modest one-bedroom rental unit was $861, equal to 113% of the national average monthly income of a one-person SSI household. This finding confirms that in 2016 it was virtually impossible for a single adult receiving SSI to obtain decent and safe housing in their community without some type of rental assistance.
- The national average rent for a studio/efficiency unit in 2016 was $752, equal to 99% of monthly SSI.
- In thirteen states and the District of Columbia, areas with the highest housing costs in the nation, the average studio/efficiency rent exceeded 100% of the income of an SSI recipient.
- In nineteen states and the District of Columbia, statewide average one-bedroom rents were higher than monthly SSI payments: District of Columbia (206%), Hawaii (188%), Maryland (167%), New Jersey (151%), New York (145%), Virginia (139%), California (138%), Massachusetts (133%), Delaware (125%), Washington (123%), Illinois (122%), Colorado (117%), New Hampshire (117%), Florida (116%), Connecticut (114%), Oregon (113%), Vermont (113%), Rhode Island (108%), Texas (103%) and Pennsylvania (103%). For a full state-by-state comparison, see Table 2 on page 44.
- In New Hampshire, New Jersey, Rhode Island, Vermont, and the District of Columbia, one-bedroom rents exceeded 100% of SSI in every single housing market area. More than 163,000 people with disabilities receiving SSI lived in these areas in 2016.
- In 220 housing market areas across 40 states and the District of Columbia, one-bedroom rents exceeded 100% of monthly SSI. Rents for modest units in 26 of these areas exceeded 150% of SSI (see Table 3 on page 46).
- In 21 states, discretionary state-funded SSI supplements provided additional monthly income to people with disabilities who were living independently in the community.[2] Even with this additional income, SSI recipients in those 21 states were still unable to afford the rents charged for modestly priced units. State SSI supplements ranged from a high of $362 in Alaska to a low of $10 in Maine. Table 4 on page 52 lists the states that provided SSI supplements in 2016.

1) The federal poverty level for a one-person household in 2016 was $11,770

2) Many states supplement federal SSI payments with state funding, but only 21 states provide SSI supplements to all people with disabilities who are living independently in the community. More typically, state-funded SSI supplements support facility-based congregate care, such as adult care homes, group homes, or similar types of residential programs.

THE IMPACT OF THE AFFORDABILITY GAP

Approximately 4.8 million adults with disabilities who are between the ages of 18 and 64 received income from the Supplemental Security Income (SSI) program in 2016.[3] The enormity of rental housing costs relative to monthly SSI payments affects the daily lives of millions of adults with disabilities. Unless they have rental assistance or live with other household members who have additional income, virtually everyone in this group has great difficulty finding housing that is affordable.

"To reverse the crisis, full support for federal rental assistance programs is the first priority."

According to the Center on Budget and Policy Priorities, 19% of households using federal rental assistance are single non-elderly adults with disabilities, while 5% are non-elderly adults with disabilities who have at least one child.[4] These 1.2 million households receive rental assistance through the Housing Choice Voucher, Public Housing, Project-Based Section 8, Section 811, and Section 202 programs funded by the U.S. Department of Housing and Urban Development (HUD), as well as rental assistance programs administered by the U.S. Department of Agriculture.[5] In its *The Gap* report, the National Low Income Housing Coalition reported that there are only 35 affordable and available rental homes for every 100 extremely low-income households, a category that includes people with disabilities whose sole or primary source of income is SSI.[6]

What happens to those who can't close the gap?

People are Rent Burdened

Housing is considered affordable when a household pays 30 to 40 percent of its income towards rent and utilities. Those that pay more than 40% of their income are termed "rent burdened." Households that pay more than 50% of their income for housing costs and/or live in seriously substandard housing are considered to have "worst case needs"; by definition, these households do not have rental assistance. In its 2017 *Worst Case Housing Needs Report to Congress*, HUD found that 1.39 million worst case needs households included a non-elderly person with disabilities, a 28% increase from 2013.[7] As researcher Matthew Desmond's recent work has illustrated, rent burdened households are at high risk of eviction.[8] Not only does this risk mean the potential for loss of housing and for homelessness, but an eviction also makes it much harder for a household to secure new housing — even assisted housing.

Since HUD's *Worst Case Housing Needs* report looks only at current renters, it fails to account for the housing needs of people with disabilities who are currently homeless or residing in institutions.

3) U.S. Social Security Administration (last updated September 2017). SSI recipients by state and county, 2016. https://www.socialsecurity.gov/policy/docs/statcomps/ssi_sc/2016/
4) Center on Budget and Policy Priorities (2017). United States Fact Sheet: Federal Rental Assistance, 3/30/17. https://www.cbpp.org/sites/default/files/atoms/files/4-13-11hous-US.pdf
5) Note that some of the 1.2 million households may have additional income from Social Security Disability Insurance (SSDI) or employment.
6) National Low-Income Housing Coalition (2017). The gap: A shortage of affordable homes, March 2017. http://nlihc.org/sites/default/files/Gap-Report_2017.pdf
7) Watson, N. et al. (2017). Worst case housing needs 2017 report to Congress. Office of Policy Development & Research, U.S. Department of Housing & Urban Development. https://www.huduser.gov/portal/publications/Worst-Case-Housing-Needs.html
8) Desmond, M. & Gershenson, C. (2017). Who gets evicted? Assessing individual, neighborhood, and network factors. *Social Science Research 62: 362-377.*
Desmond, M. (2016). *Evicted: Poverty and profit in the American city*. New York: Crown Publishers.

People are Homeless

Every year, on a single night in late January, advocates all across the country work together to conduct a count of homeless people in their communities, including those in shelters and those staying on the streets or in other places not meant for human habitation. This data is sent to HUD and compiled into its Annual Homeless Assessment Report (AHAR). Of the 369,081 total homeless individuals living emergency shelters, transitional housing, on the streets or in places not meant for human habitation identified in the 2017 AHAR, 86,962 or 24% were chronically homeless.[9] A person is considered chronically homeless if they have a disability and if they have been continuously homeless for one year or more or have experienced at least four episodes of homelessness adding up to at least 12 months in the last three years.

People Live in Institutional Settings

The reported number of non-elderly persons with disabilities living in nursing facilities is between 200,000 and 300,000.[10] [11] Mathematica's most recent annual evaluation of the Money Follows the Person (MFP) program found almost 190,000 non-elderly people with physical disabilities, over 77,000 with intellectual or developmental disabilities (I/DD), and over 34,000 with psychiatric disabilities living in Medicaid-supported nursing homes, intermediate care facilities for individuals with intellectual disabilities, psychiatric facilities, or long-term care hospitals for at least 90 continuous days. The annual publication *State of the States in Intellectual and Developmental Disabilities* reports that in 2015 nearly 70,000 persons with I/DD lived in settings with 16 or more persons, including more than 27,000 in nursing facilities, more than 21,000 in state institutions, and more than 17,000 in private intermediate care facilities.[12] The National Association of State Mental Health Program Directors found that approximately 40,000 people with mental illness reside in state mental health institutions.[13]

The Money Follows the Person program is designed specifically to identify and transition individuals living in institutional settings who would prefer to live in the community. Through March 2015, Mathematica reports that MFP programs transitioned over 50,000 individuals back to the community (including both elders and non-elders). The Mathematica report notes that "Since the MFP demonstration began, state grantees have consistently noted . . . that the lack of affordable and accessible housing" is one of the primary barriers to helping a greater number of persons transition back to the community. Money Follows the Person has been a useful tool, helping states learn how to rebalance their systems toward community-based support for people with disabilities living in integrated settings. Federal funding for MFP is ending; hopefully, states will continue the shift towards integration.

People Live with Aging Family Members

The *State of the States* report cited above found that in 2015 more than 871,000 people with I/DD lived with caregivers who are 60 years of age or older. When their caregivers are no longer able to provide the necessary supports, some of these individuals can rely on siblings or other family, while others will have the

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9) Henry, M. et al. (2017). The 2017 annual homeless assessment report to Congress. Washington, D.C.: U.S. Department of Housing & Urban Development, Office of Community Planning & Development. https://www.hudexchange.info/resources/documents/2017-AHAR-Part-1.pdf
10) Harris-Kojetin L. et al. (2013). Long-term care services in the United States: 2013 overview. National Center for Health Statistics. Vital Health Stat 3(37). https://www.cdc.gov/nchs/data/nsltcp/long_term_care_services_2013.pdf
11) Irvin, C., et al. (2017). Money Follows the Person 2015 annual evaluation report. Submitted to U.S. Department of Health & Human Services, Centers for Medicare & Medicaid Services. https://www.mathematica-mpr.com/our-publications-and-findings/publications/money-follows-the-person-2015-annual-evaluation-report. U.S. Census Bureau: Special tabulation of 2015 American Community Survey Group Quarters provided to TAC.
12) Braddock, D. et al (2017). *The state of the states in intellectual and developmental disabilities: 2017, 11th Edition*. Washington, DC: American Association on Intellectual and Developmental Disabilities.
13) Parks, J. & Radke, A., eds. (2014). The vital role of state psychiatric hospitals. National Association of State Mental Health Program Directors, Alexandria, VA. https://www.nasmhpd.org/sites/default/files/The%20Vital%20Role%20of%20State%20Psychiatric%20HospitalsTechnical%20Report_July_2014.pdf.

means to pay for a market rate apartment and private supports. But for a great many, SSI will become their sole source of income and they will need affordable housing and supports in order to continue to live in the community rather than moving into an institutional setting.

State Efforts to Help People with Disabilities Live in Community-Based Housing

The Money Follows the Person program is not the only way states proactively seek to help people with disabilities live successfully in community-based housing.

The Olmstead *Decision*

Public entities such as state and local governments have a legal obligation to serve people with disabilities in the most integrated setting possible. On June 22, 1999, the U.S. Supreme Court issued its decision in *Olmstead v. LC*, a lawsuit that questioned the State of Georgia's continued confinement of two individuals with disabilities in a state institution after it had been determined that they could live in the community. The court described Georgia's actions as "unjustified isolation" and determined that Georgia had violated these individuals' rights under the Americans with Disabilities Act (ADA).

To meet their obligations under *Olmstead*, many states have implemented:

- "*Olmstead* Plans" that expand community-based supports, including new integrated permanent supportive housing (PSH) opportunities; or
- *Olmstead*-related "Settlement Agreements" that require thousands of new integrated PSH opportunities to be created in conjunction with the expansion of community-based services and supports.

Olmstead Settlement Agreements — such as those negotiated with the states of Connecticut, Georgia, Illinois, New Hampshire, New Jersey, New York, North Carolina, Oregon, Pennsylvania, Texas, Virginia, and Washington — call for more new integrated PSH opportunities to be created in those states. Virtually all of the individuals targeted for these housing opportunities have SSI-level incomes, which nationally average 20% of area median income. In spite of this progress, the housing affordability gap for the lowest-income people with disabilities poses a significant barrier to the successful implementation of these agreements and for states trying to avoid ADA litigation. Without significant federal rental assistance, states will be challenged to meet their targets.

Permanent Supportive Housing

Prioritizing the housing needs of people with disabilities who are institutionalized or homeless is not only a requirement of the ADA, it is also the most cost-effective strategy for states and the federal government. Permanent supportive housing combines lease-based, affordable housing with tenancy supports and other voluntary services to help individuals with disabilities achieve stable housing and recovery in the community. States are increasingly expanding this option within their housing and services continuums because of its alignment with the ADA's integration mandate, as well as with the housing preferences of many individuals with disabilities; this is well documented for people with mental illness in particular.[14] This is especially true where lack of availability or access to such options, due in part to reliance on congregate or institutional

14) Carling, P. (1992). Housing, community support, and homelessness: Emerging policy in mental health systems. *New England Journal of Public Policy 8*: Issue 1, Article 24.
Tanzman, B. (1993). An overview of surveys of mental health consumers' preferences for housing and support services. *Hospital and Community Psychiatry 44*(5):450-455.
Yeich, S. et al. (1994). The case for a 'Supported Housing' approach: A study of consumer housing and support preferences. *Psychosocial Rehabilitation Journal 18*(2):75-86.

settings, seriously limits the housing choices of people with disabilities. Research has shown the cost-effectiveness of the PSH model, particularly for people with extensive or complex needs such as those with co-occurring conditions who often experience homelessness and who are frequent users of costly institutional and emergency care.[15] The positive impacts of PSH on housing stability, health, and behavioral health have also been demonstrated.[16] In one review of existing research studies, a consistent finding emerged that the "provision of housing had a strong, positive effect in promoting housing stability and reducing homelessness."[17]

"State and local governments have a legal obligation to serve people with disabilities in the most integrated setting possible."

Addressing the Priced Out *Affordability Gap*

Like the Bipartisan Policy Center's 2013 report *Housing America's Future: New Directions for National Policy*, the *Priced Out* report calls for a new federal commitment to affordable housing targeted to people with significant disabilities who rely on SSI.[18] Compliance with *Olmstead* and an end to chronic homelessness can be achieved only with additional targeted federal affordable housing resources. Together, the Consortium for Citizens with Disabilities Housing Task Force and the Technical Assistance Collaborative urge the federal government to make this commitment through investments in authorized federal housing programs specifically designed to assist extremely low-income households. The supply of affordable housing for people with disabilities is increased through the Housing Choice Voucher program, the Section 811 Project Rental Assistance program, HUD's Homeless Assistance Programs funded through the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, and the National Housing Trust Fund. Preserving the existing supply of $4.6 million HUD-subsidized housing resources is another critical part of any plan to ensure an adequate supply of decent, safe, and affordable housing for people with disabilities and other extremely low-income households. Specific strategies to achieve these goals are included in the Policy Recommendations on page 14.

15) Culhane, D. P. et al. (2002). Public service reductions associated with placement of homeless persons with severe mental illness in supportive housing. *Housing Policy Debate*, *13*(1):107–163
Larimer, M. E. (2009). Health care and public service use and costs before and after provision of housing for chronically homeless persons with severe alcohol problems. *The Journal of the American Medical Association 301*(13):1349
Chalmers McLaughlin, T. (2010). Using common themes: Cost-effectiveness of permanent supported housing for people with mental illness. *Research on Social Work Practice*, *21*(4):404–411.
16) Rog, D. et al. (2014). Permanent supportive housing: Assessing the evidence. *Psychiatric Services 65*(3):287-294
Padgett, et al. (2011). Substance use outcomes among homeless clients with serious mental illness: Comparing Housing First with Treatment First programs. *Community Mental Health Journal 47*(2):227–232.
Wolitski et al. (2009). Randomized trial of the effects of housing assistance on the health and risk behaviors of homeless and unstably housed people living with HIV. *AIDS and Behavior 14*(3):493–503.
17) Rog, D. et al. (2013). Permanent supportive housing: Assessing the evidence. *Psychiatric Services 65*(3):290.
18) Founded in 2007 by former Senate Majority Leaders Howard Baker, Tom Daschle, Bob Dole and George Mitchell, the Bipartisan Policy Center (BPC) is a nonprofit organization that drives principled solutions through rigorous analysis, reasoned negotiation and respectful dialogue. See www.bipartisanpolicy.org.

FEDERAL POLICY RECOMMENDATIONS TO ADDRESS THE CRISIS

Federal rental assistance — meaning a subsidy that helps renters pay no more than 30% of their income for housing — is the key to solving the housing crisis that has been documented in *Priced Out* reports over the past 19 years. Unfortunately, because of funding limitations that have grown worse in recent years, federal rental subsidy programs administered by the U.S. Department of Housing and Urban Development (HUD) currently reach only 35 of every 100 extremely low-income (ELI) households; with incomes equal to only 20% of area median income, one-person households receiving Supplemental Security Income (SSI) fall within HUD's ELI category. This shortfall translates into long waiting lists at Public Housing Agencies (PHAs) and affordable housing developments, and a critical shortage of permanent supportive housing (PSH) opportunities for people with significant disabilities who have SSI-level incomes.

A unified advocacy effort by the disability community is needed to support and potentially expand integrated PSH programs along with other rental assistance strategies. Providing housing assistance to people with the most significant and long-term disabilities is not only the right thing to do, but is also more cost-effective than perpetuating the alternatives: costly institutional care, uncontrolled expenses to the health care system, and homelessness.

The disability community must work closely with elected and appointed officials at both the state and federal levels to prioritize and coordinate funding from mainstream affordable housing programs, Medicaid, and other sources for PSH initiatives. For SSI recipients with complex needs, programs that ensure access to primary and behavioral health care and other assistance will be equally essential to support them in successfully maintaining their housing. Collaboration with state and national housing groups advocating for federal policies that better address the needs of ELI households is also critical. The Technical Assistance Collaborative (TAC) and the Consortium for Citizens with Disabilities (CCD) Housing Task Force urge national, state, and local disability organizations to work with their counterparts to protect affordable housing programs and expand funding wherever possible. Collaborations such as the Campaign for Housing and Community Development Funding, A Call To Invest In Our Neighborhoods (ACTION), and the Preservation Working Group are only a few of the important national campaigns worthy of support from disability groups. Many successful state campaigns are being led by statewide coalitions.[19]

TAC and the CCD Housing Task Force urge the disability community to take action on the following policy recommendations.

Fully Fund the Housing Choice Voucher Program and Expand Mainstream Vouchers

Permanent rental subsidies are the model solution to the ELI housing crisis. In *Housing America's Future*, the Bipartisan Policy Center recommends that "federal rental assistance be made available to all eligible households with incomes at or below 30% of area median income who apply for such assistance."[20] The fiscal year 2017 federal budget provided funds for new vouchers including $10 million for "mainstream" vouchers for ELI people with disabilities; this is the first expansion of mainstream vouchers since Non-

19) National Low Income Housing Coalition State Partners: http://nlihc.org/partners/state
20) Bipartisan Policy Center Housing Commission (2013). Housing America's future: New directions for national policy. (February 2013.) http://bipartisanpolicy.org/library/housing-americas-future-new-directions-national-policy/

elderly Disabled (NED) vouchers were expanded in 2009. The disability community is very appreciative of congressional support for this important program.

According to the Center on Budget and Policy Priorities, housing vouchers help 5.3 million people in 2.2 million households to afford decent housing in the private market; of these, 1 million or 20% are adults with disabilities and 350,000 or 7% are adults with disabilities who have children.[21] In recent years, securing full funding from Congress for the Housing Choice Voucher (HCV) program has been challenging.

Nationally, high demand has caused rents to increase annually. HCV utilization is very high, leaving little "wiggle room" in PHA budgets. Finally, additional funding will be required in fiscal year 2018 to renew some 35,000 vouchers initially issued as tenant protection vouchers or through the Rental Assistance Demonstration program.

TAC and the CCD Housing Task Force urge Congress to provide sufficient funding for all vouchers that are currently issued or leased. TAC and the CCD Housing Task Force further urge the Administration and Congress to support continued annual increases in funding for the Housing Choice Voucher program, including new NED vouchers targeted to non-elderly people with disabilities.

Fund the Section 811 Project Rental Assistance Program in All 50 States

The Section 811 Project Rental Assistance (PRA) program facilitates the creation of cost-effective, integrated supportive housing units for extremely low-income, non-elderly people with disabilities. HUD awards project-based rental assistance to state housing agencies that develop partnerships with their state's human services and Medicaid agencies. These funds ensure that eligible tenants with disabilities pay no more than 30% of their adjusted income for housing costs. The program provides rental assistance, but states must also leverage capital funds from other public and private sources. By requiring that no more than a quarter of the units in any PRA-funded property be targeted to people with disabilities, the program ensures consistency with the Americans with Disabilities Act integration mandate and the *Olmstead* decision. This program is a cost-effective and efficient model for which HUD has held two rounds of funding since its inception. Through these funding rounds, the program has awarded $236 million to 28 states for the development of more than 6,500 units. All but seven of the 50 states applied in one or both of these Section 811 PRA funding rounds, a high response rate that underscores the need for permanent supportive housing across the nation as well as interest in this housing model.

TAC and the CCD Housing Task Force call on Congress to provide sufficient funding to make robust 811 PRA programs available in each of the 50 states, both by funding states that have not received awards and by helping states that are seeking to expand their programs.

Expand Housing Opportunities for SSI Recipients through the National Housing Trust Fund

The National Housing Trust Fund (NHTF) was authorized by Congress in 2008 as the first permanent federal housing program targeted to ELI households that is not subject to annual discretionary appropriations. The NHTF provides communities with funds to build, preserve, and rehabilitate rental homes that are affordable for ELI and very low-income households. At least 90% of the funding must be used for the production, preservation, rehabilitation, or operation of rental housing, and at least 75% of the funding

21) Sard, B. (2017). Housing vouchers work: Helping vulnerable people afford decent, stable housing. Center on Budget & Policy Priorities "Off the Charts" blog post, https://www.cbpp.org/blog/housing-vouchers-work-helping-vulnerable-people-afford-decent-stable-housing

must benefit ELI households. Thanks to this income targeting requirement, the NHTF could substantially benefit people with disabilities who rely on SSI payments.

States received their first NHTF allocations in 2016 and 2017; combined, states received nearly $400 million for the two years. For a variety of reasons, many states are using the program to develop supportive housing and housing targeted to people who are homeless. The National Low Income Housing Coalition's survey of state NHTF allocation plans found that 37 states target their funds to projects serving people who are homeless or who have a disability.[22] The report found that 16 states used the term "supportive housing" to describe priority projects for NHTF funding.

TAC and the CCD Housing Task Force urge disability organizations to continue advocating at the state level for the use of NHTF funds to create housing for people with disabilities. TAC and the CCD Housing Task Force also encourage advocates to work with state and national housing organizations to protect this relatively new funding source from congressional attacks and from the indirect impacts of changes in Fannie Mae or Freddie Mac operations, as NHTF funds are generated through these agencies.

Fund Federal Programs that Advance the National Goals and Strategies to End Homelessness

By calling for an end to homelessness among veterans, families, youth, and people experiencing chronic homelessness, the U.S. Interagency Council on Homelessness (USICH) and its federal partners have stimulated robust efforts in many communities. An end to homelessness means that every community will have a comprehensive response in place to prevent homelessness whenever possible, and to ensure that when it cannot be prevented, homelessness is rare, brief, and non-recurring.

The Continuum of Care (CoC) and Emergency Solutions Grant (ESG) programs are the federal government's primary response to homelessness, and funding them is critically important to ending homelessness throughout the country. For over 20 years, HUD has funded proven solutions through the competitive CoC program, with additional resources matched and leveraged by communities. These solutions include cost-effective PSH for people experiencing chronic homelessness, as well as diversion, prevention, crisis housing, and rapid re-housing programs through the ESG block grant program.

According to the National Alliance to End Homelessness, between 2014 and 2015 homelessness decreased by two percent overall, with decreases among every major subpopulation including chronically homeless individuals with disabilities.[23] The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act has certainly contributed to this decline in homelessness by funding both short-term assistance such as security deposits and longer-term supports such as permanent supportive housing, depending on the needs of each homeless individual or family.

TAC and the CCD Housing Task Force encourage advocates to continue to seek annual increases in funding for new permanent supportive housing through the CoC program. Advocacy and support from federal and local leaders is absolutely necessary to achieve the ambitious goals adopted by the USICH, its federal partners, and communities committed to ending homelessness.

22) Gramlich, E. (2017). Housing the lowest income people: An analysis of National Housing Trust Fund draft allocation plans. National Low Income Housing Coalition. http://nlihc.org/sites/default/files/NHTF_Allocation-Report_2017.pdf
23) National Alliance to End Homelessness (2016). The state of homelessness in America. https://endhomelessness.org/homelessness-in-america/homelessness-statistics/

Ensure that Disaster Rebuilding Improves the Lives of People with Disabilities

Recovery from disasters such as recent hurricanes in Texas, Florida, U.S. Virgin Islands, and Puerto Rico is more difficult for people with disabilities. However, Louisiana's Hurricane Katrina experience demonstrates that planning and advocacy can improve the post-disaster response so that the resulting, rebuilt environment better meets the community living needs and preferences of extremely low-income people with disabilities — including those experiencing or at risk of homelessness or institutionalization. Louisiana's 3,000-unit PSH program, modeled on a similar program created in North Carolina, was a critical part of the state's Road Home recovery plan following hurricanes Katrina and Rita in 2005. Through state-level policy and partnerships that systematically offer access to a pipeline of integrated affordable housing units, along with local infrastructure for outreach and service coordination, Louisiana has created an innovative and replicable PSH approach that is sustainable with mainstream affordable housing and services funding.[24 25]

TAC and the CCD Housing Task Force strongly encourage states to incorporate policies like Louisiana's so that permanent supportive housing is developed as part of any disaster recovery rebuilding.

Remain Vigilant in Affirmatively Furthering Fair Housing

Apart from the provision of affordable housing resources, one of the most important ways HUD can help people with disabilities is through enforcement of fair housing laws. These laws help make housing and the lived environment more usable by people with physical disabilities, and prevent discrimination against people with visible and invisible disabilities in accessing and living in housing. The National Fair Housing Alliance found that in 2017, 55% of fair housing complaints across the country involved discrimination on the basis of disability.[26]

TAC and the CCD Housing Task Force urge HUD to remain vigilant, fully investigating complaints, fully funding the Fair Housing Initiatives Program and the Fair Housing Assistance Program to continue addressing discrimination locally, and fully implementing Affirmatively Further Fair Housing regulations. This includes ensuring that state and local entities have access to the disability-related information necessary to conduct a complete analysis of fair housing issues in their jurisdictions.

Support Diversion and Reentry of People with Disabilities from Jails and Prisons

Incarceration, homelessness, having a significant disability, and poverty are mutual risk factors. Recent studies have demonstrated that people with disabilities, particularly those who are homeless, are disproportionately represented in prisons and jails across the country.[27] The Urban Institute found that people with serious mental illness are not only overrepresented in the criminal justice system but are costly to serve, putting a strain on a system ill-equipped to meet their needs.[28] This complex issue cries out for policies and practices that divert people from incarceration. Changes are also needed to help those who leave jails and prisons to transition back to their communities.

24) Technical Assistance Collaborative (2012). Taking integrated permanent supportive housing (PSH) to scale: The Louisiana PSH program. http://www.tacinc.org/media/10896/Louisiana%20Brief.pdf.

25) Clary, M. and Kartika, T. Braiding Funds to house complex Medicaid beneficiaries: Key policy lessons from Louisiana. National Academy for State Health Policy. http://www.nashp.org/braiding-funds-to-house-complex-medicaid-beneficiaries-key-policy-lessons-from-louisiana/

26) National Fair Housing Alliance (2017). The case for fair housing: 2017 fair housing trends report. http://nationalfairhousing.org/2017-fair-housing-trends-report/

27) Greenberg G. & Rosenheck, R. (2008). Jail incarceration, homelessness, and mental health: A national study. *Psychiatric Services* 59(2):170-177. https://www.ncbi.nlm.nih.gov/pubmed/18245159

28) Kim, K., et al. (2015). The processing and treatment of mentally ill persons in the criminal justice system: A scan of practice and background analysis. https://www.urban.org/sites/default/files/publication/48981/2000173-The-Processing-and-Treatment-of-Mentally-Ill-Persons-in-the-Criminal-Justice-System.pdf

TAC and the CCD Housing Task Force support the Second Chance at Housing Act that will help people with criminal histories to access federally assisted housing. TAC and the CCD Housing Task Force also urge HUD to continue educating rental property owners and managers on its April 4, 2016 guidance regarding the use of criminal records in housing, and to enforce this important guidance.[29]

Promote Medicaid Support for Housing-Related Services

Access to housing with support services has a positive impact on the health of many people with disabilities, reducing their need for costly care and contributing to savings for the system. While Medicaid does not pay for housing costs such as rent, the Centers for Medicare and Medicaid Services (CMS) has provided guidance encouraging state Medicaid programs to develop services and policies that can help people with disabilities to access and retain affordable housing. A June 26, 2015 CMS Informational Bulletin explains that Medicaid can cover three types of housing-related services:

- *Individual Housing Transition Services* such as assisting with the housing application process, arranging a move, or developing an individualized housing plan.
- *Individual Housing and Tenancy Sustaining Services* such as education on tenant responsibilities or helping tenants address any tenancy issues. These services are made available to support individuals in maintaining tenancy once housing is secured.
- *State-level Housing-Related Collaborative Activities* such as developing formal and informal agreements and working relationships among state and local housing and community development agencies to facilitate access to existing and new housing resources.[30]

Medicaid funding for these housing-related activities will facilitate the development of permanent supportive housing opportunities for ELI people with disabilities, helping states to comply with *Olmstead* requirements as well the CMS "Settings Rule" and achieving cost savings by ending or preventing homelessness and institutionalization.

TAC and the CCD Housing Task Force urge CMS to promote housing-related services in order to support states' continued efforts to rebalance Medicaid spending from institutions to the community.

Employment Can Help to Close the Gap

States should prioritize employment supports and job development for ELI people with disabilities. Increasing ELI households' income can help to close the affordability gap and, by minimizing the amount of rental assistance needed to help people afford housing, stretch limited rental resources. The Department of Labor reports that in October 2017, 68.3% of non-disabled people aged 16 and over were employed, as compared to only 21% of people with disabilities in the same age group.[31] Yet most people with disabilities would prefer to work. For example, the Bazelon Center reports that "Studies have typically found that approximately two-thirds of people with serious mental illness express interest in working."[32] In *Road to*

29) U.S. Department of Housing and Urban Development (2016). Office of General Counsel guidance on application of Fair Housing Act standards to the use of criminal records by providers of housing and real estate-related transactions. https://www.hud.gov/sites/documents/HUD_OGCGUIDAP-PFHASTANDCR.PDF

30) Centers for Medicare and Medicaid Services (2015). CMCS Informational Bulletin: "Coverage of housing-related activities and services for individuals with disabilities." https://www.medicaid.gov/federal-policy-guidance/downloads/CIB-06-26-2015.pdf

31) U.S. Department of Labor Office of Disability Employment Policy website. Retrieved on 11/13/17 from https://www.dol.gov/odep/

32) Judge David L. Bazelon Center for Mental Health Law (2014). Getting to work: Promoting employment of people with mental illness. http://www.bazelon.org/wp-content/uploads/2017/01/Getting-to-Work.pdf

Recovery, the National Alliance on Mental Illness found that "studies show that most adults with mental illness want to work and . . . can succeed with appropriate supports."[33]

In recent years, the Department of Justice has made findings that segregated employment of people with disabilities — such as in sheltered workshops — is a violation of the Americans with Disabilities Act. In a 2016 statement, the Department provides an example of a competitive integrated employment setting as "work on a full- or part-time basis, at minimum wage or above, at a location where the employee interacts with individuals without disabilities and has access to the same opportunities for benefits and advancement provided to non-disabled workers."[34]

Recent federal legislation such as the Workforce Innovation and Opportunity Act (WIOA) and the ABLE Act offer a potential path to employment for some people with disabilities, including those who are homeless. A WIOA advisory committee has issued capacity-building recommendations for workplaces.[35]

According to the ABLE National Resource Center, there are now nearly 15,000 individuals with disabilities nationwide who have opened ABLE accounts.[36] These special tax-advantaged savings/investment accounts allow qualified individuals with disabilities the opportunity to save for disability-related expenses without jeopardizing their eligibility for many public benefits. Individuals may spend funds from an ABLE account on a variety of purposes, including housing, transportation, education, and employment training and support. The Housing Opportunity through Modernization Act of 2016 (HOTMA) established new income and family asset definitions in HUD programs such as public housing and the Section 8 Housing Choice Voucher program. HUD has not yet issued regulations to implement the new income and asset provisions under HOTMA.

TAC and the CCD Housing Task Force urge HUD in its proposed rules to specify that ABLE account funds be disregarded — as required by statute — when determining eligibility for HOTMA benefits. TAC and the CCD Housing Task Force further encourage HUD to actively participate in cross-agency work with the Department of Labor's Office of Disability Employment Policy to ensure that HUD policies promote employment for people with disabilities.

33) Diehl, S. et al. (2014). *Road to recovery: Employment and mental illness.* National Alliance on Mental Illness. https://www.nami.org/About-NAMI/Publications-Reports/Public-Policy-Reports/RoadtoRecovery.pdf
34) U.S. Department of Justice Civil Rights Division (2016). Statement on the application of *Olmstead* to state and local governments' employment service systems for individuals with disabilities. https://www.ada.gov/olmstead/olmstead_guidance_employment.htm
35) Advisory Committee on Increasing Competitive Integrated Employment for Individuals with Disabilities (2016). Final report. https://www.dol.gov/odep/topics/WIOA.htm
36) ABLE National Resource Center. Medicaid and ABLE: A look at the recently released CMS guidance. Updated 11/9/17. http://www.ablenrc.org/events/medicaid-and-able-look-recently-released-cms-guidance

HOW TO USE THE INFORMATION IN PRICED OUT

Priced Out contains factual data documenting the severe housing crisis experienced by people with disabilities. As part of efforts to control health care spending, as well as to comply with the *Olmstead* decision and the Americans with Disabilities Act (ADA), many states are developing strategies to expand community-based housing. *Priced Out* shows that people with disabilities relying on Supplemental Security Income (SSI) cannot afford rental housing in the community without an ongoing tenant- or project-based rental subsidy.

Key Federal Housing Plans

Affordable housing for people with disabilities is not solely the responsibility of disability service agencies. The disability community can use the information in this report to engage state and local housing officials in a dialogue about the nature and extent of the affordability crisis. It is these housing officials who are responsible for developing strategies and plans for how federal housing resources are used. Most federal programs administered at the state or local level rely on strategic plans to document how the federal resources will be used to meet local needs.

There are four significant federally mandated housing and homeless plans:

- Consolidated Plan
- Qualified Allocation Plan
- Continuum of Care program planning
- Public Housing Agency Plan

These plans affect how billions of dollars of federal housing funding can be used to expand affordable and accessible housing opportunities for people with disabilities. Disability advocates can use *Priced Out* data to inform important decisions about how federal housing resources are allocated.

Consolidated Plan

The Consolidated Plan (ConPlan) is the "master plan" for affordable housing in local communities and states. Each year, Congress appropriates billions of dollars (nearly $2 billion for Fiscal Year 2017) that are distributed by the U.S. Department of Housing and Urban Development (HUD) directly to all states and certain entitlement communities.

The ConPlan is a comprehensive, long-range planning document that describes housing needs, market conditions, and strategies, and that outlines an action plan for the use of federal housing funds. The ConPlan provides an important opportunity to go on record about the housing crisis facing people with disabilities in a community or state and to demand that people with disabilities receive their fair share of federal housing funds distributed through the ConPlan process.

The information included in *Priced Out* can help begin a dialogue that could result in more federal housing funding being directed to assist people with disabilities in local communities. *Priced Out* data should be provided to the housing officials preparing the ConPlan and included in the final plan submitted to HUD.

New funding opportunities magnify the importance of the disability community's participation in each ConPlan planning process. The National Housing Trust Fund disbursed $174 million to state housing agencies for the first time in 2016. In 2017, $219 million was available. The NHTF law requires states to prepare an "Allocation Plan" each year indicating how the state will distribute NHTF funds based on the priority housing needs documented in the state's ConPlan. In 2018, as states develop their third NHTF Allocation Plans, *Priced Out* data can be used to illustrate the urgent need for rental housing targeted to extremely low-income (ELI) people with disabilities. TAC's 2015 report *Creating New Integrated Permanent Supportive Housing Opportunities for ELI Households* provides a "road map" for state and local governments to use the NHTF funding to develop integrated permanent supportive housing (PSH). This report, as well as *Piecing It All Together in Your Community: Playing the Housing Game*, a TAC publication with more information about how the disability community can use the ConPlan process to influence housing officials, is available online at www.tacinc.org. More information about NHTF advocacy can also be found at the website of the National Low Income Housing Coalition, www.nlihc.org.

Qualified Allocation Plan

When the federal Low Income Housing Tax Credit (LIHTC) program was created in 1986, Congress included a requirement that states develop an annual strategic housing planning document describing how LIHTC funds would be used to meet their housing needs and priorities. In accordance with this law, each state must have a Qualified Allocation Plan (QAP) in place prior to allocating tax credits. The QAP outlines the state's affordable housing priorities for the use of tax credits as well as the tax credit application process. Most states engage in a public comment process before submitting the QAP to the governor for approval.

Federal law requires that the QAP give priority to projects that serve the lowest-income households and to those that remain affordable for the longest period of time. In addition, 10% of a state's annual LIHTC allocation must be reserved for nonprofit organizations.

States create additional policies within their LIHTC programs to encourage the creation of certain types of housing; most include incentives for the development of units targeting vulnerable populations such as people with disabilities and people who are homeless. For example, Pennsylvania, North Carolina, Illinois, Louisiana, and Maryland have all used the LIHTC program as a platform for the creation of integrated PSH. For more information about the QAP and the LIHTC program, see *Using the Low Income Housing Tax Credit Program to Create Affordable Housing for People with Disabilities*, a TAC publication available online at http://www.tacinc.org/media/15086/Using%20the%20LIHTC%20Program%2026.pdf.

Continuum of Care Planning

The Continuum of Care (CoC) program is intended to help communities develop the capacity to envision, organize, and plan comprehensive and long-term solutions to the problem of homelessness. In 1994, with input from practitioners throughout the country, HUD introduced the CoC concept to support communities in their efforts to address the problems of housing and homelessness in a coordinated, comprehensive, and strategic fashion. The Homeless Emergency and Rapid Transition to Housing (HEARTH) Act of 2009 codified the CoC so that the standard HUD practice of community planning is now required by law.

In its CoC, a community documents its strategy for addressing homelessness, including a description of what role HUD CoC program funds play in that strategy. The strategic planning conducted through this process forms the basis of an annual competitive CoC program application to HUD for homeless assistance funding. For decades, the HUD Homeless Assistance Programs have formed the backbone of local efforts intended to address the many needs of homeless individuals and families in states and communities across the nation.

As with the other HUD housing plans, CoC planning presents a valuable opportunity for the disability community to provide input regarding the housing and supportive services needs of people with disabilities who are homeless, including those who are chronically homeless and in need of permanent supportive housing.

For more information about the Continuum of Care program, including how to get involved in your local planning process, visit www.hudexchange.info/coc.

Public Housing Agency Plan

Public housing reform legislation enacted in 1998 gave Public Housing Agencies (PHAs) more control over how federal public housing and Housing Choice Voucher funds are used in their communities. Along with this increased flexibility came requirements, including the creation of a five-year comprehensive planning document known as the Public Housing Agency Plan. In consultation with a Resident Advisory Board, each PHA is required to complete a PHA Plan that describes the agency's overall mission for serving low-income and very low-income families, and the activities that will be undertaken to meet the housing needs of these families. The PHA is also required to submit a certification that the PHA Plan is consistent with the ConPlan for the jurisdiction.

Like the ConPlan, the PHA Plan includes a statement of the housing needs of low-income, very low-income, and extremely low-income people in the community and describes how PHA resources — specifically, federal public housing units and Housing Choice Vouchers — will be used to meet their needs. For example, through the PHA Plan, local housing officials could decide to establish a preference in their Housing Choice Voucher or public housing waiting list for people with disabilities, people transitioning from an institution, or people who are homeless.

For more information on the PHA Plan, see *Affordable Housing in Your Community: What You Need to Know! What You Need to Do!*, a TAC publication available online at http://www.tacinc.org/knowledge-resources/publications/opening-doors/affordable-housing/.

WHERE THE NUMBERS COME FROM

The *Priced Out* report assesses housing affordability for people with disabilities receiving Supplemental Security Income across the United States. To complete this assessment, four separate data sets were used:

The final U.S. Department of Housing and Urban Development (HUD) **Fair Market Rents** (FMRs) go into effect each year on or near October 1 for every state, county, and housing market area in the United States. The cost of modest rental housing is calculated annually by HUD for use in the Housing Choice Voucher program. A housing unit at FMR is meant to be modest, not luxurious, costing less than a typical unit with the same number of bedrooms in that city or county. To see the FMRs used in this assessment, visit HUD's website at www.huduser.org/portal/datasets/fmr.html.

Area Median Incomes (AMI) for one-person households in specific areas are used by HUD to determine the income limits for federal housing programs operating in those areas, including the Section 811 Supportive Housing for Persons with Disabilities Program and the Housing Choice Voucher program. Data on annual HUD income limits is available on HUD's website at www.huduser.org/portal/datasets/il.html.

Information about **Supplemental Security Income** (SSI) payments for individuals with disabilities living independently is provided by the U.S. Social Security Administration. The 2016 SSI payment was made up of the federal SSI payment of $733, plus an additional amount in the 21 states that uniformly provide a state-determined, state-funded supplement to all SSI recipients who live independently in the community. Data on 2016 SSI payments and supplements was obtained from the Program Operations Manual System of the Social Security Administration's Office of Research, Evaluation, and Statistics.* This document is available online at www.ssa.gov. The national SSI amount was computed based on the average of the SSI amount in each state. Table 4 on page 50 lists the monthly state supplement amounts.

Renter household information was provided by the National Low Income Housing Coalition in its *Out of Reach 2016* report, which is available at http://nlihc.org/oor/2016. Data included in *Priced Out* is weighted to reflect the number of renter households residing in each housing market area of the country in order to provide the most accurate information possible.

** Because 2016 state supplement information was not available for Michigan and Nebraska, 2017 amounts for these two states have been used instead.*

TABLE 1: A TOOL FOR ADVOCACY

Because Table 1 presents rent and income information within a context that is familiar to state and local housing officials — their own housing market areas — it is an extremely helpful tool for disability advocates. The example below draws from Table 1 to show the housing affordability problems faced by people with disabilities receiving Supplemental Security Income (SSI) payments in the federally defined housing market areas of a single state.

In 2016, a person with a disability in New Jersey received SSI benefits equal to $764 per month. Statewide, this income was equal to 14.9% of area median income. On average, a person with a disability would have to pay 132% of their monthly SSI income to rent an efficiency unit or 151% of their monthly income for a one-bedroom unit.

Across New Jersey's federally defined housing market areas, the cost of a one-bedroom rental unit ranged from a low of 121% of monthly SSI income in the Warren County housing market area to a high of 174% in the Bergen/Passaic housing market area. There is no housing market in New Jersey where a person would pay less than 121% of their SSI income towards renting a one-bedroom unit.

Federal SSI benefit plus any state supplement for people with disabilities living independently in the community. In New Jersey SSI recipients receive $764 per month including a state supplement of $31.

Percentage of monthly SSI benefit needed to rent a modest studio apartment at HUD's Fair Market Rent. In Trenton, an SSI receipient would need to spend 124% of their monthly income for a studio apartment.

State and Metropolitan Statistical Area	Monthly SSI Payment	SSI as % of Median Income	% SSI for 1-Bedroom	% SSI for Efficiency Apt
NEW JERSEY				
Atlantic City-Hammonton	$764	19.5%	133%	119%
Bergen-Passaic	$764	14.4%	**174%**	154%
Jersey City	$764	**16.3%**	167%	151%
Middlesex-Somerset-Hunterdon	$764	12.6%	170%	138%
Monmouth-Ocean	$764	14.4%	151%	124%
Newark	$764	14.6%	139%	132%
Ocean City	$764	16.6%	122%	94%
Philadelphia-Camden-Wilmington*	$764	16.3%	131%	111%
Trenton	$764	14.1%	145%	**124%**
Vineland-Bridgeton	$764	19.9%	115%	106%
Warren County	$764	15.6%	121%	104%
Statewide	$764	14.9%	151%	132%

SSI benefit expressed as a percentage of the one-person area median income. In Jersey City, a monthly SSI payment is equal to just 16.3% of the area median income.

Percentage of monthly SSI benefit needed to rent a modest one-bedroom apartment at HUD's Fair Market Rent. In Bergen-Passaic, an SSI receipient would need to spend 174% of their monthly income for a one-bedroom.

TABLE 1: STATE AND LOCAL HOUSING MARKET AREA DATA – 2016

State and Metropolitan Statistical Area	Monthly SSI Payment	SSI as % of Median Income	% SSI for 1-Bedroom	% SSI for Efficiency Apt
ALABAMA				
Anniston-Oxford-Jacksonville	$733	26.7%	65%	60%
Auburn-Opelika	$733	20.6%	82%	74%
Birmingham-Hoover	$733	19.6%	102%	91%
Chilton County	$733	23.5%	73%	66%
Columbus*	$733	24.2%	88%	83%
Daphne-Fairhope-Foley	$733	20.6%	116%	110%
Decatur	$733	22.3%	70%	58%
Dothan	$733	24.4%	70%	69%
Florence-Muscle Shoals	$733	23.1%	73%	72%
Gadsden	$733	24.5%	74%	72%
Henry County	$733	22.3%	73%	70%
Huntsville	$733	17.5%	85%	74%
Mobile	$733	23.7%	100%	99%
Montgomery	$733	20.8%	93%	80%
Pickens County	$733	27.1%	64%	61%
Tuscaloosa	$733	22.6%	88%	77%
Walker County	$733	27.1%	71%	68%
Statewide Non-MSA	$733	27.1%	70%	67%
Statewide	$733	22.6%	86%	79%
ALASKA				
Anchorage	$1,095	20.2%	93%	81%
Fairbanks	$1,095	21.9%	87%	73%
Matanuska-Susitna Borough	$1,095	21.9%	72%	60%
Statewide Non-MSA	$1,095	24.2%	90%	81%
Statewide	$1,095	21.4%	88%	77%
ARIZONA				
Flagstaff	$733	19.9%	114%	96%
Lake Havasu City-Kingman	$733	25.8%	82%	72%
Phoenix-Mesa-Scottsdale	$733	19.9%	103%	85%
Prescott	$733	23.6%	94%	93%
Sierra Vista-Douglas	$733	22.2%	82%	81%
Tucson	$733	22.2%	89%	75%
Yuma	$733	26.2%	89%	87%
Statewide Non-MSA	$733	28.6%	78%	75%
Statewide	$733	21.4%	98%	83%
ARKANSAS				
Fayetteville-Springdale-Rogers	$733	20.4%	79%	74%

** Indicates a housing market area that crosses state boundaries*

TABLE 1

State and Metropolitan Statistical Area	Monthly SSI Payment	SSI as % of Median Income	% SSI for 1-Bedroom	% SSI for Efficiency Apt
Fort Smith*	$733	25.8%	70%	67%
Grant County	$733	20.8%	74%	60%
Hot Springs	$733	24.6%	79%	72%
Jonesboro	$733	23.8%	83%	64%
Little River County	$733	24.0%	63%	59%
Little Rock-North Little Rock-Conway	$733	20.0%	92%	79%
Memphis*	$733	20.9%	96%	86%
Pine Bluff	$733	26.5%	69%	59%
Poinsett County	$733	28.1%	67%	67%
Texarkana*	$733	23.2%	78%	68%
Statewide Non-MSA	$733	28.1%	67%	65%
Statewide	$733	24.3%	76%	70%
CALIFORNIA				
Bakersfield	$889	15.6%	161%	141%
Chico	$889	25.8%	73%	70%
El Centro	$889	25.8%	82%	74%
Fresno	$889	25.8%	70%	59%
Hanford-Corcoran	$889	25.8%	80%	75%
Los Angeles-Long Beach-Glendale	$889	25.8%	70%	70%
Madera	$889	17.6%	134%	111%
Merced	$889	25.8%	76%	75%
Modesto	$889	25.8%	68%	59%
Napa	$889	25.8%	82%	73%
Oakland-Fremont	$889	17.4%	138%	114%
Oxnard-Thousand Oaks-Ventura	$889	15.6%	194%	161%
Redding	$889	16.3%	149%	126%
Riverside-San Bernardino-Ontario	$889	25.8%	77%	74%
Sacramento-Roseville-Arden-Arcade	$889	23.8%	108%	90%
Salinas	$889	22.0%	92%	81%
San Benito County	$889	20.0%	127%	107%
San Diego-Carlsbad	$889	19.5%	127%	115%
San Francisco	$889	17.9%	151%	136%
San Jose-Sunnyvale-Santa Clara	$889	12.4%	271%	215%
Santa Ana-Anaheim-Irvine	$889	13.6%	199%	169%
San Luis Obispo-Paso Robles-Arroyo Grande	$889	19.9%	114%	100%
Santa Cruz-Watsonville	$889	16.3%	155%	130%
Santa Maria-Santa Barbara	$889	18.1%	149%	127%
Santa Rosa	$889	18.5%	136%	118%
Stockton-Lodi	$889	25.8%	82%	69%
Vallejo-Fairfield	$889	19.6%	113%	90%
Visalia-Porterville	$889	25.8%	75%	75%
Yolo	$889	20.6%	99%	98%
Yuba City	$889	25.8%	76%	75%

* *Indicates a housing market area that crosses state boundaries*

TABLE 1

State and Metropolitan Statistical Area	Monthly SSI Payment	SSI as % of Median Income	% SSI for 1-Bedroom	% SSI for Efficiency Apt
Statewide Non-MSA	$889	25.9%	84%	74%
Statewide	$889	21.8%	138%	117%
COLORADO				
Boulder	$758	13.7%	135%	119%
Colorado Springs	$758	18.3%	97%	80%
Denver-Aurora-Lakewood	$758	16.2%	136%	111%
Fort Collins	$758	16.6%	108%	95%
Grand Junction	$758	21.7%	79%	78%
Greeley	$758	18.9%	91%	79%
Pueblo	$758	21.7%	80%	79%
Teller County	$758	17.2%	103%	92%
Statewide Non-MSA	$758	21.7%	91%	86%
Statewide	$758	17.6%	117%	100%
CONNECTICUT				
Bridgeport	$901	17.3%	110%	93%
Colchester-Lebanon	$901	14.7%	96%	90%
Danbury	$901	14.5%	122%	99%
Hartford-West Hartford-East Hartford	$901	17.3%	108%	87%
Milford-Ansonia-Seymour	$901	15.9%	116%	109%
New Haven-Meriden	$901	17.6%	121%	107%
Norwich-New London	$901	17.3%	92%	83%
Southern Middlesex County	$901	15.2%	114%	98%
Stamford-Norwalk	$901	11.8%	171%	138%
Waterbury	$901	18.1%	89%	70%
Windham County	$901	18.1%	80%	74%
Statewide Non-MSA	$901	17.3%	96%	77%
Statewide	$901	17.6%	114%	95%
DELAWARE				
Dover	$733	19.9%	123%	114%
Philadelphia-Camden-Wilmington*	$733	15.6%	137%	115%
Sussex County	$733	20.3%	94%	84%
Statewide	$733	17.6%	125%	108%
DISTRICT OF COLUMBIA				
Washington-Arlington-Alexandria*	$733	11.6%	206%	196%
Statewide	$733	16.9%	206%	196%
FLORIDA				
Baker County	$733	20.8%	88%	65%
Cape Coral-Fort Myers	$733	22.3%	101%	94%
Crestview-Fort Walton Beach-Destin	$733	19.7%	111%	103%
Deltona-Daytona Beach-Ormond Beach	$733	24.0%	104%	83%
Fort Lauderdale	$733	17.3%	140%	113%
Gainesville	$733	20.7%	98%	85%
Gulf County	$733	27.5%	102%	87%

** Indicates a housing market area that crosses state boundaries*

TABLE 1

State and Metropolitan Statistical Area	Monthly SSI Payment	SSI as % of Median Income	% SSI for 1-Bedroom	% SSI for Efficiency Apt
Homosassa Springs	$733	24.7%	79%	79%
Jacksonville	$733	19.3%	108%	84%
Lakeland-Winter Haven	$733	23.9%	87%	87%
Miami-Miami Beach-Kendall	$733	17.7%	139%	113%
Naples-Immokalee-Marco Island	$733	19.1%	133%	109%
North Port-Sarasota-Bradenton	$733	20.3%	113%	105%
Ocala	$733	26.4%	92%	86%
Orlando-Kissimmee-Sanford	$733	21.5%	114%	105%
Palm Bay-Melbourne-Titusville	$733	21.3%	95%	77%
Palm Coast	$733	23.3%	116%	115%
Panama City-Lynn Haven-Panama City Beach	$733	22.7%	111%	95%
Pensacola-Ferry Pass-Brent	$733	21.0%	102%	101%
Port St. Lucie	$733	22.3%	113%	109%
Punta Gorda	$733	22.6%	90%	86%
Sebastian-Vero Beach	$733	22.8%	96%	80%
Sebring	$733	27.7%	77%	67%
Tallahassee	$733	19.3%	100%	96%
Tampa-St. Petersburg-Clearwater	$733	21.2%	111%	97%
The Villages	$733	21.1%	79%	72%
Wakulla County	$733	20.2%	98%	87%
Walton County	$733	21.7%	98%	93%
West Palm Beach-Boca Raton	$733	18.7%	149%	119%
Statewide Non-MSA	$733	28.0%	87%	81%
Statewide	$733	22.0%	116%	100%
GEORGIA				
Albany	$733	27.7%	84%	79%
Athens-Clarke County	$733	22.4%	95%	85%
Atlanta-Sandy Springs-Roswell	$733	18.6%	117%	112%
Augusta-Richmond County*	$733	21.3%	84%	77%
Brunswick	$733	23.8%	83%	82%
Butts County	$733	19.8%	83%	82%
Chattanooga*	$733	20.5%	90%	77%
Columbus*	$733	24.2%	88%	83%
Dalton	$733	27.7%	75%	72%
Gainesville	$733	22.2%	93%	88%
Haralson County	$733	25.4%	76%	75%
Hinesville	$733	25.6%	107%	98%
Lamar County	$733	24.7%	65%	64%
Lincoln County	$733	27.7%	71%	63%
Long County	$733	24.2%	87%	80%
Macon	$733	25.1%	96%	76%
Meriwether County	$733	27.5%	68%	68%
Monroe County	$733	21.3%	93%	77%

** Indicates a housing market area that crosses state boundaries*

TABLE 1

State and Metropolitan Statistical Area	Monthly SSI Payment	SSI as % of Median Income	% SSI for 1-Bedroom	% SSI for Efficiency Apt
Morgan County	$733	22.2%	84%	80%
Murray County	$733	27.3%	64%	64%
Peach County	$733	23.3%	75%	59%
Pulaski County	$733	25.3%	71%	65%
Rome	$733	25.8%	71%	68%
Savannah	$733	19.8%	109%	96%
Valdosta	$733	24.9%	74%	73%
Warner Robins	$733	19.1%	92%	88%
Statewide Non-MSA	$733	27.7%	69%	67%
Statewide	$733	21.3%	100%	95%
HAWAII				
Kalawao County	$733	13.8%	74%	65%
Maui County	$733	15.6%	170%	152%
Honolulu	$733	12.5%	204%	182%
Statewide Non-MSA	$733	20.7%	142%	120%
Statewide	$733	15.2%	188%	167%
IDAHO				
Boise City	$786	21.6%	80%	65%
Butte County	$786	26.1%	70%	61%
Coeur d'Alene	$786	21.9%	77%	71%
Gem County	$786	26.1%	70%	59%
Idaho Falls	$786	23.5%	71%	62%
Lewiston*	$786	22.7%	68%	60%
Logan*	$786	21.0%	71%	56%
Pocatello	$786	22.4%	65%	55%
Statewide Non-MSA	$786	26.1%	71%	68%
Statewide	$786	23.4%	75%	66%
ILLINOIS				
Bloomington	$733	14.3%	84%	75%
Bond County	$733	19.9%	80%	65%
Cape Girardeau*	$733	22.8%	76%	75%
Champaign-Urbana	$733	18.0%	91%	74%
Chicago-Joliet-Naperville	$733	16.3%	144%	124%
Danville	$733	21.6%	73%	61%
Davenport-Moline-Rock Island*	$733	18.2%	79%	65%
De Witt County	$733	19.0%	70%	69%
Decatur	$733	21.4%	72%	60%
DeKalb County	$733	18.4%	94%	83%
Grundy County	$733	15.5%	106%	106%
Jackson County	$733	21.7%	79%	63%
Kankakee	$733	20.7%	92%	78%
Kendall County	$733	14.7%	113%	112%
Macoupin County	$733	20.3%	67%	61%

** Indicates a housing market area that crosses state boundaries*

TABLE 1

State and Metropolitan Statistical Area	Monthly SSI Payment	SSI as % of Median Income	% SSI for 1-Bedroom	% SSI for Efficiency Apt
Peoria	$733	18.1%	82%	72%
Rockford	$733	21.4%	79%	70%
Springfield	$733	17.1%	82%	72%
St. Louis*	$733	17.8%	94%	83%
Williamson County	$733	21.7%	69%	69%
Statewide Non-MSA	$733	21.7%	71%	62%
Statewide	$733	17.6%	122%	106%
INDIANA				
Anderson	$733	22.0%	80%	67%
Bloomington	$733	19.1%	94%	90%
Carroll County	$733	20.3%	70%	70%
Cincinnati*	$733	17.8%	84%	72%
Columbus	$733	18.6%	98%	81%
Elkhart-Goshen	$733	22.0%	77%	65%
Evansville*	$733	20.5%	83%	77%
Fort Wayne	$733	21.3%	74%	64%
Gary	$733	19.6%	97%	75%
Indianapolis-Carmel	$733	18.8%	94%	81%
Jasper County	$733	18.2%	79%	78%
Kokomo	$733	21.7%	77%	70%
Lafayette-West Lafayette	$733	19.1%	93%	84%
Louisville*	$733	18.8%	86%	75%
Michigan City-La Porte	$733	21.1%	75%	63%
Muncie	$733	22.0%	72%	66%
Owen County	$733	22.0%	79%	65%
Putnam County	$733	20.7%	74%	74%
Scott County	$733	24.0%	74%	69%
South Bend-Mishawaka	$733	22.0%	87%	68%
Sullivan County	$733	21.9%	85%	67%
Terre Haute	$733	22.0%	81%	66%
Union County	$733	21.3%	79%	59%
Washington County	$733	24.4%	74%	64%
Statewide Non-MSA	$733	22.0%	73%	65%
Statewide	$733	20.6%	85%	73%
IOWA				
Ames	$733	15.8%	90%	72%
Benton County	$733	17.6%	70%	67%
Bremer County	$733	16.2%	72%	63%
Cedar Rapids	$733	16.5%	78%	66%
Davenport-Moline-Rock Island*	$733	18.2%	79%	65%
Des Moines-West Des Moines	$733	16.3%	91%	77%
Dubuque	$733	18.6%	84%	71%
Iowa City	$733	14.5%	105%	89%

** Indicates a housing market area that crosses state boundaries*

TABLE 1

State and Metropolitan Statistical Area	Monthly SSI Payment	SSI as % of Median Income	% SSI for 1-Bedroom	% SSI for Efficiency Apt
Jones County	$733	18.8%	67%	56%
Omaha-Council Bluffs*	$733	17.4%	98%	77%
Plymouth County	$733	16.8%	68%	57%
Sioux City*	$733	19.8%	77%	65%
Washington County	$733	18.3%	82%	71%
Waterloo-Cedar Falls	$733	19.2%	81%	68%
Statewide Non-MSA	$733	19.9%	70%	63%
Statewide	$733	18.4%	80%	69%
KANSAS				
Kansas City*	$733	17.2%	105%	83%
Kingman County	$733	21.0%	70%	59%
Lawrence	$733	16.8%	87%	74%
Manhattan	$733	19.2%	86%	86%
St. Joseph*	$733	20.9%	75%	68%
Sumner County	$733	19.8%	70%	59%
Topeka	$733	20.0%	79%	66%
Wichita	$733	19.2%	78%	66%
Statewide Non-MSA	$733	21.9%	76%	70%
Statewide	$733	18.8%	86%	73%
KENTUCKY				
Allen County	$733	24.8%	67%	60%
Bowling Green	$733	20.8%	76%	70%
Butler County	$733	27.0%	67%	60%
Cincinnati*	$733	17.8%	84%	72%
Clarksville*	$733	23.3%	81%	66%
Elizabethtown	$733	20.6%	77%	72%
Evansville*	$733	20.5%	83%	77%
Grant County	$733	22.7%	76%	66%
Huntington-Ashland*	$733	22.9%	78%	63%
Lexington-Fayette	$733	19.0%	83%	72%
Louisville*	$733	18.8%	86%	75%
Meade County	$733	24.2%	73%	66%
Owensboro	$733	21.1%	70%	70%
Shelby County	$733	17.5%	75%	70%
Statewide Non-MSA	$733	27.1%	70%	63%
Statewide	$733	22.4%	77%	68%
LOUISIANA				
Acadia Parish	$733	26.5%	62%	56%
Alexandria	$733	24.0%	86%	81%
Baton Rouge	$733	19.3%	101%	82%
Hammond	$733	24.4%	83%	83%
Houma-Thibodaux	$733	20.4%	91%	90%
Iberia Parish	$733	25.4%	71%	70%

** Indicates a housing market area that crosses state boundaries*

TABLE 1

State and Metropolitan Statistical Area	Monthly SSI Payment	SSI as % of Median Income	% SSI for 1-Bedroom	% SSI for Efficiency Apt
Iberville Parish	$733	22.6%	68%	64%
Lafayette	$733	18.9%	100%	80%
Lake Charles	$733	22.3%	86%	68%
Monroe	$733	24.2%	85%	85%
New Orleans-Metairie	$733	20.9%	109%	93%
Shreveport-Bossier City	$733	21.1%	103%	84%
St. James Parish	$733	19.2%	71%	58%
Vermilion Parish	$733	22.4%	76%	59%
Webster Parish	$733	26.7%	73%	59%
Statewide Non-MSA	$733	26.8%	69%	65%
Statewide	$733	21.9%	93%	81%
MAINE				
Bangor	$743	20.9%	91%	84%
Cumberland County	$743	17.7%	93%	87%
Lewiston-Auburn	$743	22.4%	89%	78%
Penobscot County	$743	23.0%	77%	72%
Portland	$743	16.6%	115%	102%
Sagadahoc County	$743	17.8%	97%	79%
York County	$743	18.6%	98%	85%
York-Kittery-South Berwick	$743	15.1%	120%	113%
Statewide Non-MSA	$743	23.0%	87%	82%
Statewide	$743	20.6%	95%	87%
MARYLAND				
Baltimore-Columbia-Towson	$733	14.5%	150%	123%
California-Lexington Park	$733	13.0%	147%	121%
Cumberland*	$733	17.4%	81%	70%
Hagerstown	$733	17.4%	90%	75%
Philadelphia-Camden-Wilmington*	$733	15.6%	137%	115%
Salisbury	$733	17.4%	97%	87%
Somerset County	$733	17.4%	87%	68%
Washington-Arlington-Alexandria*	$733	11.6%	206%	196%
Worcester County	$733	17.4%	98%	91%
Statewide Non-MSA	$733	18.8%	105%	101%
Statewide	$733	14.0%	167%	149%
MASSACHUSETTS				
Barnstable Town	$847	17.1%	110%	100%
Berkshire County	$847	17.4%	91%	86%
Boston-Cambridge-Quincy*	$847	14.8%	162%	141%
Brockton	$847	16.7%	107%	97%
Eastern Worcester County	$847	13.8%	115%	105%
Easton-Raynham	$847	13.8%	119%	116%
Fitchburg-Leominster	$847	17.4%	91%	76%
Lawrence*	$847	17.3%	121%	105%

** Indicates a housing market area that crosses state boundaries*

TABLE 1

State and Metropolitan Statistical Area	Monthly SSI Payment	SSI as % of Median Income	% SSI for 1-Bedroom	% SSI for Efficiency Apt
Lowell	$847	15.9%	113%	97%
New Bedford	$847	24.6%	85%	78%
Pittsfield	$847	17.4%	87%	70%
Providence-Fall River*	$847	19.9%	98%	86%
Springfield	$847	17.4%	100%	83%
Taunton-Mansfield-Norton	$847	17.2%	100%	92%
Western Worcester County	$847	17.4%	80%	69%
Worcester	$847	17.4%	99%	88%
Statewide Non-MSA	$847	18.7%	97%	90%
Statewide	$847	16.9%	133%	116%
MICHIGAN				
Ann Arbor	$747	14.5%	114%	107%
Barry County	$747	19.8%	77%	66%
Battle Creek	$747	23.0%	86%	69%
Bay City	$747	22.8%	73%	62%
Cass County	$747	22.4%	74%	74%
Detroit-Warren-Livonia	$747	19.1%	94%	77%
Flint	$747	24.3%	74%	63%
Grand Rapids*	$747	19.2%	89%	73%
Holland-Grand Haven	$747	18.4%	90%	70%
Jackson	$747	22.1%	81%	66%
Kalamazoo-Portage	$747	20.3%	84%	69%
Lansing-East Lansing	$747	19.5%	88%	71%
Livingston County	$747	15.1%	93%	84%
Midland	$747	18.7%	77%	65%
Monroe	$747	18.8%	84%	71%
Montcalm County	$747	24.3%	72%	62%
Muskegon	$747	24.3%	73%	67%
Niles-Benton Harbor	$747	21.7%	72%	61%
Saginaw	$747	23.0%	80%	64%
Statewide Non-MSA	$747	24.3%	76%	68%
Statewide	$747	20.5%	87%	74%
MINNESOTA				
Duluth*	$814	21.9%	74%	64%
Fargo*	$814	19.0%	74%	60%
Fillmore County	$814	21.1%	64%	53%
Grand Forks*	$814	19.0%	80%	67%
La Crosse-Onalaska*	$814	20.6%	75%	63%
Le Sueur County	$814	19.3%	69%	58%
Mankato-North Mankato	$814	18.7%	86%	75%
Mille Lacs County	$814	21.9%	83%	66%
Minneapolis-St. Paul-Bloomington*	$814	16.3%	106%	86%
Rochester	$814	16.5%	88%	75%

** Indicates a housing market area that crosses state boundaries*

TABLE 1

State and Metropolitan Statistical Area	Monthly SSI Payment	SSI as % of Median Income	% SSI for 1-Bedroom	% SSI for Efficiency Apt
Sibley County	$814	21.0%	64%	55%
St. Cloud	$814	19.5%	73%	60%
Wabasha County	$814	20.3%	74%	60%
Statewide Non-MSA	$814	21.9%	67%	58%
Statewide	$814	18.1%	92%	76%
MISSISSIPPI				
Benton County	$733	28.0%	80%	70%
Gulfport-Biloxi	$733	24.6%	92%	88%
Hattiesburg	$733	24.6%	98%	85%
Jackson	$733	21.6%	97%	81%
Marshall County	$733	27.1%	79%	70%
Memphis*	$733	20.9%	96%	86%
Pascagoula	$733	21.3%	93%	89%
Simpson County	$733	27.4%	80%	68%
Tate County	$733	23.5%	77%	76%
Tunica County	$733	27.1%	85%	81%
Yazoo County	$733	29.2%	71%	69%
Statewide Non-MSA	$733	29.3%	79%	69%
Statewide	$733	25.7%	86%	75%
MISSOURI				
Bates County	$733	24.2%	65%	65%
Callaway County	$733	20.5%	66%	66%
Cape Girardeau*	$733	22.8%	76%	75%
Columbia	$733	18.0%	84%	74%
Dallas County	$733	26.0%	66%	62%
Jefferson City	$733	20.0%	68%	63%
Joplin	$733	24.3%	75%	71%
Kansas City-KS	$733	17.2%	105%	83%
McDonald County	$733	27.1%	69%	64%
Moniteau County	$733	20.4%	68%	55%
Polk County	$733	24.8%	65%	62%
Springfield	$733	23.1%	74%	68%
St. Joseph*	$733	20.9%	75%	68%
St. Louis*	$733	17.8%	94%	83%
Statewide Non-MSA	$733	26.1%	71%	62%
Statewide	$733	20.8%	86%	75%
MONTANA				
Billings	$733	18.6%	88%	75%
Golden Valley County	$733	20.8%	70%	59%
Great Falls	$733	20.8%	74%	73%
Missoula	$733	20.4%	94%	87%
Statewide Non-MSA	$733	20.8%	80%	72%
Statewide	$733	20.4%	83%	74%

** Indicates a housing market area that crosses state boundaries*

TABLE 1

State and Metropolitan Statistical Area	Monthly SSI Payment	SSI as % of Median Income	% SSI for 1-Bedroom	% SSI for Efficiency Apt
NEBRASKA				
Hall County	$784	22.2%	68%	57%
Hamilton County	$784	21.2%	62%	52%
Howard County	$784	20.2%	62%	52%
Lincoln	$784	19.1%	77%	66%
Merrick County	$784	22.2%	71%	52%
Omaha-Council Bluffs*	$784	18.6%	91%	72%
Saunders County	$784	17.6%	71%	61%
Seward County	$784	17.6%	70%	58%
Sioux City*	$784	21.2%	72%	61%
Statewide Non-MSA	$784	22.2%	66%	55%
Statewide	$784	20.2%	78%	64%
NEVADA				
Carson City	$769	20.1%	84%	68%
Las Vegas-Henderson-Paradise	$769	21.9%	100%	82%
Reno	$769	19.8%	92%	76%
Statewide Non-MSA	$769	21.9%	81%	68%
Statewide	$769	21.6%	96%	79%
NEW HAMPSHIRE				
Boston-Cambridge-Quincy*	$760	13.3%	181%	157%
Hillsborough County	$760	15.4%	108%	83%
Lawrence*	$760	15.5%	135%	117%
Manchester	$760	17.2%	123%	105%
Nashua	$760	14.3%	118%	99%
Portsmouth-Rochester	$760	15.6%	123%	123%
Western Rockingham County	$760	12.8%	133%	127%
Statewide Non-MSA	$760	18.2%	104%	92%
Statewide	$760	16.3%	117%	104%
NEW JERSEY				
Atlantic City-Hammonton	$764	19.5%	133%	119%
Bergen-Passaic	$764	14.4%	174%	154%
Jersey City	$764	16.3%	167%	151%
Middlesex-Somerset-Hunterdon	$764	12.6%	170%	138%
Monmouth-Ocean	$764	14.4%	151%	124%
Newark	$764	14.6%	139%	132%
Ocean City	$764	16.6%	122%	94%
Philadelphia-Camden-Wilmington*	$764	16.3%	131%	111%
Trenton	$764	14.1%	145%	124%
Vineland-Bridgeton	$764	19.9%	115%	106%
Warren County	$764	15.6%	121%	104%
Statewide	$764	14.9%	151%	132%
NEW MEXICO				
Albuquerque	$733	20.4%	98%	76%

** Indicates a housing market area that crosses state boundaries*

TABLE 1

State and Metropolitan Statistical Area	Monthly SSI Payment	SSI as % of Median Income	% SSI for 1-Bedroom	% SSI for Efficiency Apt
Farmington	$733	21.8%	87%	87%
Las Cruces	$733	24.8%	78%	67%
Santa Fe	$733	19.4%	120%	110%
Statewide Non-MSA	$733	24.8%	79%	72%
Statewide	$733	22.4%	90%	77%
NEW YORK				
Albany-Schenectady-Troy	$820	17.1%	100%	84%
Binghamton	$820	22.0%	73%	66%
Buffalo-Cheektowaga-Niagara Falls	$820	20.8%	81%	80%
Elmira	$820	22.9%	78%	70%
Glens Falls	$820	21.7%	85%	69%
Ithaca	$820	19.1%	111%	103%
Kingston	$820	18.5%	110%	88%
Nassau-Suffolk	$820	13.2%	187%	150%
New York	$820	15.5%	173%	165%
Poughkeepsie-Newburgh-Middletown	$820	16.1%	125%	105%
Rochester	$820	20.5%	90%	76%
Syracuse	$820	20.3%	79%	71%
Utica-Rome	$820	23.4%	77%	77%
Watertown-Fort Drum	$820	22.2%	100%	85%
Westchester County	$820	13.0%	171%	146%
Yates County	$820	22.7%	73%	60%
Statewide Non-MSA	$820	23.9%	77%	71%
Statewide	$820	19.4%	145%	131%
NORTH CAROLINA				
Asheville	$733	21.7%	97%	97%
Brunswick County	$733	20.9%	104%	99%
Burlington	$733	23.6%	91%	89%
Charlotte-Concord-Gastonia*	$733	18.8%	107%	96%
Craven County	$733	22.1%	85%	84%
Davidson County	$733	24.0%	75%	71%
Durham-Chapel Hill	$733	17.8%	114%	97%
Fayetteville	$733	24.0%	93%	92%
Gates County	$733	21.3%	73%	72%
Goldsboro	$733	23.6%	69%	68%
Greensboro-High Point	$733	22.2%	89%	79%
Greenville	$733	22.6%	85%	85%
Haywood County	$733	23.5%	81%	75%
Hickory-Lenoir-Morganton	$733	24.0%	77%	77%
Hoke County	$733	22.8%	70%	69%
Iredell County	$733	20.1%	98%	93%
Jacksonville	$733	24.5%	91%	90%
Jones County	$733	24.9%	69%	68%

** Indicates a housing market area that crosses state boundaries*

TABLE 1

State and Metropolitan Statistical Area	Monthly SSI Payment	SSI as % of Median Income	% SSI for 1-Bedroom	% SSI for Efficiency Apt
Lincoln County	$733	21.1%	83%	77%
Pamlico County	$733	22.4%	72%	71%
Pender County	$733	22.7%	85%	81%
Person County	$733	24.4%	72%	61%
Raleigh	$733	16.4%	117%	95%
Rockingham County	$733	24.0%	66%	65%
Rocky Mount	$733	25.2%	80%	80%
Rowan County	$733	23.8%	76%	75%
Virginia Beach-Norfolk-Newport News*	$733	17.8%	128%	127%
Wilmington	$733	19.3%	97%	96%
Winston-Salem	$733	21.5%	83%	81%
Statewide Non-MSA	$733	26.4%	75%	72%
Statewide	$733	21.8%	92%	85%
NORTH DAKOTA				
Bismarck	$733	14.9%	89%	87%
Fargo*	$733	17.1%	82%	67%
Grand Forks*	$733	17.1%	89%	74%
Oliver County	$733	15.0%	71%	71%
Sioux County	$733	17.1%	78%	71%
Statewide Non-MSA	$733	17.1%	94%	89%
Statewide	$733	16.6%	90%	82%
OHIO				
Akron	$733	18.8%	81%	70%
Brown County	$733	22.7%	70%	61%
Canton-Massillon	$733	20.6%	79%	66%
Cincinnati*	$733	17.8%	84%	72%
Cleveland-Elyria	$733	18.8%	85%	71%
Columbus	$733	18.0%	94%	79%
Dayton	$733	21.1%	80%	72%
Hocking County	$733	22.7%	79%	77%
Huntington-Ashland*	$733	22.9%	78%	63%
Lima	$733	21.5%	71%	71%
Mansfield	$733	22.7%	70%	68%
Perry County	$733	22.7%	74%	61%
Springfield	$733	22.0%	73%	66%
Toledo	$733	20.6%	76%	63%
Union County	$733	15.4%	90%	77%
Weirton-Steubenville*	$733	22.7%	79%	66%
Wheeling*	$733	22.2%	86%	85%
Youngstown-Warren-Boardman	$733	22.7%	75%	65%
Statewide Non-MSA	$733	22.7%	76%	68%
Statewide	$733	20.1%	82%	71%

** Indicates a housing market area that crosses state boundaries*

TABLE 1

State and Metropolitan Statistical Area	Monthly SSI Payment	SSI as % of Median Income	% SSI for 1-Bedroom	% SSI for Efficiency Apt
OKLAHOMA				
Cotton County	$774	22.8%	76%	66%
Fort Smith*	$774	27.2%	66%	64%
Grady County	$774	22.6%	68%	63%
Lawton	$774	23.4%	72%	72%
Le Flore County	$774	29.0%	70%	69%
Lincoln County	$774	24.1%	73%	63%
Oklahoma City	$774	20.6%	81%	74%
Okmulgee County	$774	25.2%	76%	57%
Pawnee County	$774	23.3%	73%	58%
Tulsa	$774	21.4%	81%	69%
Statewide Non-MSA	$774	25.3%	71%	63%
Statewide	$774	22.8%	77%	68%
OREGON				
Albany	$733	23.4%	90%	76%
Bend-Redmond	$733	21.0%	100%	91%
Corvallis	$733	16.4%	102%	84%
Eugene-Springfield	$733	21.7%	91%	77%
Grants Pass	$733	24.2%	85%	85%
Medford	$733	23.5%	89%	84%
Portland-Vancouver-Hillsboro*	$733	17.1%	144%	129%
Salem	$733	22.2%	83%	74%
Statewide Non-MSA	$733	24.2%	79%	67%
Statewide	$733	19.8%	113%	101%
PENNSYLVANIA				
Allentown-Bethlehem-Easton	$755	18.8%	108%	87%
Altoona	$755	22.4%	78%	73%
Armstrong County	$755	23.0%	70%	65%
Chambersburg-Waynesboro	$755	19.1%	84%	71%
Columbia County	$755	21.7%	89%	80%
East Stroudsburg	$755	20.2%	125%	110%
Erie	$755	22.3%	79%	77%
Gettysburg	$755	18.9%	90%	83%
Harrisburg-Carlisle	$755	17.8%	98%	81%
Johnstown	$755	23.0%	74%	71%
Lancaster	$755	18.6%	99%	83%
Lebanon	$755	19.8%	81%	81%
Montour County	$755	20.2%	99%	92%
Philadelphia-Camden-Wilmington*	$755	16.1%	133%	112%
Pike County	$755	18.3%	114%	96%
Pittsburgh	$755	18.2%	87%	75%
Reading	$755	18.2%	96%	80%
Scranton-Wilkes-Barre	$755	21.4%	87%	73%

* *Indicates a housing market area that crosses state boundaries*

TABLE 1

State and Metropolitan Statistical Area	Monthly SSI Payment	SSI as % of Median Income	% SSI for 1-Bedroom	% SSI for Efficiency Apt
Sharon	$755	22.2%	72%	68%
State College	$755	17.6%	103%	103%
Williamsport	$755	22.3%	90%	90%
York-Hanover	$755	18.4%	91%	75%
Statewide Non-MSA	$755	23.1%	77%	72%
Statewide	$755	19.0%	103%	89%
RHODE ISLAND				
Newport-Middleton-Portsmouth	$773	14.7%	125%	101%
Providence-Fall River*	$773	18.2%	107%	95%
Westerly-Hopkinton-New Shoreham	$773	16.8%	109%	107%
Statewide	$773	18.0%	108%	95%
SOUTH CAROLINA				
Anderson	$733	24.4%	74%	73%
Augusta-Richmond County	$733	21.3%	84%	77%
Beaufort County	$733	18.7%	128%	120%
Charleston-North Charleston	$733	19.0%	112%	97%
Charlotte-Concord-Gastonia	$733	18.8%	107%	96%
Chester County	$733	26.3%	70%	70%
Columbia	$733	19.6%	104%	81%
Darlington County	$733	27.8%	80%	70%
Florence	$733	24.0%	75%	74%
Greenville-Mauldin-Easley	$733	20.6%	89%	75%
Jasper County	$733	27.9%	103%	96%
Kershaw County	$733	23.3%	79%	77%
Lancaster County	$733	24.5%	105%	85%
Laurens County	$733	25.9%	69%	67%
Myrtle Beach-North Myrtle Beach-Conway	$733	24.6%	103%	99%
Spartanburg	$733	23.7%	78%	61%
Sumter	$733	24.7%	80%	80%
Union County	$733	27.9%	69%	62%
Statewide Non-MSA	$733	28.4%	75%	70%
Statewide	$733	22.4%	93%	81%
SOUTH DAKOTA				
Custer County	$733	19.8%	80%	71%
Meade County	$733	20.6%	78%	64%
Rapid City	$733	19.7%	84%	78%
Sioux City*	$733	19.8%	77%	65%
Sioux Falls	$733	17.5%	89%	74%
Statewide Non-MSA	$733	21.5%	70%	61%
Statewide	$733	20.0%	78%	67%
TENNESSEE				
Campbell County	$733	27.1%	62%	53%
Chattanooga*	$733	20.5%	90%	77%

** Indicates a housing market area that crosses state boundaries*

TABLE 1

State and Metropolitan Statistical Area	Monthly SSI Payment	SSI as % of Median Income	% SSI for 1-Bedroom	% SSI for Efficiency Apt
Clarksville*	$733	23.3%	81%	66%
Cleveland	$733	24.4%	77%	65%
Crockett County	$733	27.1%	65%	61%
Grainger County	$733	27.1%	63%	53%
Hickman County	$733	25.5%	80%	70%
Jackson	$733	23.2%	77%	68%
Johnson City	$733	25.2%	72%	64%
Kingsport-Bristol*	$733	24.8%	65%	62%
Knoxville	$733	20.3%	91%	71%
Macon County	$733	27.1%	63%	59%
Maury County	$733	22.3%	88%	80%
Memphis*	$733	20.9%	96%	86%
Morgan County	$733	26.7%	65%	55%
Morristown	$733	25.3%	68%	65%
Nashville-Davidson-Murfreesboro-Franklin	$733	18.3%	106%	95%
Roane County	$733	23.2%	74%	63%
Smith County	$733	23.3%	64%	61%
Statewide Non-MSA	$733	27.1%	68%	64%
Statewide	$733	22.4%	87%	77%
TEXAS				
Abilene	$733	21.7%	84%	77%
Amarillo	$733	19.9%	86%	72%
Aransas County	$733	21.9%	98%	85%
Atascosa County	$733	23.1%	81%	70%
Austin County	$733	18.9%	90%	86%
Austin-Round Rock	$733	16.1%	132%	109%
Beaumont-Port Arthur	$733	21.5%	93%	74%
Brazoria County	$733	15.2%	112%	104%
Brownsville-Harlingen	$733	24.0%	73%	72%
College Station-Bryan	$733	21.3%	95%	85%
Corpus Christi	$733	21.6%	108%	104%
Dallas	$733	17.5%	114%	94%
El Paso	$733	24.0%	93%	74%
Falls County	$733	24.0%	70%	69%
Fort Worth-Arlington	$733	18.1%	105%	92%
Hood County	$733	18.8%	90%	81%
Houston-The Woodlands-Sugar Land	$733	18.1%	109%	96%
Hudspeth County	$733	24.0%	100%	77%
Kendall County	$733	14.1%	124%	98%
Killeen-Temple	$733	21.1%	81%	80%
Lampasas County	$733	21.0%	74%	74%
Laredo	$733	24.0%	87%	82%
Longview	$733	22.3%	98%	89%

* *Indicates a housing market area that crosses state boundaries*

TABLE 1

State and Metropolitan Statistical Area	Monthly SSI Payment	SSI as % of Median Income	% SSI for 1-Bedroom	% SSI for Efficiency Apt
Lubbock	$733	21.3%	87%	74%
Lynn County	$733	24.0%	78%	66%
Martin County	$733	23.8%	82%	70%
McAllen-Edinburg-Mission	$733	24.0%	77%	77%
Medina County	$733	19.7%	72%	62%
Midland	$733	16.5%	165%	141%
Newton County	$733	24.0%	76%	61%
Odessa	$733	20.6%	145%	114%
Oldham County	$733	19.6%	98%	82%
Rusk County	$733	22.0%	74%	71%
San Angelo	$733	21.0%	103%	84%
San Antonio-New Braunfels	$733	20.2%	105%	85%
Sherman-Denison	$733	21.3%	85%	69%
Somervell County	$733	17.8%	75%	63%
Texarkana*	$733	23.2%	78%	68%
Tyler	$733	20.5%	95%	85%
Victoria	$733	21.6%	101%	100%
Waco	$733	24.0%	84%	71%
Wichita Falls	$733	21.9%	82%	66%
Wise County	$733	19.2%	93%	84%
Statewide Non-MSA	$733	24.0%	82%	77%
Statewide	$733	20.0%	103%	89%
UTAH				
Box Elder County	$758	20.1%	69%	61%
Logan*	$758	20.3%	73%	58%
Ogden-Clearfield	$758	17.8%	89%	73%
Provo-Orem	$758	19.2%	92%	80%
Salt Lake City	$758	17.6%	105%	85%
St. George	$758	20.3%	87%	77%
Tooele County	$758	19.0%	92%	77%
Statewide Non-MSA	$758	20.3%	80%	68%
Statewide	$758	18.8%	93%	78%
VERMONT				
Burlington-South Burlington	$785	16.0%	138%	113%
Statewide Non-MSA	$785	20.9%	101%	95%
Statewide	$785	19.2%	113%	101%
VIRGINIA				
Blacksburg-Christiansburg-Radford	$733	19.6%	104%	91%
Buckingham County	$733	24.0%	81%	59%
Charlottesville	$733	15.7%	133%	97%
Culpeper County	$733	16.1%	118%	112%
Floyd County	$733	23.6%	75%	71%
Franklin County	$733	21.9%	76%	67%

** Indicates a housing market area that crosses state boundaries*

TABLE 1

State and Metropolitan Statistical Area	Monthly SSI Payment	SSI as % of Median Income	% SSI for 1-Bedroom	% SSI for Efficiency Apt
Giles County	$733	22.4%	71%	60%
Harrisonburg	$733	21.4%	86%	85%
Kingsport-Bristol-Bristol*	$733	24.8%	65%	62%
Lynchburg	$733	20.8%	86%	78%
Pulaski County	$733	22.6%	75%	71%
Rappahannock County	$733	16.9%	119%	118%
Richmond	$733	17.3%	119%	113%
Roanoke	$733	20.4%	94%	78%
Staunton-Waynesboro	$733	20.8%	87%	85%
Virginia Beach-Norfolk-Newport News*	$733	17.8%	128%	127%
Warren County	$733	16.9%	101%	101%
Washington-Arlington-Alexandria*	$733	11.6%	206%	196%
Winchester*	$733	17.0%	106%	106%
Statewide Non-MSA	$733	24.0%	78%	72%
Statewide	$733	16.2%	139%	132%
WASHINGTON				
Bellingham	$779	19.1%	96%	85%
Bremerton-Silverdale	$779	17.1%	103%	85%
Columbia County	$779	23.5%	70%	62%
Kennewick-Richland	$779	20.0%	88%	73%
Lewiston*	$779	22.5%	69%	60%
Longview	$779	21.9%	78%	63%
Mount Vernon-Anacortes	$779	20.6%	93%	85%
Olympia-Tumwater	$779	18.1%	111%	101%
Pend Oreille County	$779	24.0%	71%	60%
Portland-Vancouver-Hillsboro-WA	$779	18.2%	135%	121%
Seattle-Bellevue	$779	14.8%	160%	140%
Spokane	$779	21.3%	84%	71%
Stevens County	$779	24.0%	72%	68%
Tacoma	$779	18.4%	114%	98%
Walla Walla County	$779	22.0%	74%	68%
Wenatchee	$779	22.0%	78%	69%
Yakima	$779	24.0%	81%	69%
Statewide Non-MSA	$779	24.0%	84%	73%
Statewide	$779	18.2%	123%	107%
WEST VIRGINIA				
Boone County	$733	22.6%	70%	59%
Charleston	$733	21.7%	84%	65%
Cumberland*	$733	17.4%	81%	70%
Fayette County	$733	25.9%	70%	59%
Huntington-Ashland*	$733	22.9%	78%	63%
Jefferson County	$733	15.8%	100%	99%
Lincoln County	$733	22.3%	70%	66%

** Indicates a housing market area that crosses state boundaries*

TABLE 1

State and Metropolitan Statistical Area	Monthly SSI Payment	SSI as % of Median Income	% SSI for 1-Bedroom	% SSI for Efficiency Apt
Martinsburg	$733	17.4%	106%	92%
Morgantown	$733	19.4%	98%	84%
Parkersburg-Vienna	$733	24.6%	84%	78%
Putnam County	$733	20.3%	91%	90%
Raleigh County	$733	24.2%	83%	75%
Weirton-Steubenville*	$733	22.7%	79%	66%
Wheeling*	$733	22.2%	86%	85%
Winchester*	$733	17.0%	106%	106%
Statewide Non-MSA	$733	26.0%	80%	74%
Statewide	$733	23.7%	84%	76%
WISCONSIN				
Appleton	$817	19.0%	70%	57%
Columbia County	$817	19.4%	73%	61%
Duluth*	$817	21.9%	74%	64%
Eau Claire	$817	20.3%	72%	60%
Fond du Lac	$817	21.2%	70%	64%
Green Bay	$817	21.0%	68%	58%
Green County	$817	19.9%	65%	61%
Iowa County	$817	19.4%	68%	64%
Janesville-Beloit	$817	23.2%	72%	64%
Kenosha County	$817	20.6%	82%	69%
La Crosse-Onalaska*	$817	20.7%	75%	63%
Madison	$817	16.7%	100%	82%
Milwaukee-Waukesha-West Allis	$817	19.9%	92%	75%
Minneapolis-St. Paul-Bloomington*	$817	16.3%	106%	86%
Oconto County	$817	21.8%	71%	66%
Oshkosh-Neenah	$817	20.9%	72%	69%
Racine	$817	20.4%	71%	66%
Sheboygan	$817	21.4%	68%	55%
Wausau	$817	21.4%	69%	56%
Statewide Non-MSA	$817	23.3%	68%	61%
Statewide	$817	20.8%	79%	68%
WYOMING				
Casper	$758	17.7%	98%	86%
Cheyenne	$758	17.2%	84%	80%
Statewide Non-MSA	$758	18.0%	81%	72%
Statewide	$758	17.7%	84%	75%
NATIONAL	$763	19.9%	112%	99%

** Indicates a housing market area that crosses state boundaries*

TABLE 2: SUPPLEMENTAL SECURITY INCOME, AREA MEDIAN INCOME, AND RENTAL COSTS — STATE BY STATE

State	Number of SSI Recipients	SSI Monthly Payment	SSI as % of Median Income	% SSI for 1- Bedroom	% SSI for Efficiency Apt
Alabama	115,306	$733	22.6%	86%	79%
Alaska	8,081	$1,095	21.4%	88%	77%
Arizona	70,028	$733	21.4%	98%	83%
Arkansas	67,470	$733	24.3%	76%	70%
California	592,467	$889	21.8%	138%	117%
Colorado	45,830	$758	17.6%	117%	100%
Connecticut	40,631	$901	17.6%	114%	95%
Delaware	10,663	$733	17.6%	125%	108%
District of Columbia	17,745	$733	16.9%	206%	196%
Florida	271,933	$733	22.0%	116%	100%
Georgia	160,607	$733	21.3%	100%	95%
Hawaii	13,846	$733	15.2%	188%	167%
Idaho	21,177	$786	23.4%	75%	66%
Illinois	168,721	$733	17.6%	122%	106%
Indiana	90,293	$733	20.6%	85%	73%
Iowa	35,716	$733	18.4%	80%	69%
Kansas	31,980	$733	18.8%	86%	73%
Kentucky	122,573	$733	22.4%	77%	68%
Louisiana	112,050	$733	21.9%	93%	81%
Maine	27,823	$743	20.6%	95%	87%
Maryland	74,588	$733	14.0%	167%	149%
Massachusetts	114,041	$847	16.9%	133%	116%
Michigan	189,165	$747	20.5%	87%	74%
Minnesota	58,708	$814	18.1%	92%	76%
Mississippi	76,618	$733	25.7%	86%	75%
Missouri	98,142	$733	20.8%	86%	75%
Montana	12,604	$733	20.4%	83%	74%
Nebraska	19,313	$784	20.2%	78%	64%
Nevada	30,464	$769	21.6%	96%	79%
New Hampshire	14,739	$760	16.3%	117%	104%
New Jersey	97,468	$764	14.9%	151%	132%
New Mexico	37,639	$733	22.4%	90%	77%
New York	328,763	$820	19.4%	145%	131%
North Carolina	149,198	$733	21.8%	92%	85%
North Dakota	5,620	$733	16.6%	90%	82%
Ohio	218,165	$733	20.1%	82%	71%
Oklahoma	64,874	$774	22.8%	77%	68%
Oregon	58,030	$733	19.8%	113%	101%
Pennsylvania	231,047	$755	19.0%	103%	89%
Rhode Island	21,585	$773	18.0%	108%	95%
South Carolina	76,070	$733	22.4%	93%	81%
South Dakota	9,180	$733	20.0%	78%	67%

TABLE 2

State	Number of SSI Recipients	SSI Monthly Payment	SSI as % of Median Income	% SSI for 1- Bedroom	% SSI for Efficiency Apt
Tennessee	125,127	$733	22.4%	87%	77%
Texas	342,024	$733	20.0%	103%	89%
Utah	20,882	$758	18.8%	93%	78%
Vermont	11,485	$785	19.2%	113%	101%
Virginia	99,257	$733	16.2%	139%	132%
Washington	97,535	$779	18.2%	123%	107%
West Virginia	54,751	$733	23.7%	84%	76%
Wisconsin	78,240	$817	20.8%	79%	68%
Wyoming	4,921	$758	17.7%	84%	75%
NATIONAL	4,845,183	$763	19.9%	113%	99%

TABLE 3: LOCAL HOUSING MARKET AREAS WITH ONE-BEDROOM RENTS ABOVE 100% OF MONTHLY SSI BENEFITS — 2016

State and Local Housing Market	% of Monthly SSI to Rent 1-Bedroom
ALABAMA	
Birmingham-Hoover	103%
Daphne-Fairhope-Foley	116%
ALASKA	
Aleutians West Census Area	116%
Bethel Census Area	116%
Denali Borough	113%
Juneau City and Borough	101%
Nome Census Area	113%
ARIZONA	
Flagstaff	114%
Phoenix-Mesa-Scottsdale	103%
CALIFORNIA	
Los Angeles-Long Beach-Glendale	134%
Mono County	101%
Napa	138%
Nevada County	111%
Oakland-Fremont	194%
Oxnard-Thousand Oaks-Ventura	149%
Riverside-San Bernardino-Ontario	108%
Salinas	127%
San Benito County	127%
San Diego-Carlsbad	151%
San Francisco	271%
San Jose-Sunnyvale-Santa Clara	199%
San Luis Obispo-Paso Robles-Arroyo Grande	114%
Santa Ana-Anaheim-Irvine	162%
Santa Cruz-Watsonville	155%
Santa Maria-Santa Barbara	149%
Santa Rosa	136%
Vallejo-Fairfield	113%
COLORADO	
Boulder	135%
Denver-Aurora-Lakewood	136%
Eagle County	133%
Fort Collins	108%
Garfield County	101%
La Plata County	104%
Ouray County	110%
Pitkin County	159%

* *Housing market areas include both Metropolitan Statistical Areas (MSAs) and specific non-metropolitan housing market areas as defined by HUD.*

TABLE 3

State and Local Housing Market	% of Monthly SSI to Rent 1-Bedroom
Routt County	123%
San Juan County	107%
San Miguel County	129%
Summit County	127%
Teller County	103%
CONNECTICUT	
Bridgeport	110%
Danbury	122%
Hartford-West Hartford-East Hartford	108%
Milford-Ansonia-Seymour	116%
New Haven-Meriden	121%
Southern Middlesex County	114%
Stamford-Norwalk	171%
DELAWARE	
Dover	123%
Philadelphia-Camden-Wilmington*	137%
DISTRICT OF COLUMBIA	
Washington-Arlington-Alexandria*	206%
FLORIDA	
Cape Coral-Fort Myers	101%
Crestview-Fort Walton Beach-Destin	111%
Deltona-Daytona Beach-Ormond Beach	104%
Fort Lauderdale	140%
Gulf County	102%
Jacksonville	108%
Miami-Miami Beach-Kendall	139%
Monroe County	173%
Naples-Immokalee-Marco Island	133%
North Port-Sarasota-Bradenton	113%
Orlando-Kissimmee-Sanford	114%
Palm Coast	116%
Panama City-Lynn Haven-Panama City Beach	111%
Pensacola-Ferry Pass-Brent	102%
Port St. Lucie	113%
Tallahassee	100%
Tampa-St. Petersburg-Clearwater	111%
West Palm Beach-Boca Raton	149%
GEORGIA	
Atlanta-Sandy Springs-Roswell	117%
Hinesville	107%
Savannah	109%
HAWAII	
Hawaii County	135%
Kauai County	162%
Maui County	170%

** Housing market areas include both Metropolitan Statistical Areas (MSAs) and specific non-metropolitan housing market areas as defined by HUD.*

TABLE 3

State and Local Housing Market	% of Monthly SSI to Rent 1-Bedroom
Urban Honolulu	204%
ILLINOIS	
Brown County	145%
Chicago-Joliet-Naperville	144%
Grundy County	106%
Kendall County	113%
IOWA	
Iowa City	105%
KANSAS	
Kansas City*	105%
LOUISIANA	
Baton Rouge	101%
New Orleans-Metairie	109%
Shreveport-Bossier City	103%
MAINE	
Lincoln County	102%
Portland	115%
York-Kittery-South Berwick	120%
MARYLAND	
Baltimore-Columbia-Towson	150%
California-Lexington Park	147%
Dorchester County	106%
Kent County	115%
Philadelphia-Camden-Wilmington*	137%
Talbot County	123%
Washington-Arlington-Alexandria*	206%
MASSACHUSETTS	
Barnstable Town	110%
Boston-Cambridge-Quincy*	162%
Brockton	107%
Dukes County	121%
Eastern Worcester County	115%
Easton-Raynham	119%
Lawrence-NH	121%
Lowell	113%
Nantucket County	134%
Taunton-Mansfield-Norton	100%
MICHIGAN	
Ann Arbor, MI	114%
MINNESOTA	
Minneapolis-St. Paul-Bloomington*	106%
MISSISSIPPI	
Lafayette County	106%
MISSOURI	
Kansas City, MO-KS	105%

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TABLE 3

State and Local Housing Market	% of Monthly SSI to Rent 1-Bedroom
NEW HAMPSHIRE	
Boston-Cambridge-Quincy*	181%
Cheshire County	106%
Grafton County	115%
Hillsborough County	108%
Lawrence*	135%
Manchester	123%
Merrimack County	109%
Nashua	118%
Portsmouth-Rochester	123%
Western Rockingham County	133%
NEW JERSEY	
Atlantic City-Hammonton	133%
Bergen-Passaic	174%
Jersey City	167%
Middlesex-Somerset-Hunterdon	170%
Monmouth-Ocean	151%
Newark	139%
Ocean City	122%
Philadelphia-Camden-Wilmington*	131%
Trenton	145%
Vineland-Bridgeton	115%
Warren County	121%
NEW MEXICO	
Santa Fe	120%
NEW YORK	
Ithaca	111%
Kingston	110%
Nassau-Suffolk	187%
New York	173%
Poughkeepsie-Newburgh-Middletown	125%
Watertown-Fort Drum	101%
Westchester County	171%
NORTH CAROLINA	
Brunswick County	104%
Camden County	112%
Charlotte-Concord-Gastonia*	107%
Durham-Chapel Hill	114%
Raleigh	118%
Virginia Beach-Norfolk-Newport News*	128%
NORTH DAKOTA	
Dunn County	147%
Golden Valley County	112%
Mountrail County	117%
Stark County	103%

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TABLE 3

State and Local Housing Market	% of Monthly SSI to Rent 1-Bedroom
Ward County	122%
Williams County	130%
OREGON	
Corvallis	102%
Hood River County	102%
Portland-Vancouver-Hillsboro*	144%
PENNSYLVANIA	
Allentown-Bethlehem-Easton	108%
East Stroudsburg	125%
Philadelphia-Camden-Wilmington*	133%
Pike County	114%
State College	103%
RHODE ISLAND	
Newport-Middleton-Portsmouth	125%
Providence-Fall River*	107%
Westerly-Hopkinton-New Shoreham	109%
SOUTH CAROLINA	
Beaufort County	128%
Charleston-North Charleston	112%
Charlotte-Concord-Gastonia*	107%
Columbia	104%
Jasper County	103%
Lancaster County	105%
Myrtle Beach-North Myrtle Beach-Conway	103%
TENNESSEE	
Nashville-Davidson-Murfreesboro-Franklin	106%
TEXAS	
Andrews County	104%
Austin-Round Rock	132%
Brazoria County	112%
Concho County	124%
Corpus Christi	108%
Dallas	114%
Fort Worth-Arlington	105%
Gillespie County	100%
Houston-The Woodlands-Sugar Land	109%
Hudspeth County	100%
Jeff Davis County	116%
Kendall County	124%
Kerr County	103%
King County	108%
Mason County	114%
Midland	165%
Odessa	145%
San Angelo	103%

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TABLE 3

State and Local Housing Market	% of Monthly SSI to Rent 1-Bedroom
San Antonio-New Braunfels	105%
Victoria	101%
Walker County	111%
UTAH	
Salt Lake City	105%
Summit County	118%
VERMONT	
Addison County	112%
Bennington County	106%
Burlington-South Burlington	138%
Lamoille County	108%
Windham County	104%
Windsor County	110%
VIRGINIA	
Blacksburg-Christiansburg-Radford	104%
Charlottesville	133%
Culpeper County	118%
King and Queen County	105%
King George County	103%
Madison County	106%
Rappahannock County	119%
Richmond	119%
Virginia Beach-Norfolk-Newport News*	128%
Warren County	101%
Washington-Arlington-Alexandria*	206%
Winchester, VA-WV	106%
WASHINGTON	
Bremerton-Silverdale	103%
Island County	103%
Olympia-Tumwater	111%
Portland-Vancouver-Hillsboro*	135%
San Juan County,	107%
Seattle-Bellevue	160%
Tacoma	114%
WEST VIRGINIA	
Martinsburg	106%
Winchester*	106%
WISCONSIN	
Minneapolis-St. Paul-Bloomington*	106%
WYOMING	
Teton County	124%

** Housing market areas include both Metropolitan Statistical Areas (MSAs) and specific non-metropolitan housing market areas as defined by HUD.*

TABLE 4: STATE SSI SUPPLEMENTS FOR PEOPLE WITH DISABILITIES LIVING INDEPENDENTLY — 2016

State	2016 Monthly*
Alaska	362
California	156
Colorado	25
Connecticut	168
Idaho	53
Maine	10
Massachusetts	114
Michigan	14
Nebraska	51
Nevada	36
New Hampshire	27
New Jersey	31
New York	87
Oklahoma	41
Pennsylvania	22
Rhode Island	40
Utah	25
Vermont	52
Washington	46
Wisconsin	84
Wyoming	25

**Because 2016 state supplement information was not available for Michigan and Nebraska, 2017 amounts for these two states have been used instead.*