

Project SHARE - Sharing Homes for Affordability, Resources, and Empowerment

*RFP for Coronavirus State and Local Fiscal
Recovery Funds*

The Council on Aging of Buncombe County, Inc.

Dear Heather Bauer Heather N Bauer
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Application Form

Question Group

Buncombe County requests proposals for projects to help the community recover from and respond to COVID-19 and its negative economic impacts.

Buncombe County has been awarded \$50,733,290 in Coronavirus State and Local Fiscal Recovery Funds (Recovery Funding), as part of the American Rescue Plan Act. To date, Buncombe County has awarded projects totaling \$23,093,499, leaving a balance of \$27,639,791 available to award.

Visit <http://www.buncombecounty.org/recoveryfunding><http://www.buncombecounty.org/recoveryfunding><http://www.buncombecounty.org/recoveryfunding><http://www.buncombecounty.org/recoveryfunding><http://www.buncombecounty.org/recoveryfunding> for details.

This infusion of federal resources is intended to help turn the tide on the pandemic, address its economic fallout, and lay the foundation for a strong and equitable recovery.

Buncombe County is committed to investing these funds in projects that:

- Align to county strategic plan and community priorities
- Support equitable outcomes for most impacted populations
- Leverage and align with other governmental funding sources
- Make best use of this one-time infusion of resources
- Have a lasting impact

Proposals shall be submitted in accordance with the terms and conditions of this RFP and any addenda issued hereto.

[Click here for the full terms and conditions of the RFP](#)

Organization Type*

Nonprofit

Nonprofit documentation

If nonprofit, attach IRS Determination Letter or other proof of nonprofit status.

Name of Project.*

Project SHARE - Sharing Homes for Affordability, Resources, and Empowerment

New/Updated Proposal*

Is this a new project proposal or an updated version of a proposal submitted during the earlier (July 2021) Recovery Funding RFP?

Updated version of previously submitted proposal

Amount of Funds Requested*

\$291,634.20

Category*

Please select one:

- Affordable Housing
- Aging/Older Adults
- Business Support/Economic Development
- Environmental/Climate
- Homelessness
- K-12 Education
- Infrastructure and/or Broadband
- Mental Health/Substance Use
- NC Pre-K Expansion
- Workforce

Aging/Older Adults

Brief Project Description*

Provide a short summary of your proposed project.

Council on Aging of Buncombe County (COAabc) will hire social work staff and train volunteers to serve in a two-pronged project that includes 1) the development of a house-sharing model and 2) coordinating with vendors with special pricing (such as building ramps, pest control, paraprofessionals, etc.) to expand COAabc resource navigation services. Homesharing is an important housing option that can help people afford housing & save money, give & receive support, and increase belonging. COAabc staff would facilitate short- and long-term connections for older adults who wish to share their home, or find a home-share opportunity within defined parameters for compatibility. This can be in exchange for rent or a service, or a combination of both. Matches can be peer-based or intergenerational, based on needs and interests. In addition to all COAabc wraparound services and education, we will provide clients with personal supplies & equipment to support the ability to remain safely at home.

Project Plan*

Explain how the project will be structured and implemented, including timeframe.

This is a three-year project. In Year One, we will recruit and hire an Aging in Place Housing Navigator (APHN). The navigator will promote the program, screen interested participants for eligibility and coordinate with Age Friendly partners to build upon our client base. The APHN will advocate for and inspire the community to understand the benefits of home sharing, the importance of accessibility and home modifications, as well as increase overall awareness about an Age Friendly/Dementia Friendly framework for aging in community. The APHN would work closely with the Housing Options for Aging in Place (HOAP) group. We will recruit vendors and civic groups in months 1-6, in addition to continuing our relationship with current business partners. In month 2, we will survey our current client roster for availability of homes as well as request to exchange services, of which we have already been maintaining an interest list for. In months 3-6 we will evaluate our waitlists and assess partner referrals to follow-up through a systemized interviewing process. We will train volunteers beginning in month 5 to assist with program promotion, applications, and to serve as housing guides. We will accept referrals for aging in place supplies/equipment right away, but the APHN will be in place before we plan to implement the full scope of SHARE services through the homesharing evaluation process. We will provide ongoing targeted outreach through our partners, in churches, through community health networks, and increase social media and web promotions through new and existing housing-related platforms.

From month 6 on, COAbc staff and volunteers will assist with the application process - submitted by both the provider of the home and the home seeker. We will conduct interviews individually with each person and perform a home visit to the home that will be shared to assess a multitude of environmental factors and offer care consultation to ascertain needs and available resources. We will conduct reference checks as well as criminal background checks on behalf of the older adult who plans to share their home. Staff will propose interview and evaluate matches. Staff & volunteers will facilitate introductions and discussions about what matters most to each party prior to proceeding with an approved SHARE agreement that includes the negotiation of terms. Contracts reflect shared decisions and agreed-upon exchanges for the SHARE.

We aim to serve 75 individuals in this pilot project through formal SHARE agreements, in addition to assisting a minimum of 100 different contacts per year with housing related resources for accessibility, modification, home safety equipment, education and advocacy to address common concerns such as: isolation, assistive technology, slips/trips/falls, infestations, mold, home repair needs, evictions, aide services, cleaning, food and nutrition, transportation, and financial security related to aging in place/aging in community.

Statement of Need*

Describe the need that this project will address. Include data to demonstrate the need, and cite the source of the data.

COAbc will address loneliness & social isolation, cost burden, lack of available housing stock and high housing expenses, risk for evictions, workforce development, and individual safety and well-being to advance financial security among a senior population & younger generation - to close wealth gaps and reduce cost burden. The need exists in data from the Buncombe County (BC) 2020-2025 Strategic Plan - rising median age, rising burden of chronic conditions, growing cost of living, growing spending on healthcare, and more. In BC, people age 65+, 28.7% (county profile) live alone. Poverty rates increase toward older age (American Community Survey). In 2016, 9.7 million older adult households were cost-burdened. Single-person households are more likely to be cost-burdened due to lower median incomes than married or partnered peers. In 2016, 46.3 percent of single households age 65 and over were cost-burdened compared to 20 percent of those married/partnered. 1 in 3 older adults can't afford to pay for utilities, rent, medication or food. According to the Dogwood commissioned housing study, "it is projected that most of the growth between 2020 and 2025 will occur among households age 65 and older and those age 35-44...Five-year projections for 2025 indicate that, within the region, head of household growth will occur the most within the age cohort of 75 and older (23.0% growth), followed by 65 to 74 age cohort (8.5% growth), and 35 to 44 age cohort (5.2% growth)." In the same study, it shows Buncombe to have two of the highest gaps in rental housing estimates in the region (number of units needed or could be supported) by the various income

segments following HUD guidelines. In BC, it shows we have the largest senior renter housing gap in the region (32.1% of the region's senior total). These trends, coupled with the studies and anecdotal evidence of substandard housing as well as our economy (inflation, supply chain issues, etc.), help define our target population.

Link to COVID-19*

Identify a health or economic harm resulting from or exacerbated by the public health emergency, describe the nature and extent of that harm, and explain how the use of this funding would address such harm.

Older adults are the most disproportionately impacted group of people in the pandemic. COVID has increased social isolation, worsened economic burdens, and created additional barriers to accessing services and support. These groups also face additional tolls on their health and financial security, due to burden on the care economy. Many older adults are on fixed incomes, may not drive, and need extra help at home. However, due to capacity conditions of agencies and organizations as well as rising costs of care, there are additional challenges in receiving help. Beyond morbidity and mortality from the virus itself, social isolation and the effects of the pandemic were worsened by the digital divide, volunteer reductions and staffing shortages. The pandemic exacerbated ageism and health disparities, in co-morbidities and in COVID outcomes (such as as the connection between race, systemic racism, marginalization, increased health risks, and access to resources). Increasing natural supports, improving access to programming, and supporting the needs of younger adults can improve prevention, reduce hospitalizations, improve health outcomes and address critical housing and labor shortages by way of building a home-based infrastructure that alleviates COVID-19 related increases to pre-existing burdens for older adults and the broader systems of health and social care models of support. Even before the COVID-19 pandemic hit, the U.S. was facing extreme housing challenges. We see further decline in affordable stock due to market trends pushing rental and ownership options out of reach for those on fixed incomes or who have lost wages as well as those who seek to relocate here. According to a Habitat for Humanity study, the number of borrowers who have deferred payments on their home loans has climbed, mortgage lenders continue to tighten lending standards, construction delays continue, and the future remains uncertain. COVID 19 has brought ongoing inequities to light.

Population Served*

Define the population to be served by this project, including volume and demographic characteristics of those served.

We will serve adults age 55+ who seek to share their home, or who to seek a homeshare with an adult age 21 and over. The adult identified as the client will be either the individual sharing their home if age 55+, or the adult age 55+ seeking a home. If both adults are age 55+, both adults will be served as clients, as eligibility criteria for wraparound services allow. Clients will need to meet at least one of the following criteria: be at or below 200% federal poverty level or below, live alone, have identified social risk factors impacting their safety, live with a spouse or adult child who is their primary caregiver and requires daily respite, and/or requires support with at least three instrumental activities of daily living. The individual is ineligible if they require nursing home level care, if they have another tenant or reside with any other individual other than a caregiving spouse or adult child requiring respite. There are more than 70,000 adults in the County age 60+ and nearly 1/4 age 65 and over. A subset to this older adult population are the adults that would be co-housed with the 55+ group, as indicated above. Older adults aged 65+ spend on average \$17,500 annually in housing-related expenses. (Bureau of Labor Statistics, 2019); 4.9 million older adult households spent nearly half of their income on housing in 2016. (Joint Center for Housing Studies, 2018); Black and Latinx older renter households are more likely than white older renters to face severe rent burdens. (Justice in Aging, 2021); Nearly 80% of older adults aged 65+ own their homes. (U.S. Census, 2020); 9.7 million seniors owe money on a mortgage and/or home equity line of credit. Of these, 30% have payments that exceed one quarter of their income. (Joint Center for Housing Studies, 2018). Younger adults will benefit from the lived

experience of older adults, be given opportunities to grow wealth and skills, to address historical inequities and develop firsthand Age Friendly capability.

Results*

Describe the proposed impact of the project. List at least 3 performance measures that will be tracked and reported. If possible, include baselines and goals for each performance measure.

- 1) Enable eligible adults to be placed in appropriate SHARE housing to improve their ability to age in place. The key indicator of program effectiveness is the number of individuals who participate.
- 2) Improve financial security of all parties by reducing costs for rent, repairs, and assistive or supportive services.
- 3) Prevent premature institutionalization, eviction, loneliness, and/or anxiety among older adults and caregivers related to housing.

SHARE will help us promote healthy aging with additional housing options that make it more likely for older adults to age well at home and in the community, for caregivers to get the help they need, for workforce development and economic support so that our county is better equipped to support a rapidly aging population. SHARE will provide social support and social relationships with housemates and deeper levels of community attachment, in addition to cost savings, positive impact on safety and overall well-being. From UsAging Policy Priorities 2022, "staying engaged and socially connected has tremendous health benefits and, conversely, that social isolation and loneliness among older adults leads to the deterioration of a person's physical and cognitive health, resulting in personal suffering and greater national expense. Prolonged loneliness for an older adult is as medically detrimental as smoking 15 cigarettes a day.¹⁴ Individuals who are socially isolated have an increased risk of heart disease, dementia, functional impairment and premature death. Federally, social isolation and loneliness cost the Medicare program an estimated \$6.7 billion annually—or an added \$1,600 per socially isolated beneficiary." We will work with businesses as vendors who offer equitable fee-based services when free services are unavailable, for cleaning, decluttering, downsizing, falls prevention tools, private pay in-home services, home modifications and accessibility tools as well as subsidized technology for eligible recipients.

Evaluation*

Describe the data collection, analysis, and quality assurance measures you will use to assure ongoing, effective tracking of contract requirements and outcomes.

We will use the new agency database, client feedback and community surveys, cost savings data, as well as vendor feedback, and aggregate data. We will track the number of individuals served, number of participants in education sessions, as well as volunteer hours and mileage. We will track demographics and data relevant to our outcomes through initial client assessments, ongoing client visits and upon discharge. We will track referrals (incoming and outgoing), sources, and success stories from clients and their families. We will use the Zarit Caregiver Burden survey with caregivers, as well as self-evaluation tools to identify the client's perceptions of how well we have provided the service. We will compare the number of adults we are able to serve to historical numbers, as well as ensuring that we maintain all accurate financial reports to demonstrate the funding capability and the power of this funding to help us meet our goals. We will use virtual and in-person methods to reach the public as well as clients. We will track advertising results through web impressions and other reporting data. We will complete profiles for clients in direct services. We use initial data from consultations to gauge risk levels for malnutrition, abuse, falls, injuries, likelihood of premature institutionalization or eviction, etc. We will gauge the usage profile of potential clients of community services and supports, how they were referred to us, and which services they accepted or refused throughout the year to compare to baseline. Our evaluation will connect quantity & quality measures, as well as the impact of our outreach, accuracy of applications, & ability to interpret data to inform future projects.

Our goal to promote compatibility among the housemates is critical for quality assurance and will be evaluated at 30, 60, 90 days and at least quarterly.

Equity Impact*

How will this effort help build toward a just, equitable, and sustainable COVID-19 recovery? How are the root causes and/or disproportionate impacts of inequities addressed?

COAbc is committed to equity beyond the physical presence of people of different backgrounds and perspectives, enabling this diverse population with housing solutions that address socioeconomic inequities, strains and bias in the healthcare continuum as well as the stark housing inequities on the rise and worsened due to COVID 19. We aim to address what matters most- ensuring access to resources and providing unbiased support in a person-centered model of care for aging well in community. This model also supports the younger adult. For example, we can provide options for the LGBTQ community who are more likely to experience stereotypes, abuse, and have poor health outcomes in facility settings. For BIPOC and those with limited English proficiency, this also allows for match-making that reduces communication challenges or cultural barriers to companionship and care that exist in other formal provisions. We empower both parties with support and increase resilience, address long waitlists for affordable housing and competitive housing markets where higher wealth individuals have an advantage, as well as reduce the likelihood that seniors will have to uproot. We can reduce the likelihood that seniors will have to go through complex loan processes or reverse mortgages. Reverse mortgages may have age requirements, require the home to be well maintained, have high closing costs, have effects on benefits and heirs, and funds can be exhausted too quickly. In a Brookings study, in addition to severe disparities in housing hardships based on race and ethnicity, they found a significant increase in hardship among young adults - compounding their financial situation since they have had a shorter amount of time to accumulate protective financial assets. AARP highlights housesharing as important for an emerging future to expand traditional options for seniors, such as to "Stay put" in a situation that is no longer safe, move in with family, or transition to a facility.

Project Partners*

Identify any subcontractors you intend to use for the proposed scope of work. For each subcontractor listed, indicate:

- 1.) What products and/or services are to be supplied by that subcontractor and;
- 2.) What percentage of the overall scope of work that subcontractor will perform.

Also, list non-funded key partners critical to project.

We intend to use vendors for cleaning and pest control, such as Merry Maids and BioOne; for decluttering, such as SimplyChange; for food boxes, such as Wildwood Herbal; for moving, such as College Hunks Hauling Junk; for ramps, such as churches and contractors; for private pay assessments and modifications, such as No Place Like Home, LLC; for technology, such as Verizon Wireless affordable connectivity; for aide services, such as home care agencies offering hands-on care. These vendors will perform approximately 10% of the scope of work, as the majority of our functions will be related to facilitating SHARE agreements, providing resource navigation, home visits, consultation and follow-up. HOAP and other aging service partners will be critical to SHARE's success, such as Land of Sky Regional Council, Buncombe County DHHS, Asheville Area Habitat for Humanity, MAHEC's Home Based Primary Care, MANNA FoodBank, PisgahLegal, AdventHealth, YWCA Givens Gerber Park, MountainCare and others as part of the community and individual needs identification to reduce duplication of services and enhance a framework that includes natural/informal supports and a broader scope of care outside of formal, limited services that may only be available at set hours and often exclude weekends and overnight support as well as non-clinical approaches to health and individualized support. We will work with the Center for Financial Social Work and OnTrack to offer programming and address financial repair needs for participants; the City of Asheville and other partners through parks and recreation, civic groups, and churches to identify opportunities and provide outreach as well as to host educational sessions;

in addition to coordinating with other non-profits to streamline application and screening services as a way to leverage funding capacity as well as to ensure collective influence and impact. We will build upon existing relationships and ensure we assess quality metrics for collaboration.

Capacity*

Describe the background, experience, and capabilities of your organization or department as it relates to capacity for delivering the proposed project and managing federal funds.

We have served Buncombe County seniors since 1964 with professional social services staff and volunteers with appropriate experience, skills, training and certifications respectively. We are the go-to source for information and navigation for resources, serve 7 other counties with several of our programs in WNC, and are members of a variety of coalitions at the state and national level for all things aging. COAbc has been managing federal funds for many of its key programs, with over 60% of overall funding coming from the government as providers for Home & Community Block Grant programs (Congregate Nutrition, Information & Assistance, Housing and Home Improvement, Consumer Directed Services, In Home Aide, Institutional Respite), through Older American's Act (including Family Caregiver Support contracts), and a CARES Act, HDC5 & Families First Coronavirus Act funded organization. We provide SHIP services with the NC Department of Insurance Services and Social Security Administration, work as a NCOA benefits enrollment center, and as a certified Affordable Care Act navigator program through the NC Consortium. As a clearinghouse of services, we have also grown our staff by over 30% since the pandemic began, doubled our annual budget, and expanded service locations into co-located physical spaces in community centers, churches, and partner buildings. Our strategic plan includes additional integration with health systems, addressing intergenerational needs, advancing our work to help younger people plan ahead for aging in community, and working as part of a centralized aging service system with other providers. We have evaluated this program in depth and have a container of information from callers over the last two years who are interested in the program, as well as community stakeholders (primarily retirees) who are interested in volunteering and sharing their expertise to advance this work. We have been actively working as part of HOAP & other Age Friendly groups.

Budget*

Provide a detailed project budget including all proposed project revenues and expenditures, including explanations and methodology. For all revenue sources, list the funder and denote whether funds are confirmed or pending. For project expenses, denote all capital vs. operating costs, and reflect which specific expenses are proposed to be funded with one-time Buncombe County Recovery Funds.

Download a copy of the budget form [HERE](#). Complete the form, and upload it using the button below.

County Recovery Budget ARPA.xlsx

Special Considerations*

Provide any other information that might assist the County in its selection.

Executive Selection from WNC Housing Study.pdf

This project is meant to to become increase individual and community resiliency, also touching on the following: Educated & Capable Community, Resident Well-Being and Vibrant Economy. There are several successful housesharing models integrated into community based organizations and area agencies on aging across the nation. We have explored several of these options and conducted interviews with housesharing teams to assess feasibility. We chose aging/older adults because it most closely represented our target population and influence, but this project also addresses: Affordable Housing, Business Support/Economic

Development, Homelessness, and Workforce focus areas as well. While there are activities aimed to house the homeless, construction projects to create new housing stock and accessory dwelling units on the horizon, and federal attempts to reduce housing discrimination in HUD housing, COA feels strongly that this project is a solution that can allow us to do our part in offering no-cost, unbiased and person-centered services to bridge divides, foster intergenerational connections, and serve to inform future projects that build upon the Age Friendly action plan and BC's strategic priorities. The success of these programs in other communities is inspiring and we have the research and tools in our belt to build resilience one SHARE at a time. We believe this project meets multiple objectives as a result of analyzing the Dogwood Health Trust/Bowen WNC Housing Needs Assessment, especially to "Utilize Resources to Help Stabilize Housing Situations and Secure Housing for the Most Vulnerable Households" particularly among lower income homeowners and seniors who do not have the financial or physical capacity to remedy their housing challenges. See uploaded file for a section of the report most relevant to recognizing and remedying low housing stock, substandard housing and cost burden as well as the demographic considerations specific to Buncombe in comparison to others.

File Attachment Summary

Applicant File Uploads

- County Recovery Budget ARPA.xlsx
- Executive Selection from WNC Housing Study.pdf

List expenses here			\$	-		
List expenses here			\$	-		
List expenses here			\$	-		
List expenses here			\$	-		
List expenses here			\$	-		
List expenses here			\$	-		
List expenses here			\$	-		
List expenses here			\$	-		
			Total	\$ 291,634.20		

Within the overall region, three-bedroom units made up the largest share (49.0%) of available units, while two-bedroom units (23.3%) and four-bedroom units (23.0%) made up nearly equal shares of most of the remaining supply. These shares are normal, when compared with similar housing markets and reflective of a balanced market. Most of the study areas have shares of three-bedroom units that are between 40% and 60% and shares of two- and four-bedroom units that are roughly between 15% and 30%. As such, most of the counties also have a good distribution of available housing units by bedroom type that should be able to accommodate most household sizes.

Housing Gap Estimates

Bowen National Research conducted housing gap estimates (the number of units that could potentially be supported or are needed) for rental and for-sale housing for each study area within the subject region. Because this report will be utilized by a variety of users that may seek financing from a variety of sources, including government-subsidies or mortgage insurance from the Department of Housing and Urban Development (HUD) or Tax Credits from the North Carolina Housing Finance Agency (NCHFA), we have included the demand estimate methodologies mandated by HUD and NCHFA in this report.

Our estimates consider multiple income stratifications. These stratifications include households with incomes of up to 50% of Area Median Household Income (AMHI), between 51% and 80% of AMHI, and between 81% and 120% of AMHI. This analysis was conducted for renters and owners separately and identified the housing gaps for each study area between 2020 and 2025. Details of the methodologies of NCHFA- and HUD-formatted studies are included starting on page 210 of the body of this report.

It is important to point out, we have conducted housing gap estimates for each study area (county or reservation) in an effort to provide *broad market-wide estimates*. In reality, an individual project may only get support from a portion of a county, or its support may originate from a market area that overlaps multiple counties. Therefore, the housing gap estimates provided in this section should serve as a general guide as to the number of housing units required in a market. In most cases, individual site-specific studies may be warranted to confirm the depth of support for a particular project, once a specific project concept (rent structure, unit mixes, targeted income, population designation, etc.) has been established and a site has been selected.

Rental Housing Gap – The following table summarizes the region’s **rental housing gap estimates (number of units needed or could be supported)** by the various income segments following NCHFA guidelines. It is important to point out that the general-occupancy projects (referred to as “Family”) are open to all income-eligible households, regardless of age. We have not excluded seniors from the family estimates. Therefore, the senior estimates are a subset of the family estimates. The largest overall housing gaps are shown in red.

Study Area	NCHFA Format							
	Rental Housing Gap Estimates – Number of Units Needed by AMHI Level							
	≤50% AMHI		51%-80% AMHI		81%-120% AMHI		Total	
	Family	Senior	Family	Senior	Family	Senior	Family	Senior
Avery	121	62	26	20	22	11	169	93
Buncombe	3,936	1,449	901	509	602	302	5,439	2,260
Burke	664	279	152	116	130	43	946	438
Cherokee	247	146	51	53	28	26	326	225
Clay	90	51	30	42	17	16	137	109
Graham	25	20	2	4	0	3	27	27
Haywood	768	430	132	157	23	56	923	643
Henderson	1,149	603	240	215	261	137	1,650	955
Jackson	564	215	120	81	93	38	777	334
Macon	267	167	68	71	41	36	376	274
Madison	227	143	21	38	22	11	270	192
McDowell	299	161	65	36	100	49	464	246
Mitchell	50	39	8	11	29	12	87	62
Polk	156	100	51	46	40	29	247	175
Qualla Boundary	73	39	11	6	5	6	89	51
Rutherford	763	397	120	55	90	32	973	484
Swain	119	72	18	17	9	14	146	103
Transylvania	222	133	70	62	54	32	346	227
Yancey	148	92	41	36	28	21	217	149
Region	9,888	4,598	2,127	1,575	1,594	874	13,609	7,047

Source: Bowen National Research

Overall, using NCHFA methodology there is a potential housing gap for approximately 13,609 rental units in the region among the three combined income groups that includes both families and seniors. The largest of the region’s rental housing gaps is among households earning up to 50% of AMHI. This gap is for 9,888 units and represents 72.7% of the overall region’s housing needs. Among *seniors* ages 55 and older, which is a subset of the family housing gap estimates, the region has an overall senior rental housing gap of 7,047. As such, the senior housing gap is 51.8% of the overall region’s rental housing needs. Most of the senior renter housing gap is for product that is affordable to households earning up to 50% of AMHI, with a housing gap of 4,598 units representing 65.2% of the overall senior renter housing gap. Based on this analysis, while the largest housing gaps appear to be for the lowest income family and senior households, there are large rental housing gaps among all levels of affordability. The very low vacancy rate among the government-subsidized, Tax Credit and moderately priced market-rate rental housing supply we surveyed in the region indicates that there is limited availability of affordable product to lower income households. This further exacerbates the challenges these households have of finding and securing decent and affordable rental housing.

On an individual study area level, counties with the largest overall rental housing gaps include Buncombe County (5,439 units, 40.0% of region total), Henderson County (1,650 units, 12.1% of region total), Rutherford County (973 units, 7.1% of region total), and Burke County (946 units, 7.0% of region total). These four counties together represent two-thirds (66.2%) of the region’s overall rental housing gap. The fact that these counties have the largest rental housing gaps in the region is not surprising given that these are the largest counties (based on population) in the region. Only three areas, Graham County (27 units), Mitchell County (87 units) and the Qualla Boundary (89 units) have rental housing gaps of less than 130 units. The largest **senior** renter housing gaps are in the counties of Buncombe (2,260 units, 32.1% of the region’s senior total), Henderson (955 units, 13.6% of the region’s senior total), Haywood (643 units, 9.1% of the region’s senior total), Rutherford (484 units, 6.9% of the region’s senior total) and Burke (438 units, 6.2% of region’s senior total).

The following table summarizes the region’s **rental housing gap estimates (number of units needed or could be supported)** by the various income segments following HUD guidelines. The largest overall housing gaps are shown in red.

Study Area	HUD Format							
	Rental Housing Gap Estimates – Number of Units Needed by AMHI Level							
	≤50% AMHI		51%-80% AMHI		81%-120% AMHI		Total	
	Family	Senior	Family	Senior	Family	Senior	Family	Senior
Avery	124	43	37	12	26	5	187	60
Buncombe	2,062	662	996	307	611	207	3,669	1,176
Burke	760	227	335	126	190	59	1,285	412
Cherokee	228	86	106	40	66	28	400	154
Clay	115	43	60	24	31	17	206	84
Graham	49	16	14	5	7	2	70	23
Haywood	625	242	233	99	185	61	1,043	402
Henderson	1,202	473	480	201	326	131	2,008	805
Jackson	485	110	206	54	136	42	827	206
Macon	322	119	150	55	90	39	562	213
Madison	262	95	72	26	41	13	375	134
McDowell	419	131	188	63	108	37	715	231
Mitchell	99	33	32	10	28	4	159	47
Polk	184	83	107	47	69	34	360	164
Qualla Boundary	92	27	32	9	19	5	143	41
Rutherford	717	262	264	51	212	31	1,193	344
Swain	109	42	42	17	29	11	180	70
Transylvania	254	99	162	60	107	50	523	209
Yancey	184	64	76	28	48	18	308	110
Region	8,292	2,857	3,592	1,234	2329	794	14,213	4,885

Source: Bowen National Research

Following HUD's methodology, there is a potential housing gap for approximately 14,213 rental housing units in the region among the three combined income groups that includes both families and seniors. Overall, more than half (58.3%) of the region's *family* (general occupancy) housing gap is for rental product that is affordable to households earning up to 50% of AMHI. Just over one-quarter of the overall region's rental housing gap is for product serving households between 51% and 80% of AMHI and another 16.4% is for product that is affordable to households earning between 81% and 120% of AMHI. As stated earlier, the very low vacancy rate among the inventoried rental housing supply in the region indicates that there is limited availability of product that is affordable to lower income households. Long wait lists at most surveyed properties and wait lists for Housing Choice Vouchers illustrate the large level of pent-up demand for affordable rental housing alternatives in the region.

The counties with the largest for-sale housing gaps under the HUD methodology are Buncombe (3,669 units, 25.8% of region's demand), Henderson (2,008 units, 14.1% of region's demand), Burke (1,285 units, 9.0% of region's demand), and Rutherford (1,193 units, 8.4% of demand). More than half (57.3%) of the region's demand is within these four counties. All four of these counties also have the largest senior rental housing gaps in the region. Only Graham County (70 units) has an overall rental housing gap of less than 140 units.

For-Sale Housing Gap - The following table summarizes the region's **for-sale housing gap estimates (number of units needed or could be supported)** by various income segments following NCHFA guidelines. It is important to point out that the general-occupancy projects (referred to as "Family") are open to all income-eligible households, regardless of age. We have not excluded seniors from the family estimates. However, the senior estimates are a subset of the family estimates. It should be noted that in some cases the senior housing gap is larger than the family estimates. The reason for this is attributed to NCHFA methodology and the fact that the senior household base is growing while the non-senior base is declining in that particular market. The largest overall housing gaps are shown in red.

Study Area	NCHFA Format							
	Owner Housing Gap Estimates – Number of Units Needed by AMHI Level							
	≤50% AMHI		51%-80% AMHI		81%-120% AMHI		Total	
	Family	Senior	Family	Senior	Family	Senior	Family	Senior
Avery	77	29	35	7	6	1	118	37
Buncombe	1,050	391	115	186	164	152	1,329	729
Burke	79	63	0	6	59	34	138	103
Cherokee	81	70	0	20	0	0	81	90
Clay	17	14	55	15	4	0	76	29
Graham	0	4	0	0	7	4	7	8
Haywood	99	80	0	30	46	21	145	131
Henderson	262	295	1	62	48	7	311	364
Jackson	73	69	0	10	13	0	86	79
Macon	78	73	0	20	0	0	78	93
Madison	44	33	12	16	48	33	104	82
McDowell	52	52	0	0	68	46	120	98
Mitchell	0	5	0	19	8	4	8	28
Polk	94	35	5	13	18	3	117	51
Qualla Boundary	3	1	0	0	8	4	11	5
Rutherford	222	154	17	17	12	8	251	179
Swain	6	7	0	0	9	4	15	11
Transylvania	51	36	3	20	15	0	69	56
Yancey	32	33	0	10	0	0	32	43
Region	2,320	1,444	243	451	533	321	3,096	2,216

Source: Bowen National Research

Following NCHFA’s methodology, there is a potential housing gap for approximately 3,096 for-sale housing units in the region among the three combined income groups. The region’s largest *family* (general occupancy) housing gap is 2,320 units affordable to households earning 50% or below AMHI level, representing 74.9% of the region’s overall for-sale housing gap. The remaining for-sale housing gap is split between the need for housing affordable to households earning between 81% to 120% AMHI level (533 units, 17.2% of region’s need) and units affordable at the 51% to 80% AMHI level (243 units, 7.9% of region’s need). It is important to point out that nearly three-quarters (71.6%) of the overall region’s need under this methodology is for age-restricted (age 55 and older) housing and that non-seniors only make up about 25% of the for-sale housing need. This is in part attributed to the facts that a majority of the households in the region are headed by persons ages 55 and older and that a vast majority of the household growth between 2020 and 2025 is projected to occur among seniors ages 65 and older. The combination of the large share and significant growth among senior households and the lack of for-sale product specifically designed for seniors creates a significant need for for-sale housing for seniors. The lack of such product, particularly smaller units with a more maintenance free product (e.g., condominiums) prevent many seniors from downsizing from housing units they cannot maintain (due to financial and/or physical reasons), units that do not accommodate possible mobility issues, or units that are too large for their needs. Regardless, based on these estimates, there is a significant need for for-sale product affordable to lower income households of all affordability levels and for both senior and non-senior households. The very low availability rate among the inventoried for-sale housing supply, as well as rapidly

increasing home prices, pose additional challenges for households seeking for-sale housing, particularly lower-income households.

Buncombe County’s for-sale housing gap of 1,329 units represents nearly half (42.9%) of the region’s overall for-sale housing gap. Other counties with large for-sale housing gaps include Henderson (311 units, 10.0% of region’s gap), Rutherford (251 units, 8.1% of region’s gap), Haywood (145 units, 4.7% of region’s gap), Burke (138 units, 4.5% of region’s gap), McDowell (120 units, 3.9% of region’s gap), and Polk (117 units, 3.8% of region’s gap). Several areas have very small housing gaps of less than 20 units for for-sale housing including Swain County (15 units), the Qualla Boundary (11 units), Mitchell County (8 units), and Graham County (7 units).

The following table summarizes the region’s **for-sale housing gap estimates (number of units needed or could be supported)** by the various income segments following HUD guidelines. The largest overall housing gaps are shown in red.

Study Area	HUD Format							
	Owner Housing Gap Estimates – Number of Units Needed by AMHI Level							
	≤50% AMHI		51%-80% AMHI		81%-120% AMHI		Total	
	Family	Senior	Family	Senior	Family	Senior	Family	Senior
Avery	53	42	43	30	50	32	146	104
Buncombe	849	465	712	389	693	440	2,254	1,294
Burke	333	180	300	172	291	166	924	518
Cherokee	124	77	89	62	96	61	309	200
Clay	51	32	40	28	34	27	125	87
Graham	50	30	33	19	31	19	114	68
Haywood	217	135	159	103	212	113	588	351
Henderson	490	281	336	209	358	220	1,184	710
Jackson	138	85	89	61	108	59	335	205
Macon	156	98	113	78	115	77	384	253
Madison	129	75	80	48	67	42	276	165
McDowell	197	107	145	85	141	81	483	273
Mitchell	71	46	48	29	64	34	183	109
Polk	72	44	66	41	70	45	208	130
Qualla Boundary	37	20	25	14	26	12	88	46
Rutherford	250	149	152	50	188	47	590	246
Swain	37	23	28	18	31	19	96	60
Transylvania	111	64	117	69	118	80	346	213
Yancey	84	52	54	38	59	35	197	125
Region	3,449	2,005	2,629	1,543	2,752	1,609	8,830	5,157

Source: Bowen National Research

Following HUD’s methodology, there is a potential housing gap for approximately 8,830 for-sale housing units in the region among the three combined income groups that includes both families and seniors. This is much higher than the NCHFA-formatted housing gap estimate and is attributed to the fact that the HUD methodology looks at a broad market potential and does not consider the more narrow demand drivers to which the NCHFA format is limited. Unlike the NCHFA-formatted demand that showed the vast majority of need for the lowest income segment (those earning up to 50% of AMHI), the HUD methodology yields for-sale housing gap estimates more evenly distributed among the various levels of

affordability. Regardless, it does appear that 39.0% of the region's need is for households earning up to 50% of AMHI. Like the NCHFA-formatted estimates, the HUD methodology yields the majority (58.0%) of the housing gap for senior product.

Under this methodology, just over one-quarter (25.5%) of the region's for-sale housing gap is within Buncombe County, while other notable gaps are also in the counties of Henderson (1,184 units, 13.4% of the region's gap) and Burke (924 units, 10.5% of the region's gap). All study areas have for-sale housing gaps of 88 units or more.

Recommendations

Develop an Action Plan that Sets Housing Goals, Establishes Benchmark Data, and Periodically Evaluates Progress – Set realistic annual and long-term (five- or ten-year) goals for the number and type (rental, for-sale, senior, etc.) of housing units that advocates want to see built. Estimates should be based on, or at least guided by, quantifiable metrics, such as the housing gap estimates provided in the 2021 Western North Carolina Housing Needs Assessment. Using these housing production goals as a guide, an analysis should be done to estimate the overall funding requirements to meet such goals. From this, advocates should determine the level of financial resources that could be provided from the Dogwood Health Trust (DHT) and the amount needed from government, other nonprofits/foundations, philanthropists and other stakeholders to help offset private sector costs of developing affordable housing. It is important that DHT establish benchmark data (e.g., median rents/home prices, vacancies, shares of affordable housing, cost burdened households, etc.) that they believe are key metrics to help understand the health and trends of the local housing market. These metrics should be updated periodically (annually or every couple of years) and evaluated to understand the level of progress in housing efforts and to identify new or ongoing problems. Such data collection can be done internally by DHT, housing advocates/partners, or by housing professionals.

Leverage Resources to Increase Housing Production and Impact of Housing Initiatives – One of the primary findings from this regional Housing Needs Assessment is that there is a shortage of available rental and for-sale housing, and that the shortage is most significant among housing that is affordable to the lowest income households (earning up to 50% of Area Median Household Income). While DHT has some resources to help address housing issues of the region, the housing needs far exceed DHT's capacity to resolve them. Therefore, DHT will want to maximize the impact of its investment dollars by leveraging its resources with the resources available through the government (local, state and federal), other foundations, philanthropists/investors, financial/lending institutions, employers, and other interested stakeholders. While a goal of DHT should be to conduct outreach and networking efforts to build relationships with these particular groups, DHT and its partners may want to explore stakeholders involved with Qualified Opportunity Zones, Community Reinvestment Act, Low-Income Housing Tax Credits and other programs/initiatives. Every study area included in this report is eligible for at least one of the housing state and federal housing programs studied in this report and therefore could be leveraged throughout the area, depending upon the program.

Utilize Resources to Help Stabilize Housing Situations and Secure Housing for the Most Vulnerable Households

– As shown in this report, many households are living in substandard housing, experiencing housing cost burden situations or are having great difficulty simply finding available housing. Home repair and weatherization loans or grants should be part of DHT’s plans to help stabilize current housing situations in which the household is living in substandard housing conditions, particularly among lower income homeowners and seniors who do not have the financial or physical capacity to remedy their housing challenges. Eviction and foreclosure prevention initiatives to further stabilize the housing market could be other areas of focus. Additionally, given that common obstacles preventing some households from securing housing is the lack of financial resources required for security deposits or down payments, DHT may want to provide rental security deposit assistance (in the form of a direct payment to the landlord or a guarantee to the landlord) for certain households and/or first-time homebuyer down payment assistance that requires the resident to remain in the unit for a selected period of time (e.g., two to five years) before the down payment is fully forgivable. Lastly, another obstacle that often limits households from securing adequate housing is the inability to pass a background check due to challenges with credit history, criminal records or employment history. DHT may want to establish a credit repair initiative or provide financial assistance to households to secure services from a credit repair provider.

Develop a Strategy to Increase Housing Choice Voucher Use

– A large portion of the Housing Choice Vouchers (HCVs) issued in the study region go unused, causing the area to lose a substantial amount in federal subsidies. DHT will want to develop a plan to increase the ability of voucher holders to use them. This may include supporting the development of new rental product and/or the renovation of existing product that accepts HCVs, conducting outreach and education to landlords on the process and benefits of the HCV program, incentivizing landlords to open more units to HCV tenants (e.g., offering one-time signing bonuses to landlords, setting aside funds to allow HCV landlords to recoup up to a certain amount of funds to repair damaged units), and hiring contracted housing agents to get voucher holders into homes faster. DHT may want to explore encouraging state and/or local officials to enact legislation or ordinances to require landlords to accept HCVs.

Identify and Develop Relationships with Public and Private Sector Entities

– The large geographic scope of the region, the scale of area housing needs, and the scale of the resources will require the participation of a variety of groups to effectively address housing in the region. The region has many individuals and organizations, from both the private and public sectors, that are involved in housing in some capacity. As part of this study, more than 700 stakeholders were contacted to solicit their input on housing challenges and opportunities. Many of these stakeholders, which includes foundations and some of the area’s largest employers, expressed interest in being active participants in housing solutions. This list can serve as the basis for establishing a network of collaborators, development partners and housing advocates that can be added to the existing circle of partners that currently works with DHT.