



AIDS Housing of Washington

HIV/AIDS Housing Solutions

New HIV/AIDS housing programs should focus on filling gaps not covered by other community resources or adapting mainstream resources to meet the needs of people living with HIV/AIDS. The following text reviews each of the housing types in the HIV/AIDS housing continuum and offers ideas for addressing needs in each area.

It is important to understand that the wide range of housing needs for people living with HIV/AIDS and their families does not exist apart from other housing needs in a community. Generally, HIV/AIDS housing needs fall into an overall, community-wide housing continuum. This continuum, which provides a comprehensive way of evaluating a community's resources, divides housing needs and resources into the following categories, each of which is explained in detail in this section:

Emergency → Transitional → Permanent → Specialized Care

Many of the best housing resources for people living with HIV/AIDS are provided by mainstream organizations that serve a wide variety of people. It is usually faster, cheaper, and more appropriate to draw on mainstream housing resources than to create new facilities and services just for people living with HIV/AIDS. Training other providers to understand the special needs of people living with HIV/AIDS can provide the same result as, and often more efficiently than, providing a new service tailored to specific needs. One effective strategy is to encourage mainstream housing providers to meet the needs of people living with HIV/AIDS through a range of non-development mechanisms.

Emergency Housing Assistance

Emergency housing assistance is one-time or very short-term assistance provided to address an immediate housing crisis—often for people who are homeless or at imminent risk of becoming homeless. The primary goal of emergency assistance is to solve the immediate housing crisis; the assistance is usually one of the following:

- Emergency rent, mortgage, or utility payments to prevent loss of residence
- Hotel/motel vouchers
- Emergency shelter

Assistance to Remain in Your Home: Rent, Mortgage, or Utility Payments

Emergency housing assistance can be structured to specifically help households facing a crisis that could result in displacement from their housing. This assistance may take the form of a rent or mortgage payment or utility assistance, and may also include emergency repairs, weatherization, and other assistance that would forestall eviction, foreclosure, or uninhabitability of the residence. It is designed to address one-time crises, not ongoing needs. AIDS service organizations can administer this type of emergency assistance program directly or can contract with mainstream providers of similar services. Assistance with rent or mortgage payments can also be provided on a transitional or permanent basis, both of which are described under “Tenant-Based Transitional Assistance” and “Tenant-Based Rental Assistance” on the following pages.

When rent, mortgage, or utility payments work best: This type of assistance is most effective in communities where it is more likely that the financial crises faced by people living with HIV/AIDS can be overcome with short-term assistance. It is especially useful where a large percentage of those in housing need are homeowners, as is the case in most rural areas. Since it is much less expensive to keep people in their homes than to find or develop new ones, this can be a cost-effective form of assistance.

Advantages

- Preserving existing housing is much easier than developing new housing options.
- Multiple households can be served with less funding.
- Emergency housing payments are made just once or twice to each household and can be easy to administer.
- Remaining in his or her own home is the preferred choice of many people living with HIV/AIDS.

Disadvantages

- Many people living with HIV/AIDS need ongoing financial assistance, rather than short-term assistance, to remain in their homes.
- Emergency assistance does not result in long-term affordable housing units that will be available to people in need in the future.
- This approach does not address the needs of people who are homeless.

Hotel or Motel Vouchers

Hotel or motel vouchers are a form of emergency assistance given to homeless households that have no other alternative but living on the streets or in a substandard or inappropriate housing situation. Typically, vouchers are coordinated through case managers and provide homeless households with a motel room for a week at a time, with a maximum stay of about a month. Voucher providers negotiate agreements with local hotels or motels, and the hotels or motels bill the providers as rooms are used. Hotels or motels may offer discounted rates to nonprofit organizations.

When hotel or motel vouchers work best: Vouchers may be the only emergency housing option for small, rural communities that do not have enough homeless people to support the development and operation of a shelter. Vouchers may also be the best emergency option for people who are too sick to stay in an emergency shelter or for families who may not be able to stay together in a shelter. Hotel or motel vouchers work best when the local waiting lists for affordable housing are relatively short, and people are likely to have a place to transition to relatively quickly.

Advantages

- Vacant hotel or motel rooms can usually be found immediately.
- This approach does not require the creation of any new housing resources.
- Hotel or motel vouchers can be simpler to administer; the administering agency is not responsible for managing a facility.

Disadvantages

- Hotel or motel vouchers can be an expensive way to provide temporary housing.
- Many hotels and motels will not agree to participate in voucher programs.
- Most hotels and motels do not offer cooking facilities, or refrigeration for medications.
- Individual members of families do not have privacy in hotel or motel rooms.
- Many hotels and motels used for this purpose are located in neighborhoods with drug trafficking and other criminal activities.
- Hotel or motel vouchers are not a long-term housing solution.

Emergency Shelter

Emergency shelter is basic, temporary, overnight sleeping accommodation. Stays at emergency shelters are often limited to less than 30 days. Emergency shelter can take any form; beds in dormitory-style rooms or mattresses on the floor of space that has a different daytime use (for example, church assembly room, public office building) are common examples. Some shelters offer private rooms for families, and many also provide a meal program. Typical shelter providers include community action agencies, the Salvation Army, and other faith-based service agencies.

When emergency shelters work best: Emergency shelters are best suited for population centers with a significant homeless population and numerous affordable transitional and permanent housing options. If a community has a significant homeless population and no emergency shelters, AIDS service organizations should work with other homeless service providers to assess whether local need would justify the development of a shelter. In communities with emergency shelters, an HIV/AIDS training program for shelter staff can help the existing resources to address the needs of people living with HIV/AIDS more effectively.

Advantages

- Emergency shelters offer an immediate response to housing crises.
- Many communities already have existing emergency shelters.
- Shelters are often cost-effective to operate.
- Shelters are often the first point of contact with services for the newly homeless.

Disadvantages

- The large numbers of people served, combined with conditions that may be unsanitary, encourage the spread of infectious diseases in shelters.
- Emergency shelters often require people to go elsewhere during the day, which can be a hardship for people living with HIV/AIDS.
- The shared living situation of most emergency shelters offers little confidentiality for people living with HIV/AIDS.
- Emergency shelters typically do not have accessible refrigerated storage for prescription medications or offer private bathroom facilities for managing health care needs.
- Mainstream shelter providers may lack sensitivity to issues faced by people living with HIV/AIDS.
- Few shelters are designed to accommodate families.
- Emergency shelter is not a permanent solution to housing problems.

Transitional Housing Assistance

Transitional housing assistance is of limited duration—usually from 30 days to 2 years—and is intended to help people transition from a housing crisis into a permanent, stable housing situation. Its goal is to provide temporary housing and services to help households develop the skills and locate the ongoing resources they need to succeed in permanent housing. Additionally, people with no or poor rental history can build a positive rental history while in transitional housing, increasing their access to permanent housing. Transitional housing assistance is effective where consumers are likely to either become self-sufficient or transition to another permanent housing resource by the time it ends. Transitional housing assistance most often includes:

- Assistance with move-in and occupancy needs
- Tenant-based transitional housing
- Supportive transitional housing project

Assistance with Move-In and Occupancy Needs

Move-in/occupancy needs assistance encompasses anything that assists households in overcoming the one-time challenges of establishing a new residence. Typical assistance includes providing moving expenses, rent deposit, move-in kit (linens, cookware, dishes, flatware, cleaning supplies), furniture, appliances, utility hook-up fees, and basic life skills training. Move-in/occupancy needs assistance can be either in-kind assistance or cash payments.

When move-in and occupancy needs assistance works best: In communities in which homeless people are transitioning into permanent housing, a program to provide move-in and occupancy needs assistance is essential. Since all homeless people have similar move-in and occupancy needs, centralized assistance programs that are coordinated with other homeless service providers generally work the best.

Advantages

- Move-in assistance can be relatively inexpensive.
- These programs are easy to administer.
- Move-in and occupancy needs assistance can be donated or provided by volunteers.
- Local businesses may be willing to donate to these programs.

Disadvantages

- Many people living with HIV/AIDS need more than just move-in and start-up assistance.
- Where rent deposits are provided, they are often retained by landlords as cleaning fees or kept by departing tenants.

Tenant-Based Transitional Housing Assistance

Some communities offer tenant-based rental assistance programs on a transitional basis. These function much like the programs described under “Assistance to remain in your home” above, but offer housing assistance for a longer period of time than just one or two payments. These programs are often developed under the guidelines of the Housing Opportunities for Persons with AIDS (HOPWA) program for short-term, 21-week assistance, but may also provide housing assistance for as long as 2 years.

When tenant-based transitional housing assistance works best: These programs work best in communities where consumers will be able to transition to permanent housing assistance within the established time limit.

Advantages

- Tenants have more choices of housing location.
- Tenants can use this type of assistance in existing housing units; new units do not need to be developed.
- This type of assistance can prevent a person from becoming homeless while waiting to access permanent assistance.
- Tenant-based programs can be implemented relatively quickly.
- Tenant-based transitional housing assistance program operation is comparatively less complex than developing and operating a facility-based program.

Disadvantages

- Tenant-based programs do not create new long-term housing resources. The community has this resource only as long as funding continues to be available (unlike developing new permanent housing units).
- This type of program may not be appropriate for people who need more support services in order to remain housed successfully.
- Some landlords are unwilling to rent to people with housing assistance vouchers.
- Some communities do not have enough good-quality rental units available at Fair Market Rent levels.

Supportive Transitional Housing

Supportive transitional housing is temporary housing combined with support services designed to assist homeless families and individuals to overcome the problems that led to their homelessness and return to living in permanent, independent housing. The services provided through a transitional program may address substance use, mental health, life skills training, education, and family support, and may help establish relationships between consumers and service providers. Supportive transitional programs can also help people who have been incarcerated to reintegrate into the community.

Transitional housing is typically provided in a centralized facility, but it may also be provided in scattered sites. Since the transitional needs of homeless people living with HIV/AIDS are similar to those of other homeless people, HIV/AIDS service organizations can collaborate with mainstream transitional housing providers. See “Master Leasing” for information about another method for providing transitional housing.

When supportive transitional housing works best: Supportive transitional housing is most helpful in communities that have a significant homeless population, and is successful only when all of the necessary support services are funded and in place. Since transitional housing is intended to move people into successful permanent housing placements, it works best in communities that have a sufficient supply of affordable permanent housing to accommodate those moving out of the transitional program. Smaller, rural communities should focus on providing permanent housing opportunities before developing transitional housing.

Advantages

- People leaving good transitional programs are much more likely to maintain stability in permanent housing.
- Transitional models often require program participation and compliance as conditions of residency, which gives service providers leverage to ensure that tenants benefit from the services in the program.

Disadvantages

- The support services necessary for a good transitional program are expensive to provide.
- Transitional programs are not successful in areas that lack adequate affordable permanent housing options; people leaving transitional housing must be able to find permanent housing at the end of the transitional period.

Permanent Housing Assistance

The goal of permanent housing assistance is to create safe, stable, and decent housing opportunities. Permanent housing assistance includes any of the following:

- Support services designed to help people live independently, provided on an ongoing basis
- Tenant-based rental assistance
- Shallow rent subsidy (another form of tenant-based rental assistance)
- Provision of actual housing units through sponsor- or project-based assistance, including through:
 - Lease buy-downs
 - Set-asides in larger housing projects
 - Scattered-site condominium acquisition
 - Group homes/shared housing
 - Independent apartment development projects

Support Services

In some circumstances, an array of support services may be all that is necessary to stabilize people living with HIV/AIDS in permanent housing. Support services are most often offered as a complement to a housing situation; without ongoing support services, many people living with HIV/AIDS risk losing their housing. Services can include case management, home care, counseling, nutrition and meal services, crisis intervention, legal assistance, transportation, day health programs, mental health services, and substance use treatment services, and may be provided by an AIDS service network or through other service providers.

When support services work best: A range of support services is needed in every community, regardless of the adequacy of housing options. Support services should be an integral part of every housing solution. Where the local supply of affordable housing is adequate to meet the demand, ongoing support services may be all that is necessary to ensure stable, successful housing. The local AIDS service organization should have the capacity to serve people in their homes and should develop good referral arrangements with other service providers.

Advantages

- Support service provision can help tenants remain in their existing home.
- Neither capital funding nor a time-consuming development process is necessary.
- Existing providers in the community can partner and contribute their skills and knowledge.
- Local volunteer teams can provide many HIV/AIDS services.

Disadvantages

- People with extremely low incomes often require financial assistance in addition to support services in order to find and keep housing.
- Providing support services to people in widely scattered locations can be expensive.
- Securing funding for ongoing services is a challenge.

Tenant-Based Rental Assistance

Tenant-based rental assistance (TBRA) is ongoing assistance paid to a tenant (or his or her landlord) to cover the difference between market rents and what the tenant can afford to pay. Tenants find their own units and may continue receiving the rental assistance as long as their income remains below the qualifying income standard. Many TBRA programs are federally subsidized, administered by local public housing authorities, and governed by HUD's Section 8 regulations. Some are funded by other sources, such as HOPWA, or operated by AIDS service organizations and nonprofit agencies. Section 8 regulations require all units with Section 8 tenants to meet federal housing quality standards (HQS), and the subsidy levels are set at the difference between HUD's annually established Fair Market Rent for the appropriate unit size and 30 percent of the tenant's household income.

Many communities have established TBRA programs with HOPWA funds, which are often structured similar to Section 8. However, HOPWA, unlike Section 8, allows for local discretion regarding serving undocumented immigrants and people with criminal histories. Shallow rent subsidies are another form of tenant-based rental assistance, and are discussed below.

When TBRA works best: Tenant-based rental assistance programs work best when there is a partnership between an experienced local (or regional) housing authority willing to administer the subsidy, and an AIDS service organization willing to market the subsidies, prescreen tenants, and assist tenants in finding appropriate units. Where this partnership exists, TBRA can be effective in communities of any size. TBRA is best suited for communities with a surplus of units renting at or below Fair Market Rent levels, or renting for a relatively affordable price.

Advantages

- Tenants may choose where they live.
- Tenants pay only 30 percent of their income to rent.
- Tenants can use TBRA in existing housing units.
- TBRA programs can be implemented relatively quickly.

- TBRA programs can be implemented statewide, allowing for coverage of rural areas with few housing assistance providers.
- Some local housing authorities give Section 8 waiting-list preference to people with terminal illnesses or who have HOPWA rental assistance.
- TBRA programs do not require the same level of technical skills as housing development, and can therefore be more accessible to an AIDS service organization.

Disadvantages

- TBRA programs do not create new long-term housing resources. The community has this resource only as long as funding continues to be available (unlike developing new permanent housing units). When the funding runs out, existing tenants lose their subsidy and, potentially, their housing.
- Some landlords are unwilling to rent to people with TBRA vouchers.
- Often, available units that are both within the FMR cost limit and operated by property managers willing to accept TBRA are located in neighborhoods with drug trafficking and other criminal activities.
- Federal subsidies are subject to annual renewal.
- Funding for many other TBRA programs is limited to 3 to 5 years and can be very difficult to renew.
- Some communities do not have an adequate supply of good-quality rental units at Fair Market Rent levels.

Shallow Rent or Mortgage Subsidies

Shallow rent or mortgage subsidies are another way of providing assistance to a tenant. Instead of calculating the consumer contribution and benefit provided based on the tenant's income, however, shallow rent or mortgage subsidies are based on a smaller, fixed amount. For example, a program might provide \$100 to \$200 per month toward rent or mortgage payments, and the consumer would cover the remainder of monthly housing costs.

When shallow rent subsidies work best: Shallow rent or mortgage subsidies work best where consumers are close to being able to afford housing costs independently, and regularly need a small amount of assistance. Mortgage assistance is particularly helpful in areas where many consumers are homeowners, which is often the case in rural areas. Shallow rent or mortgage subsidies also work best where housing costs are staying fairly level; in an increasing-cost housing market, this kind of program can become ineffective or excessively costly.

Advantages

- Tenants may choose where they live.
- Tenants can often use shallow rent subsidies in order to remain in their current home.
- A larger number of people can be served when a lesser amount of assistance is needed for each.
- Shallow rent subsidy programs can be implemented relatively quickly.

- Shallow rent subsidy programs do not require the same level of technical skills as housing development, and can therefore be more accessible to an AIDS service organization.

Disadvantages

- Shallow rent subsidy programs do not create new long-term housing resources. The community has this resource only as long as funding continues to be available (unlike developing new permanent housing units).
- Shallow rent subsidies are inappropriate for people who need more assistance to remain stably housed.

Set-Asides in Other Housing Projects

Because of the time, energy, complexity, and risk involved in developing affordable housing, AIDS housing organizations should take on new development projects only after careful consideration of other available options. One of the best ways to secure affordable units without development is by negotiating set-asides for people living with HIV/AIDS in projects developed by affordable housing providers. This may be as simple as a referral agreement or may involve the contribution of capital (see lease buy-downs) or the negotiation of a master lease (see master leasing) to help lower rents. In the latter cases, the AIDS housing organization must find additional funding.

In exchange for the investment of public subsidy, affordable housing developers make a commitment to keep the housing affordable for the long term, usually 30 to 50 years. A project-based set-aside involves a housing developer or owner dedicating a specified number of units to serve a special needs population for a defined term, up to the life of the project. The AIDS housing provider and property manager establish terms for the set-aside in a legal agreement.

When housing set-asides work best: Set-asides work best in projects that are developed with rents already affordable to people living with HIV/AIDS. When this is not the case, AIDS housing organizations are most likely to interest mainstream housing developers in set-asides when they can bring a source of debt-free funding into the project that otherwise would not be included (for example, HOPWA). This additional funding allows the housing developer to reduce the amount of repayable financing and lower rents by lowering debt service requirements.

Advantages

- The burden of developing, owning, and managing housing is borne by experienced developers with property management capacity.
- Set-asides can ensure access to affordable housing more quickly than undertaking a new development project.
- If agreements are properly negotiated, set-asides can secure long-term commitments.
- Economies of scale are not required: a set-aside is economically efficient with even a single unit.
- Residents can integrate into the community.
- Setting aside some units for people living with HIV/AIDS may increase the competitiveness of the housing developer's funding applications.

Disadvantages

- Mainstream housing providers may have rules that disqualify the people who need assistance.
- Some areas lack housing providers willing to set aside units for people living with HIV/AIDS, and some providers, particularly housing authorities, have rules that preclude setting aside units for specific populations.
- Set-asides are effective only when the rent on the units is affordable to the people you want to serve.
- The need for affordable rental units in some areas is so great that housing providers may not be willing to enter into special set-aside agreements.
- AIDS housing providers need to make certain that the physical design of the units will meet the needs of their residents, and that property management staff will work well with the people living with HIV/AIDS who are to receive housing assistance.

Lease Buy-Downs

Buying down a lease is a way of securing long-term affordability without the obstacles and worries of housing development and ownership. In a lease buy-down, an AIDS service organization or other housing provider enters into a long-term lease agreement with a property manager, and establishes a rent reserve fund which will pay the difference between the market rent and the amount that residents can pay.

The rent reserve is funded at the outset at a level that will last through the term of the lease. The payment amount is calculated by taking the net present value of the difference between the tenant's rental income stream and the rental income stream required to sustain the unit. The term of the lease, the discount factor used to determine net present value, and the basis for the affordable rents are all matters of negotiation between the AIDS housing organization and the mainstream housing provider. The AIDS housing organization must provide the up-front payment from capital funding sources.

When long-term leases work best: When the existing affordable rents in a community are not affordable for a person living with HIV/AIDS, lease buy-downs may be the solution. Lease buy-downs work best in communities with mainstream housing providers or landlords who are willing to engage in long-term leases. These deals are most common between housing providers and AIDS housing organizations that have good, existing relationships. When a mainstream housing provider offers rents that are already affordable to the targeted population, a set-aside agreement (see set-asides) may be preferable to a long-term lease.

Advantages

- Long-term affordability is assured without ongoing rent subsidy.
- AIDS service organizations do not have to manage the property.
- Economies of scale are not required: leasing even a single unit can be economically efficient.
- Residents can integrate into the community, unlike when living in a facility solely dedicated to people living with HIV/AIDS.

Disadvantages

- Developing contractual agreements can be complicated, time consuming, and expensive.
- Some funders are uncomfortable participating in a project with a long-term lease; many prefer ownership.
- It may be difficult to find property managers willing to enter into a long-term lease.
- Some communities have very few rental housing units available.
- If the rent differential is large, the cost of a lease buy-down may be high.
- Mainstream housing providers may have rules that disqualify the people you wish to assist.
- Different funding sources require different commitment periods (up to 51 years).

Master Leasing

Master leasing can be used to provide either transitional or permanent housing. Using this strategy, the AIDS housing provider leases units—individually, as single-family homes, on a floor, or throughout an entire building—that are then leased at an affordable cost to people living with HIV/AIDS. Master leasing is typically for a shorter term than lease buy-downs (above), but should be for at least 5 years, if possible.

When master leasing works best: Master leasing works best in communities with an active market in residential rental properties in healthy neighborhoods. Support services should also be available that can meet the needs of residents in the leased location(s).

Advantages

- AIDS housing providers can secure units quickly with master leasing.
- Community acceptance issues can often be avoided by pursuing this strategy.
- Residents can integrate into the community.

Disadvantages

- An operating subsidy will likely be necessary for each unit for the term of the lease.
- Available, affordable properties are often in neighborhoods with drug trafficking and criminal activities.
- If it is necessary to displace residents in a building to be leased, relocation can be complicated and expensive.
- The condition of a leased building needs to be assessed carefully, and staff may be needed to handle interior maintenance issues.
- The lack of a centralized support-service space can be problematic.
- Staff need to cultivate and maintain relationships with the landlord.

Scattered-Site Acquisition

Acquiring scattered-site condominiums or single-family homes is a way for AIDS housing organizations to enjoy some of the benefits of ownership, with reduced management responsibilities. In this scenario, AIDS housing organizations raise capital funding to purchase condominiums or single-family homes in their community and lease the units to people living with HIV/AIDS.

When scattered-site acquisition works best: Scattered-site acquisition works best in communities that have an active market in affordable condominiums or single family homes, and where support service networks can deliver a range of services to widely dispersed populations.

Advantages

- Acquisition provides quick access to units, when compared to development.
- Scattered condominium sites can effectively meet scattered demand.
- In some communities, acquiring new condominiums is less expensive than building new apartment buildings with public money.
- A small number of units can be developed efficiently.
- The property management functions of the AIDS housing provider are minimized.
- Residents are integrated into the community.

Disadvantages

- Condominium homeowner associations may exercise control over leases, tenants, and the number of renters allowed in a development, and the AIDS housing provider needs to have staff that can manage relations with a homeowner association.
- Although homeowner associations cover general maintenance for the exterior of the property, the AIDS housing provider will need to handle complicated property management responsibilities, including tenant screening, rent collection, general maintenance of the unit, and unit turnover, across scattered sites.
- Many smaller communities do not have any condominium developments.
- Condominiums have monthly maintenance fees as well as special or emergency assessments over time, and these need to be planned for.
- Acquired housing may require ongoing operating subsidy to keep rents affordable.
- Condominiums offer less control than more traditional ownership.
- Some public lenders are wary of condominium acquisition.

Group Homes or Other Shared Housing Arrangements

Group living assistance can include anything from a group home owned by an AIDS housing organization to a housemate referral service. Many of the early HIV/AIDS housing projects were shared single-family houses, but high vacancy rates in such facilities in recent years due to medical

advances in treating HIV have shifted the focus of new developments to independent units. A group home or other shared housing can either be purchased or leased by the AIDS housing organization.

In many areas, small group homes can be developed in single-family zones, which are more prevalent than multifamily zones. However, each community has its own land use laws that restrict the number of unrelated adults that may live together, and it is important to comply with local regulations. Group homes also require ongoing maintenance and attention to being a good neighbor in order to be successful.

When group homes work best: Group living situations are best in those communities where consumer preference surveys indicate sufficient demand for this type of accommodation. While group homes may be less expensive to operate when full than independent living units, empty beds can make them more expensive. Similarly, the costs of providing accompanying support services to people in need of mental health and/or substance use treatment services can exceed the cost savings of group housing.

Advantages

- Group homes can be less expensive to develop and operate than independent apartments.
- Community living provides supports to people living with HIV/AIDS.
- Group homes offer churches or civic organizations the opportunity to participate in HIV/AIDS housing by sponsoring individual rooms in a house.

Disadvantages

- Consumer surveys of people living with HIV/AIDS often indicate a preference for independent units over shared accommodations.
- If local demand for shared housing drops, it is very difficult to convert part of a shared house to a new use.
- Personality conflicts between housemates can be difficult to manage, especially when the residents have mental health and/or substance use issues.
- Some people are reluctant to live in an HIV/AIDS-only housing project.
- Confidentiality can be hard to maintain in a group living situation.
- Proper nutrition may not be maintained if the sponsor does not take some responsibility for assuring meal provision.

Independent Apartment Development Projects

Independent apartment projects can be developed by HIV/AIDS housing organizations specifically to meet the permanent housing needs of people living with HIV/AIDS, or to serve a mixed population that includes people living with HIV/AIDS. AIDS housing organizations can function as the developer, owner, manager, and service provider for the units, or they may contract out those functions to other, experienced organizations. The tasks involved in project development include researching the need, developing a program, acquiring a site, assembling an architectural and engineering team, raising capital financing, hiring a contractor, overseeing construction, renting-up the units, and beginning operations. A development project typically lasts 2 to 4 years, and the

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complexity of the project is usually determined by the size of the development and the mix of financing.

When independent apartment projects work best: Independent apartment projects work best in communities with a sufficiently large demand for HIV/AIDS housing units. AIDS housing organizations in communities with few people living with HIV/AIDS should consider master leasing, a lease buy-down, set-aside units, or scattered-site condominiums. Inexperienced housing developers should partner with experienced developers before undertaking a new development project because of the many skills and technical knowledge required.

Advantages

- Housing units can be developed to address specific needs.
- People with HIV/AIDS usually prefer independent apartment units to shared accommodations.
- Large development projects can increase an organization's capacity to raise private donations and grants.
- Project development creates long-term housing resources.
- Projects offer opportunities for AIDS service organizations to work with organizations that address other community service needs.
- This model offers the owner the most control.

Disadvantages

- Developing an independent apartment project is very expensive, complex, and time-consuming.
- Multifamily-zoned land can be hard to find in some areas.
- An AIDS housing project can attract community opposition.
- The number of units required to operate a building efficiently may be larger than the local demand for AIDS housing.
- Development projects may require ongoing operating subsidy to keep rents affordable for people with extremely low incomes.
- Some people are reluctant to live in an AIDS-only housing project.
- Development requires a long-term commitment to housing operation.

Specialized Care Facilities

Specialized care facilities include short- and long-term housing combined with services designed to assist people whose medical or behavioral health make independent living impossible. Specialized care facilities range from assisted living to skilled nursing to hospice care. Each of these facilities targets only a portion of people living with HIV/AIDS in a community, those with very specific medical or support service needs. All of these facilities can be either limited to those with HIV/AIDS or open to all whose support needs are similar. Although mainstream specialized care providers may not initially be equipped to serve those living with HIV/AIDS, spending time and money to adapt these mainstream resources is usually the fastest and most efficient way to address the specialized care needs of people living with HIV/AIDS as opposed to creating new facilities.

When specialized care facilities work best: Specialized care facilities work best in communities where there is a large concentration of people living with HIV/AIDS who require higher-end care. Because specialized care requires complex technical skills in both the provision of care and business management, and because it is highly regulated, specialized care facilities work best when an experienced specialized care provider is a partner.

Advantages

- Specialized care facilities can provide a high level of care for people whose medical or behavioral health does not allow them to live independently.

Disadvantages

- The need for skilled staffing makes specialized care facilities very expensive to operate.
- People who are living longer typically do not want to live in a group living situation if it can be avoided.
- Maintaining a specialized care facility for people living with HIV/AIDS is only possible in areas with a large concentration of people living with HIV/AIDS.



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