Aging in Place:

A Strategic Plan to Support Older Adult Housing Needs in the Chicago Region

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Table of Contents

Demographic Trends 1
Aging in Place 2
A Lack of Accessible Housing 2
Universal Design & Accessibility Standards 3
Method 5
Typologies 6
Typology 1 7
Typology 2 9
Typology 3 11
Typology 4 13
Additional Considerations 15
Transportation & Walkability 15
Home Value & Equity 15
Property Taxes 18
1. Public Finance & Programming 19
HUD Section 202 19
HUD Aging in Place Pilot Program 19
Low-Income Housing Tax Credit Program (LIHTC) 20
Innovative Supportive Housing Financing 21
FHA & FHFA Authority & Oversight 21
2. Private Finance 22
Reverse Mortgages 22
Home Equity Line of Credit (HELOC) 23
Non-Collateralized Loans 23
Community Reinvestment Act Credit for Aging in Place Lending and Investments 23
3. Tax Policy 24
Senior Accessible Housing Act Bill 24
State Home Modification Tax Credit Program 24
State and Local Property Tax Programs 25
4. Housing 26
Planning & Zoning for Age-friendly Housing 26
Accessory Dwelling Units (Granny Flats) 27
Accessibility or Universal Design Incentives/Requirements 27

Handyman Programs 28
5. Health & Social Services 29
Integrated Health and Housing Services 29
Senior Supportive Housing Services Pilot Program 29
Medicaid Dollars for Housing 30
Senior Support Services 30
Typology 1 33
1. Public Finance & Programming 33
2. Private Finance 33
3. Tax Policy 33
4. Housing 33
5. Health 34
Typology 2 34
1. Public Finance & Programming 34
2. Private Finance 34
3. Tax Policy 34
4. Housing 35
5. Health 35
Typology 3 35
1. Public Finance & Programming 35
2. Private Finance 36
3. Tax Policy 36
4. Housing 36
5. Health 36
Typology 4 37
1. Public Finance & Programming 37
2. Private Finance 37
3. Tax Policy 37
4. Housing 38
5. Health 38
Conclusion 39
Appendix 40

Executive Summary

By the year 2030, one in five Illinois residents will be over the age of 65. Older adults show an overwhelming preference to age in their homes and communities ("age in place"), but the current housing stock is inadequate for seniors[1] to safely do so.

This report discusses challenges and conditions facing older adults in the Chicago region who want to age in place, and offers solutions for increasing the availability of affordable, accessible housing that is suitable for seniors. Because different communities have different aging in place needs, the report divides the Chicago region into four aging in place typologies based on demographic and housing conditions. The solutions and recommendations discussed in this report are evaluated in terms of their suitability for communities in each of the four typologies.

Aging in Place Typologies

The four aging in place typologies for the Chicago region are developed using a statistical method called cluster analysis. The clusters are as follows: Typology 1, a cluster characterized by a large percentage of older adults, high rate of homeownership among older adults, low older adult poverty rate, and fewer housing type options; Typology 2, a cluster characterized by a moderate percentage of older adults, high rate of older adult homeownership, low older adult poverty rate, and few housing type options; Typology 3, a cluster characterized by a low percentage of older adults, lower homeownership rates among older adults, higher older adult poverty rates, and variety in housing options; and Typology 4, a cluster characterized by a lower percentage of older adults, a low rate of older adult homeownership, high older adult poverty rate, and variety in housing options.

Strategies & Recommendations

Creating age-friendly communities and increasing the volume of accessible housing stock will require a variety of strategies including housing policy changes, expanded social services, improved financial products, and creative problem solving. The report discusses five categories of strategies and recommendations:

1. Public Finance & Programming

Government agencies should use their authority to increase the volume of accessible housing stock and to provide means of financing aging in place for seniors in Illinois. This includes protecting and expanding U.S. Department of Housing and Urban Development (HUD) Section 202; monitoring or expanding the HUD Aging in Place Pilot Program; modifying the Low-Income Housing Tax Credit Program (LIHTC) to include incentives for units that incorporate supportive services and age-friendly design for senior living; and expanding Federal Housing Administration (FHA) authority and oversight to promote innovative approaches to delivering supportive housing services.

2. Private Finance

HUD should modify the rules governing Home Equity Conversion Mortgages (HECM or "reverse mortgages") with the goal of making the product a better tool for aging in place. Lending institutions should create and market Home Equity Lines of Credit (HELOCs) specifically geared towards home modifications and aging in place. Banks should offer small-dollar, non-collateralized loans to fund home modifications for aging in place. Finally, the federal prudential regulators should provide Community

[1] This report uses the terms "senior," "older adult," and "older person" interchangeably.

Reinvestment Act (CRA) credit to banks that spur construction and modifications that enable seniors in low- and moderate-income communities to age in place.

3. Tax Policy

Federal and state governments should adopt measures such as the federal Senior Accessible Housing Act Bill and state Home Modification Tax Credit Program. Localities should maintain or expand senior tax exemption programs.

4. Housing

Local governments should modify zoning codes to support the construction of age-friendly housing, including accessory dwelling units (ADUs or "granny flats"), implement requirements and/or incentives for building housing according to accessibility or universal design principles, and protect or expand handyman programs to facilitate home modification for aging in place. State and local governments should encourage the federal government to expand Community Development Block Grant (CDBG) and Older Americans Act (OAA) funding for home modification programs for older adults and people with disabilities.

5. Health & Social Services

Residing in high-quality housing has positive effects for aging populations, including reduced healthcare costs, Medicaid expenditures, and emergency room use; improved access to health services; and improved quality of care. The State of Illinois should fund integrated health and housing services like Johns Hopkins' Community Aging in Place, Advancing Better Living for Elders (CAPABLE) program, create a senior supportive housing services pilot program, and leverage Medicaid dollars for housing as other states have already done.

Introduction

By the year 2030, one in five Illinois residents will be over the age of 65.[2] Many communities are not yet ready for this 'silver tsunami' of aging adults. Older adults show an overwhelming preference to age in their homes and communities ("age in place"),[3] but the current housing stock is inadequate for seniors[4] to safely do so.

This report discusses challenges and conditions facing older adults in the Chicago region who want to remain in their homes and communities as they age, and offers solutions for increasing the availability of affordable, accessible housing that is suitable for seniors. The report is divided into four sections. Section One provides background information about the issues, including demographic and housing data and an overview of accessible housing standards. Section Two divides communities in the Chicago region into four aging in place typologies based on demographic and housing conditions. Section Three discusses solutions and recommendations to address the housing needs of older adults. Section Four provides a strategic plan for each typology that includes a specifically tailored set of solutions.

Section One: Background & Trends

Demographic Trends

The number and percentage of the United States population age 65 and older are increasing rapidly. The number of seniors, meaning adults age 65 and older, is projected to reach 73 million by 2030. By 2035, one in three American households is expected to include at least one individual age 65 or older.[5] In Northeastern Illinois, which includes Cook, DuPage, Kane, Kendall, Lake, McHenry, and Will counties, the number of seniors is expected to grow by 80 percent by 2050.[6] The graying of America's population includes an increase in low- and moderate-income (LMI) seniors. One in six seniors in the City of Chicago is at or below the federal poverty line,[7] compared with one in ten seniors in the United States as a whole.[8]

Funding retirement and aging in place will be a major challenge. According to a 2017 Employee Benefit Research Institute report, about four out of ten Americans were not saving for retirement, and only 18 percent of American workers felt very confident about having enough money for a comfortable retirement.[9] Only 36.2 percent of householders in Illinois age 65 and older reported income from employment, and 48.4 percent reported income from retirement plans.[10] For those with income from

[2] "New U.S. Census Data Analysis Overview of Trends in the Senior Population," CMAP, accessed July 13, 2018, http://www.cmap.illinois.gov/onto2050/futures/communities/senior-population.
[3] Rodney Harrell, Jana Lynott, and Shannon Guzman, *What Is Livable? Community Preferences of Older Adults*, report, AARP Public Policy Institute, April 2014, accessed July 13, 2018, https://www.aarp.org/content/dam/aarp/research/public_policy_institute/liv_com/2014/what-is-livable-report-AARP-ppi-liv-com.pdf.
[4] This report uses the terms "senior," "older adult," and "older person" interchangeably.
[5] *Projections & Implications for Housing a Growing Population: Older Households 2015-2035*, report, Joint Center for Housing Studies, Harvard University, 2016, accessed July 19, 2018, http://www.jchs.harvard.edu/sites/default/files/harvard_jchs_housing_growing_population_2016_1_0.pdf.
[6] "New U.S. Census Data Analysis Overview of Trends in the Senior Population," CMAP, accessed July 13, 2018, http://www.cmap.illinois.gov/onto2050/futures/communities/senior-population.
[7] Data are from the 2016 Five-Year American Community Survey.
[8] Ibid.
[9] Lisa Greenwald, Craig Copeland, PhD, and Jack VanDerhei, PhD, *The 2017 Retirement Confidence Survey: Many Workers Lack Retirement Confidence and Feel Stressed About Retirement Preparations*, issue brief no. 431, Employee Benefit Research Institute, March 21, 2017, accessed July 20, 2018, https://www.ebri.org/pdf/briefspdf/EBRI_IB_431_RCS.21Mar17.pdf.
[10] Ibid.

employment or retirement, average income was only about $25,000 per year, which was below the national average.[11]

The personal and public costs associated with caring for an elderly population will increase as the average age increases. Seniors already have higher rates of chronic illness and disability, with seniors in Illinois and Chicago at least three times more likely to have one or more disabilities than the rest of the population,[12] and the rates increase with age. Older adults with disabilities are disproportionately placed into institutionalized housing such as nursing homes; they constitute the bulk of the cost of Medicaid; and they incur repeated costs associated with "informal caretaking" by family and friends. In light of these trends, both the housing and the healthcare sectors must prioritize planning for an aging population.

Aging in Place

Aging in place is the term used to describe elderly individuals and households continuing to live as independently as possible in their own homes and communities. According to a 2014 study by AARP, almost 80 percent of older adults wished to remain in their homes as long as possible.[13] Aging in place has the potential to address many of the financial and health challenges that burden seniors and their formal and informal support structures, including taxpayers who fund Medicaid and Medicare.

Residing in high-quality housing has a positive impact on health, which can result in cost savings and positive health outcomes for seniors, their support networks, and the public. According to the Centers for Disease Control and Prevention, more than one in four seniors falls each year, at a cost of $31 billion to the healthcare system.[14] Ensuring seniors have access to safe, fall-preventive housing improves the wellbeing of seniors and can result in healthcare cost savings. Cost savings include reduced overall healthcare costs, reduced Medicaid expenditures, and reduced emergency room use.[15] The health outcomes include better access to primary care physicians, improved access to health services, and improved quality of care.[16] The good news is that aging in place is increasingly feasible for households as new technologies, such as better assistive tools, reduce the need for physical proximity to healthcare facilities and other support.

A Lack of Accessible Housing

The number of Americans who want to age in place greatly exceeds the pool of housing that can accommodate it. Americans have expressed a strong preference for aging in place,[17] but the existing housing stock is woefully ill-designed and unequipped to allow for it.[18] The overwhelming majority of the housing stock in the United States is not equipped with "universal design" elements, which are designs

[11] Ibid.
[12] Ibid.
[13] Rodney Harrell, Jana Lynott, and Shannon Guzman, *What Is Livable? Community Preferences of Older Adults,* report, AARP Public Policy Institute, April 2014, accessed July 13, 2018, https://www.aarp.org/content/dam/aarp/research/public_policy_institute/liv_com/2014/what-is-livable-report-AARP-ppi-liv-com.pdf.
[14] "Costs of Falls Among Older Adults," Centers for Disease Control and Prevention, August 19, 2016, accessed July 31, 2018, https://www.cdc.gov/homeandrecreationalsafety/falls/fallcost.html.; Elizabeth R. Burns, Judy A. Stevens, and Robin Lee, "The Direct Costs of Fatal and Non-fatal Falls among Older Adults — United States," *Journal of Safety Research* 58 (2016): doi:10.1016/j.jsr.2016.05.001.; Judy A. Stevens et al., "Gender Differences in Seeking Care for Falls in the Aged Medicare Population,' *American Journal of Preventive Medicine* 43, no. 1 (2012): doi:10.1016/j.amepre.2012.03.008.
[15] *Healthy Aging Begins at Home,* report, Senior Health and Housing Task Force, Bipartisan Policy Center, May 22, 2016, accessed July 13, 2018, http://bipartisanpolicy.org/wp-content/uploads/2016/05/BPC-Healthy-Aging.pdf.
[16] Ibid.
[17]Rodney Harrell, Jana Lynott, and Shannon Guzman, *What Is Livable? Community Preferences of Older Adults,* report, AARP Public Policy Institute, April 2014, accessed July 13, 2018, https://www.aarp.org/content/dam/aarp/research/public_policy_institute/liv_com/2014/what-is-livable-report-AARP-ppi-liv-com.pdf.
[18] Gary D. Branson, *The Complete Guide to Barrier-free Housing.* White Hall, VA: Betterway Publishers, 1991.

and features that make housing usable by persons with a broad range of needs (see below for a description of universal design elements).[19] Less than four percent of U.S. homes have universal design features such as no-step entrances, first-floor bathrooms, lever-style handles on doors and faucets, and wheelchair-accessible light switches, outlets, hallways, and doorways.[20] Important features, such as hallways sufficiently wide to accommodate wheelchairs, are present in only 7.9 percent of housing units in the U.S.[21] Based on HUD accessibility requirements for new construction, Woodstock estimates that less than five percent of apartment units in the United States are wheelchair accessible.[22] Older people are more likely than younger people to live in old houses with outdated designs that do not include universal design elements.[23]

Many older adult households opt to sell their homes and downsize to smaller living quarters in order to save on housing costs and shed excess living space. Smaller homes or apartments can be easier to maintain, closer to walkable amenities, and more accessible (e.g., single-floor living without stairs), but downsizing in one's current community can be very challenging, as many communities, particularly those in suburban areas, have insufficient housing options. Zoning laws in many communities developed within the past 50 years exclude all building types except single family, detached homes on large lots, which hinder the ability of seniors to stay in their communities when downsizing.[24]

Assisted living or age-restricted housing also strains to keep pace with demand. A statewide study of Colorado, for example, found high demand among older adults for a variety of senior housing types including assisted living, independent living, age-qualified rental units, and age-qualified for-sale units, with the demand for these housing types exceeding supply.[25] Age-friendly housing is already in short supply and will become increasingly scarce as a larger percentage of the population becomes 65 and over.

Universal Design & Accessibility Standards

HUD outlines accessibility standards in the Fair Housing Act Amendments of 1988, which specify that accessible housing has the following characteristics:

- At least one building entrance is on an accessible route
- All public and common use areas are readily accessible
- All doors into and within the unit are wide enough to allow passage by a person in a wheelchair
- All units contain an accessible route into and through the unit
- All light switches, electrical outlets, thermostats, and environmental controls are placed in an accessible location
- There is physical capacity for installing grab bars in bathrooms, as needed
- Kitchens and bathrooms can be accessed and maneuvered in a wheelchair[26]

[19] Kermit Baker et al., *Housing America's Older Adults*, report, Joint Center for Housing Studies, Harvard University, September 2, 2014, accessed July 13, 2018, http://www.jchs.harvard.edu/sites/default/files/jchs-housing_americas_older_adults_2014_1.pdf.
[20] Ibid.
[21] Ibid.
[22] "Uniform Federal Accessibility Standards (UFAS)," United States Access Board, accessed July 13, 2018, https://www.access-board.gov/guidelines-and-standards/buildings-and-sites/about-the-aba-standards/ufas.
[23] Kermit Baker et al., *Housing America's Older Adults.*
[24] M. Scott Ball, *Aging in Place: A Toolkit for Local Governments*, report, AARP Public Policy Institute, September 2012, accessed July 17, 2018, https://www.aarp.org/content/dam/aarp/livable-communities/plan/planning/aging-in-place-a-toolkit-for-local-governments-aarp.pdf.
[25] *Housing and Care Facility Needs Forecast, Gaps, and Opportunities: State of Colorado and Five Sub-Areas*, report, Strategic Action Planning Group on Aging, The Highland Group, Inc., August 3, 2016, accessed July 13, 2018, https://www.colorado.gov/pacific/sites/default/files/SAPGA Housing Report Highland Group REVIEW DRAFT BINDER Aug 3 2016_1.pdf.
[26] *Understanding the Fair Housing Amendments Act*, report, United Spinal Association, accessed July 13, 2018, https://www.unitedspinal.org/pdf/fair_housing_amendment.pdf.

HUD requires that five percent of units in apartment buildings constructed with federal funding after 1988 must abide by similar standards described in the Uniform Federal Accessibility Standards (UFAS).

Accessibility standards are commonly considered a subset of "universal design" standards. According to HUD, the term universal design refers to "designs and features that make housing usable by persons with a broad range of needs."[27] Universal design is meant to consider the needs of people of all ages and abilities.

There are no official standards for universal design. HUD does, however, offer recommendations and suggestions for universal design features, products, and usage.[28] Key elements of the HUD recommendations include:

- Well-lit porch with reduced steps and lower threshold
- Doorways and hallways with adequate width and clearance for wheelchairs
- Loop or lever door handles at 48" height or lower
- Front-mounted controls on household appliances
- Front-loading household appliances
- Kitchen and bathroom countertops at 30-32" height or adjustable height
- Grab bars in bathroom
- Removable cabinets in kitchen and bathroom to accommodate people in wheelchairs
- Towel bars mounted at 48" height or lower
- Lever handles on kitchen and bathroom sinks
- Handheld shower head in shower
- Lowered or adjustable work counters in laundry area and utility room
- Lowered or adjustable shelves and fixed rods in closets
- Closet openings with adequate width and clearance for wheelchairs
- Stairway railings mounted at 30-38" height
- Edge protection from drop-offs on stairways and lofts
- Large, easy-to-use hand crank mechanisms on windows that open
- Non-skid and slip-resistant surfaces such as short carpet, textured tile, non-skid vinyl, or broom finish concrete
- Easy-to-use light switches, electrical outlets, thermostats, environmental controls, and security system controls mounted at 36-48" height
- Sidewalk and driveway curb ramps
- Parking space slopes 1:12 or less

Non-government universal design standards include the American National Standard for Buildings and Facilities (ANSI A117.1 1992). The Uniform Federal Accessibility Standards were designed to follow ANSI format and to be consistent with ANSI guidelines.

[27] *Residential Remodeling and Universal Design*, report, NAHB Research Center, Inc., May 1996, accessed July 13, 2018, https://www.huduser.gov/publications/pdf/remodel.pdf.
[28] Ibid.

Section Two: Aging in Place Community Typologies

Enabling older adults to age in place requires an increase in the availability of affordable, accessible housing for aging populations. There is not a one-size-fits all public policy, program, or financial product that will work for all aging Americans; different strategies will be useful for different households based on various factors, including available resources and the urgency of their demand for accessible housing. Chicago's diverse communities require varied resources and solutions to allow older adults to successfully age in place. This report groups the Chicago region into four typologies to guide the allocation of resources and implementation of solutions. These typologies are based on shared demographic and housing market characteristics. Grouping into typologies allows communities to learn from those facing similar challenges, identify appropriate solutions, and efficiently target resources. The solutions and recommendations discussed in Section Three of this report are evaluated in terms of their suitability for communities in each of the four typologies presented in this section.

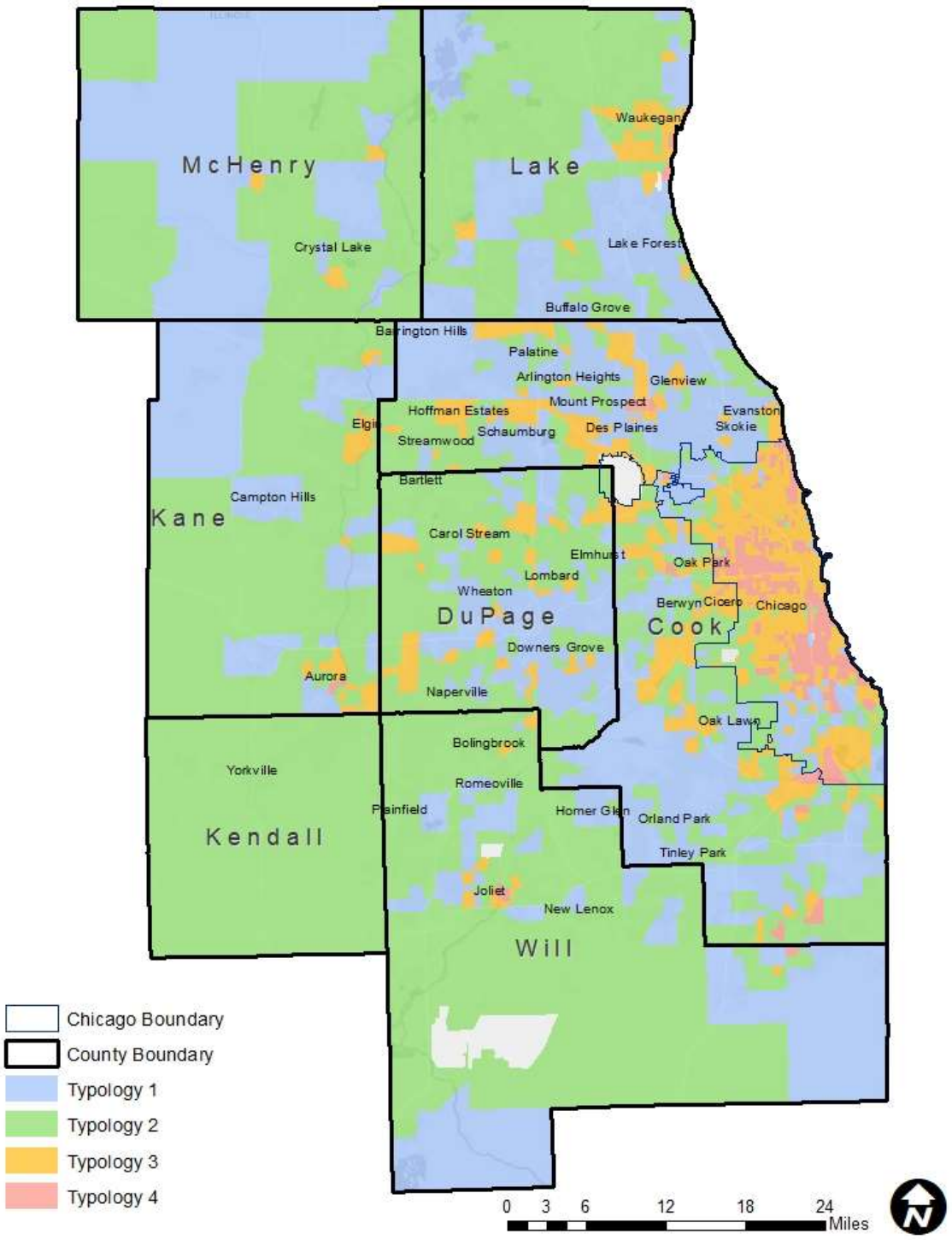
Method

Communities were grouped using a statistical method called cluster analysis. Cluster analysis divides datasets into groups or typologies based on shared data characteristics. (For more details about the clustering method, see the Appendix.) The analysis was completed at the census tract level using four data points: percent of the population age 55 and older; percent of householders age 55 and older that are homeowners; percent of adults age 55 and older living below the poverty line; and percent of the housing stock comprised of single family units. (See the Appendix for regional maps of these data.) These four data points were selected because each represents a major factor relevant to aging in place need. The size of the older adult population reflects the scale and immediacy in demand for aging in place resources and solutions. Homeownership among householders age 55 and older suggests available home equity to help fund aging in place modifications or construction. Poverty rates reflect financial barriers to aging in place. The percentage of single family units is an indicator of the availability or lack of alternative housing options, such as smaller units in multifamily buildings, for older adults within their communities. Age 55 and older was selected as the age cut for data because it captures the full spectrum of older adults ranging from those beginning to think about their retirement and their aging in place needs to those closer to or already in retirement. The typologies are described below (See Figure 1).

While cluster analysis works well for identifying patterns, it is important to note that it represents statistical trends of best fit. Not all census tracts in each cluster reflect each characteristic of that cluster. For example, a census tract with a low percentage of older adults may be grouped with census tracts that have a high percentage of older adults because its other data points are similar to census tracts in that typology.

Typologies

Figure 1: Aging in Place Community Typologies



Typology 1

(See Figure 2)

Characteristics:

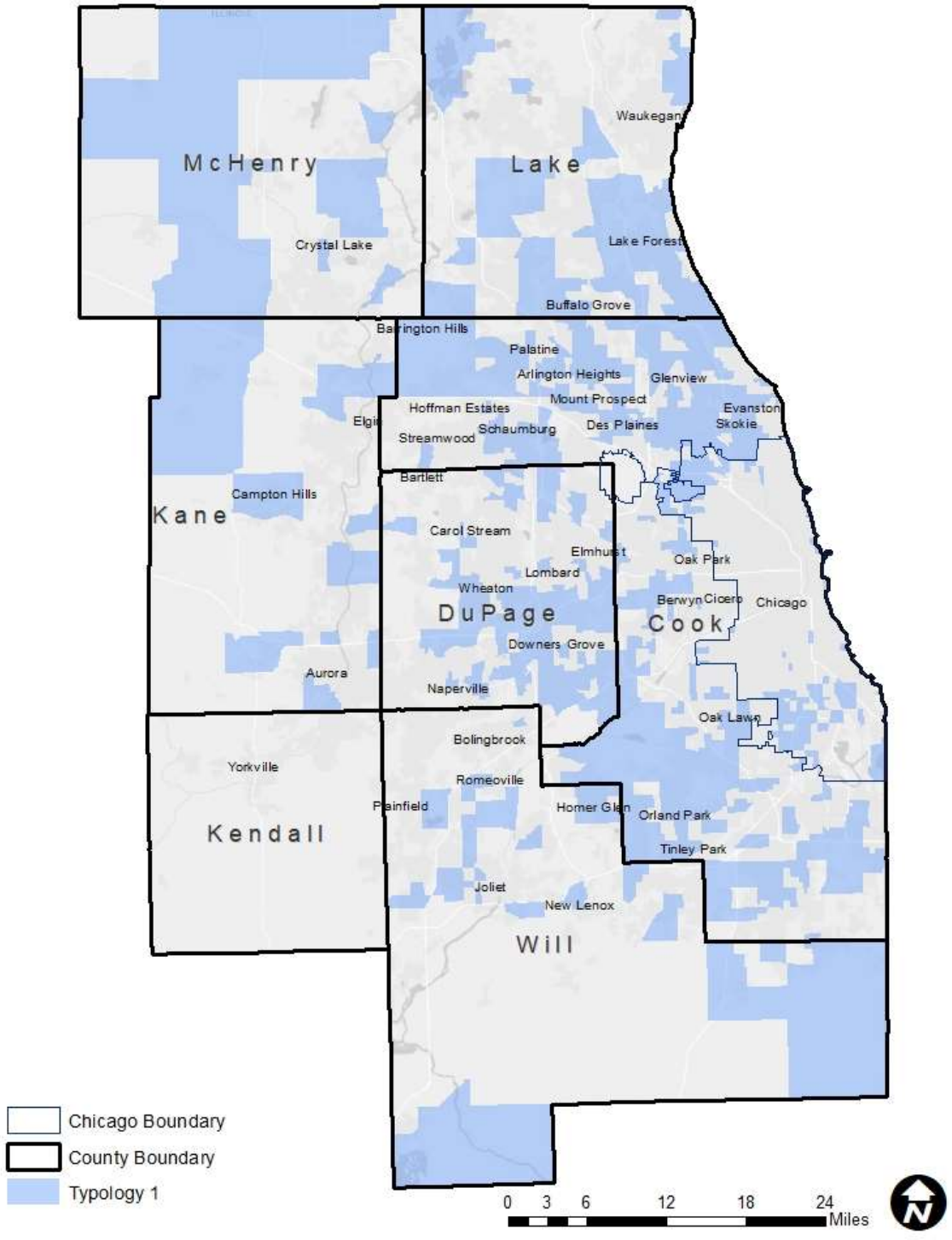
- Highest percentage of older adults[29]
- High rate of homeownership among older adults
- Low older adult poverty rate
- Low availability of alternative housing options

Example Communities: Niles, Morton Grove, Oak Brook, Glencoe

Need for accessible housing and aging in place solutions is very high in Typology 1 communities. These areas contain large proportions of older adults relative to the overall adult population. Most older adult households in this typology own their homes and have home equity available to secure loans for home modifications. The lack of variety in the housing stock, however, may pose a challenge for people looking to age in their community. Single family homes dominate the housing stock, making downsizing to a smaller unit in a more walkable area difficult. Typology 1 communities are located throughout the Chicago region, but are concentrated in a ring around the City of Chicago in suburban Cook County, eastern DuPage County, and southern Lake County.

[29] Typology descriptive terms such as "low" or "high" are relative to data for the entire Chicago region. For more information about the cluster analysis method and how the data were grouped, see the Appendix.

Figure 2: Typology 1



Typology 2

(See Figure 3)

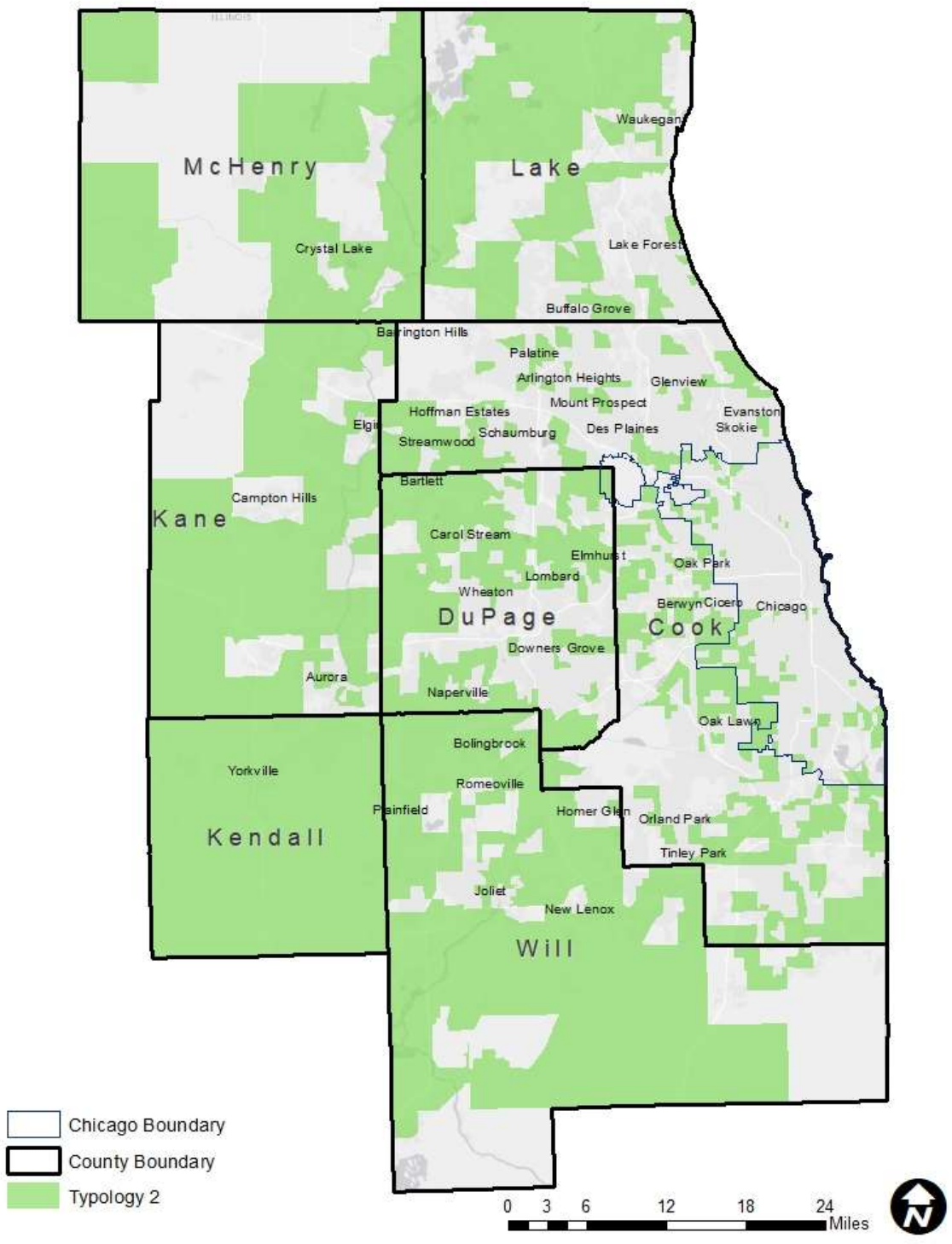
Characteristics:

- Moderate percentage of older adults
- High rate of homeownership among older adults
- Low older adult poverty rate
- Low availability of alternative housing options

Example Communities: Kendall County, Hanover Park, Lake Zurich

Typology 2 shares many of the same characteristics as Typology 1. The homeownership rate among older adults is high, and the older adult poverty rate is low. Typology 2, however, has a smaller, but still significant, proportion of older adults relative to the overall population compared to Typology 1. The need for accessible housing and aging in place solutions is less immediate than in Typology 1. Nonetheless, aging in place challenges exist in both typologies, particularly because most of the housing stock is comprised of single family homes, which limits downsizing options. Typology 2 communities are located throughout the region but tend to be on the region's outskirts in Kendall County, southwestern Will County, and northern Lake County.

Figure 3: Typology 2



Typology 3

(See Figure 4)

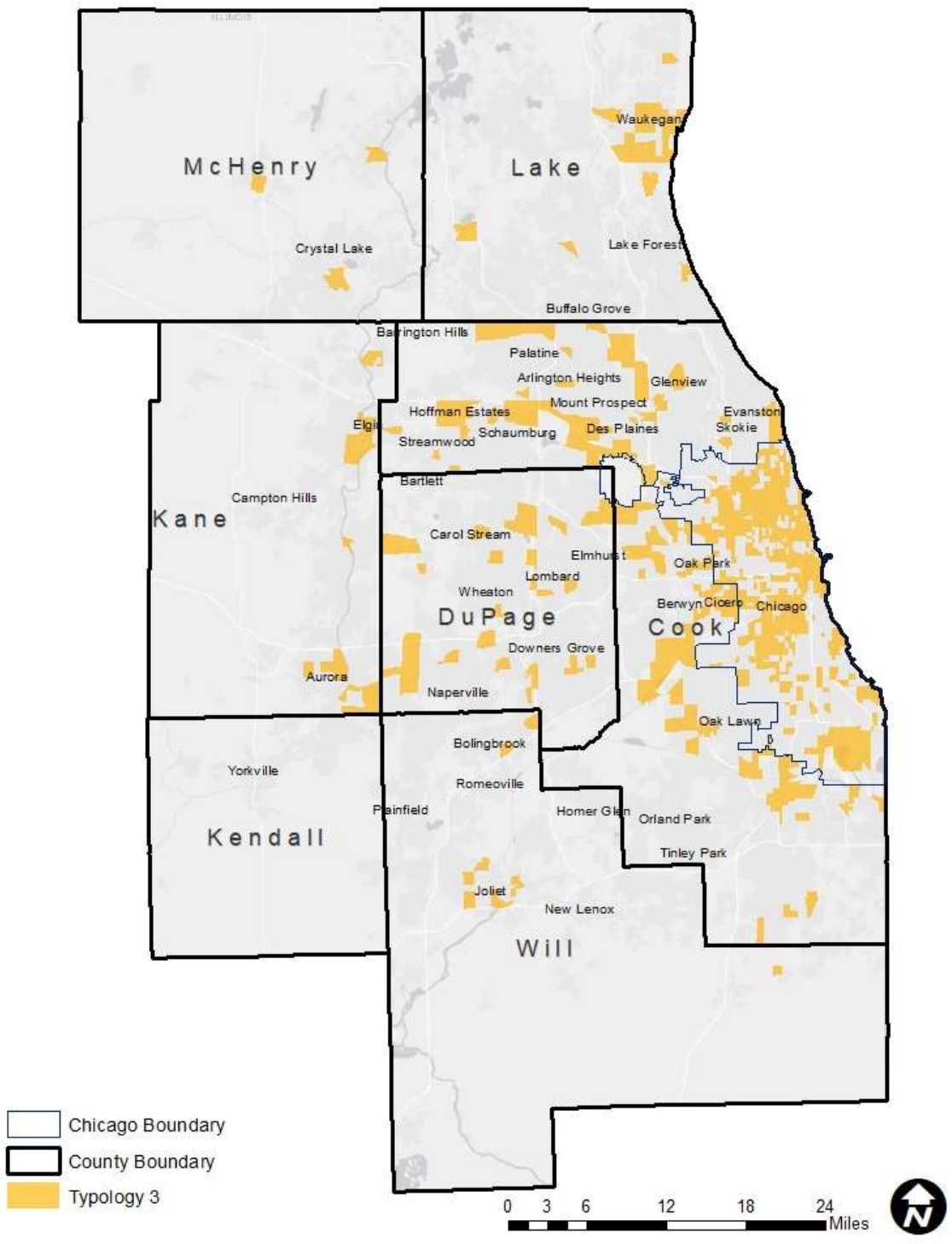
Characteristics

- Lowest percentage of older adults
- Low homeownership rate among older adults
- High older adult poverty rate
- High availability of alternative housing options

Example Communities: Chicago's Northwest Side, Summit, Hoffman Estates

Needs in Typology 3 communities are varied. In Typology 3, a range of housing types provides numerous options for older adults to downsize or remain in their homes. These communities contain fewer older adults compared to other typologies. Among older adults living in these communities, poverty rates tend to be higher and homeownership rates tend to be lower than in other typologies, so there are fewer personal resources available to fund home modifications than in the other typologies. Typology 3 communities are located throughout the region, with concentrations in urban areas.

Figure 4: Typology 3



Typology 4

(See Figure 5)

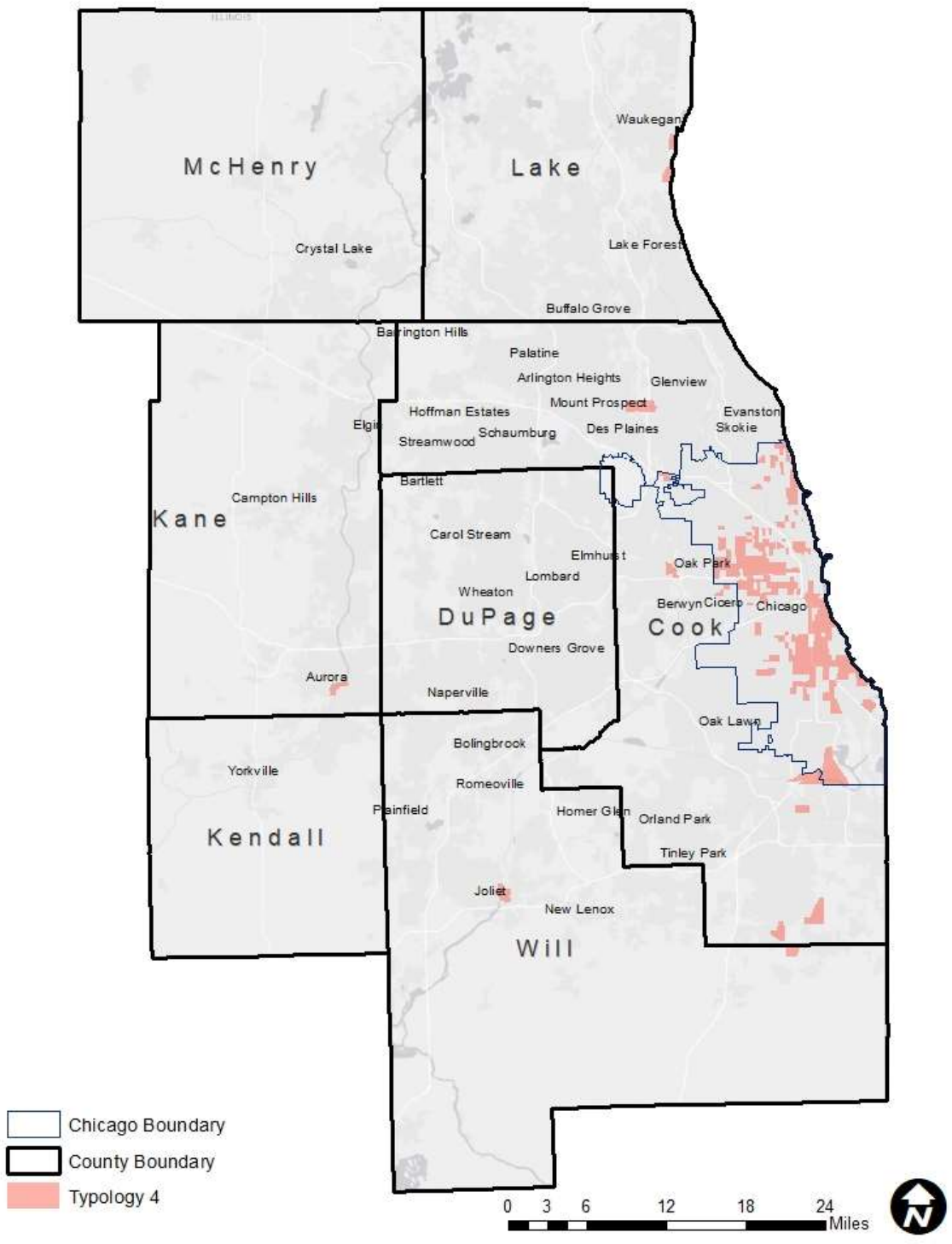
Characteristics

- Low percentage of older adults
- Lowest rate of homeownership among older adults
- Highest older adult poverty rate
- High availability of alternative housing options

Example Communities: Chicago's West Side, Chicago's South Side, Joliet, Chicago Heights

Need for accessible housing and aging in place solutions is high in Typology 4. The homeownership rate for older adults is low, so these areas have little home equity that can be used to help fund home modifications. Older adults in this typology are mostly renters, and poverty rates are high among the older adult population in this typology. One beneficial characteristic of this typology is the wide variety in its housing stock. These areas contain a mix of apartments and single family homes, which provides options for downsizing to smaller units or apartments that are easier and less costly to maintain. The proportion of older adults relative to the overall adult population tends to be higher in Typology 4 compared to Typology 3. Typology 4 communities are concentrated in the region's urban areas.

Figure 5: Typology 4



Additional Considerations

Cluster analysis is useful in helping to compare communities relative to certain factors, but there are many additional factors that are not part of this analysis that impact aging in place needs and resources.

Transportation & Walkability

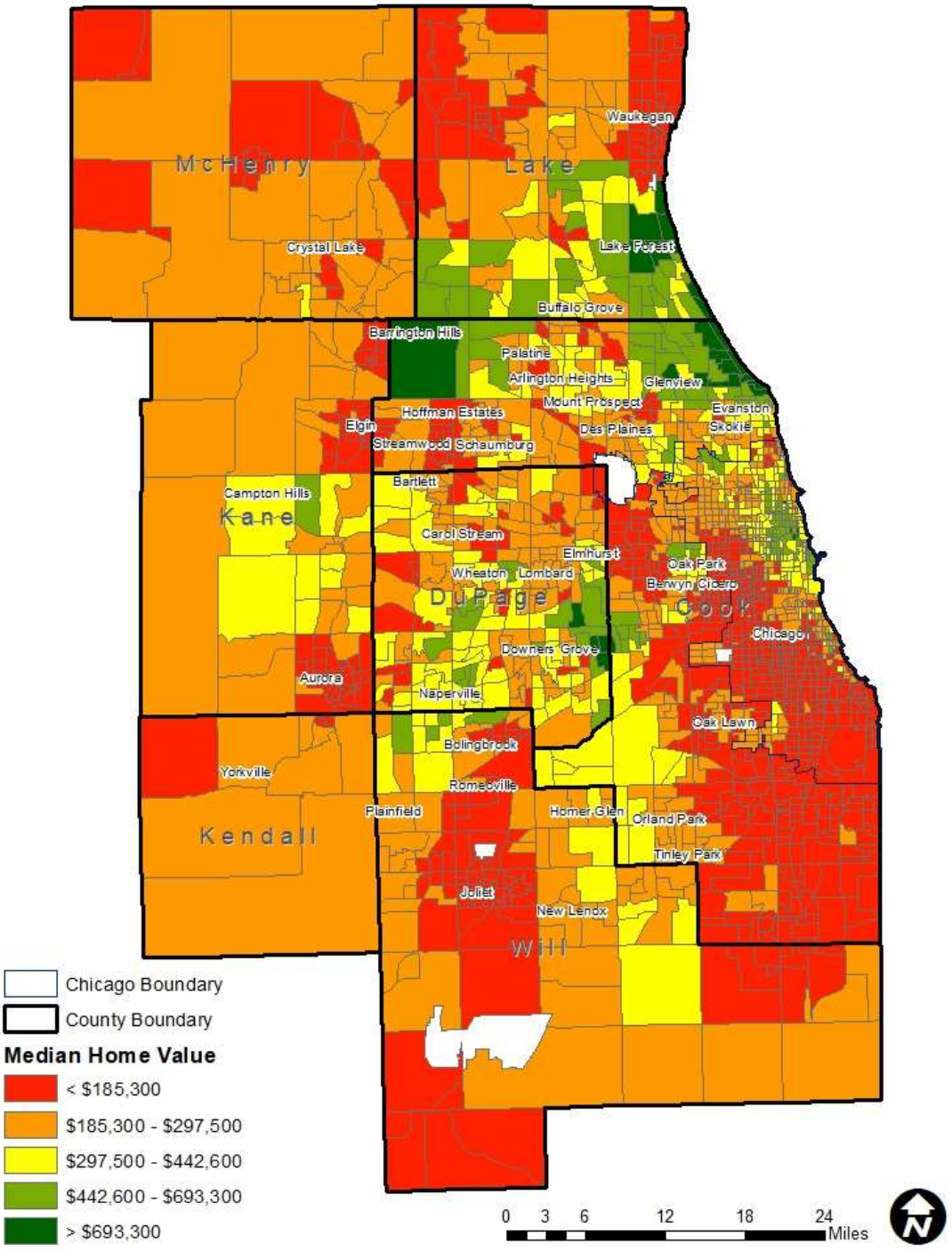
Mobility is a major factor relative to the suitability and desirability of a particular community for aging in place. Many adults today outlive their driving years and will have to increasingly rely on alternative forms of transportation.[30] Public transportation options are lacking in many suburban parts of the Chicago region, so older adults who can no longer drive or choose not to drive must rely on family, friends, or social services for rides to necessary destinations such as doctor appointments and grocery stores. Some municipalities and transit providers run senior van or ride services, but the scale at which they operate and level of resources available to operate them are currently too minimal to accommodate the large and growing older adult population. Furthermore, many suburban areas are not designed for pedestrians. Destinations may be far apart from one another, or a lack of sidewalks and traversable roads makes it difficult or impossible to walk from place to place. Pedestrian infrastructure that is accessible for people with mobility impairments will be increasingly important as the older adult population grows in many suburban areas.

Home Value & Equity

Home values in the Chicago region vary dramatically (see Figure 6, pg. 16). Likewise, different Chicago communities recovered to differing degrees from the 2008 housing crisis. Areas that have recovered less continue to have depressed home values, which limits homeowners' ability to earn home equity that can be leveraged to fund home modifications. Households facing negative equity ("underwater") or those in distressed markets will have difficulty using their homes as a source of financing for aging in place improvements. According to American Community Survey data, 65 percent of householders age 60 and older own their homes 'free-and-clear' without a mortgage, but a significant number of older adults are still making mortgage payments and cannot leverage the full value of their home to make aging in place modifications (see Figure 7, pg. 17).

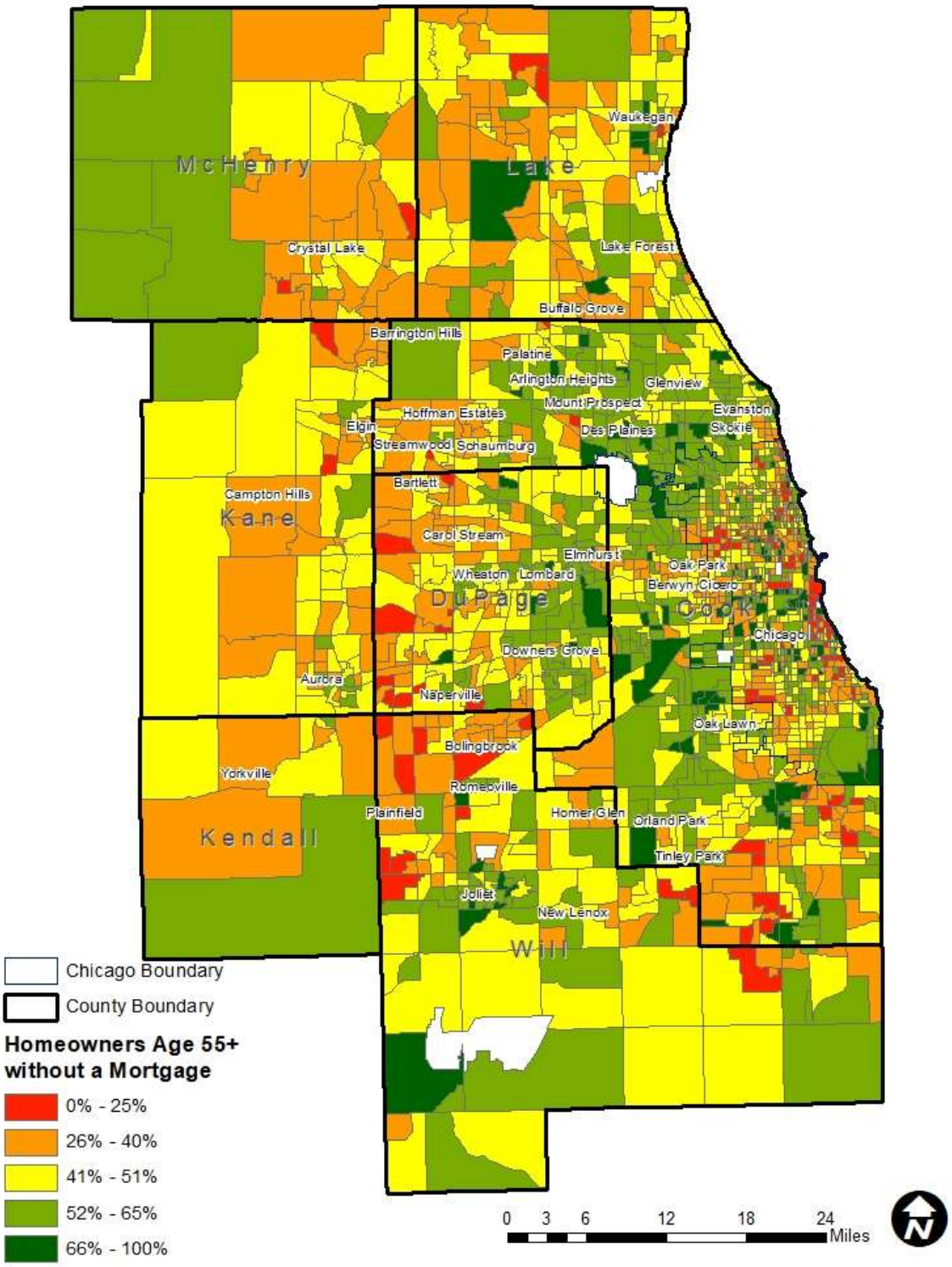
[30] Daniel J. Foley et al., "Driving Life Expectancy of Persons Aged 70 Years and Older in the United States," *American Journal of Public Health* 92, no. 8 (2002): doi:10.2105/ajph.92.8.1284.

Figure 6: Median Home Value



Data Source: 2016 Five-Year American Community Survey

Figure 7: Percent of Homeowners Age 55 and Older without a Mortgage

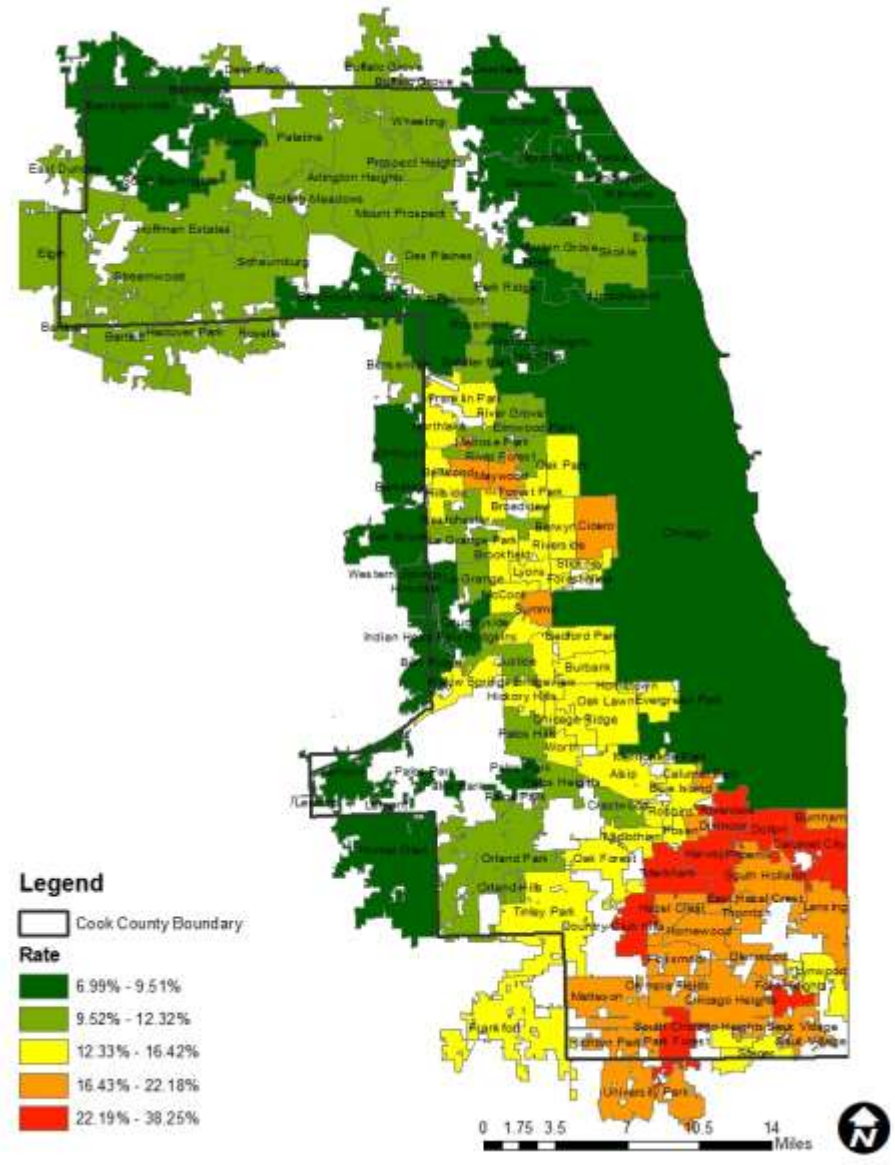


Data Source: 2016 Five-Year American Community Survey

Property Taxes

Property taxes are another factor influencing a community's suitability for aging in place. High property taxes can be too burdensome for retirees living on fixed incomes. Tax exemptions for seniors can help lessen the burden on older adults. These programs, however, could hurt municipal coffers and shift the tax burden to other households. In the Chicago region, property tax rates vary significantly from municipality to municipality. In Cook County, south suburban property owners pay notably higher property tax rates than their counterparts in other parts of the county (see Figure 8).[31] The role of property taxes needs to be considered when devising a strategy to meet aging in place needs.

Figure 8: 2016 Composite Tax Rates in Cook County



Data Source: *Chicago Tribune*

[31] Data are available only for Cook County.

Section Three: Strategies & Recommendations

Creating age-friendly communities and increasing the volume of accessible housing stock will require a variety of strategies including housing policy changes, expanded social services, improved financial products, and creative problem solving. This section of the report presents strategies and recommendations for addressing the housing needs of older adults who desire to age in place. Each policy, product, or program is grouped into one of five categories and is evaluated based on its utility for each of the community typologies identified in Section Two of the report.

1. Public Finance & Programming

HUD Section 202

HUD's Supportive Housing for the Elderly Program has been the principal federally funded construction program for people age 62 and older since it was established under Section 202 of the Housing Act of 1959. The HUD Section 202 program provides public funding for the construction and rehabilitation of affordable housing with supportive services for the elderly through two mechanisms. First, HUD provides interest-free capital advances to nonprofit developers for the construction of multifamily housing with supportive services for the elderly. The capital advance does not have to be repaid as long as the project serves very low-income elderly persons for at least 40 years. Second, HUD provides project rental assistance contracts (PRACs) to cover the difference between the HUD-approved operating cost for the project and the tenants' contribution towards rent. Tenants pay 30 percent of their monthly adjusted income for rent and utilities, with the rest covered by a PRAC.[32]

HUD Section 202 has subsidized the construction of more than 70 multifamily buildings in Illinois. Examples include the Drexel Square building in Chicago, which provides more than 100 supportive housing units designed for older adults; the Ada S. McKinley Group Homes in Chicago, which provides 40 supportive housing units designed for residents with disabilities; and the Elmwood Park Senior Complex in Elmwood, IL, which provides 71 supportive housing units, including a number of units with accessible features.[33] The HUD Section 202 program should be expanded so more older adults can take advantage of this program.

Cluster Suitability

HUD Section 202, like all federally funded programs, is limited by budgetary constraints. Moreover, development that meets Section 202's strict requirements can be costly. This program is best suited to seniors with economic barriers to aging in place. Therefore, Section 202-funded housing is primarily a good fit for Illinois' communities with high poverty rates and high demand for accessible housing (e.g., Typology 4).

HUD Aging in Place Pilot Program

HUD awarded three-year grants to HUD-assisted senior housing developments beginning in 2017 to assist with the costs of helping low-income senior tenants age in place. The pilot program named Supportive Services Demonstration for Elderly Households in HUD-Assisted Multifamily Housing

[32] "Section 202 Supportive Housing for the Elderly Program," HUD.gov, accessed July 13, 2018, https://www.hud.gov/program_offices/housing/mfh/progdesc/eld202.
[33] "MFH Inventory Survey of Units for the Elderly and Disabled," chart, Department of Housing and Urban Development, June 25, 2010, accessed July 23, 2018, https://www.hud.gov/sites/documents/DOC_13009.PDF.

Program covers costs related to hiring wellness nurses and full-time service coordinators who connect senior tenants with supportive services needed to safely age in place.[34] The Illinois-based grant recipients are the Luther Center, Glenview Elderly Housing of Glenview, Charles A. Beckett Associates Limited Partnership, Kenwood Area Housing, Inc., and Oasis Senior Living, LP.

Programs like the Supportive Services Demonstration for Elderly Households pilot aim to integrate housing, health, and supportive services. We anticipate that the evaluation of the program will show positive outcomes for the program's participants and will, as with any pilot, make recommendations as to how the program can be improved. Taking such recommendations into account, the program should be made permanent and expanded.

Cluster Suitability

This pilot program is specifically designed to help vulnerable, low-income seniors in HUD-assisted housing developments. These developments are located throughout the region, but concentrated in Typologies 3 and 4.

Low-Income Housing Tax Credit Program (LIHTC)

The LIHTC program provides tax credits to developers for investing in the construction of low-income rental units.[35] Policymakers should consider modifying the program to add additional requirements or incentives to develop units incorporating supportive services for senior living and age-friendly design. The Illinois Housing Development Authority (IHDA)'s current Qualified Allocation Plan (QAP), which determines how LIHTCs are distributed, already includes certain accessibility requirements.[36] Ten percent of all units must be accessible for people with mobility impairments, and two percent of units must be accessible for persons with sensory impairments. The QAP also requires units to include at least five universal design elements. Potential projects can receive additional points (which increase the likelihood they will be funded) for incorporating additional universal design elements beyond what is required. The QAP also gives preference to supportive housing. Illinois should consider incorporating stricter requirements or additional incentives for age-friendly design, accessible construction, and on-site supportive services. While this may drive up costs for developing new rental units, it would maximize the cost savings and other benefits of having accessible housing that enables seniors to age in place and avoid costly institutional settings. Requirements and incentives should be carefully structured so as to avoid inadvertently disincentivizing the use of LIHTCs for much-needed affordable family housing.

Cluster Suitability

The LIHTC strategy would allow older people to age in place in communities experiencing high need and low access to assets such home equity (e.g., Typologies 3 and 4). Lower-income housing can be less desirable for developers seeking to maximize their return on investment (ROI). Tax credits have a direct positive impact on ROI, which makes this an effective strategy for increasing the supply of accessible housing in lower-income areas.

[34] U.S. Department of Housing and Urban Development, "HUD Announces $15 Million to Test a New Approach to Help Low-Income Seniors Age in Place," news release, January 13, 2017, HUD.gov, accessed July 13, 2018, https://www.hud.gov/press/press_releases_media_advisories/2017/HUDNo_17-007.
[35] "Low-Income Housing Tax Credits," HUD User, accessed July 13, 2018, https://www.huduser.gov/portal/datasets/lihtc.html.
[36] Illinois Housing Development Authority, *Low Income Housing Tax Credit Qualified Allocation Plan,* by Audra Hamernik, 2018, accessed July 27, 2018, https://www.ihda.org/wp-content/uploads/2017/10/2018-2019_QAP_Final.pdf.

Innovative Supportive Housing Financing

HUD, the Federal Housing Administration (FHA),[37] the Federal National Mortgage Association (also known as Fannie Mae),[38] and the Federal Home Loan Mortgage Corporation (also known as Freddie Mac)[39] are in the unique position of having the ability to encourage innovative financing that incorporates the costs of services and service coordinators in housing development operating budgets.[40] Traditionally, financing for housing and financing for services have been separate. This is counterproductive to the goal of aging in place because health and housing outcomes are interrelated, and residents benefit from better coordination. These government entities can help break down the barriers between housing services and health using creative financing. For example, costs of expanded senior supportive housing services and on-site social workers can be incorporated into the financing of senior supportive housing.

Cluster Suitability

Including supportive services for seniors in housing financing arrangements has the potential to benefit all seniors who want access to support services in or close to home (e.g., all typologies).

Federal Housing Administration (FHA) & Federal Housing Finance Agency (FHFA) Authority & Oversight

The FHA and the FHFA,[41] along with the government-sponsored enterprises (GSEs), can use their authority and capacity to support older adult housing needs. The FHA can use its authority to develop and promote mortgage products that promote innovation in, and expand access to, accessible housing.[42] FHA and FHFA can also play roles in facilitating supportive housing construction. The GSEs (Fannie Mae and Freddie Mac) should back financing for the development of senior supportive housing. The pool of FHA-insured mortgages can be broadened to include housing with supportive services. Through technical assistance, the agencies can expand the capacity of state housing finance agencies and other financial institutions to promote innovative approaches to supportive housing.[43]

Cluster Suitability

Mortgage-related FHA reforms have the potential to benefit homeowners as opposed to renters. Therefore, the residents of typologies most likely to benefit from FHA reforms are those with sufficient economic capacity to secure a mortgage (e.g., Typologies 1 and 2). Residents of all typologies will benefit from the construction of new supportive housing, particularly seniors with fewer financial resources and fewer options (e.g., Typologies 3 and 4).

[37] The FHA is a HUD agency that sets standards for construction and underwriting and insures loans made by banks and other private lenders for home building, with the goal of improving housing standards and conditions and stabilizing the mortgage market. "Federal Housing Administration," HUD.gov, accessed July 31, 2018, https://www.hud.gov/federal_housing_administration.
[38] The Federal National Mortgage Association, also known as Fannie Mae, is an American government-sponsored enterprise (GSE) whose purpose is to expand the secondary mortgage market by securitizing mortgages, which allows lenders to reinvest their assets into additional mortgage lending, thereby increasing the number of lenders in the mortgage market. "What We Do," Fannie Mae, accessed July 31, 2018, http://www.fanniemae.com/portal/index.html.
[39] The Federal Home Loan Mortgage Corporation, also known as Freddie Mac, is an American government-sponsored enterprise (GSE) that buys mortgages on the secondary market, bundles them together, and sells them as mortgage-backed securities on the open market, with the goal of increasing the money available for mortgages and new home purchases. "About Freddie Mac," Freddie Mac, accessed July 31, 2018, http://www.freddiemac.com/about/.
[40] *AARP Policy Book*, report, AARP, 2017, accessed July 13, 2018, https://policybook.aarp.org/policy-book/.
[41] The FHFA is a regulatory agency tasked with supervising, regulating, and overseeing Fannie Mae and Freddie Mac. "FHFA at a Glance," Federal Housing Finance Agency, accessed July 31, 2018, https://www.fhfa.gov/AboutUs.
[42] Ibid.
[43] Ibid.

2. Private Finance

Reverse Mortgages

A Home Equity Conversion Mortgage (HECM), commonly referred to as a reverse mortgage, can be an effective product for financing retirement and aging in place needs for certain households. It can be an appropriate mechanism under certain circumstances for households that need to tap into their home equity to cover expenses, but there are significant risks. Older adults who draw down too quickly on their home equity can be left with inadequate resources for later in life. Older adults who do not fully understand the terms of their reverse mortgage can fall into foreclosure. Foreclosure frequently happens because borrowers fail to pay property taxes or maintain hazard insurance. Borrowers also need to be able to pay for home maintenance and upkeep. Reverse mortgages are complicated financial products with rules about occupancy, spousal transfer, and property inheritance, which can lead to disastrous outcomes for borrowers. Given these risks and the predatory conduct of some reverse mortgage providers, HUD should change the rules governing reverse mortgages to make them a safer option for borrowers who wish to age in place.

Currently, HUD requires that all reverse mortgage borrowers receive counseling regarding the product terms prior to entering into a reverse mortgage; however, relatively few HUD-certified reverse mortgage counselors provide this counseling in Illinois, particularly in downstate regions. HUD should endeavor to increase the number of HUD-certified reverse mortgage counselors, while also strengthening the qualification criteria. HUD should also work to expand access to post-mortgage counseling.

Another area that needs improvement is reverse mortgage servicing. Servicing improvements include expanding loss mitigation options for borrowers and improving communications between servicers and borrowers. Protections for non-borrowing spouses also need strengthening. Currently, a non-borrowing spouse is vulnerable to losing his/her home upon the death of the borrowing spouse. Because borrowers must be 62 or older to be eligible for a reverse mortgage, a spouse who is younger than 62 will be left off the deed for the property in order for the borrower to qualify. An FHA program called a Mortgagee Option Election (MOE) permits a non-borrowing spouse who is not listed on the deed to continue living in the home, but arbitrary and unreasonable deadlines prevent non-borrowing spouses from taking advantage of the MOE. Arbitrary and unreasonable deadlines should be eliminated, and servicers should be required to communicate with the borrower about the MOE and clarify MOE rules, especially regarding the transfer of title.[44]

Finally, a barrier for some homeowners interested in a reverse mortgage is the Life Expectancy Set Aside (LESA) requirement. Under the LESA requirement, borrowers who do not meet certain financial criteria are required to set aside funds sufficient to cover property taxes and insurance costs. LESAs are a good protection against foreclosure, but they also prevent a significant number of elderly homeowners from obtaining a reverse mortgage. Some have suggested that HUD loosen the LESA requirements to allow for partial LESAs or monthly escrows in lieu of full LESAs.[45] While loosening LESA requirements in these ways could allow more households to obtain reverse mortgages, it could open up households to excessive risk and result in more households falling into foreclosure. Any changes to LESA requirements should be supported by a full and careful review of HUD data and opportunities for robust public comments.

[44] "NCLC Reverse Mortgage Sign-On Letter," National Consumer Law Center to Brian Montgomery, Assistant Secretary for Housing, Federal Housing Administration, June 8, 2018, in *National Consumer Law Center* (2018).
[45] Ibid.

Cluster Suitability

Reverse mortgages are loan products that allow homeowners to access accumulated home equity, and are therefore suitable only for homeowners with sufficiently high levels of home equity (e.g., Typologies 1 and 2).

Home Equity Line of Credit (HELOC)

HELOCs, which permit a homeowner to borrow against the equity in their home, can be a useful tool for financing home modifications that support aging in place. Lending institutions should create and market HELOCs specifically intended for home modifications to support aging in place.

Cluster Suitability

HELOCs rely on moderate to high amounts of home equity. Therefore, HELOCs are useful only for borrowers with adequate home equity (e.g., Typologies 1 and 2).

Non-Collateralized Loans

Banks can offer smaller-dollar, non-collateralized loans to fund home modifications that support aging in place. Since such loans are non-collateralized, the bank would not require an appraisal or other paperwork associated with collateralized loans such as HELOCs, so obtaining the loans would be less time-consuming and daunting. Being non-collateralized, these loans would almost certainly bear higher interest rates, but banks should ensure interest rates and terms are transparent and reasonable and that loans are made only to borrowers with a demonstrated ability to repay them. Banking regulators should pay particular attention to loan products targeting seniors to ensure they are not predatory.

Cluster Suitability

Given that these are flexible loan products, non-collateralized loans for home modifications could benefit residents of any of the Typologies, but only for borrowers who have the ability to repay the loan.

Community Reinvestment Act Credit for Aging in Place Lending and Investments

Banks have the potential to be major actors in enabling older adults to age in place. Congress passed the Community Reinvestment Act (CRA) in 1977 to encourage banks to help meet the credit needs of their entire communities, including LMI neighborhoods, in ways consistent with safe and sound bank operations.[46] The prudential bank regulators who enforce the CRA (The Federal Reserve Board, the Federal Deposit Insurance Corporation or FDIC, and the Office of the Comptroller of the Currency) periodically review banks' performance under the CRA and give CRA credit in cases where banks provide loans, investments, or retail banking services to low- and moderate-income people and communities. Regulators consider banks' CRA records when they apply to open new locations and business lines, and poor CRA performance can hinder bank mergers and acquisitions. The CRA already offers credit for social impact bond investments, which are investments in innovative public sector social

[46] Community Reinvestment Act, 12 U.S.C. § 2901 (1977). The CRA is implemented by Regulation BB (12 CFR 228). The regulation was substantially revised in May 1995 and updated again in August 2005. Interagency Questions and Answers about the CRA can be found at https://www.gpo.gov/fdsys/pkg/FR-2016-07-25/pdf/2016-16693.pdf.

service programs. CRA credit should be awarded for investments and lending that promote aging in place in LMI communities.

Cluster Suitability

The CRA gives banks an incentive to lend and invest in LMI communities, so this strategy is most appropriate for areas with high poverty levels (e.g., Typologies 3 and 4).

3. Tax Policy

Senior Accessible Housing Act Bill

A tax credit for home modifications made for the purpose of accessibility would make aging in place more affordable to seniors by offsetting part of the costs of aging in place construction. U.S. Representative Charlie Crist (D-FL) introduced a bill to create this type of tax credit in 2017. Introduced as H.R. 1780, the Senior Accessible Housing Act would have amended the tax code to provide a tax credit to seniors who install modifications on their residences that would enable them to age in place.[47] The bill specifies a lifetime nonrefundable tax credit up to $30,000 equal to qualified expenditures for aging in place costs such as installing ramps and grab bars. H.R. 1780 was never called for a vote.

A tax credit such as this would be effective in providing relief to taxpayers seeking to modify their homes for aging in place. Congress should pass legislation to establish this tax credit.

Cluster Suitability

The bill as written is best suited for higher-income seniors (e.g., Typologies 1 and 2), since higher-income seniors are more likely to be able to afford the up-front costs of home modifications, and the bill specifies that the tax credit is non-refundable. A refundable tax credit would be suitable for all clusters. To make this program exclusively for low- and moderate-income seniors (e.g., Typologies 3 and 4), eligibility could be based on income or home value.

State Home Modification Tax Credit Program

Illinois State Senator Linda Holmes (D-Aurora) proposed a tax credit bill in 2017 for seniors and people with disabilities who make home modifications for accessible housing.[48] The bill did not make it out of committee. Other states, including Maryland, South Carolina, and New Mexico, have established similar home modification tax credits. Virginia's Livable Home Tax Credit (LHTC) provides tax credits "up to $5,000 for the purchase/construction of a new accessible residence and up to 50 percent for the cost of retrofitting existing units, not to exceed $5,000."[49]

Illinois should establish a tax credit to make home modifications for aging in place more affordable.

Cluster Suitability

This tax credit would mostly benefit taxpayers with higher incomes (e.g., Typologies 1 and 2), given that low-income seniors are less likely to be able to afford the up-front costs of home modifications.[50]

[47] Senior Accessible Housing Act, H.R. 1780, 115 Cong. (2017).
[48] Illinois General Assembly, S.B. 1211, 99th GA. (2015).
[49] "Livable Homes Tax Credit (LHTC)," Virginia.gov, 2018, accessed July 13, 2018, http://www.dhcd.virginia.gov/index.php/housing-programs-and-assistance/tax-credit-programs/livable-homes-tax-credit.html.
[50] Refundable tax credit programs are rare at the state level, with the exception of certain state Earned Income Tax Credit programs.

State and Local Property Tax Programs

Property tax exemptions for older adults can help reduce costs for seniors living on fixed incomes and seeking to age in place. Tax exemptions, however, can have negative policy outcomes by lowering local government revenue, which can result in budget shortages, cuts to government services, or passing costs on to other households. At the same time, tax exemptions for aging in place may help keep seniors in their homes and prevent displacement. Any system of tax exemptions should attempt to strike an appropriate balance between promoting good social policy, such as enabling older people to age in place, and enabling the government to meet its various obligations.

Discussed below are five current Illinois tax programs that, if continued or expanded, could help make aging in place more affordable for older adults.

Senior Citizen Homestead Exemption

Illinois offers a property tax exemption available to seniors who own, live in, and pay real estate taxes on a single family property. The exemption reduces the taxable value of the property (i.e., the value of the land and improvements as assessed by the county assessor's office) by as much as $5,000. This effectively lowers the real estate taxes of the property owner by lowering the taxable value of their property. Seniors must reapply annually for this exemption.[51] This tax exemption is useful for reducing the overall tax burden of older adults who are trying to age in place.

Cluster Suitability

This is a senior homeowner tax exemption and therefore benefits homeowners, who are largely concentrated in Typologies 1 and 2.

Long-Time Occupant Homestead Exemption (LOHE)

Cook County offers a property tax exemption for homeowners who have occupied their property for 10 continuous years (or five continuous years if the person received assistance to acquire the property as part of a government or non-profit housing program). The exemption limits increases in the taxable value of the property. The increase in taxable value of the property is capped at seven percent annually for households with income of $75,000 or less, and at 10 percent annually for households with income between $75,000 and $100,000.[52] This exemption helps to prevent sharp increases in property taxes and is useful for reducing the overall tax burden of older adults who are trying to age in place.

Cluster Suitability

This exemption benefits only long-time homeowners. Older adult homeowners are concentrated in Typologies 1 and 2, but this exemption could be particularly useful to long-time residents in gentrifying areas (e.g., Typologies 3 and 4) with rapidly increasing home values.

Senior Citizen Assessment Freeze Homestead Exemption

Seniors in Illinois can apply to freeze the assessed value of their property, meaning that a property's assessed value will stay at the same level so long as the property continues to qualify for the program. To qualify, applicants must be homeowners age 65 or older with a total household income of less than $65,000.[53] This can be a particularly valuable exemption in areas where property values are increasing rapidly.

[51] "Property Tax Relief - Homestead Exemptions," Illinois Revenue, accessed July 13, 2018, http://tax.illinois.gov/localgovernment/propertytax/taxrelief.htm.
[52] Ibid.
[53] Ibid.

Cluster Suitability

As with all property tax programs, it benefits homeowners, who are largely concentrated in Typologies 1 and 2. Given that this is a property tax freeze program, it is most beneficial to homeowners facing steep increases in their property tax assessments, namely, areas that are gentrifying. Therefore, it has the greatest potential to help older adult homeowners living in urban areas of Typologies 3 and 4.

Homestead Improvement Exemption

Under Illinois' Homestead Improvement Exemption, homeowners can make property improvements, such as an addition, without an increase in property taxes for at least four years. The exemption is capped at $75,000 in improvements (which translates to $25,000 in the assessed value of a property).[54] This exemption is especially useful for homeowners looking to add first floor bedrooms or make accessible home modifications to allow them to age in their homes.

Cluster Suitability

The tax exemption is beneficial mostly to homeowners in higher-income communities given that home improvements can have high up-front costs (e.g., Typologies 1 and 2).

Senior Citizen Tax Deferment

This program allows persons age 65 and older with household incomes less than $55,000 to defer all or part of their property taxes and special assessments (up to a maximum of $5,000) on their principal residences. The deferral is effectively a loan that is secured by a lien on the property. The state pays the property taxes and then recovers the money, plus six percent annual interest, when the property is sold or transferred, upon death of the homeowner, or if the homeowner begins earning in excess of $55,000. The deferral must be repaid within one year in the case of death or 90 days after a disqualifying event such as property sale or exceeding the income limit. The maximum amount that can be deferred, including interest and lien fees, is 80 percent of the homeowner's equity interest in the property. Applicants must have owned the property for at least three years, and must resubmit an application form each year.[55] The program allows seniors to withdraw from the program and pay off the loan and then reenter the program the following year.[56]

Cluster Suitability

Older homeowners are concentrated in Typologies 1 and 3, but, only lower-income seniors are eligible for the program (e.g., Typologies 3 and 4).

4. Housing

Planning & Zoning for Age-friendly Housing

Some seniors will be able to modify their existing homes to stay in them as they age. Others will choose to downsize to less costly and easier to maintain homes, and still others may require supportive housing as they age. Communities with homogenous housing stock currently do not have an adequate range of housing options to allow seniors to move to more suitable housing units. Seniors living in these areas may

[54] Ibid.
[55] Ibid.
[56] "The Senior Citizen Real Estate Tax Deferral Program," Cook County Treasurer's Office - Chicago, Illinois, 2018, accessed July 21, 2018, https://www.cookcountytreasurer.com/theseniorcitizenrealestatetaxdeferralprogram.aspx.

have to move outside of their communities and away from their support systems to find adequate housing unless these communities increase the supply of age-friendly housing into which seniors could downsize.

Municipalities should use land use planning and zoning code modifications to allow for diverse housing options for older adults aging in place. Local zoning codes should permit a mix of housing types beyond large-lot, single family homes that dominate much of the region's suburban areas. An ideal mix includes multifamily units, townhouses, condominiums, accessory dwelling units (discussed below) and assisted living facilities.[57] Particular attention should be paid to including housing that is easier and less costly for older adults to maintain, namely, smaller-sized units and lot sizes; or buildings that provide on-site maintenance such as apartments or condos. Municipalities should also, through land use planning and zoning code changes, work to make neighborhoods more age-friendly. Age-friendly neighborhoods are walkable, provide access to basic needs and amenities, and offer housing and transportation choices.[58]

Cluster Suitability

Typologies 1 and 2 are mostly comprised of single family housing. Creating more housing type options, through zoning code changes and land use planning, is most pressing in these areas.

Accessory Dwelling Units (Granny Flats)

Accessory dwelling units (ADUs), also known as "granny flats," are secondary, smaller dwelling units built on the same lot as, attached to, or incorporated into a single family home. ADUs are sometimes built to allow family members to age in place by keeping older adults in close proximity to their familial support system

ADUs can be a good choice for seniors or families who own single family houses and have the financial means to construct additional units on the same grounds. The laws and regulations surrounding ADUs vary by state and municipality. In order to make ADUs as accessible as possible for aging in place, municipalities should amend their zoning codes to allow for the construction of ADUs that fit into the existing built environment.

Cluster Suitability

Since ADUs are mainly built on single family lots and require sufficient funds to finance the construction of a new dwelling, ADUs are almost exclusively a fit for wealthier families with sufficient funds or home equity to fund construction (e.g., Typologies 1 and 2).

Accessibility or Universal Design Incentives/Requirements

One way to maximize the housing stock suitable for aging in place is to require that all new housing be built according to accessibility guidelines, or as if the occupants are seniors or have a disability.

Accessibility requirements for all new housing have been successfully implemented in Bolingbrook, Illinois. Bolingbrook has a visitability code that establishes minimum requirements for home design and construction based on criteria for ease of access by people with disabilities. For example, all new single family housing must place light switches and electrical sockets at a height reachable from a wheelchair,

[57] *Aging in Place White Paper*, report, Chicago Metropolitan Agency for Planning, June 2016, accessed July 13, 2018, http://www.cmap.illinois.gov/documents/10180/569449/Aging in Place White Paper/94b4305c-4586-4bd3-acf1-e177194f8820.
[58] Ibid.

have a bathroom on the first floor, have doors three feet wide and hallways 32 inches wide, and have at least one step-free entrance with a slope less than 1:12.[59]

Although design requirements such as Bolingbrook's ensure that a community's housing stock will become more accessible for aging in place over time, adopting such requirements may not be politically viable in many communities. A commonly-expressed concern is that universal design features drive up the cost of new construction. The consensus among government agencies, however, is that universal design features are "often no more expensive"[60] than their traditional counterparts, and universal design saves money in the long run by allowing aging homeowners to live safely in their homes as they age.[61] A less controversial approach would be to implement incentives that encourage incorporating accessible or universal design features into new or rehabilitated housing. To incentivize the construction of homes with accessible or universal design features, state or local governments should offer density bonuses (a larger number of housing units than normally permitted), reduced permit fees, tax abatements, and/or reduced parking requirements for developers who build housing units with accessible or universal design features.

Local governments should implement a combination of both requirements and incentives to spur the incorporation of accessible or universal design features into new and rehabilitated homes. The precise combination of requirements and incentives will depend on the political will within a given community.

Cluster Suitability

Requirements and incentives to spur the incorporation of accessible or universal design features into new homes would benefit all the residents in a municipality, including renters and owners (e.g., Typologies 1, 2, 3, and 4). This strategy is most impactful in areas with significant new construction, and less so in urban areas that are already built out.

Handyman Programs

Handyman programs are generally local-level initiatives to provide free or discounted parts and labor for repairs, maintenance, and home modification for older adults or people with disabilities. Some communities fund handyman programs through HUD Community Development Block Grant (CDBG) funds and Older Americans Act (OAA) funds, while other handyman programs are funded by municipal coffers or are volunteer efforts.[62] There are multiple examples of successful handyman programs in Illinois. The North West Housing Partnership handyman program provides home modifications and maintenance for homeowners age 60 or older residing in Palatine or Wheeling Townships. Participants pay for the cost of materials and an hourly fee based on their income. The Proviso Township Handyman Service Program offers at-cost home modifications such as grab bar installation for all Proviso Township homeowners at least 60 years old as well as all Proviso Township homeowners with disabilities.[63] Some handyman programs, such as Johns Hopkins University's CAPABLE program, work to coordinate handyman and health services for aging households (described in "Integrated Health and Housing Services" below). State and local governments should encourage the federal government to expand CDBG and OAA funding for handyman and home modification programs for older adults and people with disabilities.

[59] Bolingbrook Visitability Code (2003).
[60] *Residential Remodeling and Universal Design*, report, NAHB Research Center, Inc., May 1996, accessed July 13, 2018, https://www.huduser.gov/publications/pdf/remodel.pdf.
[61] "Infographic: The Case for Universal Design," Section508.gov, accessed July 20, 2018, https://www.section508.gov/blog/infographic-the-case-for-universal-design.
[62] *Aging in Place White Paper*, report, Chicago Metropolitan Agency for Planning, June 2016, accessed July 13, 2018, http://www.cmap.illinois.gov/documents/10180/569449/Aging in Place White Paper/94b4305c-4586-4bd3-acf1-e177194f8820.
[63] "Handyman Service," Proviso Township, accessed July 13, 2018, http://www.provisotownship.com/?page_id=16.

Cluster Suitability

Handyman programs have the potential to benefit residents in all aging in place typologies. They are useful for homeowners responsible for home maintenance costs (Typologies 1 and 2), and are particularly important for households facing economic barriers to home improvements (Typologies 3 and 4).

5. Health & Social Services

Integrated Health and Housing Services

The handyman program strategy is best illustrated by Johns Hopkins University's handyman program. The Johns Hopkins University program, called Community Aging in Place, Advancing Better Living for Elders (CAPABLE), improves care and reduces hospital re-admissions by addressing home and health needs to enable individuals to remain safely in their homes. Over a four-month period, CAPABLE sends coordinated care delivered by occupational therapists, nurses, and handymen to seniors to assess their needs, identify goals, and provide professional assistance with housing and health issues in order to facilitate safer and more sustainable aging in place.[64] In evaluating its model, Johns Hopkins found that CAPABLE participants experienced drastically reduced medical costs, significantly eased difficulties in daily living activities, reduced symptoms of depression, and improved feelings of motivation.[65] North West Housing Partnership launched a CAPABLE demonstration project in the towns of Palatine, Rolling Meadows, Mount Prospect, Arlington Heights, and Buffalo Grove.[66]

Handyman programs provide the opportunities for home modifications for aging in place, especially for households that might not otherwise be able to afford it. Municipalities should work to preserve and expand these programs through partnerships with local hospitals and managed care organizations, and through financial support from charitable organizations or foundations, or public funds.

Cluster Suitability

CAPABLE does not have an income eligibility requirement. While CAPABLE is most valuable to low-income households with urgent need for accessible housing (e.g., Typologies 3 and 4), such programs can be beneficial to anyone aging in place who is in need of coordinated health and housing services.

Senior Supportive Housing Services Pilot Program

The State of New York's Medicaid Redesign Team rolled out the Senior Supportive Housing Services Program in 2014, which funds pilot programs that provide both home modifications and supportive services for low-income seniors facing institutionalized housing, insecure housing, or homelessness.[67] The seniors participating in these pilot programs experienced a combination of improved health outcomes and healthcare utilization, decreased hospitalization rates, and improved access and enrollment for other social programs.[68]

[64] "Community Aging in Place," Johns Hopkins University, May 24, 2018, accessed July 13, 2018, https://nursing.jhu.edu/faculty_research/research/projects/capable/index.html.
[65] Tim Carl, "What We Do - CAPABLE," Johns Hopkins University, August 16, 2017, accessed July 13, 2018, https://nursing.jhu.edu/faculty_research/research/projects/capable/what-we-do.html.
[66] "CAPABLE Demonstration Project," North West Housing Partnership, accessed July 13, 2018, http://www.nwhp.net/wp-content/uploads/2018/06/capable-program.pdf.
[67] "Medicaid Redesign Team Supportive Housing Initiative," New York State Department of Public Health, accessed July 13, 2018, https://www.health.ny.gov/health_care/medicaid/redesign/supportive_housing_initiatives.htm.
[68] *Promoting Healthy Aging in Supportive Housing: A Review of the MRT Senior Supportive Housing Pilot*, report, CSH, January 29, 2018, accessed July 13, 2018, http://www.csh.org/wp-content/uploads/2018/01/SSH-Pilot-Whitepaper_FINAL.pdf.

New York's Senior Supportive Housing Services program's positive outcomes demonstrate the effectiveness of coordinating aging in place construction and modifications with supportive services for seniors. State and local governments should develop similar programs.

Cluster Suitability

Senior Supportive Housing Services programs help older people overcome economic barriers to aging in place, so these programs are most suitable for low-income seniors (e.g., Typologies 3 and 4).

Medicaid Dollars for Housing

Under certain circumstances, Medicaid dollars can be used to cover specific housing costs. Using Medicaid funds for accessible or supportive housing helps keep seniors out of nursing homes, which results in cost savings for Medicaid overall. A number of states have successfully leveraged Medicaid dollars in this way. Illinois has a Medicaid waiver program that covers certain in-home supports, at-home intermittent nursing care, and assistive technology, but is limited compared to other states in funding housing. The Home and Community-Based Services (HCBS) Waiver Program, sometimes called the Community Care Program, provides in-home assistance for household chores, adult daycare in a community setting, and 24-hour emergency home response service to adults age 60 and older who are eligible for Medicaid and at risk of nursing facility placement.[69] Illinois should protect the HCBS Waiver Program for seniors, and consider expanding the program to cover more housing activities.

Several states currently leverage Medicaid dollars for housing. In Oregon, Medicaid Flexible Funds may be used for rental assistance, housing support, and home modifications for aging in place, which are administered by coordinated care organizations (CCOs). In California, the Section 1115 Medicaid Waiver, also known as Medi-Cal 2020, allows Medicaid funding to be used for certain housing-related activities and services, not including rent.[70] Tennessee offers a program called TennCare CHOICES in Long-Term Services and Supports (CHOICES) program, which provides a range of services to Medicaid recipients in need of nursing care or at risk of needing nursing care.[71] CHOICES uses Medicaid funding to provide home- and community-based services such as personal care visits, home-delivered meals, and assistive technologies (e.g., grabbers) and minor home modifications (e.g., grab bars and wheelchair ramps).

Based on these models from Oregon, California, and Tennessee, Illinois should develop ways to maximize the use of Medicaid dollars that support aging in place services, equipment, and home modifications.

Cluster Suitability

Medicaid enables recipients to overcome economic barriers to healthcare. Therefore, leveraging Medicaid dollars to support aging in place is suitable for low-income seniors and people with disabilities (e.g., Typologies 3 and 4).

Senior Support Services

The federal Older Americans Act (OAA) provides funding for home- and community-based services for older adults. States receive OAA funds according to a formula based on their share of the U.S. population

[69] "Home and Community Based Services Waiver Programs," Illinois.gov, 2017, accessed July 27, 2018, https://www.illinois.gov/hfs/medicalclients/hcbs/pages/default.aspx.
[70] "Medi-Cal 2020 Waiver," California Department of Health Care Services, accessed July 13, 2018, http://www.dhcs.ca.gov/provgovpart/Pages/WaiverRenewal.aspx.
[71] "CHOICES," TennCare, accessed July 13, 2018, https://www.tn.gov/tenncare/long-term-services-supports/choices.html.

age 60 and older.[72] In accordance with OAA regulations, the Illinois Department on Aging has divided Illinois into 13 Planning and Service Areas (PSAs), each of which are managed by an Area Agency on Aging. In the Chicago region, the Chicago Department of Family and Support Services (DFSS)'s Senior Services Division serves the City of Chicago. AgeOptions serves suburban Cook County, and the Northeastern Illinois Agency on Aging serves DuPage, Grundy, Kane, Kankakee, Kendall, Lake, McHenry, and Will counties.

OAA funding supports a variety of senior services in the Chicago region including home-delivered meals, adult daycare, health and nutrition programming, housekeeping services, public benefits coordination and enrollment, transportation, caregiver support, and home modification programs. These programs are key for keeping seniors, particularly vulnerable seniors, living healthfully in their communities. OAA funding, however, is inadequate and has not kept pace with the growing older adult population or their need for services.[73] More funding must be allocated to these programs in order to provide adequate services to the growing older adult population.

Cluster Suitability

Aging adults in all communities in Illinois can benefit from more comprehensive supportive services provided through increased OAA funding (e.g., Typologies 1, 2, 3, and 4).

[72] "Illinois Area Agencies on Aging," Illinois Department on Aging, 2018, accessed July 27, 2018, https://www2.illinois.gov/aging/PartnersProviders/Pages/aaa-main.aspx.
[73] "Older Americans Act," NCPSSM, April 2016, accessed July 27, 2018, https://www.ncpssm.org/documents/older-americans-policy-papers/older-americans-act/.

Section Four: Typology Strategic Plans for Aging in Place

Section Four provides a roadmap of federal, state, and local policies and strategies each community Typology can use to promote aging in place (see Figure 9).[74]

Figure 9: Aging in Place Strategies by Typology

	Typology 1 – highest percentage of older adults; high rate of homeownership among older adults; low older adult poverty rate; low availability of alternative housing options	**Typology 2 –** moderate percentage of older adults; high rate of homeownership among older adults; low older adult poverty rate; low availability of alternative housing options	**Typology 3 –** lowest percentage of older adults; low rate of homeownership among older adults; high older adult poverty rate; high availability of alternative housing options	**Typology 4 –** Low percentage of older adults; lowest rate of homeownership among older adults; highest older adult poverty rate; high availability of alternative housing options
Public Finance & Programming	• FHA Authority & Oversight (integrated support/housing finance) (F)	• FHA Authority & Oversight (integrated support/housing finance) (F)	• HUD Aging in Place Pilot Program (F) • Low-Income Housing Tax Credit (F,S) • FHA Authority & Oversight (F)	• HUD Section 202 (F) • HUD Aging in Place Pilot Program (F) • Low-Income Housing Tax Credit (F,S) • FHA Authority & Oversight (F)
Private Finance	• Reverse Mortgages (F) • HELOC (F) • Non-collateralized Loans (F)	• Reverse Mortgages (F) • HELOC (F) • Non-collateralized Loans (F)	• Non-collateralized Loans (F) • CRA Credit for Aging in Place (F)	• Non-collateralized Loans (F) • CRA Credit for Aging in Place (F)
Tax Policy	• Senior Accessible Housing Tax Bill (F) • State Home Modification Tax Credit Program (S) • Senior Citizen Homestead Exempt. (S) • Long-Time Occupant Homestead Exempt. (L) • Senior Citizen Assessment Freeze Homestead Exempt. (S) • Homestead Improvement Exempt. (S)	• Senior Accessible Housing Tax Bill (F) • State Home Modification Tax Credit Program (S) • Senior Citizen Homestead Exempt. (S) • Long-Time Occupant Homestead Exempt. (L) • Senior Citizen Assessment Freeze Homestead Exempt. (S) • Homestead Improvement Exempt. (S)	• Long-Time Occupant Homestead Exempt. (L) • Senior Citizen Assessment Freeze Homestead Exempt. (S) • Senior Citizen Tax Deferment (S)	• Long-Time Occupant Homestead Exempt. (L) • Senior Citizen Assessment Freeze Homestead Exempt. (S) • Senior Citizen Tax Deferment (S)
Housing	• Planning & Zoning for Age-friendly Housing (L) • Accessory Dwelling Units (L) • Accessibility or Universal Design Incentives & Requirements (L) • Handyman Programs (CDBG & OAA funding support) (F,S,L)	• Planning & Zoning for Age-friendly Housing (L) • Accessory Dwelling Units (L) • Accessibility or Universal Design Incentives & Requirements (L) • Handyman Programs (CDBG & OAA funding support) (F,S,L)	• Accessibility or Universal Design Incentives & Requirements (L) • Handyman Programs (CDBG & OAA funding support) (F,S,L)	• Accessibility or Universal Design Incentives & Requirements (L) • Handyman Programs (CDBG & OAA funding support) (F,S,L)
Health	• Integrated Health and Housing Services (S,L) • Senior Support Services (F,S)	• Integrated Health and Housing Services (S,L) • Senior Support Services (F,S)	• Integrated Health and Housing Services (S,L) • Medicaid Dollars for Housing (F,S) • Senior Support Services (F,S)	• Integrated Health and Housing Services (S,L) • Medicaid Dollars for Housing (F,S) • Senior Support Services (F,S)

[74] 'F' means federal; 'S' means state; and 'L' means local policy or strategy.

Typology 1

1. Public Finance & Programming

Typology 1 communities tend to have high homeownership rates and low poverty rates and, therefore, do not require the same level of direct public sources of financing for housing as some of the other typologies. The best role of public financing and programming for Typology 1 communities is to expand the supply of accessible and supportive housing through FHA mortgage products.

2. Private Finance

Households in Typology 1 communities tend to have high levels of available home equity and multiple options for privately financing housing and home modifications for aging in place. Reverse mortgages are a great tool in the right hands, but should be subject to safer rules and better oversight. Subject to the various changes recommended in Section Three, reverse mortgages could be a good strategy for this Typology. HELOCs and non-collateralized loans for home modifications are additional strategies appropriate for this Typology. Proper underwriting that ensures that borrowers can repay their loans is essential.

3. Tax Policy

Older adults in Typology 1 communities are likely to have a higher tax burden, which can impact funds available for home modifications. Two proposals that would provide tax relief for residents in Typology 1 are the federal Senior Accessible Housing Act and the Illinois Home Modification Tax Credit Program, both of which would provide tax credits for the purchase and installation of home modifications for aging in place. Adopting these proposals, which would require legislation, would make home modifications more affordable.

Older adults in Typology 1 communities also benefit from existing tax programs. The Senior Citizen Homestead Exemption, Long-Term Occupant Homestead Exemption, and Senior Citizen Asset Freeze Homestead Exemption all provide tax relief for seniors in Illinois or Cook County, which can make home modifications or housing for aging in place more affordable.

Lastly, the Illinois Homestead Improvement Exemption provides tax relief for homeowners who make home improvements, including those for aging in place. Protecting these exemptions and tax credits ensures that older adults in Typology 1 communities will have some relief from property taxes, which can help promote funding home modifications for aging in place.

4. Housing

Much of the housing stock in Typology 1 is comprised of single family units, often on large lots. This leaves few options for seniors looking to downsize to smaller, less costly, and easier to maintain homes, or for seniors who require supportive housing. Typology 1 communities should use land use planning to diversify their housing to include more age-friendly housing options such as condominiums, apartments, or supportive housing. Municipalities should inventory and, if necessary, modify their zoning codes to allow for these uses. Age-friendly housing should provide seniors access to walkable amenities and transportation options. Demand for these housing options will be high in Typology 1 communities, given large numbers of older adults living in these areas.

Accessory dwelling units are one way for seniors in Typology 1 communities to downsize and keep close to their informal support structures. Typology 1 municipalities should amend their zoning codes to allow for the construction of ADUs.

Older adults in Typology 1 communities may have the means of financing housing with accessible or universal design features, but such housing does not exist in adequate quantities. Typology 1 municipalities should implement a combination of accessibility or universal design requirements and incentives to spur the incorporation of accessible or universal design features into new and rehabilitated homes.

Handyman programs can be particularly helpful for older adults in Typology 1 communities. Handyman programs provide older adult homeowners with a trusted repairperson vetted by a local organization, often at a discount. Given the large number of older adult homeowners in Typology 1, demand for handyman services will continue to grow and require additional resources. State and local governments should encourage the federal government to expand CDBG and OAA funding for handyman and home modification programs for older adults and people with disabilities.

5. Health

Given very large numbers of older adults in Type 1 communities, older adult healthcare is a pressing need in these areas. Programs that integrate health and housing services, such as Johns Hopkins' CAPABLE program, create positive outcomes for medical costs and mental health, among other outcomes. Typology 1 municipalities should work to preserve and expand these programs through partnerships with local hospitals, financial support from charitable organizations or foundations, or public funds. At the federal level, increased OAA funding will be key to meeting the social service needs of older adults, who are disproportionally located in Typology 1.

Typology 2

1. Public Finance & Programming

Like Typology 1, Typology 2 communities tend to have high homeownership rates and low poverty rates, so widespread public financing is not necessary in these communities. FHA should expand the supply mortgage products that fund housing that incorporates support services.

2. Private Finance

Households in Typology 2 communities tend to have high levels of available home equity and multiple options for privately financing housing and home modifications for aging in place. Like Typology 1, reverse mortgages, HELOCs, and non-collateralized loans for home modifications could all be useful strategies for senior homeowners in Typology 2.

3. Tax Policy

Like Typology 1, older adults in Typology 2 communities are likely to have a higher tax burden, which can impact funds available for home modifications. Two proposed bills that would provide tax relief for residents in Typology 2 are the federal Senior Accessible Housing Act and the Illinois Home Modification Tax Credit Program, both of which would provide tax credits for the purchase and installation of home modifications for aging in place. Passing these bills would make home modifications more affordable.

Older adults in Typology 2 communities also benefit from existing Illinois and county tax programs. The Senior Citizen Homestead Exemption, Long-Term Occupant Homestead Exemption, and Senior Citizen Asset Freeze Homestead Exemption all can make home modifications or housing for aging in place more affordable.

Lastly, the Illinois Homestead Improvement Exemption provides tax relief for homeowners who make home improvements, including those for aging in place. Protecting these exemptions and tax credits ensures that older adults in Typology 2 communities will have some relief from property taxes and an easier time funding home modifications for aging in place.

4. Housing

Like Typology 1, much of the housing stock in Typology 2 is comprised of single family units, often on large lots. This leaves few options for seniors looking to downsize to smaller, less costly, and easier maintain homes, or for seniors who require supportive housing. Although there are fewer older adults in Typology 2 compared to Typology 1, these communities still need to plan to promote diverse housing options. Typology 2 communities should use land use planning to produce more age-friendly housing options such as condominiums, apartments, or supportive housing. Municipalities should inventory and, if necessary, modify their zoning codes to allow for these uses. Age-friendly housing should provide seniors access to walkable amenities and transportation options.

Typology 2 municipalities should amend their zoning codes to allow for the construction of ADUs to provide seniors opportunities to downsize and stay close to family and informal support structures.

Like Typology 1, Typology 2 municipalities should implement a combination of accessibility or universal design requirements and incentives to spur the incorporation of accessible or universal design features into new and rehabilitated homes. Handyman programs are also a useful strategy in this Typology. State and local governments should encourage the federal government to expand CDBG and OAA funding for handyman and home modification programs for older adults and people with disabilities.

5. Health

Programs that integrate health and housing services, such as Johns Hopkins' CAPABLE program, would benefit seniors in this Typology. Typology 2 municipalities should work to create, preserve, and expand these programs through partnerships with local hospitals, financial support from charitable organizations or foundations, or public funds. At the federal level, increased OAA funding will be key to meeting the social service needs of older adults living in Typology 2 communities.

Typology 3

1. Public Finance & Programming

Due to higher rates of poverty and lower rate of homeownership among older adults in Typology 3, aging in place in Typology 3 communities will require protection and expansion of public sources of housing financing.

The FHA can and should use its authority and provide technical assistance to develop the capacity of state housing finance agencies and financial institutions to promote innovative approaches to delivering supportive housing services to low-income communities.

HUD's pilot program named Supportive Services Demonstration for Elderly Households in HUD-Assisted Multifamily Housing Program has the potential to make aging in place healthier and more affordable by covering costs related to hiring wellness nurses and full-time service coordinators for senior tenants. If this pilot program yields positive results, we recommend it be expanded and made permanent.

Policymakers should consider modifying the Low-Income Housing Tax Credit Program (LIHTC) program to add additional requirements and incentives for age-friendly design and on-site supportive services.

2. Private Finance

Seniors living in Typology 3 communities are less likely to have home equity to use to finance home modifications. As a result, older adults in Typology 3 have fewer tools in their toolbox when it comes to private finance. For households lacking in home equity, non-collateralized loans are an easily-accessible way of funding home modifications that support aging in place. Such loans are appropriate only for borrowers with a demonstrated ability to repay.

Prudential regulators should give CRA credit to banks that provide loans and investments to support aging in place home modifications and the development of age-friendly communities in LMI areas. This will incentivize banks to make aging in place investments in Typology 3 communities. Banks should analyze and gather community input regarding the needs of older adults as part of their assessments of community needs.

3. Tax Policy

Homeownership rates are lower in Typology 3 communities. Typology 3 residents who do own homes should take advantage of existing tax programs, such as the Senior Citizen Tax Deferment program, to reduce their tax burden and free up funds for aging in place. Tax credits for home modifications are less likely to benefit low-income seniors who may lack the means to front the money for such modifications.

Gentrification is a concern in many Typology 3 communities, and rising home values and property tax assessments can be a financial shock for aging households. Older homeowners in Typology 3 communities should take advantage of the Long-Time Occupant Homestead Exemption (LOHE) and Senior Citizen Assessment Freeze Homestead Exemption to protect their homes from sudden rises in property taxes.

4. Housing

Due to high rates of poverty in Typology 3 communities, these older adults are less likely to be able to afford the purchase and installation of home modifications for aging in place. Typology 3 municipalities should fund or expand handyman programs to provide home modifications to low-income households, and encourage the federal government to expand CDBG and OAA funding for handyman and home modification programs. Municipalities should also implement a combination of accessibility or universal design requirements and incentives to increase the supply of accessible housing for aging in place.

5. Health

Due to higher poverty rates, many older adults in Typology 3 communities are eligible for Medicaid, which may be used to cover specific housing costs. The State of Illinois should develop ways to maximize the use of Medicaid dollars that support housing-related services in order to make aging in place more affordable for Medicaid recipients such as Typology 3 seniors.

Coordinating health and housing services is most valuable to low-income communities with urgent need for accessible housing; therefore, Typology 3 municipalities should work to preserve and expand programs like the CAPABLE program through partnerships with local hospitals, financial support from charitable organizations or foundations, or public funds.

Adequate funding for senior support services is important for seniors living in all Typologies, but is particularly pressing in Typology 3, where there are large numbers of economically vulnerable seniors. Federal OAA funding should be increased to adequately meet older adult support service needs.

Typology 4

1. Public Finance & Programming

Communities in Typology 4 have high rates of older adult poverty and low rates of homeownership. Given large numbers of financially vulnerable seniors, aging in place in Typology 4 communities will require protection and expansion of public sources of financing for housing.

The FHA should help expand the capacity of state housing-finance agencies and other financial institutions to promote innovative approaches to delivering supportive housing services to low-income communities.

HUD's pilot program, the Supportive Services Demonstration for Elderly Households in HUD-Assisted Multifamily Housing Program, has the potential to make aging in place healthier and more affordable by covering costs related to hiring wellness nurses and full-time service coordinators for senior tenants. If this pilot program yields positive results, we recommend it be expanded and made permanent.

Policymakers should consider modifying the federal Low-Income Housing Tax Credit Program (LIHTC) program to add additional requirements and incentives for age-friendly design and on-site supportive services.

HUD's Section 202, the Supportive Housing for the Elderly Program, provides public funding for the construction and rehabilitation of affordable housing with supportive services for older adults. Section 202 is a key source of funding for low-income supportive housing and should be expanded so more older adults in Typology 4 can benefit from this program.

2. Private Finance

Seniors living in Typology 4 communities are even less likely than those in Typology 3 to have home equity to use to finance home modifications. This leaves them with few options. Non-collateralized loans that are affordable and properly underwritten may be a way to fund home modifications that support aging in place. CRA credit could incentivize banks to make aging in place investments and loans in Typology 4 communities.

3. Tax Policy

Older adult homeownership rates are very low in Typology 4 communities—even more so than in Typology 3 areas. The few seniors who do own homes should take advantage of existing tax programs, such as the Senior Citizen Tax Deferment program, to reduce their tax burden and free up funds for aging in place.

Like Typology 3, gentrification is a concern in many Typology 4 communities, and rising home values and property tax assessments can be a financial shock for aging households. Older homeowners in Typology 4 communities should take advantage of the Long-Time Occupant Homestead Exemption (LOHE) and Senior Citizen Assessment Freeze Homestead Exemption to protect their homes from sudden rises in property taxes.

4. Housing

Due to very high rates of poverty in Typology 4 communities, older adults are less likely to be able to afford the purchase and installation of home modifications for aging in place. Typology 4 municipalities should fund or expand handyman programs to provide home modifications to low-income households, and encourage the federal government to expand CDBG and OAA funding for handyman and home modification programs.

Thanks to a wider range of housing options in Typology 4 areas, older adults will have more options for downsizing but might not be able to afford to modify their downsized homes for accessibility. Municipalities should implement a combination of accessibility or universal design requirements and incentives to increase the supply of accessible housing for aging in place.

5. Health

Many older adults in Typology 4 communities are eligible for Medicaid, which may be used to cover some specific health-related housing costs. The State of Illinois should develop ways to maximize the use of Medicaid dollars that support housing-related services in order to make aging in place more affordable for Medicaid recipients such as Typology 4 seniors.

Programs that coordinate health and housing services are most valuable to low-income communities with urgent need for accessible housing; therefore, Typology 4 municipalities should work to preserve and expand such programs through partnerships with local hospitals, financial support from charitable organizations or foundations, or public funds.

Typology 4 communities have large numbers of economically vulnerable seniors. Ensuring proper access to senior support services, as provided through OAA funding, is key. Federal funding levels should be increased to adequately meet the needs of the growing older adult population.

Conclusion

The increasing percentage of older people in the Chicago region and nationally presents major challenges. Many communities are not yet ready for this 'silver tsunami' of aging adults, and should act urgently to create age-friendly housing and services. The aging in place Typologies presented in this report can help communities understand local conditions and develop initiatives that are responsive to local needs. Municipalities should seek to learn from their peers as they build local capacity. Addressing older adult needs will require facilitated coordination between local, state, and federal government agencies. It will also require forward thinking, creative problem solving, and cooperation among a number of sectors, particularly the housing and healthcare sectors. Older adults and the communities in which they live must tap a variety of resources ranging from private financing, to public programs, to tax strategies, to enable older adults living in the Chicago region to age in place.

Appendix

Cluster Analysis Method

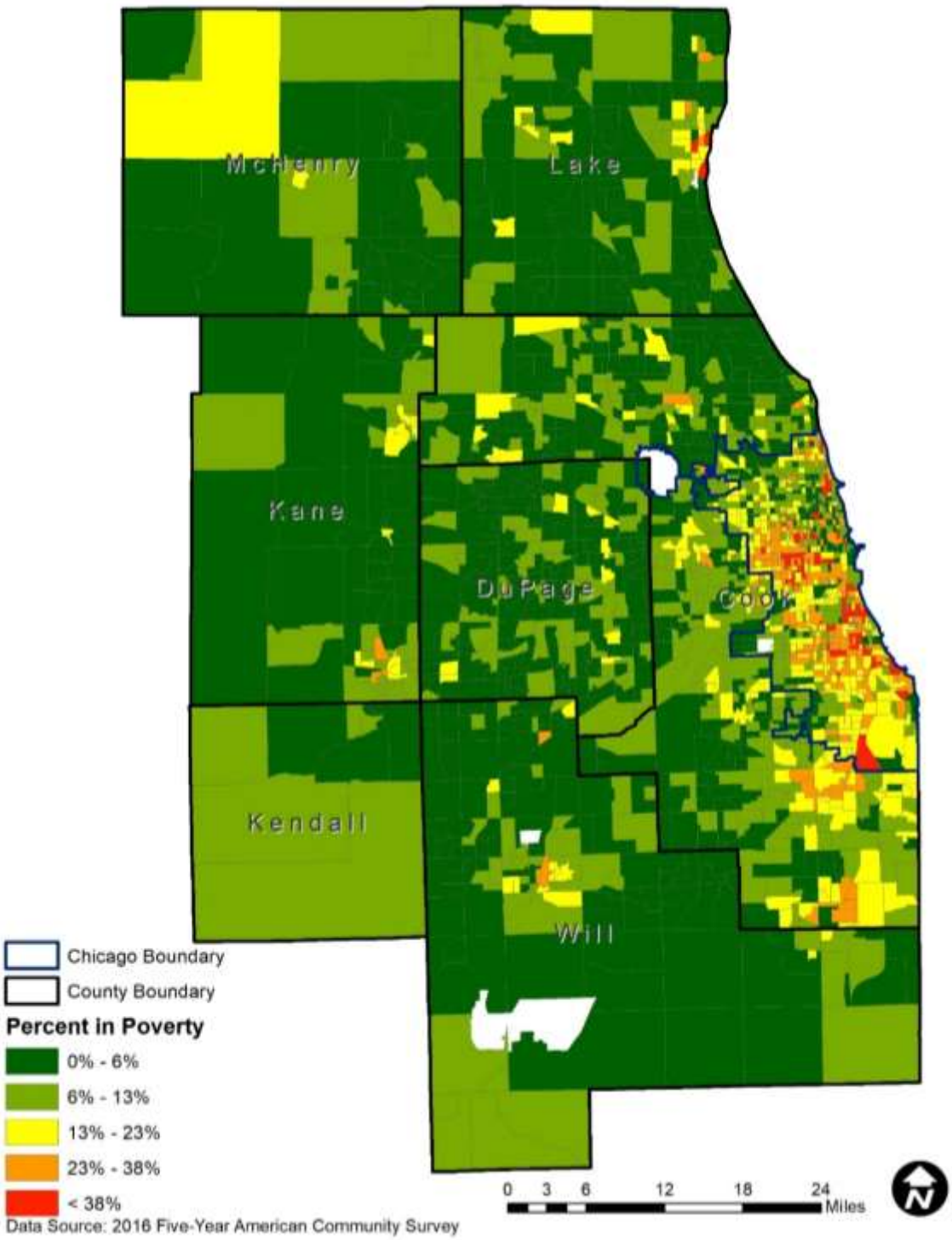
This report uses cluster analysis to identify groupings of Chicago communities that share similar characteristics. Data used to create the cluster analysis are from the 2016 Five-Year American Community Survey, are at the census tract level, and cover the seven county Chicago region of Cook, DuPage, Kane, Kendall, Lake, McHenry, and Will counties. The analysis uses four data points: percent of the population age 55 or older; percent of householders age 55 or older that are homeowners; percent of adults age 55 or older living below the poverty line; and, percent of the housing stock comprised of single family (attached or detached) units. These four data points were selected because each represents a relevant aspect of aging in place need or opportunity. The size of the older adult population reflects the scale and immediacy in demand for aging in place services. Homeownership bears upon the availability of home equity that can be leveraged to fund products and services that support aging in place. Poverty rates reflect economic barriers to aging in place. Housing stock composition reflects the range of housing options available to older adults within their communities.

The cluster analysis was completed using ArcGIS's Multivariate Clustering Tool. The Multivariate Clustering Tool identifies natural clusters based on feature attribute values. Given a number of clusters to create, the tool looks for a solution in which all of the features within each cluster are as similar as possible, and in which all the clusters themselves are as different as possible. Clusters are created using the K-Means algorithm. Only data values were used to create the clusters; spatial proximity of census tracts was not a criteria. Figure A below is a summary of the cluster characteristics.

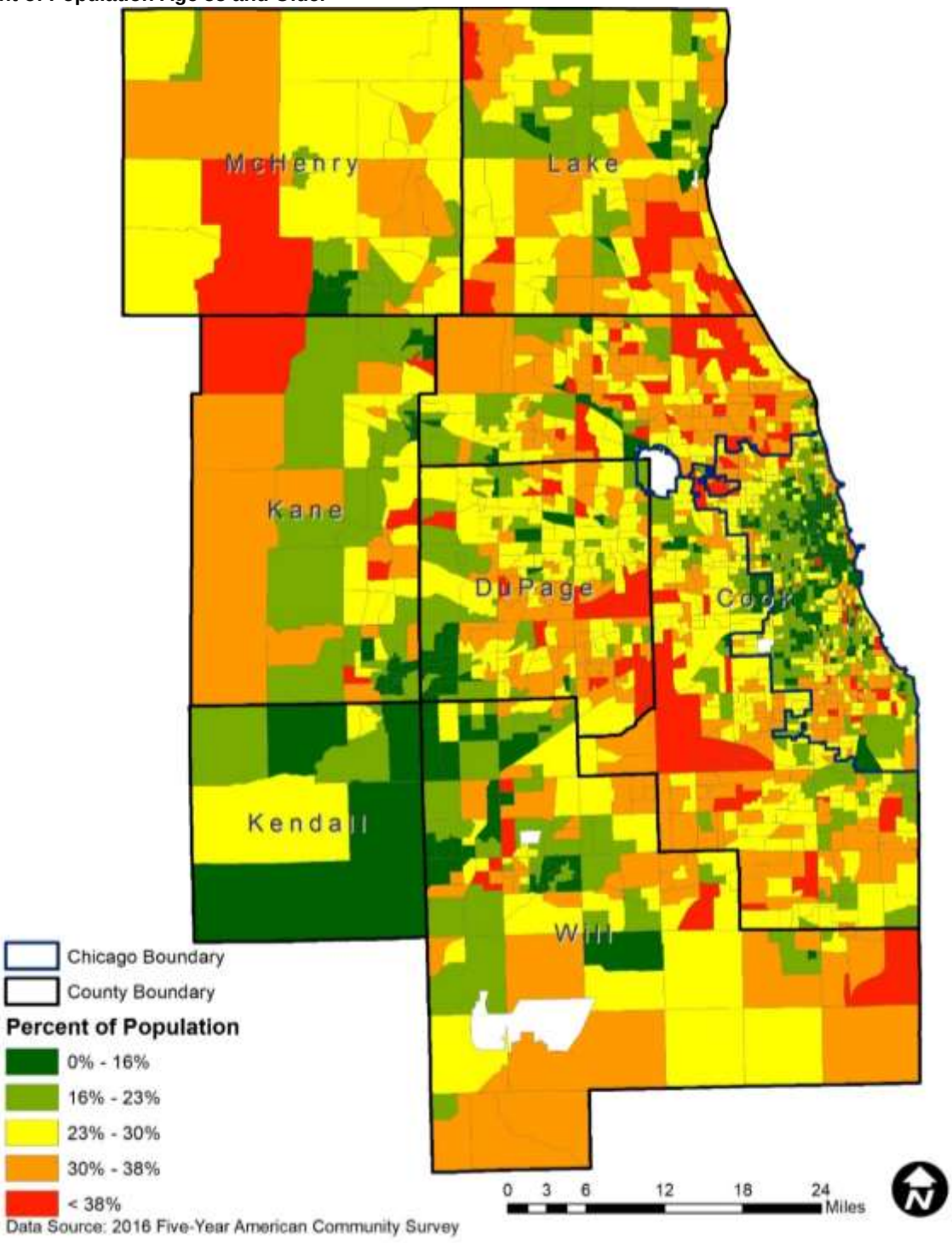
Figure A: Summary of Cluster Characteristics

Variable	Mean	Std. Deviation	Min	Max
Overall Statistics				
Age 55+	0.2489	0.0888	0.0020	0.6410
Owner Occupied Age 55+	0.7248	0.2225	0.0000	1.0000
Poverty Rate Age 55+	0.1214	0.1139	0.0000	1.0000
Single Family Units	0.5810	0.3132	0.0000	1.0000
Typology 1				
Age 55+	0.3589	0.0579	0.2850	0.6410
Owner Occupied Age 55+	0.8496	0.1171	0.4166	1.0000
Poverty Rate Age 55+	0.0700	0.0497	0.0000	0.3370
Single Family Units	0.7587	0.2001	0.0093	1.0000
Typology 2				
Age 55+	0.2320	0.0473	0.0850	0.3080
Owner Occupied Age 55+	0.8727	0.0876	0.5975	1.0000
Poverty Rate Age 55+	0.0650	0.0521	0.0000	0.4190
Single Family Units	0.8357	0.1352	0.4550	1.0000
Typology 3				
Age 55+	0.1909	0.0661	0.0200	0.3640
Owner Occupied Age 55+	0.6258	0.1377	0.0000	1.0000
Poverty Rate Age 55+	0.1273	0.0710	0.0000	0.3500
Single Family Units	0.3123	0.1738	0.0044	0.8721
Typology 4				
Age 55+	0.2156	0.0830	0.0020	0.5350
Owner Occupied Age 55+	0.3252	0.1617	0.0000	0.8159
Poverty Rate Age 55+	0.3517	0.1041	0.1583	1.0000
Single Family Units	0.1820	0.1351	0.0000	0.6857

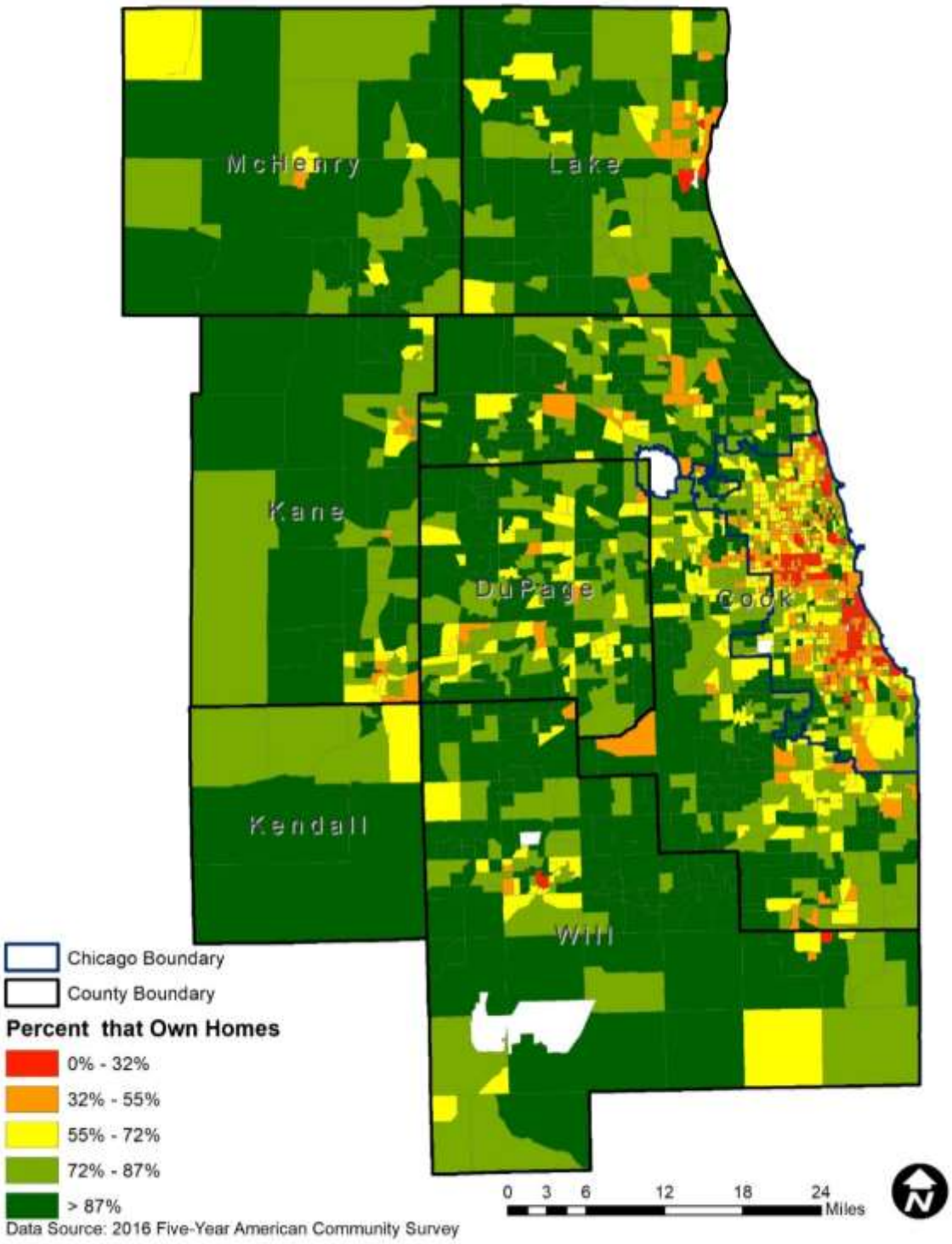
Percent of Population Age 55 and Older in Poverty



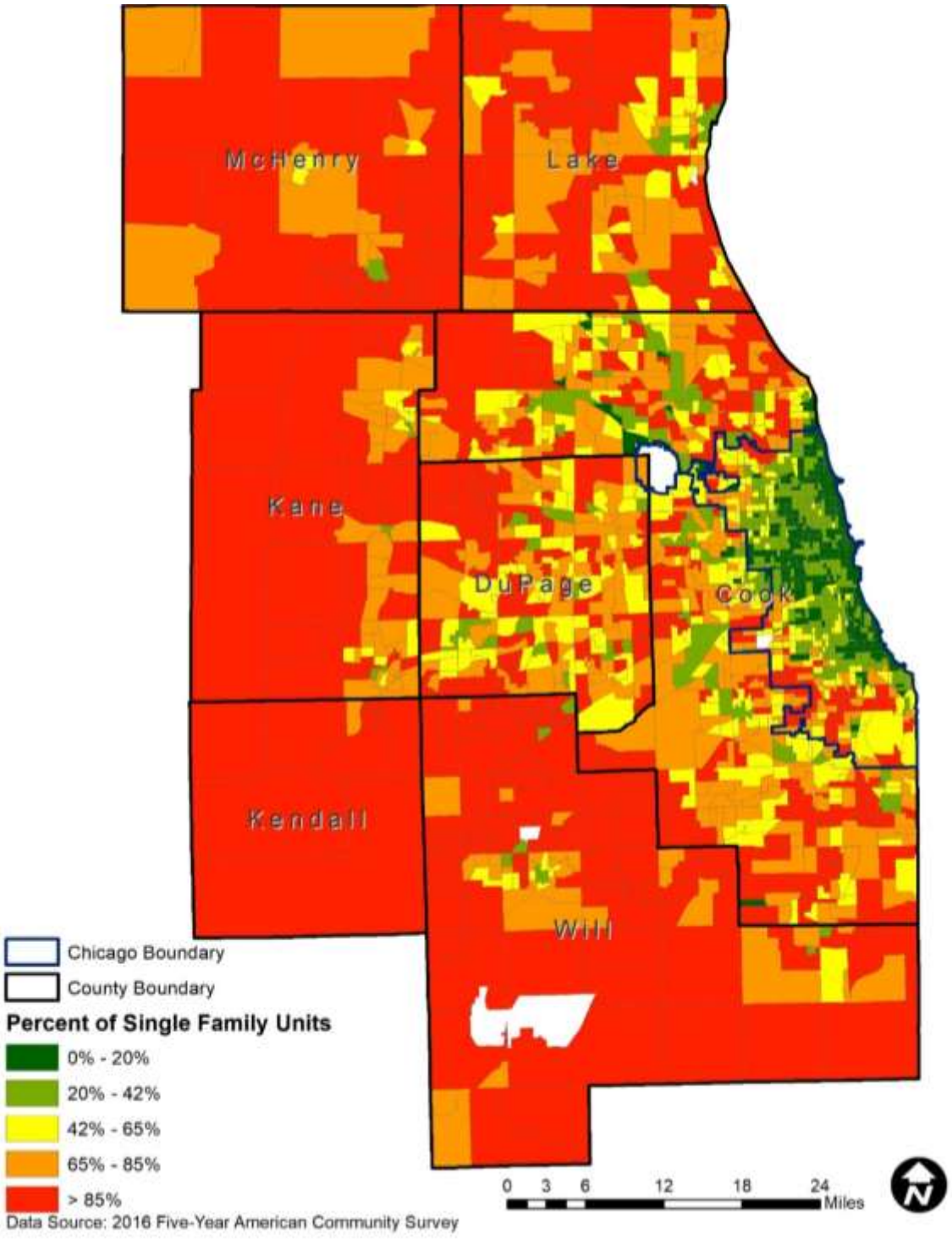
Percent of Population Age 55 and Older



Percent of Householders Age 55+ That Owns Homes



Percent of Single Family Homes



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