SECTION III.

Public and Stakeholder Consultation

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Public consultation for the development of the State of Indiana 2015-2019 Five-year Consolidated Plan included regional meetings led by program liaisons, a resident survey, a stakeholder survey, a survey of public housing authorities (PHAs), interviews with stakeholders, and a public hearing during the 30-day public comment period. This chapter summarizes the results of this very comprehensive public input process.

Key Findings

Key findings from consultation with the public and stakeholders about housing, homeless and community development needs include:

- The population of single persons and families living in poverty has grown, increasing the need for deeply subsidized housing to serve them;

- Wide variation exists in how well rural communities recovered from the Great Recession. Some find themselves with a shortage of affordable, workforce housing due to growing employment. Areas that have not recovered from the recession are plagued by a market still hurt by foreclosures, with substandard housing stock, high unemployment and growing concerns about substance abuse.

- Economic development and public transportation are priority needs in many rural areas.

- Rural areas also need improvements to streets, sidewalks and residential housing to accommodate their needs and make rural communities more visitable. This need will grow as rural communities continue to age.

- Housing condition is a challenge across all rural communities.

Altogether, 1,003 Indiana residents and stakeholders participated in the Consolidated Plan process:

- 686 residents participated in a survey about their housing needs. This survey will also inform the state Analysis of Impediments to Fair Housing Choice (AI). The survey includes separate, statistically significant samples for persons with disabilities and racial and ethnic minorities.

- 233 stakeholders responded to an online survey about community needs.

- Approximately 40 stakeholders were contacted about their interest in conducting telephone interviews about housing and community development needs in their communities. Six stakeholders requested interviews; these were conducted in April 2015.

- Sixty-three public housing authorities (PHAs) were invited to participate in a survey about housing needs and challenges in the communities they serve. Twenty-eight PHAs responded to the survey.

How do the findings differ from past years'? In 2013 and 2014, a similar survey of stakeholders was conducted and regional meetings were also held to discuss housing and community development priorities. The top community development needs have remained relatively consistent during the past three years: Job training and public transit top the list, followed by water/sewer/wastewater infrastructure improvements. Housing needs have shifted away from a focus on specific populations to broader needs for all types of poverty-level households. Housing rehabilitation and accessibility improvements remain as concerns.

Input from Public Hearings

On April 23, 2015 two public hearings were held to receive comments on the Draft 2015-2019 Consolidated Plan. The hearings were held in five accessible locations throughout the state at 2:30 p.m. and at 5:30 p.m. Altogether, 23 people attended the hearings. This compares to 10 attendees in 2013 and 16 in 2014.

The hearings included a presentation that provided background information about the Consolidated Plan process and requirements, discussed program changes for 2015 and presented the proposed program allocation for the 2015 Program Year (PY2015). A copy of the presentation from the hearings is attached to this section. Written comments received during the 30-day comment period are also appended to this section.

The hearings were held in:

> - Indianapolis (Central Indiana),
> - Huntington (Northeast),
> - Rensselaer (Northwest),
> - Scottsburg (Southeast), and
> - Vincennes (Southwest).

Attendees shared the following comments about the Draft Consolidated Plan during the public hearings:

- One attendee was concerned about the length of the Plan. Since it is the first time the public has reviewed the new format now required by HUD, it would have been nice to have more time to review the Plan before the public hearing. This is particularly important for persons who need the Plan transferred into alternative formats *Note: The draft plan was released 10 days in advance of the hearing.*

- In future years, could the state publish a "Save the Date" notice in January about when the hearings will be held in April?

- One attendee was concerned that migrant farm workers were no longer included as a special population in the new Plan.

- The needs of migrant farmworkers were described as severe, with many living in housing in very substandard condition, some without running water and many without modern conveniences (e.g., working appliances).

- Some nonprofit partners asked IHCDA to utilize CDBG funding to create housing opportunities for migrant farmworkers. *Note: This activity has been an eligible use of IHCDA CDBG funds in the past, but is not an intended use of PY15 funds. IHCDA remains supportive of migrant farmworker housing and will work with interested communities and partners to deploy funds leveraged by the State's Section 108 Loan Guarantee for this activity.*

- One attendee was concerned with the lack of vouchers set aside under Money Follows the Person programs to use for independent living. Another attendee asked that Section 8 homeownership be part of the programs offered by the state's public housing authorities.

- Two attendees discussed the lack of visitable and accessible housing in the state's nonentitlement communities and called for a state visitability ordinance. One attendee shared his story: He lives in Fort Wayne and, of the 30 friends he would like to visit in the city, he can only visit one due to the difficulty getting into their homes and around their neighborhoods.

- Chemical sensitivity issues can be a problem in housing that is near agricultural areas. Landlords are not always aware of the requirement to make reasonable accommodations.

- One attendee recommended a program that would help low income homeowners with well and septic take replacements.

The public hearings and comments were recorded on video and can be accessed at: https://youtu.be/5H3bevHrVlw.

Findings from Interviews and Surveys

This section presents the findings from the surveys and interviews that were conducted for the Consolidated Plan. These findings were used in the development of five year goals, priorities and projects; were measured against the proposed PY2015 allocation plan; and will be considered in future allocation plans.

Industry/organization and demographics of respondents. Figure III-1 presents the types of industries and organizations represented by stakeholder respondents. The greatest proportions of respondents provide services to low income residents and persons with disabilities. Respondents represent the public, private and nonprofit sectors. This was a similar distribution of stakeholder respondents as in 2013 and 2014.

Figure III-1.
Type of Industry/Organization Represented by Stakeholder Respondents

Industry/Organization Type	Percent	Industry/Organization Type	Percent
Services for low income residents	27%	Regional planning	4%
Services for persons with disabilities	26%	Homeownership counseling or services	4%
Homeless services	22%	Land use planning	4%
Local government	21%	Other	12%
Government general	18%	Services for businesses	4%
Economic development	16%	Public housing authority	3%
Services for seniors	16%	Landlord/tenant services	3%
Affordable housing advocacy	13%	Lending	3%
Services for persons with drug or alcohol addictions	11%	Business owner/manager	2%
Affordable housing development	10%	Criminal justice	2%
Services for veterans	8%	Services for farmworkers	2%
Food pantry	8%	Services for immigrants	1%
Affordable housing provision	7%	Services for refugees	1%
Education	7%	Transit provider	1%
Fair housing/Legal Aid	7%	Sales	0%
Own rental property	6%	Insurance	0%
Property management	6%	Market rate housing development	0%
Services for persons with HIV/AIDS	4%	Residential appraisals	0%

Note: n=225. Numbers add to greater than 100 percent due to multiple responses.

Source: BBC Research & Consulting from 2015-2019 Consolidated Plan Stakeholder Survey.

Figure III-2 shows the counties represented by stakeholder responses.

Figure III-2.
Counties in Which Stakeholder Respondents Provide Services

County	Percent	County	Percent	County	Percent
Adams	4%	Hendricks	12%	Pike	4%
Allen	7%	Henry	5%	Porter	3%
Bartholomew	6%	Howard	5%	Posey	3%
Benton	3%	Huntington	6%	Pulaski	3%
Blackford	6%	Jackson	3%	Putnam	5%
Boone	11%	Jasper	2%	Randolph	5%
Brown	7%	Jay	4%	Ripley	5%
Carroll	3%	Jefferson	2%	Rush	4%
Cass	5%	Jennings	4%	St. Joseph	6%
Clark	1%	Johnson	10%	Scott	1%
Clay	3%	Knox	7%	Shelby	10%
Clinton	3%	Kosciusko	6%	Spencer	3%
Crawford	2%	La Porte	4%	Starke	2%
Daviess	6%	Lagrange	4%	Steuben	7%
Dearborn	5%	Lake	5%	Sullivan	5%
Decatur	4%	Lawrence	6%	Switzerland	3%
De Kalb	5%	Madison	5%	Tippecanoe	4%
Delaware	6%	Marion	13%	Tipton	5%
Dubois	3%	Marshall	4%	Union	3%
Elkhart	4%	Martin	5%	Vanderburgh	5%
Fayette	4%	Miami	4%	Vermillion	5%
Floyd	1%	Monroe	10%	Vigo	5%
Fountain	4%	Montgomery	12%	Wabash	7%
Franklin	5%	Morgan	10%	Warren	3%
Fulton	4%	Newton	1%	Warrick	2%
Gibson	4%	Noble	7%	Washington	3%
Grant	5%	Ohio	4%	Wayne	5%
Greene	8%	Orange	4%	Wells	3%
Hamilton	11%	Owen	6%	White	2%
Hancock	9%	Parke	4%	Whitley	7%
Harrison	1%	Perry	3%		

Note: n=195. Numbers add to greater than 100 percent due to multiple responses.

Source: BBC Research & Consulting from 2015-2019 Consolidated Plan Stakeholder Survey.

As Figure III-3 shows, responses were well-distributed regionally.

Figure III-3.
**Stakeholder Responses by Region**

Note:
n=58.

Source:
BBC Research & Consulting from 2015-2019
Consolidated Plan Stakeholder Survey.
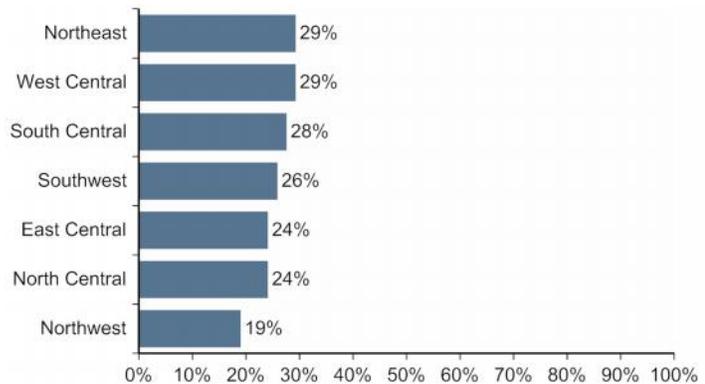
The residents responding to the survey lived throughout the state, as shown in the following map.

Figure III-4.
Residents Responding to Survey by County

Legend:

Entitlement Cities/Counties

Percent of survey respondents by county
- None
- .025 - 1 percent
- 1 - 2.75 percent
- 4 - 5.25 percent
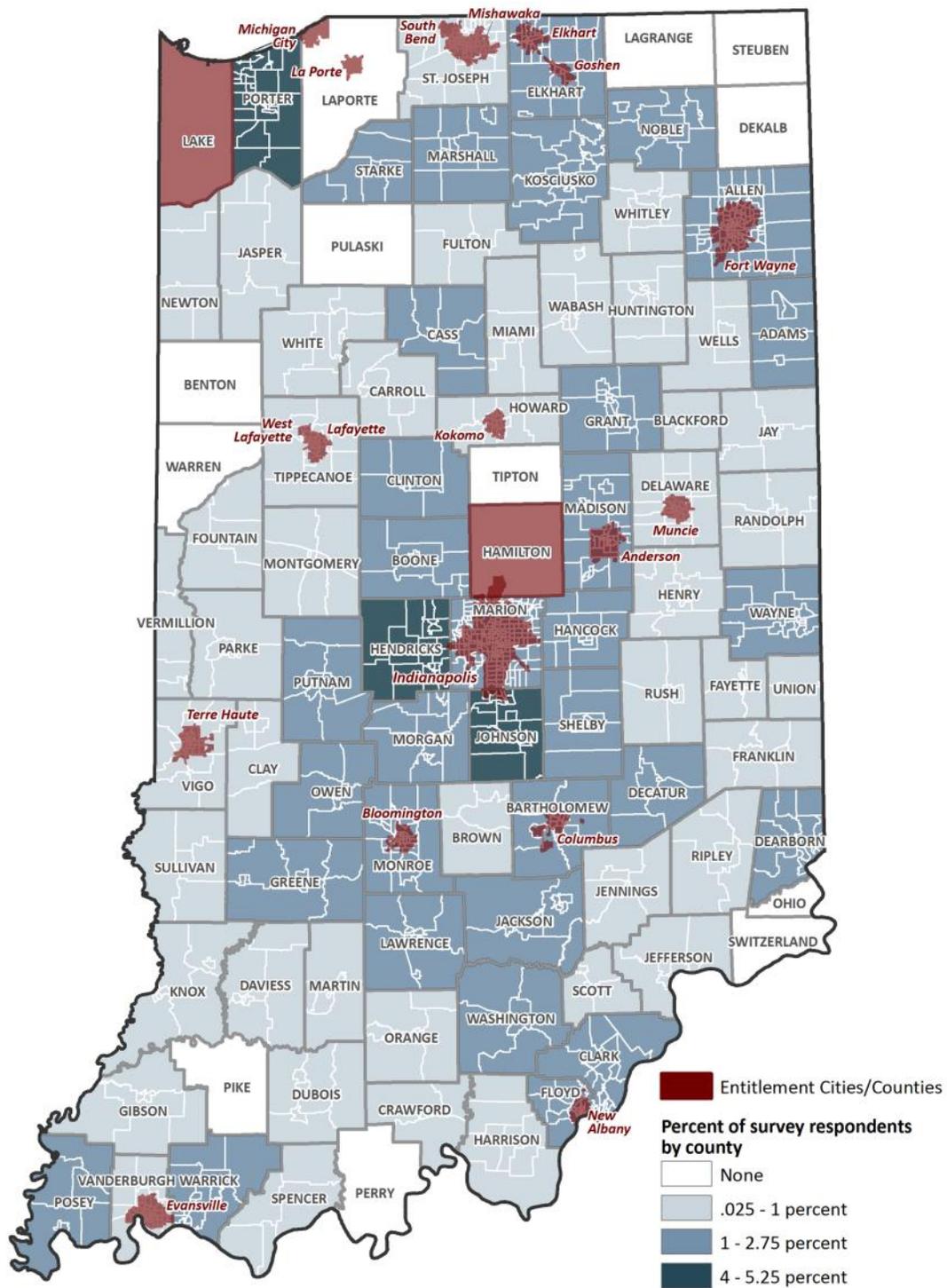
Source: BBC Research & Consulting from 2015 Resident Survey.

Seventy eight percent of households represented in the survey were owners; 14 percent were renters; and the remainder were living with others but not paying rent or mortgage. The majority of households lived in single family homes (88%), followed by apartments or condos (5%), mobile homes (4%) and townhomes/duplexes/triplexes/fourplexes (2%).

Housing and Homeless Needs

The majority of residents surveyed for the Plan said they were satisfied with their housing situation (90%). When asked about the most important factors in their choice of a home, residents listed cost, location and "liked the neighborhood." Of those who were unsatisfied, the top reason for dissatisfaction was the need for repairs (see Figure III-5).

Figure III-5.
If you are dissatisfied with your home, why are you unsatisfied?
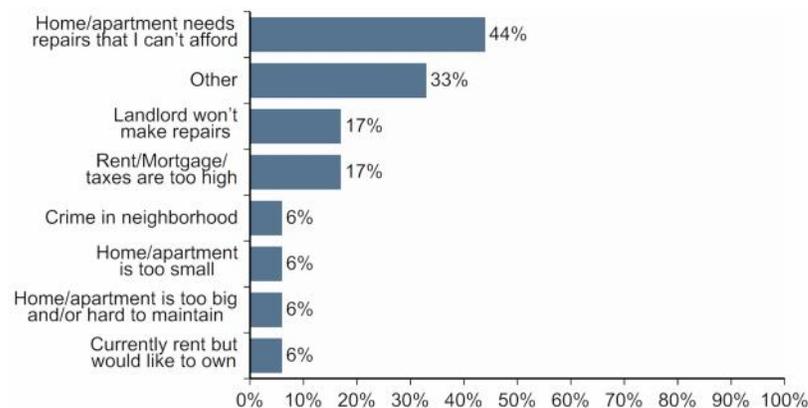
Note: n=18. Due to multiple responses, sum of values is greater than 100%.

Source: BBC Research & Consulting from 2015 Resident Survey.

In order to evaluate community assets and stressors, residents were asked to rate their level of agreement with a series of statements about their community. Overall, residents exhibited higher levels of agreement with positive statements (assets) than with need statements (stressors)—again indicating a high level of satisfaction among residents. Figure III-6 displays the top assets and the top needs that were identified by residents in the survey.

The top housing needs included:

■   Ownership opportunities for renters who would like to purchase a home

■   Housing that is affordable and close to good quality schools;

■   Condition of housing and need for repairs; and

■   Proximity of jobs to housing.

Figure III-6.
Top Community Assets and Needs

Percent of residents in agreement with statement

Top Community Assets

I have a supportive network of friends or family in my neighborhood, church or community — 81%

There are grocery stores convenient to where I live — 74%

The location of health care facilities is convenient to where I live — 74%

All residential areas in my community have the same quality of parks and recreation facilities — 67%

Top Community Needs

I want to buy a house but can't afford the down payment/mortgage (Renters only) — 37%

In this area, it is difficult to find housing people can afford that is close to good quality schools — 24%

Housing in my community is in poor condition and needs repair — 24%

The location of job opportunities is inconvenient to where I live* — 23%

Note: n=400.
         *In the survey, this statement was presented in the positive (the location of job opportunities is convenient to where I live). It is presented here in the inverse form, along with the inverse percentage.

Source: BBC Research & Consulting from 2015 Resident Survey.

Stakeholders responded to a series of questions regarding housing and homeless needs in their community, including how needs may have changes in the past two to three years.

Recent changes in housing needs. Stakeholders shared their perceptions of how housing needs have changed in the past two to three years in the communities they serve. The changes stakeholders described were varied, with most described as affecting low income residents.

The most prominent themes were: 1) Greater need for affordable housing in good condition, 2) Loss of jobs, and 3) Increased need for affordable, workforce housing in areas with economic growth. Several respondents said that the supply of affordable housing had increased in their communities, especially for persons with disabilities.

In some cases, the housing needs described were conflicting, depending on economic conditions. The majority of respondents expressed a need for affordable housing, yet the needs differed: In areas with strong economies, housing needs take the form of increased housing prices that are reducing affordable, workforce housing opportunities. Areas that have not recovered from the recession describe a market still hurt by foreclosures with substandard housing stock and persistently high unemployment.

In many rural communities, public housing authorities (PHAs) provide the only programs to serve poverty-level households. PHAs were asked how easy it is for their clients to find vouchers: The majority, 72 percent, said it was easy (with 4% reporting "very easy"); 32 percent said it was difficult. No PHAs reported that finding a landlord to take vouchers was "very difficult."

A growing demand for higher quality housing was a strong theme in the survey and interviews. Some said that seniors were most affected by housing condition.

- "Housing rehabilitation is the greatest need by far; there are a lot of old, run-down houses with many low income seniors living in this housing stock."

- "It's hard to attract senior living facilities in small communities, so most seniors age in their homes—but they are in need of rehabilitation."

When asked about housing condition, PHAs did not identify required Housing Quality Standards (HQS) as a barrier to housing choice. Instead some recommended that HQS be a standard statewide to improve housing condition.

Populations most affected by housing changes. Stakeholders were asked which resident groups, if any, have been most affected by the changes in the housing market. The resident groups most consistently mentioned included:

> - Persons with disabilities,
> - Low income seniors,
> - Low income families, and
> - Low income residents in general.

PHAs reported that large families (75% reported challenges) and residents with criminal backgrounds (58%) are most challenged in using their housing choice vouchers, followed by residents with substance abuse histories (42%) and persons with disabilities (33%).

Greatest unmet housing needs. Figure III-7 presents the proportion of stakeholders who selected particular needs as one of three top unmet housing needs in their area. The greatest proportion of stakeholders (42%) selected housing for extremely low income residents (earning less than 30% AMI) as a top need. This is consistent with the 2014 stakeholder survey, but not the 2013 survey, where the needs of seniors were the highest ranked need.

Figure III-7.
Greatest Unmet Housing Needs

What are the top three greatest unmet housing needs in your service area?	Percent
Housing for persons at 30% Area Median Income or AMI or less (extremely low income, generally poverty level)	42%
Housing rehabilitation for low income homeowners (earning less than 80% AMI or about $45,000/year)	26%
Housing for persons at 60% AMI or less (very low income, generally earning less than $35,000/year)	24%
Housing for homeless families	22%
Housing for seniors	21%
Housing for persons with serious mental illness	20%
Housing for persons at 80% AMI or less (low income, generally earning less than $45,000/year)	19%
Emergency shelter for homeless/homeless shelter	17%
Housing for persons with physical disabilities	17%
Housing for adults with criminal histories (felonies)	17%
Other	17%
Housing for chronic homeless	15%
Homeownership opportunities for low income residents (earning less than 80% AMI or about $45,000/year)	14%
Housing for persons with cognitive disabilities	11%
Homeownership opportunities for moderate income residents (earning 80-120% AMI or generally between $50,000 and $75,000/year)	9%
Housing for homeless women	8%
Housing for homeless veterans	7%
Housing for homeless men	7%
Housing for youth transitioning out of foster care	7%
Housing rehabilitation for moderate income homeowners (earning 80-120% AMI or generally between $50,000 and $75,000/year)	7%
Housing rehabilitation for low income renters (earning less than 80% AMI or about $45,000/year)	6%
Housing rehabilitation for moderate income renters (earning between 80-120% AMI or generally between $50,000 and $75,000/year)	3%
Housing for persons with HIV/AIDS	2%

Note: n=121. Numbers add to greater than 100 percent due to multiple responses.

Source: BBC Research & Consulting from 2015-2019 Consolidated Plan Stakeholder Survey.

Figure III-8 compares responses to the top Greatest Unmet Housing needs in 2013, 2014 and 2015.

Figure III-8.
Greatest Unmet Housing needs in 2013, 2014 and 2015 Stakeholder Surveys

Top needs 2013	Top needs 2014	Top needs 2015
1 Housing for seniors	1 Housing for < 30% AMI residents ($25,000 and less/year)	1 Housing for < 30% AMI residents ($25,000 and less/year)
2 Housing rehabilitation for low income homeowners	2 Emergency shelter for homeless	2 Housing rehabilitation for low income homeowners
3 Homeownership opportunities for low income residents	3 Housing rehabilitation for low income homeowners	3 Housing for < 60% AMI residents ($35,000 and less/year)
4 Emergency shelter for homeless	4 Housing for persons with serious mental illness	4 Housing for < 80% AMI residents ($45,000 and less/year)
5 Housing rehabilitation for moderate income homeowners	5 Housing for persons with physical disabilities	5 Housing for seniors
6 Housing rehabilitation for low income renters	6 Housing for seniors	6 Housing for persons with serious mental illness
	7 Housing for homeless families	
	8 Housing for adults with criminal histories	

Note: More than one-fifth of stakeholders ranked these as the Greatest Unmet Housing Needs.

Source: BBC Research & Consulting from 2013, 2014 and 2015-2019 Consolidated Plan Stakeholder Survey.

Community Development Needs

In the survey, stakeholders responded to a series of questions regarding community development needs. Stakeholders also discussed community development concerns in their interviews.

Greatest unmet community development needs. Stakeholders identified the top three greatest unmet community development needs in their area. As shown in Figure III-9, public transit and job training programs were identified as the top needs for about 40 percent of stakeholders. These are followed by sidewalks and water and sewer infrastructure.

Figure III-9.
Greatest Unmet Community Development Needs

What are the top three greatest unmet community development needs in your service area?	Percent
Public transit for all	41%
Job training programs	39%
Sidewalks	26%
Water and sewer infrastructure	24%
Infrastructure for Internet access	19%
Accessibility (ADA) improvements to community amenities (e.g., parks, trails)	17%
Stormwater infrastructure	17%
Other (please specify)	16%
Accessibility (ADA) improvements to public buildings	15%
Public transportation for persons with disabilities	15%
Youth center	11%
Public safety support (e.g., fire stations, fire trucks)	10%
Technical assistance—Identifying loan/grant opportunities	10%
Technical assistance—Business plan development, entrepreneurship training	7%
Public transportation for seniors	6%
Street lighting	6%
Technical assistance—Energy efficiency and renewable energy services	6%
Senior center	4%
Flood plain mitigation	4%
Technical assistance—Business skills development (e.g., accounting, software training)	3%
Technical assistance—Market research and competitive intelligence	2%
Technical assistance—Internet and social media strategy/search engine optimization	1%
Technical assistance—Water conservation services	1%
Technical assistance—other (specify)	1%

Note: n=165.

Source: BBC Research & Consulting from 2015-2019 Consolidated Plan Stakeholder Survey.

Figure III-10 compares responses to the top Greatest Unmet Community Development needs in 2013, 2014 and 2015.

Figure III-10.
Greatest Unmet Community Development Needs for 2013, 2014 and 2015 Stakeholder Surveys

Top needs 2013	Top needs 2014	Top needs 2015
1 Public transit for all	1 Job training programs	1 Public transit for all
2 Job training programs	2 Public transit for all	2 Job training programs
3 Water and sewer infrastructure	3 Sidewalks	3 Sidewalks
4 Sidewalks	4 Water and sewer infrastructure	3 Water and sewer infrastructure
5 Stormwater infrastructure	5 Youth centers	

Note: More than one-fifth of stakeholders ranked these as the Greatest Unmet Community Development Needs.

Source: BBC Research & Consulting from 2013, 2014 and 2015-2019 Consolidated Plan Stakeholder Survey.

There is more consistency in stakeholder-identified community development needs than housing needs across 2013, 2014 and 2015. Unfortunately, the top two needs—public transit and job training programs—are some of the more difficult needs to address through CDBG due to the federal requirements governing the program.

Increasing Program Effectiveness

Stakeholders provided advice on how the state can increase the effectiveness of its housing and community development programs. This section reports on the feedback from stakeholders.

What advice do you have for the state to be able to increase the effectiveness of its housing programs? What would you do differently?

Stakeholders interviewed offered several suggestions:

■   "The state does a good job overall—but more de-regulation and reductions in red tape would lower the cost of building and/or repairing housing."

■   "A larger share of CDBG should be allocated to housing programs. Housing rehabilitation needs to be a top priority."

■   One stakeholder feels that "CDBG disaster recovery funds should be allowed to be used for rentals; some of the rental stock has been devastated by weather."

■   Safe and secure transitional housing is needed as an alternative to rapid re-housing (which has no security or regulations), particularly for victims of domestic violence.

Several stakeholders shared thoughts on the HOME application process:

■   One stakeholder described a timing issue in HOME applications also seeking AHP funds through the Federal Home Loan Bank of Indianapolis. Due to changes in the HOME regulations in the federal HOME Final Rule, IHCDA began requiring applications to have all other sources of funding (except the HOME) already committed. The Federal Home Loan Bank does not announce awards until July, after the HOME applications are due. *Note: after learning about this conflict, IHCDA announced a modification in policy specific to AHP funds. This can be found in RED-15-21, http://www.in.gov/myihcda/rednotices.htm.*

- Some stakeholders expressed concern about the rental tax credit scoring emphasis on community impact and adaptive re-use making it difficult for other types of projects—that may do a better job of meeting community development needs—from receiving tax credits.

- HOME applications for projects that assist persons with disabilities require single room occupancy units to have a kitchen per unit, which raises costs and may not be necessary for the development type.

- "HOME needs to find ways for more frequent, rolling applications and/or a short application for certain projects. It is difficult for small nonprofits to buy land when it becomes available and hold onto to them until they receive funding."

- Clarity on the process to access HOME funds is needed.

Figure III-11 summarizes stakeholder responses to the survey question about changes to housing programs.

Figure III-12 shows how stakeholders would expect these changes to impact outcomes.

Figure III-11.
Recommended Changes to Housing Programs

What would you do differently?

General Affordable Housing Programs and Funding

Provide more funding for housing programs and seek diversified funding sources
Re-establish Section 8 homeownership program and expand homeowner rehabilitation program to include scattered sites
Increase availability of Section 8 housing, affordable housing for low and middle income households, seniors at 30% AMI and affordable farmworker and homeownership housing opportunities
Ensure program funds are used for home and rental repairs, create a revolving fund for local home repairs and/or require landlords to make needed repairs
Provide assistance and tailor program design and funding application processes for small, rural communities, e.g., separate competition for funding from large communities
Find creative ways to do bond financing with 4 percent tax credits
Provide more authority to local HUD agencies, improve program administrative flexibility and oversight and prioritize program funds for local families
Require drug testing and proof of employment/active search for employment to be eligible for housing programs

Homelessness/Mental Health and Substance Use

Increase the amount of stable and subsidized housing opportunities for persons with mental illnesses and persons released from prison
Update and enforce the state's regulations on operators of healthcare housing
Extend the 30 to 40 day emergency shelter stay to 60 to 90 days to provide more time to access permanent housing and employment
Provide more housing assistance funding in order to meet HUD's target 20 to 30 day maximum shelter stay
Increase funding for homelessness prevention services, e.g., rent and utility arrears, repairs
Create incentives for jurisdictions to set maximum rent limits in areas with significant homelessness
Provide financial support to small, rural communities to establish homeless shelters
Increase funding for permanent supportive housing and case management for chronically homeless adults and families
Do not prioritize Housing First for all homeless persons; it is not always the best path to housing stability
Provide more resources to house and support unaccompanied homeless youth and homeless Veterans

Accessible Housing

Ensure programs have sufficient funding set aside for accessible modifications
Require new development to be visitable and accessible at least on the first floor
Connect with Centers for Independent Living for input and development of housing programs for low-income persons with disabilities
Provide grants to property managers to renovate older homes into accessible homes for those with disabilities

Education/ Capacity Building

Increase access to or require attendance at financial literacy and life skills education and training for tenants in subsidized housing
Provide more education training to housing providers and consumers in order to improve knowledge of fair housing
Provide technical assistance to struggling affordable housing property managers
Provide financial resources to housing providers for bedbug prevention and treatment
Strengthen internal efforts at affirmatively furthering fair housing
Provide persons with disabilities a greater role in the decision making process and the opportunity to take on leadership roles
Improve communication with the public with regards to waiting lists for housing programs

New Development/ Holistic Approach

Take a holistic approach to solving housing affordability issues, e.g., access to housing, jobs, food and public transit
Improve incentives for the development of low and middle income housing and mixed-income projects
Require new residential development in urban areas to include mixed income and/or subsidized units
Reduce segregation by building affordable housing in opportunity areas (areas with low unemployment and job growth)
Streamline and expedite the application and approval process for affordable housing development
Require a share of market affordable housing be provided in all communities based on median income

Source: BBC Research & Consulting from 2015-2019 Consolidated Plan Stakeholder Survey.

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Figure III-12.
Anticipated Effects on Housing Program Changes

If your change is made, how do you think it will positively impact outcomes?
More efficient use and equitable distribution of state and federal resources would benefit very low to moderate income households
More funding for housing rehabilitation would increase the ability for seniors and persons with disabilities to remain in their homes and result in less reliance on nursing homes
Indiana would be a much more accessible and disability friendly state
Persons with disabilities would have more opportunities for housing and a greater role in decision making
Working closely with disability organizations would provide the state with valuable insight in order to become a more visitable, accessible and affordable state for individuals to age in place
More resources for affordable housing programs would house more people, the population would be more accepting of diversity and of low-income and disabled persons
Programs would be more effective and tailored to their needs of each community with more funds to provide additional services and hire program leads
More affordable and accessible housing with supports and better case management would allow individuals to live independently
Proactive support for persons with mental illnesses would reduce emergency visits and reliance on homeless shelters, lowering criminal justice and healthcare costs
Incentives would lead to the development of more affordable housing to better meet the need
Better treatment of farmworkers so they remain in the state
Program applications would be scored on logical basis
Communities would be able to focus on longer term housing solutions, prices would stabilize, neighborhoods would not deteriorate as rapidly, employment would rise, there would be fewer abandoned homes and more community pride
Housing providers would have better tenants, less turnover and reduced property maintenance costs
More housing assistance would decrease the reliance on the social programs and homeless shelters and people would have their needs met in small communities instead of having to go to Indianapolis
Nonprofit organizations would be better equipped to adapt to the changing realities in communities
Reduced utility costs and home repair grants would help prevent homelessness
If the provision of low to moderate income housing met the demand, communities could recruit laborers to fill jobs, vehicle miles traveled would be greatly reduced
Improved bedbug management would reduce costs for landlords and have a positive impact on whole communities
The continuation of the foreclosure prevention program would keep home owners in their homes and help to maintain neighborhoods
Transitional housing helps people find work and stability before finding permanent housing
More attention to healthcare and residential care would improve the standard of care and abuse would be eliminated
More emphasis on mixed-income housing would benefit low-income households
More housing choice would reduce the impacts of poverty, improve mental health and reduce crime
Higher property values would make communities more attractive to future residents
More support to very low-income seniors (30% AMI) would prevent homelessness and help ensure they can enjoy stable and secure housing
Requiring a drug test and evidence of employment search for admission into housing programs would hold people accountable for their actions and improve program outcomes

Source: BBC Research & Consulting from 2015-2019 Consolidated Plan Stakeholder Survey.

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Recommendations from stakeholders interviewed about community development needs included the following:

- Would like to see infrastructure programs geared toward workforce development and economic growth: 1) Assistance in developing sites for prospective businesses; 2) Infrastructure support for alternative housing types growing in demand for workforce (e.g., duplexes, lofts); 3) Marketing support to encourage entrepreneurism.

- Two rounds of funding are better than one. If an application gets tossed out for something silly/a technical mistake it can take more than a year to get funding in a one-round application cycle.

- Would be nice to get more assistance through Stellar Communities. It's a great program which "really makes you look at your community…and identify opportunities you may have considered before"

The open-ended contributions from survey respondents are shown in Figures III-13 and III-14.

Figure III-13.
Recommended Changes to Community Development Programs

What would you do differently?
Increase state support for local governments and non-profits, provide more funding and grant opportunities, e.g., capital grants, make grants easier to apply for and provide two grant opportunities per year (as per previous CFF program)
Ensure persons with disabilities are part of the decision making process and have opportunities to take on leadership roles
Community support must reach all communities, not simply Indianapolis and the surrounding area
Increase the share of funding dedicated to accessible modifications and provide in-home services to ensure persons with disabilities and senior can age in place and be engaged in the community, e.g., accessible public bathrooms
Ensure persons with a range of physical and mental illnesses can access programs and services, including homeless shelters
Provide more resources for local communities to improve infrastructure, e.g., sewage, roads, accessible sidewalks
Ensure public transit is affordable and accessible for persons with disabilities and expand service outside of business hours; more funding for public transit is needed
Provide more funding for new affordable housing for persons with disabilities
Improve state transparency and efficient and targeted use of public funds, realign the areas funds are dispersed to better represent needs and reduce burdensome rules and reporting requirements
Increase local government autonomy and authority, and require state decision-makers visit communities before making funding/policy decisions
Improved early childhood education and high school and college graduation rates, strengthen educational offering (e.g., shop class, business coops), provide job skills training and employment opportunities for youth and adults, especially in rural and low-income areas
Establish a long term statewide education strategy
Increase attention, technical assistance, funding and grant opportunities for small, rural communities, e.g., limited resources to be heard and apply for grants, challenges maintaining enrolment levels at rural schools
Reduce the burden on households of costly utility bills and high rents
Improve internet access in small, rural communities
Provide funds to accommodate for revenue lost by tax caps
Provide more funds for strategic planning, improve regional and state coordination and implement a regional development plan
Establish a partnership with IEDA and offer enhanced economic development training to state economic and community development agencies
Expand Stellar Communities program, provide support to communities that would like to join and provide a grant for infrastructure in the program
Improve access to and quality of data and communication with the public and to local governments about program and funding options, particularly in rural areas
Provide incentives for businesses to locate low-income, rural areas and support to attract development
Develop a transportation system that would link housing and service providers, e.g., transport housing tenants to the FSSA office, WorkOne office
Eliminate the income requirements restrictions for the communities; many low income people do not fill out income surveys and as a result some communities do not qualify for grants because they are above the income limit
Make the blight program easier to use for small communities
Raise property taxes in small rural areas; very low assessed values and property tax cap limits funding for basic infrastructure and the ability to provide a decent standard of living
Require banks work with communities to manage foreclosed, vacant properties
Utilize public schools in the summer for youth centers for those with and without disabilities and contract with local universities to offer credits for students majoring in education or social work to run these summer programs

Source: BBC Research & Consulting from 2015-2019 Consolidated Plan Stakeholder Survey.

Figure III-14.
Anticipated Effects on Community Development Program Changes

If your change is made, how do you think it will positively impact outcomes?
There would be more funding and access to services, more affordable living options and people would have more hope and less stress
The disability community would be meaningfully involved in all decisions that affect them
Seniors would be better able to age in place and remain integrated in the community
The state would become friendlier and more accessible for persons with disabilities, making Indiana more attractive to new populations and desirable to investment
More public transportation would allow people to get to work without a car and participate in their communities and infrastructure improvements would create safer communities
Keeping young motivated people in small, rural areas would help with community development
A fair market for small business markets competing against big-box retail
There would be more attention to and investment in the quality of life in small and rural communities, not just in Indianapolis
More targeted training opportunities would increase local knowledge and capacity
Improved local capacity, knowledge, comprehensive panning and collaborative processes would improve community development and private investment
If students graduated with more skills and more families made a living wage there would be less reliance on community assistance programs and Section 8 housing
Small communities would be able to afford infrastructure maintenance, there would be improved energy efficiency and cost savings to households
Higher employment, better quality jobs and higher wages, new businesses and investment, leading to improved infrastructure and economic development
More efficient use of funds, more grant opportunities, better grant applications and final projects, targeted to the right low-income communities and better communication with communities about funding options
Elected officials and the general public would be more informed and would make better decisions
More businesses located in low-income areas
Lower crime, better family planning and a decrease in drug use
Improved educational outcomes from early childhood education to high school graduation
Better infrastructure and improved housing would attract jobs and people to stay or move to small towns
More services and programs to youth and children with disabilities would improve their outcomes and reduce reactive social costs
There would be less dependence on group homes and day programs

Source: BBC Research & Consulting from 2015-2019 Consolidated Plan Stakeholder Survey.

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Stakeholders were asked about the specific outcomes they would like to see in their clients through the question of: *In your opinion, if the state is successful in directing HUD block grant funds to address the housing and community development needs in your area or of your clients, what would you expect to see as outcomes in your town/city? List the top three outcomes you would prefer to see in your community or for your client.* Figure III-15 shows the responses to this question. More affordable rental housing, independent-living housing options and housing to address homelessness were the top expected outcomes.

Figure III-15.
Successful Outcomes from Block Grant Program Investments

Successful Outcomes from Block Grant Program Investment	Percent
More affordable rental housing	29.2%
accessible to persons with disabilities	21.4%
More seniors able to live independently/less seniors leaving their homes to live in nursing homes	20.8%
A job training center or enhanced job training programs	19.5%
More persons with disabilities able to live independently	19.5%
Permanent housing and programs to assist persons who are homeless	19.5%
Increased number of Section 8 vouchers or rental subsidies	18.8%
More opportunities to for business to start up/expand/locate here	18.8%
Improvements to water and sewer systems to reduce costs to residents	18.2%
Rehabilitation to housing for existing homeowners	16.2%
Main Street revitalized	14.9%
More jobs	14.9%
More housing that is accessible to persons with disabilities	13.6%
More opportunities for homeownership	12.3%
More shelters to assist persons who are homeless	11.7%
Energy efficiency improvements to existing housing to reduce utility costs	11.0%
Rehabilitation to rental housing	9.1%
Housing for specific types of residents	7.1%
Improvements to emergency services (fire stations, fire trucks, emergency equipment)	7.1%
Historic buildings and housing preserved and rehabilitated	6.5%
Additional and higher quality child care centers	5.8%
A community center or improvements to the community center	5.8%
More trainings and technical assistance to area nonprofits	5.8%
Other (please specify)	5.2%
A senior center or improvements to the senior center in our town/city	2.6%
More health care facilities	1.9%
A library or improvements to the library	0.0%

Note: n=154.

Source: BBC Research & Consulting from 2015-2019 Consolidated Plan Stakeholder Survey.

Housing for Persons with Disabilities

Seventy respondents (17.5%) to the resident survey said they have a household member with a disability of any type. Of those households, 21 percent said their housing *does not meet* their family's accessibility needs.

If applied to the number of housing units in nonentitlement areas, an estimated 300,000 units statewide (including entitlement areas) do not have the accessibility improvements residents need.

Figure III-16 shows the proportion of households needing accessibility improvements by unit type. The most common accessibility improvements needed were bathroom improvements (grab bars, roll-in shower, etc.) and ramps.

**Figure III-16.
Does the house or apartment you currently live in meet your or your family's accessibility needs?**

Source:

BBC Research & Consulting from 2015 Resident Survey.

Type of Housing Unit	Percent that said, "no"
All Households with a member with a disability *(n=189)*	**21%**
Single family home/house *(n=141)*	24%
Townhome/duplex/triplex/fourplex *(n=7)*	14%
Apartment or condo unit in an apartment or condo building *(n=20)*	15%
Mobile home/manufactured home/mobile home park *(n=14)*	7%
Retirement community/independent living/assisted living *(n=4)*	0%

Stakeholders were asked how easy it is for persons with disabilities to get information about programs to help fund accessibility improvements. The vast majority—77 percent—felt that it was difficult or very difficult for persons with disabilities to easily access such information. This was a much higher percentage than in 2013 (64%).

In 2013 and 2015, stakeholders responded to a series of questions about the availability of and type of housing needed in their community for persons with physical or cognitive disabilities and severe mental illness. This section compares the questions that were asked in 2013 with those asked in 2015.

Housing for persons with physical disabilities. With respect to housing units accessible to persons with physical disabilities, stakeholders responded to questions about unit availability and quality as well as the types of units needed in their community.

Availability of accessible units. In 2013, less than one in five stakeholders reported a sufficient number of units for persons with physical disabilities are available in their community, as shown in Figure III-17. About half reported an insufficient amount. In 2015, the proportion reporting an insufficient amount had increased by 5 percentage points.

**Figure III-17.
Availability of Housing for Persons with Physical Disabilities, 2013 and 2015**
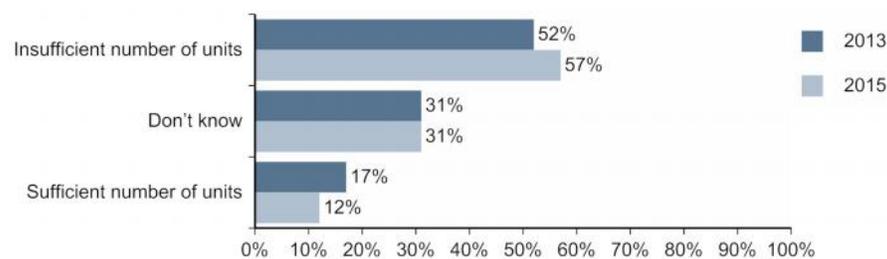

Note: n=207 in 2013; 106 in 2015.

Source: BBC Research & Consulting from 2013 Action Plan and 2015-2019 Consolidated Plan Stakeholder Surveys.

Integrated settings. The 2015 survey asked how well state policies and practices encourage the placement of persons with disabilities in apartments, single family homes and other integrated community settings. Many stakeholders did not know; the rest were split in their opinions, as shown in Figure III-18.

**Figure III-18.
How Well State Policies
and Practices Encourage
Integrated Settings for
Persons with Disabilities**

Note:
n=108.

Source:
BBC Research & Consulting from 2015-
2019 Consolidated Plan Stakeholder
Survey

Very well (4%)

Moderately well (22%)

Don't know (46%)

Not well (28%)
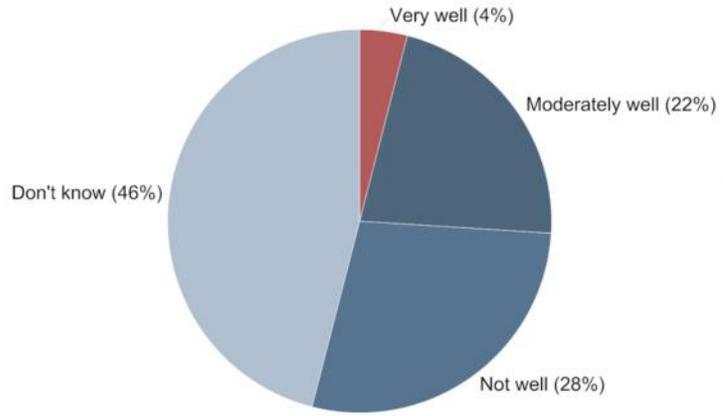
The reasons stakeholders gave for the policies and practices not working well included: Lack of housing units and policies within FSSA that limit opportunities for housing choice (specific policies were not described).

Quality of accessible units. With respect to the quality of units accessible to persons with physical disabilities, in2013, only one in twenty stakeholders considered these units to be of good quality. About 30 percent rated accessible unit quality to be poor and one in four did not know how to rate the quality, as shown in Figure III-19.[1]

**Figure III-19.
Quality of Housing Accessible
to Persons with Physical
Disabilities, 2013**

Note:
n=207.

Source:
BBC Research & Consulting from 2013 Action
Plan Stakeholder Survey.

Medium quality 39%
Poor quality 29%
Don't know 26%
Good quality 6%

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
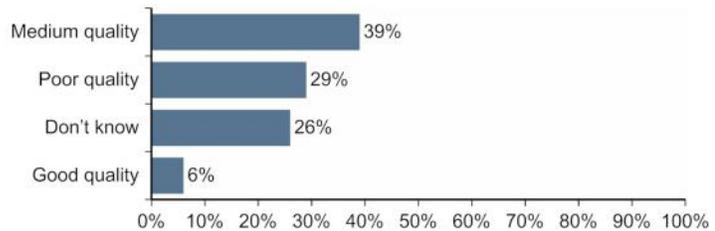
With respect to a lack of quality accessible units, stakeholders' comments included:

- Accessibility modification challenges are exacerbated in communities with old (pre-1960) housing stock;

- In some communities, accessible units are found in seniors-only buildings;

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[1] This and the following questions were not repeated in 2015 due to the length of the survey. The 2015 survey incorporated more questions about fair housing barriers for the AI.

- Many units that are affordable to persons living on SSI are not accessible and are not located in safe areas or areas with amenities (e.g., grocery stores, good schools, good transit access); and

- Regardless of accessibility, affordable rental units are often in poor condition.

Type of housing needed. Those respondents who reported an insufficient number of units available in their community for persons with physical disabilities shared the types of housing units they believe are most needed. Stakeholders' comments about the types of housing needed generally fell into the following categories:

- Accessible housing affordable to persons living on SSI;

- Accessible, affordable multi-bedroom units needed for persons with disabilities living with family;

- Accessible, affordable housing that is not senior housing;

- Waitlists for subsidized accessible housing are very long;

- Tenant based rental assistance is needed;

- While landlords are willing to make modifications, the tenant cannot afford the cost;

- Need for single family homes and townhomes that are accessible and visitable; and

- Accessible housing needs to be connected to or near public transit.

Challenges accessing housing. As shown in Figure III-20, in 2013, about two in five stakeholders believe that persons with physical disabilities encounter challenges accessing housing in their area. About the same proportion of stakeholders did not know if persons with physical disabilities have challenges accessing housing.

Figure III-20.
Challenges Accessing Housing for Persons with Physical Disabilities, 2013
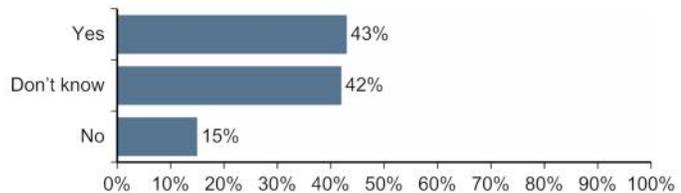
Note:
n=198.

Source:
BBC Research & Consulting from 2013 Action Plan Stakeholder Survey.

With respect to the challenges persons with physical disabilities face when trying to access housing, stakeholders' comments focused largely on the lack of accessible and affordable units in their community. In addition, stakeholders named the following challenges:

- A lack of public transportation limits where persons with disabilities can live;

- Sidewalks and curbs are not accessible to persons using wheelchairs;

- Many building entrances are not accessible, including some buildings built post-2000;

- Long waitlists for accessible and affordable housing, particularly for those with incomes less than 30 percent of AMI; and

- Few, if any, accessible units have more than one bedroom.

Housing for persons with cognitive disabilities. As with housing for persons with physical disabilities, stakeholders responded to a series of questions about the accessibility and quality of housing for persons with cognitive disabilities, the types of housing needed and challenges faced by this population in securing housing.

Availability of units. Compared to availability of units for persons with physical disabilities, about the same proportion of stakeholders (18%) believe there are a sufficient number of units available to persons with cognitive disabilities. A much greater proportion of respondents (48%) did not know if a sufficient number of units are available.

Figure III-21.
Availability of Units Accessible to Persons with Cognitive Disabilities, 2013
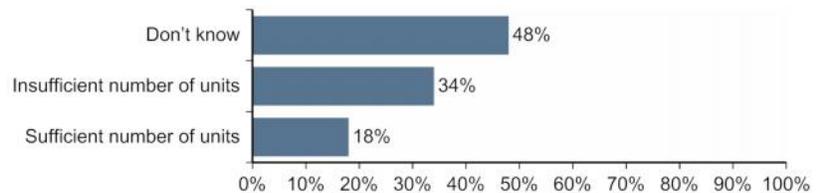
Note:
n=196.

Source:
BBC Research & Consulting from 2013 Action Plan Stakeholder Survey.

Quality of available units. The greatest proportion of stakeholders (44%) did not know how to characterize the quality of housing units accessible to persons with cognitive disabilities. Of those rating the quality, only 5 percent rated the quality as good.

Figure III-22.
Quality of Housing Available to Persons with Cognitive Disabilities, 2013
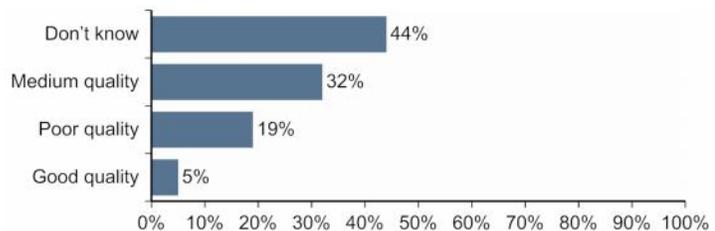
Note:
n=194.

Source:
BBC Research & Consulting from 2013 Action Plan Stakeholder Survey.

With respect to the quality of housing available to persons with cognitive disabilities, the primary concern among stakeholders is that these individuals rely on SSI/SSDI and are very low income; therefore, the quality of the units they can afford to rent is often poor. Other comments about the quality of housing include:

- Group homes being located in undesirable areas with limited access to grocery stores, medical services or transportation;

- Because alternative living arrangements are either not available or affordable, people with cognitive disabilities may be forced to live in group homes, nursing homes or other institutions when they would prefer another living arrangement; and

- A desire among stakeholders to see housing opportunities for persons with cognitive disabilities developed to be more integrated into the larger community.

Type of housing units/arrangements needed. Stakeholders suggested several types of housing units or living arrangements that are needed for housing persons with cognitive disabilities:

- Affordable and accessible units, particularly units affordable to individuals living on SSI/SSDI or on incomes below 30 percent of AMI;

- More group home living arrangements;

- Shared housing arrangements (not formal group homes) such as three individuals with cognitive disabilities and live-in supportive/supervisory staff;

- Living arrangements that are integrated into the community; and

- Living arrangements that promote independent living to the greatest extent possible, while also providing some degree of supportive services/supervision.

Challenges accessing housing. One in three stakeholders report that they believe persons with cognitive disabilities encounter challenges in accessing housing. The greatest proportion of stakeholders (54%) did not know if persons with cognitive disabilities have challenges accessing housing.

**Figure III-23.
Challenges Accessing Housing Encountered by Persons with Cognitive Disabilities, 2013**
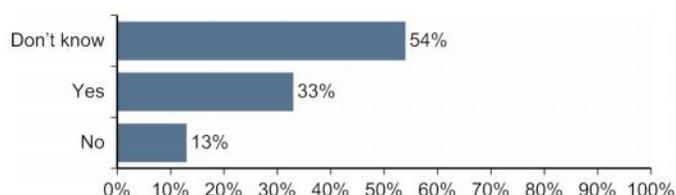
Note:
n=200.

Source:
BBC Research & Consulting from 2013 Action Plan Stakeholder Survey.

Those stakeholders who believe persons with cognitive disabilities encounter challenges described their perceptions of the challenges faced. These include:

- Limited availability of affordable units to rent overall, regardless of quality—in many cases, the units persons with cognitive disabilities can afford to rent are substandard and located in undesirable neighborhoods;

- Discriminatory practices by landlords (e.g., refusal to rent);

- Zoning limits placement of group homes to only certain areas or restricts the number of unrelated persons able to live together;

- Insufficient opportunities for non-group home or non-institutional living arrangements; and

- Difficulties associated with having a sufficient number of housemates to secure caregiver or other supportive benefits.

Housing for persons with severe mental illness. Stakeholders gauged the availability and quality of housing accessible to persons with severe mental illness and the types of housing/living arrangements needed by this population.

Availability of units. As with persons with physical or cognitive disabilities, about the same proportion of stakeholders (17%) believe the availability of housing units accessible to persons with severe mental illness are sufficient.

Figure III-24.
**Availability of Housing Accessible to Persons with Severe Mental Illness, 2013**
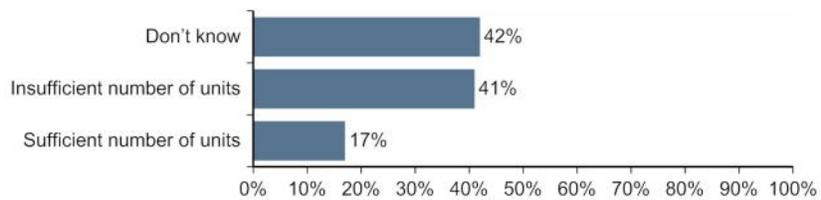
Note:
n=196.

Source:
BBC Research & Consulting from 2013 Action Plan Stakeholder Survey.

Quality of units. Stakeholders' perceptions of the quality of housing accessible to persons with severe mental illness generally fell into the "medium" and "poor" categories, but the greatest proportion of respondents (46%) did not know how to assess the quality.

Figure III-25.
Quality of Units Accessible to Persons with Severe Mental Illness, 2013
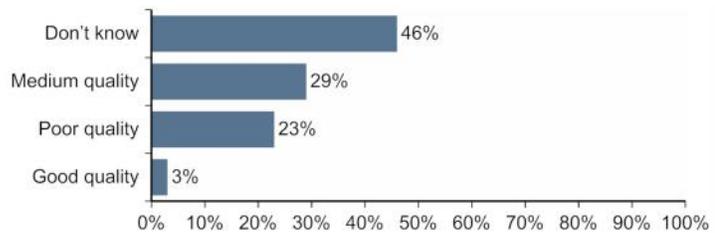
Note:
n=195.

Source:
BBC Research & Consulting from 2013 Action Plan Stakeholder Survey.

Since many persons with severe mental illness live on fixed disability income, stakeholders' perceive the types of units this population can afford to rent (without additional subsidy) tends to be older, in need of rehabilitation, and often located in higher crime areas and away from community mental health services. Stakeholders also discussed the need for housing for persons with severe mental illness with supportive services and the need for increased attention and funding for mental health services.

Type of housing units/arrangements needed. Stakeholders shared the types of housing needed most for persons with severe mental illness in their community. By far, the greatest number of

responses stressed the need for housing that is affordable to someone living on SSI/SSDI that is located in safe areas with access to social service and psychiatric supports. Other needs identified include:

■   Group homes with supervision;

■   Permanent supportive housing integrated into the community;

■   Transitional housing; and

■   Private landlords willing to rent to this population.

Challenges in accessing housing. As shown in Figure III-26, about half of stakeholders do not know if persons with severe mental illness have challenges accessing housing, and 39 percent believe they do have challenges.

Figure III-26.
Challenges Accessing
Housing for Persons with
Severe Mental Illness, 2013
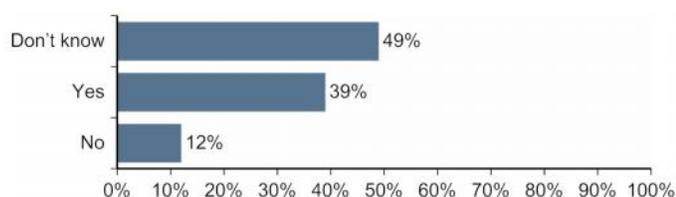
Note:
n=196.

Source:
BBC Research & Consulting from 2013
Action Plan Stakeholder Survey.

From the perspective of stakeholders, persons with severe mental illness face numerous challenges in accessing safe, quality housing they can afford. These include:

■   Lack of safe, quality units affordable to those on SSI/SSDI or at 30 percent or below AMI;

■   NIMBYism and zoning restrictions on group homes;

■   Discrimination or unwillingness to lease by private landlords;

■   Lack of sufficient community mental health services;

■   Lack of housing with supportive services;

■   Poor credit or rental histories; and

■   Lack of affordable housing near transit and services.

Challenges in accessing housing for persons with HIV/AIDS. As shown in Figure III-27, the majority of stakeholders (66%) do not know if persons with HIV/AIDS encounter challenges accessing housing.

**Figure III-27.
Challenges Accessing
Housing for Persons with
HIV/AIDS, 2013**

Note:
n=199.
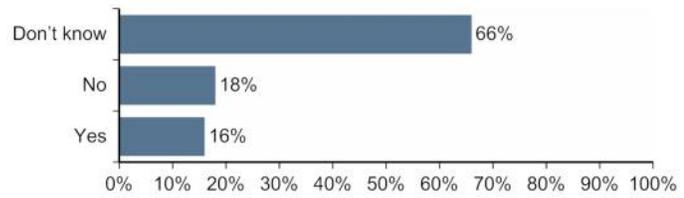
Source:
BBC Research & Consulting from 2013
Action Plan Stakeholder Survey.

Among stakeholders who believe persons with HIV/AIDS face challenges securing housing, two themes emerged:

- A lack of units affordable to persons living on 30 percent or less of AMI; and

- Discrimination in the private rental market due to the stigma of HIV/AIDS.

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STATE OF INDIANA
2015-2019 Consolidated Plan and
2015 Action Plan

Public Hearings — April 23, 2015

Agenda

- **Introductions**

- **Background on the Consolidated Plan**

- **What's New in 2015**

- **Public comments and input**
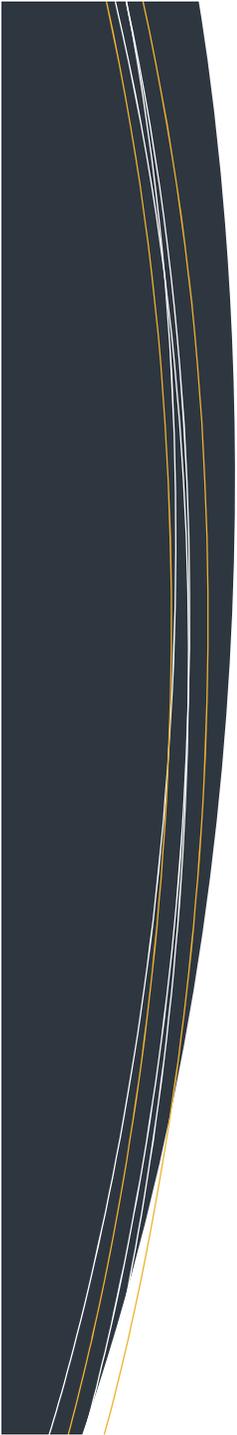
Introduction and Hearing Rules

- **To ensure that everyone in attendance has a chance to voice their opinion and to make sure we can hear all comments:**

  - ➢ Please hold your comments to 3 minutes on each subject. This will give everyone an equal chance to make comments.

  - ➢ Please do not interrupt or debate others. There are no right or wrong answers in our discussion today.

  - ➢ If you have more to say, or have very detailed questions about programs, visit with us after the hearing or contact one of us later (contact information is on both the cover and last slide).
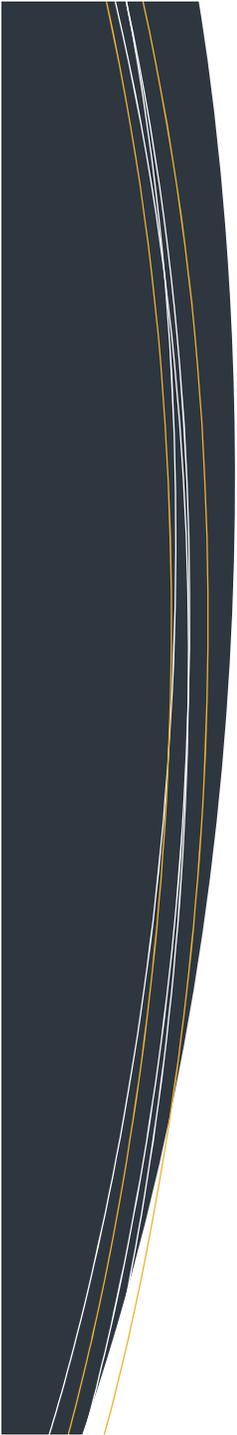
Purpose of the Consolidated Plan

- **In 1995, the U.S. Department of Housing and Urban Development (HUD) began requiring states and local communities to prepare a Consolidated Plan in order to receive federal housing and community development funding.**

- **The purpose of the Consolidated Plan is:**

  - ➢ To identify a state's housing and community development needs, priorities, goals and strategies.

  - ➢ To stipulate how funds will be allocated to state housing and community development non-profit organizations and local governments.

- **This the first Consolidated Plan using HUD's new online Consolidated Planning Suite (eCon Plan)**

The State of Indiana's Consolidated Plan

- **Five-Year Strategic Plan and Annual Action Plans**
  - *Pertains to specific HUD funding programs:*
    - *Community Development Block Grant (CDBG)*
    - *Home Investment Partnerships Program (HOME)*
    - *Emergency Solutions Grant Program (ESG)*
    - *Housing Opportunities for Persons with AIDS (HOPWA)*
    - *Also reports allocation of CDBG disaster recovery funds received by the State*

- **A new Analysis of Impediments to Fair Housing Choice (AI) is in research phase now and will be completed in late summer/early fall.**
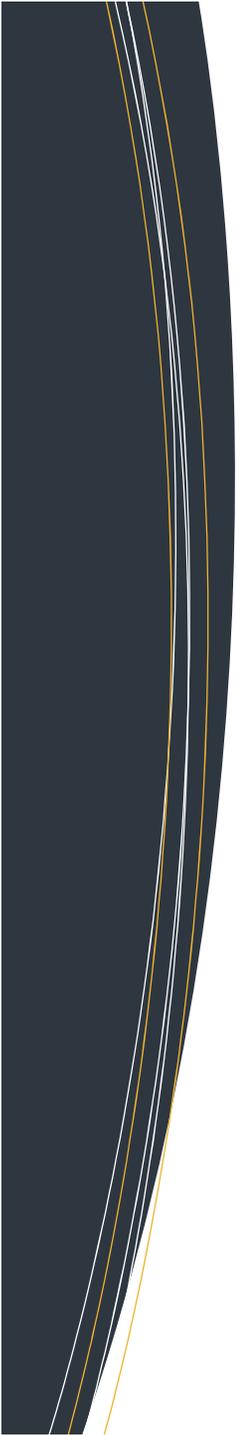
Summary of Consolidated Plan

- **Organized into five primary categories**
  - *ES and PR—executive summary, consultation and input*
  - *NA-needs assessment*
  - *MA-market analysis*
  - *SP-five-year strategic plan*
  - *AP-one year action plan*
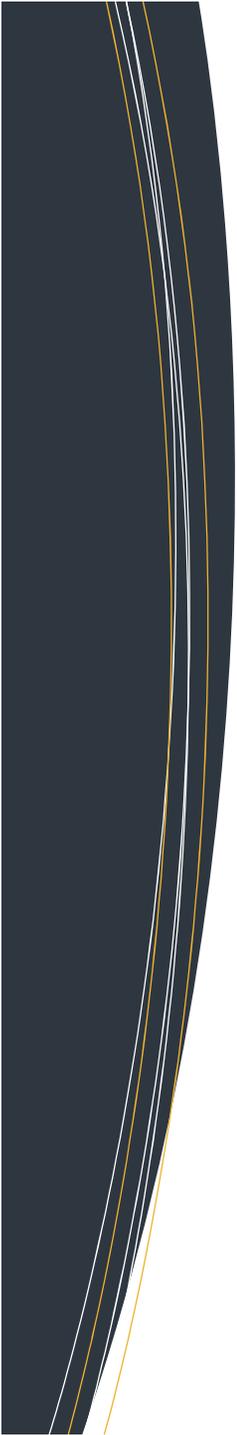
Summary of Consolidated Plan

■ **Primary findings:**

— **Population growth remains stagnant, 6% increase 2000 to 2011**

— **Median income rose 16%, not enough to keep up with inflation**

— **Single family home prices rose modestly between 2000 and 2011. 2011-2013 price stagnation. Aging owners need help with maintenance and improvements.**

— **Family poverty rate doubled: 5.3% in 1999 to 11.2% in 2013. This has increased the need for deeply affordable rental units.**

— **Top needs according to stakeholder survey:** *housing for persons earning < 30% AMI, housing for low income households in general, housing to help persons who are homeless and housing for seniors, public transportation options, job training and water and wastewater infrastructure improvements.*

What will the State receive from HUD?
(2015 estimated funding allocations)

CDBG	**$27,777,000**
HOME	**$9,369,000**
ESG	**$3,635,000**
HOPWA	**$953,000**
TOTAL	**$41,734,000**
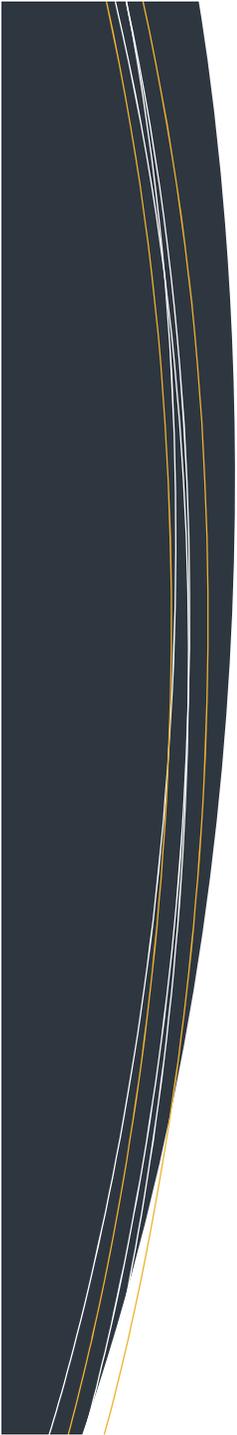
What's New (and the Same) in 2015

- **The first five-year Consolidated plan prepared using HUD's required online eCon Plan suite. This format will be used for Action Plans and CAPERs in the future.**

- **Program modifications:**

CDBG: new workforce development program, increase in Section 108 to $80 million, slight shifts in funding for public improvements and community revitalization

HOME: slight increase in RHTC/HOME combos, small reduction in rental competitive round, TBRA funded with past program year carry overs. Continued focus on expanding housing opportunities for low income households, persons with disabilities, seniors

ESG: slight increase of funding from 2014 and most allocated to rapid rehousing and operations of shelter

HOPWA: similar allocation of funds as in 2014, with most allocated to TBRA, STRUM and housing information services

Annual Goals and Objectives

CDBG funds:
$2.7 million for owner-occupied rehabilitation (allocated to IHCDA)
$7 million for wastewater/drinking water improvements
$5 million for public facilities improvements
$4 million for the Stellar Communities program
$3.5 million for storm water improvements
$1.4 million for planning
$1.4 million for blight clearance
$1 million towards workforce development activities
$800,000 for Main Street Revitalization Program
$655,000 for administration
$278,000 for technical assistance
Section 108 loan program—up to $80 million

Annual Goals and Objectives (continued)

CDBG-DR funds:
$5.5 multifamily housing (<51% AMI)
$4.4 million for owner occupied rehabilitation (100% AMI)
$3.5 million for comprehensive revitalization
$1 million for workforce development
$11 million for stormwater improvements

Annual Goals and Objectives (continued)

HOME funds:
$3.2 million rental projects (competitive funding)
$1 million homeownership projects (competitive funding)
$1.5 million for Housing First projects (maximum $500,000 per award)
$2.5 million for Rental Housing Tax Credit/HOME combos under the Qualified Allocation Plan (maximum $500,000 per award)
$250,000 for CHDO operating and predevelopment
$900,000 administrative uses ($550,000 internal and $350,000 organizational capacity building)
Tenant Based Rental Assistance (TBRA) will be funded with funds remaining from program years (PYs 2013 and 2014)

Annual Goals and Objectives (continued)

ESG funds:
$1.7 million emergency shelters with operations and essential services
$1.45 million rental assistance for rapid re-housing
$72,000 rental assistance associated with homeless prevention
$124,000 outreach activities
$270,000 program administration
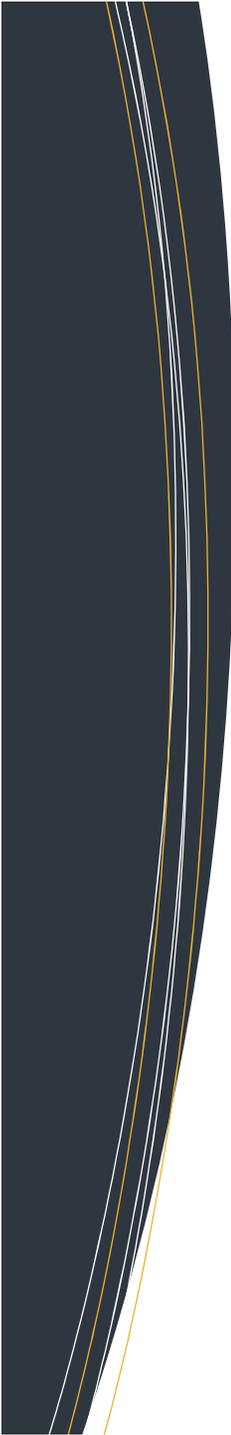
Annual Goals and Objectives (continued)

HOPWA funds:
$425,000 in TBRA
$212,000 for housing information activities
$170,000 short-term rental, utilities and mortgage assistance
$90,000 support facility operations and supportive services
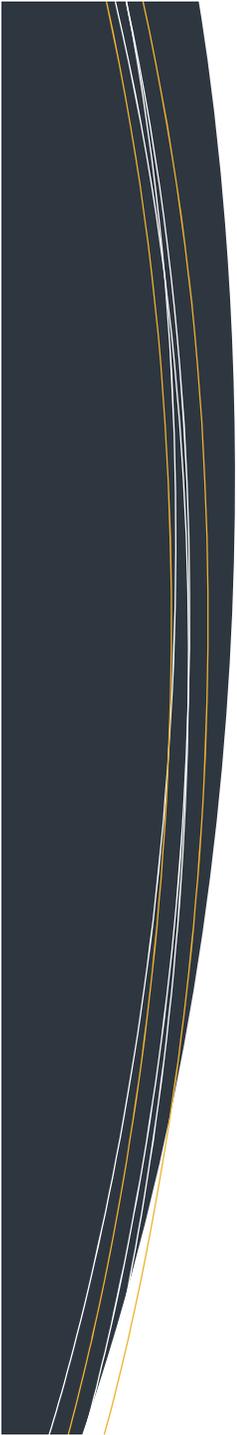
Your Input

- **What do you think of the 2015-2019 Consolidated Plan and/or 2015 Action Plan?**

- **What do you like best? The least?**

- **What questions and comments do you have today?**

How to Comment on the 2015 Action Plan

- **Through May 13, 2015 you may send email to:**

  coscott@ocra.in.gov **(Corrie Scott at OCRA)**

  Send a letter to:

  **Indiana Office of Community and Rural Affairs
  One North Capitol Avenue, Suite 600
  Indianapolis, IN 46204-22288**

  Attn: Consolidated Plan

- **Access the draft Plan at:**

  http://www.in.gov/ihcda

  > *OR*

  http://www.in.gov/ocra

NOTICE OF PUBLIC HEARING
FY 2015 CONSOLIDATED PLAN FOR FUNDING

Para ver una versión española de este anuncio de la audición, www.in.gov/ocra visita. Para traducciones al español de los documentos mencionados en este anuncio, escribir al Indiana Office of Community and Rural Affairs, One North Capitol, Suite 600, Indianapolis, Indiana 46204, o E-mail coscott@ocra.in.gov.

INDIANA OFFICE OF COMMUNITY AND RURAL AFFAIRS
INDIANA HOUSING AND COMMUNITY DEVELOPMENT AUTHORITY

Pursuant to 24 CFR part 91.115(a)(2), the State of Indiana wishes to encourage citizens to participate in the development of the State of Indiana Consolidated Plan for 2015. In accordance with this regulation, the State is providing the opportunity for citizens to comment on the 2015 Consolidated Plan draft report, which will be submitted to the US Department of Housing and Urban Development (HUD) on or before May 15, 2015. The Consolidated Plan defines the funding sources for the State of Indiana's four (4) major HUD-funded programs and provides communities a framework for defining comprehensive development planning. The FY 2015 Consolidated Plan will set forth the method of distribution of funding for the following HUD-funded programs:

State Community Development Block Grant (CDBG) Program
Home Investment Partnership Program
Emergency Solutions Grant Program
Housing Opportunities for Persons with AIDS Program

These public hearings will be conducted across the state. Your choice of public hearing time and date are:

Thursday, April 23rd

Indianapolis	*Rensselaer*	*Vincennes*
Indiana State Fairgrounds	Purdue Extension Office	Southwest Purdue Ag Program
Discovery Hall, Suite 201	2530 North McKinley Avenue	4369 North Purdue Road
1202 East 38th Street	Suite 1	Vincennes, IN 47591
Indianapolis, IN 46205	Rensselaer, IN 47978	2:30 p.m. or
2:30 p.m. or	1:30 p.m. or	5:30 p.m. EDT
5:30 p.m. EDT	4:30 p.m. Central	

Huntington	*Scottsburg*
Purdue Extension Office	Purdue Extension Office
Courthouse Annex, Suite 202	1 East McClain Ave., Ste. 30
354 North Jefferson Street	Scottsburg, IN 47170
Huntington, IN 46750	2:30 p.m. or
2:30 p.m. or	5:30 p.m. EDT
5:30 p.m. EDT	

All members of the public are invited to review the draft Plan prior to submission April 14, 2015 through May 13, 2015 during normal business hours of 8:30am to 5:00pm, Monday-Friday, at the Indiana Office of Community and Rural Affairs. A draft Plan will also be available on the IHCDA website (www.in.gov/ihcda) and the OCRA website (www.in.gov/ocra).

Written comments are invited from Tuesday, April 14, 2015 through Wednesday, May 13, 2015, at the following address:

2015 Consolidated Plan
Indiana Office of Community and Rural Affairs
One North Capitol – Suite 600
Indianapolis, IN 46204-2027

Persons with disabilities will be provided with assistance respective to the contents of the Consolidated Plan. Interested citizens and parties who wish to receive a free copy of the Executive Summary of the FY 2015 Consolidated Plan or have any other questions may contact the Indiana Office of Community and Rural Affairs at its toll free number 800.824.2476, or 317.233.3762, during normal business hours or via electronic mail at coscott@ocra.in.gov.