

Sharing Old Age

Alternative Senior Housing Options

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Betsy Gotbaum
Public Advocate for the City of New York

PREPARED BY:

Daniel Browne
Director of Policy and Research

Mark Woltman
Deputy Director of Policy and Research

Laurel Tumarkin
Senior Policy Advisor

Sabine Dyer
Senior Policy Analyst

Kristina Mazzocchi
Assistant Policy and Legal Analyst

WITH THE ASSISTANCE OF:

Aviva Klompas, Gabriel Pedreira, Richard Harris
Policy Interns

SURVEY TRANSLATION BY:

Daliz Pérez-Cabezas
Senior Policy Analyst
(Spanish)

Johnson S. Lee
English Secretary
Chinese Consolidated Benevolent Association
(Chinese)

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Executive Summary

Despite a complex mix of federal, state, and local programs to help seniors on fixed incomes with the cost of housing, many seniors in New York City still experience housing insecurity. The Office of the Public Advocate frequently receives letters and calls from seniors unable to find suitable affordable housing. When all traditional avenues seem exhausted, the Public Advocate's ombudsman services staff often refers constituents to an organization that facilitates shared housing. Prompted by anecdotal evidence of the success of this approach, the Office of the Public Advocate initiated a review of the problem of housing insecurity among seniors and the availability of alternatives¹ to traditional senior housing, including shared housing and programs to support naturally occurring retirement communities, or NORCs.

The report is based on a review of literature and government documents, as well as on interviews with advocates. In addition, the office conducted a survey of seniors attending senior centers across the five boroughs in order to assess seniors' awareness and perception of alternative housing options.

The increasing cost of housing is a hardship for seniors who live on a fixed income. Many seniors find it difficult to hold onto their homes, and consequently the rate of homelessness among seniors is increasing. In addition, traditional planned senior housing has been in short supply in New York City for many years. The small number of openings that do exist are often far removed from the neighborhoods in which seniors have lived and built a social network. Seniors, especially those who do not need or cannot afford the comprehensive services provided by nursing homes and assisted living facilities, desperately need additional housing options.

As New York City's population ages, more seniors are living alone. Older New Yorkers are likely to live far from their family members or have no family at all. While the preference of seniors to "age in place"² has been well- documented, there is also a growing body of research which shows that living alone contributes to mental health issues, physical deterioration, injuries, dependency, institutionalization, and premature death.

There are a few programs in the city, however, that have successfully provided a safety net for seniors who cannot afford housing. Shared housing models allow seniors to pool and maximize financial resources, while providing social interaction and mutual support. Such alternative living models are not only an affordable and engaging alternative to living alone; they also delay and possibly prevent more costly care and institutionalization.

¹ The term "alternative housing" is used in this report in distinction to "traditional housing."

² "Aging in place" generally means that someone resides in the same apartment or house for a period of time that extends into advanced age. More specifically, "aging in place" has come to designate the decision to forego retirement options such as planned senior housing or assisted living facilities. While personal preferences inform this decision, the lack of decent senior housing and the high cost of assisted living facilities are also factors.

Despite their potential, however, senior alternative living programs in the city reach relatively few seniors. Furthermore, the results of the Office of the Public Advocate's survey show that awareness of shared housing opportunities is limited and that seniors harbor largely negative ideas about sharing space with non-relatives.

Supportive service programs (SSPs) in naturally occurring retirement communities (NORCs) can also be effective in alleviating housing insecurity and social isolation. NORC-SSPs bring health and social services and recreational programs into buildings and neighborhoods with a high density of seniors. NORC-SSPs allow seniors to age in their homes more safely and beneficially and for a longer period of time than would otherwise be possible. NORC-SSPs can also reduce economic stress and housing insecurity by providing benefit referrals and financial management help.

The report includes the following recommendations:

- Reconsider proposed funding cuts for senior services
- Develop a public information campaign to increase awareness and understanding of positive benefits of shared housing options.
- Expand efforts to educate seniors about SCRIE and enroll them in the program.
- Exempt home-sharing income from calculation of eligibility for public benefits
- Create shared living residence programs for foreign language speaking seniors, LGBT seniors, and for grandparents raising grandchildren.
- Maintain and expand the NORC Supportive Service Program model in buildings and neighborhoods with high senior density and high risk for social isolation.
- Create volunteer and social opportunities for intergenerational contact at senior centers.

Need for Alternative Housing for Elderly New Yorkers

Introduction

Despite a complex mix of federal, state, and local programs to help seniors on fixed incomes with the cost of housing, many seniors in New York City still experience housing insecurity. Traditional planned senior housing has been in short supply in New York City for many years. The small number of openings that do exist at any given time are often far removed from the neighborhoods in which seniors have lived and built a social network. The Office of the Public Advocate frequently receives letters and calls from seniors unable to find suitable, affordable housing. When all “traditional” avenues seem exhausted, the Public Advocate’s ombudsman services staff often refers constituents to an organization that facilitates shared housing. Shared housing is one of a series of alternatives to traditional senior housing that also includes programs to support naturally occurring retirement communities, or NORCs.

Pursuant to the New York City Charter, the Public Advocate is authorized to review and investigate the programs, operations, and activities of city agencies.³ In accordance with this responsibility, the Office of the Public Advocate initiated a review of the problem of housing insecurity among seniors and the city’s response to the problem.

Methodology

The report is based on a review of literature and government documents, interviews with advocates and analysts in the aging and senior housing field, and a survey of seniors attending senior centers across the five boroughs. The survey was mailed to directors of senior centers, many of whom distributed or administered them to seniors attending the centers for lunch or other activities. Most surveys were returned by mail. In a number of cases, staff from the Office of the Public Advocate went to senior centers, upon request, to administer the survey in person. The survey was available in English, Spanish and Chinese. In total, 961 completed surveys were returned to our office.

Background

Housing Insecurity Among Seniors

The elder boom began in 2006, when the first baby boomers turned 60. According to population estimates, the number of New Yorkers age 65 and over is projected to rise by 44.2 percent, from 938,000 in 2000 to 1.35 million in 2030.⁴ If New Yorkers age 60 to

³ New York City Charter §24.

⁴ New York City Department of City Planning (DCP), *New York City Population Projections by Age/Sex & Borough, 2000-2030*, December 2006.

64 are taken into account, the city's senior population already reached more than 1.35 million in 2006.⁵

While the number of seniors in New York City is rising, affordable housing continues to be scarce due to a combination of rising rents, a lack of federal support for affordable housing, and the privatization of buildings with expiring HUD subsidies.⁶ At a recent Department for the Aging (DFTA) hearing⁷, more than half of the advocates who testified on DFTA's 2008 annual plan mentioned the lack of affordable housing for seniors.⁸

The two main traditional senior housing options—public housing and retirement homes—are out of reach for most seniors currently in need of affordable housing. In New York City, 42 of NYCHA's more than 300 public housing developments are set aside exclusively for low-income seniors. In addition, a small number of Mitchell Lama developments—subsidized rental or co-op apartments—are reserved for seniors. However, the demand for this limited housing stock far exceeds the demand, resulting in long and often entirely closed waiting lists.

Retirement homes with supportive services, on the other hand, remain out of reach for most city seniors due to cost rather than availability. According to DFTA, there are two basic types of supportive housing, state-licensed adult homes and market-rate housing with services,⁹ commonly known as “assisted living facilities.”¹⁰ Privately run adult homes charge between \$1,200 and \$3,000 a month. Only one third of existing adult homes accept Social Security (SSA), Supplemental Security Income (SSI) or Social Security Disability (SSD) as full payments. Market-rate housing with services offers a broader range of “a la carte” services from light housekeeping to home health care. Monthly costs usually start at \$4,000-\$6,000 depending on the services required.

In stark contrast to the national trend, poverty among seniors is on the rise in New York City. The poverty rate among seniors nationwide dropped by nine percent between 1990 and 2005. During the same period, seniors in New York City experienced a 27-percent increase in poverty.¹¹ According to the 2005 American Community Survey, New Yorkers over 65 are twice as likely (20.3 percent) to live in poverty as the average

⁵ U.S. Census Bureau, *American Community Survey, Demographic and Housing Estimates: New York City*, 2006.

⁶ New York City Council (NYC Council), Committee on Housing and Buildings with Committee on Aging, *Senior Housing: How Will the City Respond to the Future Needs of this Growing Population*, Joint Hearing, June 26, 2000.

⁷ New York City Department for the Aging (DFTA), *Annual Plan 2008-2009*, Public Hearing, October 29, 2007

⁸ Advocates who testified to the lack of affordable housing as a critical issue for seniors included Jerry A. Schroder from the New York Citizen's Committee on Aging; Denise Tima-Baker, Assistant Program Director of FoodChange; and Bobbi Sackman, Director of Policy at the Council of Senior Centers and Services.

⁹ DFTA, *Senior Services – Senior Housing*, at: www.nyc.gov/html/dfta/html/senior/housing.shtml

¹⁰ The term assisted living facility is not technically correct, unless the facility has been certified by the state as an enriched housing program that specifically serves residents who are nursing home eligible. See: www.aging.state.ny.us/explore/housing/housalt2.htm

¹¹ DFTA, *Annual Plan Summary April 1, 2008 – March 31, 2009*, September 2007.

American senior (9.9 percent).¹² In 2005, 22 percent of all senior-headed households in New York City earned an annual income below \$10,000.¹³ Seniors living alone in New York City have the highest poverty rate (33 percent) among all senior households.¹⁴

Social security accounts for approximately 80 to 90 percent of income for the poorest 40 percent of New York City seniors.¹⁵ Yet Social Security often does not cover the high cost of living in New York City. Retired workers in the city receive an average of \$1,011 per month from Social Security; widows and widowers receive an average of \$947; disabled workers, \$943.¹⁶ Yet one-bedroom apartments in New York City cost an average of \$1,185 a month.¹⁷

Inability to keep up with rent increases can lead to eviction. One indicator of the rising number of seniors facing eviction is the increase in the number of eviction cases handled by the Human Resources Administration's (HRA) Adult Protective Services (APS) division. (Table 1)

Table 1

FISCAL YEAR	FFY 2001	FY 2005	FY 2006	FY 2007
Eviction Cases	1,000	1,268	1,751	1,832

Sources: For FY 2001, 2005, 2006 see Footnote.¹⁸ For FY 2007 see Footnote.¹⁹

The rising number of eviction-related cases reported by APS represents only a percentage of all senior tenants facing eviction. According to three separate surveys conducted by the Brennan Center for Justice, between 6.4 percent and 15.4 percent of tenants facing eviction in the city are seniors age 62 years or older.²⁰ Based on these percentages, between 9,559 and 23,000 of the 149,353 eviction cases calendared in New York City

¹² Ibid.

¹³ Ibid.

¹⁴ Ibid.

¹⁵ Ibid. Note: While social security is the most important source of income for a majority of seniors, only 80 percent of the city's 65-and-over population received social security benefits in 2000, compared to 93 percent nationally. One reason cited for this difference is the high number of immigrants who are not eligible because they did not earn sufficient credits through employer based contribution. See: Gusmano, M., Guk Hodgson, M., Tobier, E., International Longevity Center, *Old and Poor in New York City*, 2002, www.ilcusa.org/_lib/pdf/b20021121a.pdf.

¹⁶ U.S. Social Security Administration, *Fact Sheet Social Security, New York State Statistics, Beneficiary Data*, December 2004, www.ssa.gov/pressoffice/factsheets/state/newyork.pdf.

¹⁷ U.S. Department of Housing and Urban Development (HUD), Final FY 2008 Fair Market Rent Documentation System, *Final FY 2008 FMR Summary for New York, NY HUD Metro FMR Area*, October, 2007.

¹⁸ Office of the New York City Public Advocate Betsy Gotbaum, *Unprotected. Adult Protective Services Struggles to Serve Vulnerable Clients*. December 2006.

¹⁹ New York City Mayor's Office of Operations (OPS), *Mayor's Management Report, Supplementary Indicator Tables, Human Resources Administration FY 2007*, Total Number of Guardian Ad Litem Orders Requested for Representation in Eviction Cases, 2007

²⁰ Krenichyn, K., Schaefer-McDaniel, N., City University of New York Graduate Center, and Abel, L., Brennan Center for Justice at the New York University Law School, *Results from Three Surveys in New York City Housing Courts*, February 2007.

housing courts in 2006²¹ involved senior tenants. According to the Independent Budget Office, among those senior tenants in city housing courts in 2006, between 8,812 and 10,753 had no legal representation and annual household incomes of \$19,600 or less (or \$26,400 or less for a family of two).²²

Many seniors find it difficult to hold onto their homes, and consequently the rate of homelessness among seniors is increasing. Between 2002 and 2007, the number of people 65 and older in the homeless shelter system in New York City rose more than 30 percent.²³ Homelessness among adults age 45 to 64 is also on the rise. In only five years, homelessness in this age group rose by 43 percent (Table 2). In New York City, only about 20 percent of the single homeless population resides in shelters and drop-in centers.²⁴ Of homeless people who live on the streets, 20 percent are age 55 and older.²⁵

Table 2

Year	Total # of unduplicated individuals in shelters	Age 45 to 64	Age 65 and older
FY 2002	82,808	10,998	784
FY 2003	94,130	12,568	876
FY 2004	102,625	13,821	909
FY 2005	98,239	14,372	951
FY 2006	96,612	14,996	995
FY2007	102,187	15,709	1,069

Source: NYC Department of Homeless Services (DHS) Critical Activities Reports 2002 -2007²⁶

Federal, state, and local government have developed a varied approach to senior housing needs, combining public housing, subsidies for privately-owned units, tenant-based rental assistance, tax exemptions, and supportive services.²⁷ However, the need for affordable housing opportunities continues to far outpace the supply.²⁸ A review of federal and

²¹ Independent Budget Office (IBO), Memorandum from Bernard O' Brian, Senior Budget Analyst, to Peter Pastor, Legislative Director for Councilmember Alan J. Gerson, *Cost of proposed legislation establishing a right to counsel for certain subsets of persons facing eviction proceedings in Housing Court or foreclosure proceedings involving mortgaged residential property*, July 27, 2007.

²² Ibid.

²³ New York City Department of Homeless Services (DHS), *Critical Activities Reports 2002-2007*, <http://www.nyc.gov/html/dhs/html/about/car.shtml>.

²⁴ Despite the rise in homelessness among seniors, there is a lack of specialized services to meet their needs and help them to obtain new housing. According to the DHS critical activities reports, there are 180 shelter beds designated for older adults. This number has not changed since FY 2002, despite the rising numbers of homeless seniors. In addition, there is only one drop-in center specifically for older homeless adults (age 55 and up), managed by the non-profit organization Partnership for the Homeless. The drop-in center, called Peter's Place, serves an average of 140 homeless seniors a day, many of whom were on the street for years before the organization's outreach team directed them to the drop-in center.

²⁵ The Partnership for the Homeless, Memo to Office of the New York City Public Advocate, *Senior Homelessness in New York City*, 2005.

²⁶ See: <http://www.nyc.gov/html/dhs/html/about/car.shtml>

²⁷ NYC Council, Committee on Housing and Buildings with Committee on Aging, *Senior Housing: How Will the City Respond to the Future Needs of this Growing Population*, Joint Hearing, June 26, 2000.

²⁸ Ibid.

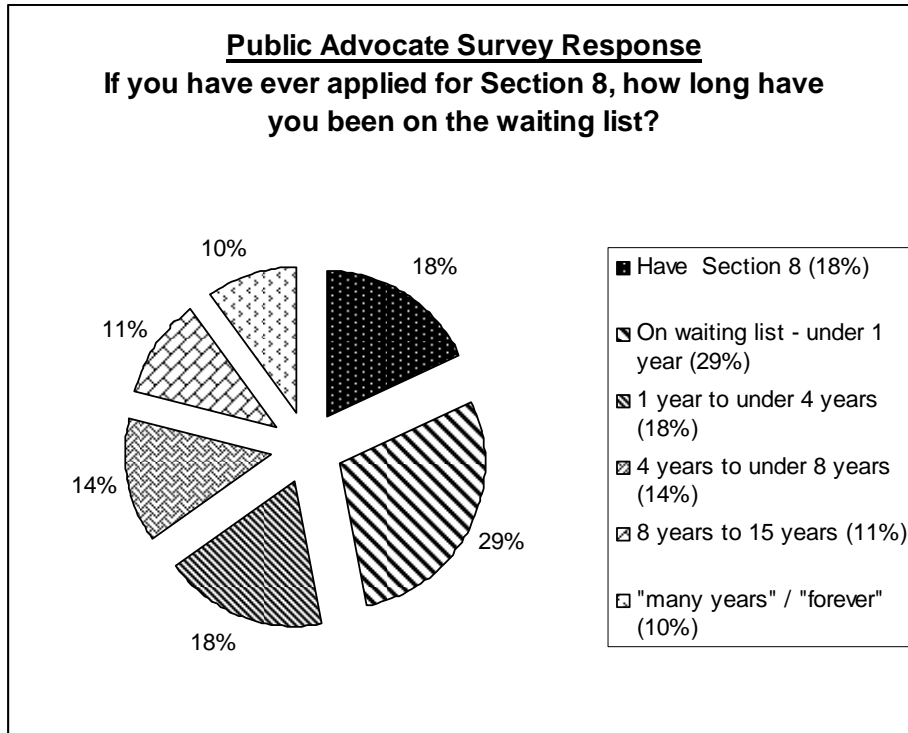
local programs shows that government has failed to sufficiently address the housing crisis for seniors in New York City.

Long Waiting List for Section 8

In New York City, the federal Housing Choice Voucher Program, commonly known as “Section 8,”²⁹ has been a mainstay of support for low-income individuals and families, serving about 270,000 city residents.³⁰ However, the need for vouchers has long exceeded the number available. The waiting list for Section 8 housing has been closed to new applicants since late 1994, with exceptions for special categories of need including homeless families and families with a member who is a victim of domestic violence.³¹ Seniors are not currently a priority population for Section 8.

As of the summer of 2005, 127,000 families were on the Section 8 waiting list.³² More than 10 percent of respondents to the Public Advocate’s survey who had applied for Section 8 reported that they have been on the waiting list for more than eight years. The longest reported wait time was 15 years (Table 3).

Table 3



²⁹ “Section 8” is a reference to the portion of the U.S. Housing Act of 1937 under which the original subsidy program was authorized. Assistance under the program is provided by the U.S. HUD.

³⁰ Fernandez, M., *Bias Is Seen As Landlords Bar Vouchers*, *The New York Times*, October 30, 2007.

³¹ New York City Department of City Planning (DCP), *Consolidated Plan. 2006. Volume 1*. <http://home2.nyc.gov/html/dcp/dfd/pub/conp06v2.pdf>.

³² Ibid.

Even for those who make it through the waiting list and receive a Section 8 voucher, there is no guarantee of housing security. Every year five to ten percent of voucher recipients lose their Section 8 subsidy.³³ Recipients can lose their voucher for a variety of reasons, including inability to understand the recertification process or failure of an annual inspection of building and apartment maintenance, which may be due to a landlord's unwillingness to make repairs.³⁴ In addition, with rents soaring even in formerly low-income neighborhoods, voucher holders are having difficulty finding apartments. A report released in April by New York ACORN (Association of Community Organizations for Reform Now) found that only 16 of 122 advertisers of studios renting for less than \$1,000 a month and one-bedroom apartments renting for less than \$1,200 a month were willing to accept Section 8 vouchers.³⁵

Shortage of Section 202 Housing for Seniors

The HUD Section 202 Supportive Housing for the Elderly Program was established to expand the supply of affordable housing with supportive services for seniors by financing the construction of subsidized rental housing.³⁶ The program provides interest-free capital advances to eligible non-profit sponsors to finance either new construction or substantial rehabilitation of rental housing.³⁷ If the housing development serves low-income seniors for 40 years, the capital advance does not have to be repaid.³⁸

The demand for Section 202 housing in New York City is very high. To be eligible for the program, a senior must be 62 years of age or older and meet HUD's Very Low Income limits, currently \$22,000 for a single-person household and \$25,100 for a two-person household.³⁹ The majority of seniors in New York City qualify meet these qualifications: more than 50 percent of senior-headed households in the city are single-person households, and seniors living alone in New York City in 2000 had a median income of \$13,617.⁴⁰

In 2002, a report from the Office of Congressman Anthony Weiner found that there were a total of 17,025 Section 202 housing units in New York City, and 217,589 seniors on waiting lists to obtain them.⁴¹ Five years later, DFTA's annual report states that the ratio of seniors on waiting lists to Section 202 units is 12 to 1.⁴²

³³ Choudry, R., Parsons, J., Vera Institute of Justice, *I would not have anywhere to go. Understanding Section 8 Housing Subsidy Loss in New York City*, May 2007.

³⁴ Ibid.

³⁵ Fernandez, M., *Bias Is Seen As Landlords Bar Vouchers*, The New York Times, October 30, 2007.

³⁶ NYC Council, Committee on Housing and Buildings with Committee on Aging, *Supportive Housing For Seniors: What Options Are Available?* Joint Hearing, November 21, 2006.

³⁷ DCP, *Consolidated Plan. 2006. Vol. 1.*, <http://home2.nyc.gov/html/dcp/pdf/pub/conp06v1.pdf>.

³⁸ Ibid.

³⁹ DCP, *Consolidated Plan. 2006. Vol. 2.*, <http://home2.nyc.gov/html/dcp/dfd/pub/conp06v2.pdf>.

⁴⁰ Ibid.

⁴¹ Office of Congressman Anthony D. Weiner, U.S. House of Representatives, 9th CD, New York, *No Vacancy: New York City's Senior Housing Shortage*, 2004.

⁴² DFTA, *Annual Plan Summary April 1, 2008 – March 31, 2009*, September 2007.

As Congressman Weiner's report notes, federal funding for Section 202 declined by 50 percent in the two years after Republicans took control of Congress. Funding for New York City declined from more than \$71 million in 1993 to slightly more than \$48 million in 2001, cutting in half the number of Section 202 housing units built per year.⁴³ Since Congressman Weiner's report, funding has further decreased. For FY 2005, \$42.8 million was available for the metropolitan region.⁴⁴

Losses in Rent Regulated Housing

A number of long-standing programs and subsidies help seniors with the cost of housing, including rent regulation and subsidized rent increase exemptions. According to DFTA, 79 percent of tenants living in rent controlled apartments are age 55 or older. Twenty-seven percent of those living in rent stabilized units are age 55 and older; the proportion is expected to rise to 50 percent in the next five to seven years.⁴⁵

However, due to a change in rent regulation laws in 1997 that allowed landlords to decontrol apartments as they are vacated once the monthly rent reaches \$2,000—a threshold that is no longer as high as it might have seemed in 1997—many rent-regulated apartments have been lost. According to Tenants and Neighbors, a statewide tenants' rights coalition, 200,000 rent regulated apartments were lost over the last ten years.⁴⁶ Any erosion of rent control and rent stabilization laws are particularly problematic for the senior population.

Failure of SCRIE Program to Reach Eligible Seniors

The Senior Citizen Rent Increase Exemption (SCRIE) program exempts low-income senior citizens from rent increases and allows landlords to deduct the exempted increase from property taxes. But an investigation of the SCRIE program by the Public Advocate's office in 2005 found that only 38.5 percent of eligible households are currently enrolled. More than 72,000 eligible households do not participate.⁴⁷

In New York City, the SCRIE program is administered by DFTA. Over the last two fiscal years, new applications as well as recertifications for the SCRIE program have declined (Table 4). This decline has taken place despite the rise in the city's senior population and the fact that income eligibility levels set to rise annually in \$1,000 increments from \$25,000 in 2005 to \$29,000 in 2009.⁴⁸

⁴³ Office of Congressman Anthony D. Weiner, U.S. House of Representatives, 9th CD, New York, *No Vacancy: New York City's Senior Housing Shortage*, 2004.

⁴⁴ DCP, *Consolidated Plan*. 2006. Vol. 2, <http://home2.nyc.gov/html/dcp/dfd/pub/conp06v2.pdf>.

⁴⁵ DFTA, *Annual Plan Summary April 1, 2008 – March 31, 2009*, September 2007.

⁴⁶ Lamport, J., *Housing Advocacy Wins Election, With One Exception*, *Gotham Gazette*, November 2005, www.gothamgazette.com/article/housing/20051122/10/1662

⁴⁷ Office of the New York City Public Advocate Betsy Gotbaum, *From Low Service to No Service: How the City Fails Elderly Low-Income Renters*, March 2005.

⁴⁸ New York State Division of Housing and Community Renewal, Rent Administration, *Fact Sheet #21: Special Rights of Senior Citizens, SCRIE in New York City*, www.dhcr.state.ny.us/ora/pubs/html/orafac21.htm.

Table 4

SCRIE Status	FY 2005	FY 2006	FY 2007
Initial Applications	8,100	7,475	6,782
Approved	7,097	4,900	4,441
Denied	5,143	3,871	3,796
Recertifications	32,728	28,222	25,685

Source: 2007 Mayor's Management Report⁴⁹

The high number of senior households that are eligible but not enrolled in the SCRIE program strongly suggests that many seniors do not know about the program or are unable to file an application. In either case, improved outreach is necessary to reach the intended beneficiaries of the program.

Negative Impact of Living Alone on Health and Well-being

An increasing number of seniors in New York City live alone. In a national survey conducted in 2000 on behalf of AARP,⁵⁰ 89 percent of respondents age 55 and older *strongly agreed* or *somewhat agreed* that they would like to remain in their current residence for as long as possible.⁵¹ The preference of seniors to “age in place,”⁵² even if it means living alone, is understandable in light of the dearth of attractive and affordable alternatives. But living alone at an advanced age can lead to social withdrawal and isolation, which can, in turn, lead to more serious consequences, such as mental health problems and physical deterioration, injuries, dependency, institutionalization, and premature death.

Senior Isolation and Unmet Needs

In 1995, a heat wave hit Chicago, Illinois, resulting in 739 heat-related deaths. The majority of those who died were seniors, and research showed that the most significant risk factors were living alone and having few social contacts.⁵³ Similarly, about half of the victims of Hurricane Katrina were over the age of seventy. Some reports suggest that the high mortality rate after Hurricane Katrina was primarily an indicator of the failure to

⁴⁹ OPS, *Fiscal 2007 Mayor's Management Report, Department for the Aging*, www.nyc.gov/html/ops/downloads/pdf/_mmr/dfta.pdf.

⁵⁰ Formerly “American Association of Retired Persons,” the organization was renamed “AARP” in 1999 to reflect a broader focus. AARP does not require its members to be retired.

⁵¹ AARP, *Fixing to Stay: A National Survey of Housing and Home Modification Issues*, May 2000.

⁵² “Aging in place” generally means that someone resides in the same apartment or house for a period of time that extends into advanced age. More specifically, “aging in place” has come to designate the decision to forego retirement options such as planned senior housing or assisted living facilities. While personal preferences inform this decision, the lack of decent senior housing and the high cost of assisted living facilities are also factors.

⁵³ Klinenberg, E., *Heat Wave: A Social Autopsy of Disaster in Chicago*, Chicago, 2002.

evacuate and protect the elderly.⁵⁴ Most seniors who died in the wake of Hurricane Katrina died of preventable causes, and many are believed to have been socially isolated.⁵⁵

According to a report by United Neighborhood Houses (UNH), many New York City seniors live in a similar state of social isolation.⁵⁶

New York City's 1.3 million seniors are particularly at risk for living and dying alone. In fact, a citywide formula for disaster is now brewing. Seniors in the City are more likely to be poor, disabled, and to live alone than their counterparts nationwide and many are not getting the help they need. The threat of senior isolation can be found in even the most densely populated areas of New York City; seniors in upper Manhattan, the South Bronx, central Brooklyn, and portions of lower Manhattan are at particular risk.⁵⁷

Compared to the national average, seniors in New York City are more likely to live alone; to have incomes below the poverty level; to speak English less than "very well"; or to be divorced, separated, widowed, or unmarried in the first place—conditions that all exacerbate the risk of social isolation.⁵⁸ Certain populations within the city are at an even greater risk. Because of their longer average life span, senior women are often widowed. First generation immigrants to New York City may experience old age far removed from friends and family. Seventy-five percent of lesbian, gay, bisexual and transgender seniors live alone, 90 percent have no children, and 80 percent age as single persons without a life partner or significant other.⁵⁹

Despite the array of social services government provides, the health and well-being of seniors largely depends on the care, support, and involvement of close family members. An estimated 34 million Americans provide care for older family members or friends.⁶⁰ A recent survey found that family members caring for and supporting an aging spouse or parent spent an average of about \$5,500 (or 10 percent of their annual household income) to help with expenses including monthly rent payments.⁶¹

⁵⁴ Bill Bytheway, *The Evacuation of Older People: The Case of Hurricane Katrina*, Annual Conference of the Royal Geographical Society and Institute of British Geographers, London, August 31, 2006. <http://understandingkatrina.ssrc.org/Bytheway/>

⁵⁵ Wackstein, N., United Neighborhood Houses of New York (UNH), *Testimony delivered before the Aging Committee of the NYC Council Oversight Hearing on The Elderly and Social Isolation*, February 13, 2006.

⁵⁶ Walker, J., Herbitter, C., UNH, *Aging in the Shadows: Social Isolation Among Seniors in New York City*, 2005.

⁵⁷ Ibid.

⁵⁸ Ibid.

⁵⁹ Chambers, C. L., Hollibaugh, A., Gilberto, P., Kaelber, T., Berman, D., SAGE with Hunter College Brookdale Center on Aging, *No Need to Fear, No Need to Hide. A Training Program about Inclusion and Understanding of Lesbian, Gay, Bisexual and Transgender Elders For Long-Term Care and Assisted Living Facilities*, 2004.

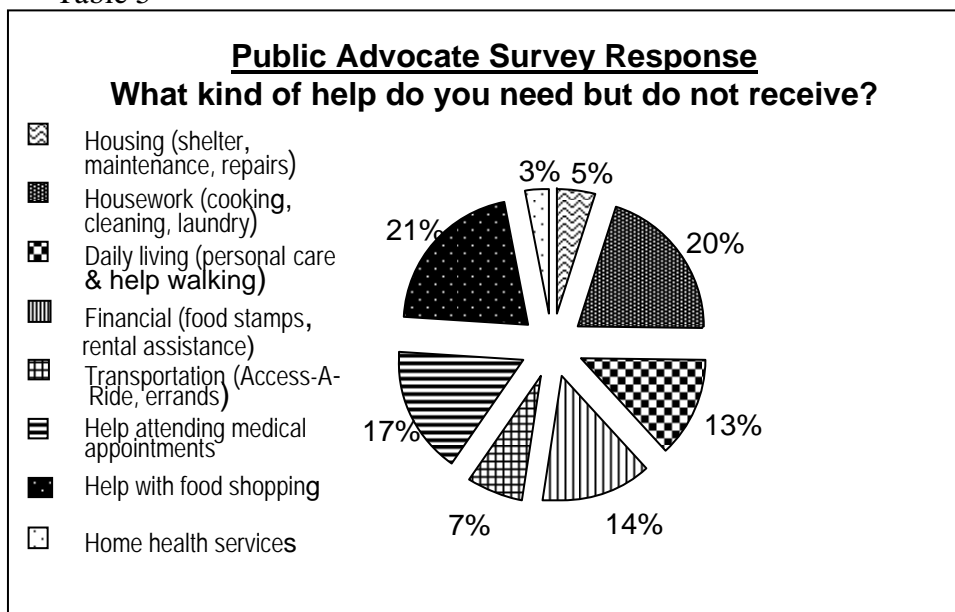
⁶⁰ Gross, J., *Study Finds Higher Costs for Caregivers of Elderly*, The New York Times, November 19, 2007.

⁶¹ Ibid.

The effects of aging without such family support can be severe. Social isolation, particularly for seniors with mobility impairments or medical conditions, can become a matter of life and death in an emergency situation such as a hurricane or black-out. Socially isolated seniors are also more likely to have unmet needs such as financial assistance and help shopping, cooking, or carrying out basic daily activities such as bathing and getting dressed. Such unmet needs put seniors at increased risk of being prematurely institutionalized or hospitalized.⁶²

Even seniors who are not socially isolated have unmet needs. Nearly 17 percent of all seniors and 42 percent of low-income seniors⁶³ surveyed by the Office of the Public Advocate indicated that they had unmet needs (Table 5).

Table 5



Depression and Suicide Risk

According to the New York City Department of Health and Mental Hygiene (DOHMH), one in every five New Yorkers 55 or older experiences depression or other mental health issues that are not a normal part of aging; this figure is expected to double by 2030.⁶⁴ Researchers estimate that between 63 percent⁶⁵ and 90 percent⁶⁶ of all seniors nationwide

⁶² Walker, J., Herbitter, C., UNH, *Aging in the Shadows: Social Isolation Among Seniors in New York City*, 2005.

⁶³ In the context of this survey, we define “low-income seniors” as seniors who answered “yes” to the question “In the last year, have you had to forego important purchases (e.g. food, medicine) in order to pay housing costs?”

⁶⁴ New York City Department of Health and Mental Hygiene (DOHMH), *Depression, Social Isolation and the Urban Elderly. Presentation at the Conference on Geriatric Mental Health*, May 18, 2006, www.nyc.gov/html/doh/downloads/ppt/dmh/dmh-depression-sederer.ppt.

⁶⁵ Walker, J., Serrano, M., UNH, *A Changing Landscape: New Possibilities for Meeting the Mental Health Needs of Older Adults*, June 2007.

are not receiving appropriate services for depression and other mental health needs. The high rate of isolation among seniors in New York City is a significant barrier to identifying and treating mental illness.⁶⁷

Aging in isolation also, in itself, contributes to poor mental health. According to the DOHMH, the loss of a social support network creates stress that increases the likelihood of developing mental health issues.

Hypertension, Heart Disease, and Stroke

Scientific research also links isolation, loneliness, and lack of a social network to a higher risk of serious medical conditions, such as hypertension and coronary events, and of negative outcomes after a major medical event. After following stroke patients for five years, researchers for the Northern Manhattan Stroke Study found that pre-stroke social isolation is a predictor of negative outcomes following a stroke, including myocardial infarction, stroke recurrence, or death.⁶⁸

A long-term study of Swedish men born in 1933 found low levels of two types of social support—emotional support from very close persons and support provided by an extended network of relatives or acquaintances—to be predictive of coronary morbidity, independent of other risk factors such as low socio-economic status, experiences of stress at work or home, sedentary life-style, family history of myocardial infarction, smoking, high BMI, or diabetes.⁶⁹

Acceleration of Dementia and Alzheimer's Disease

To determine the relationship between social withdrawal and cognitive decline, researchers in New Haven, Connecticut interviewed 2,812 non-institutionalized individuals age 65 and older four times over a period of twelve years. After controlling for other factors such as age, education, income, alcohol use, and physical disability, the research found that, compared with individuals who had five or six social ties, those who had no social ties were at increased risk for cognitive impairment.⁷⁰

Other studies confirm the same conclusion. A University of Stockholm study found that people living alone had a 1.9 times higher risk of developing dementia than people living

⁶⁶ The HealthTrust, *Growing Population of Seniors offers Opportunities, Challenges for Increasing Wellness in Older Adults*, June 5, 2007, www.healthtrust.org/media/announcements/announce-2007-06-05-01.php.

⁶⁷ DOHMH, *Depression, Social Isolation and the Urban Elderly. Presentation at the Conference on Geriatric Mental Health*, May 18, 2006, www.nyc.gov/html/doh/downloads/ppt/dmh/dmh-depression-sederer.ppt.

⁶⁸ Boden-Albala, B., Litwak, E., Elkind, M.S.V., Rundek, T., Sacco, R.L., *Social isolation and outcomes post stroke*, *Neurology*, 64: 1888-1892, 2005

⁶⁹ Rosengren, A., Wilhelmsen, L., Orth-Gomer, K., *Coronary Disease in Relation to Social Support and Social Class in Swedish Men. A 15 year follow-up in the Study of Men Born in 1933*, *European Heart Journal*, 25(1): 56-63, 2004.

⁷⁰ Bassuk, S. S., Glass, T. A., Berkman, L. F., *Social Disengagement and Incident Cognitive Decline in Community-Dwelling Elderly Persons*, *Annals of Internal Medicine*, 131(3): 165-173, 1999.

with someone.⁷¹ A four-year study by the Rush Alzheimer's Disease Center found that the risk of Alzheimer's disease for lonely older adults was more than double the risk for individuals who were not lonely.⁷²

Malnutrition, Frailty, and Fall Injuries

Malnutrition is, according to the Mayo Clinic, a web of physical, emotional, and social problems that trap vulnerable people in a self-perpetuating cycle of declining health.⁷³ Older single adults often do not cook for themselves; a typical dinner may consist of toast, cold cereal, or a cup of tea. Over time, a nutrient-poor diet accelerates the loss of muscle mass and strength that normally accompanies aging. This in turn can trigger depression, which further suppresses appetite. Shopping and preparing food become more difficult, reinforcing the tendency to subsist on easy-to-prepare but nutrient-poor fare.

Research has shown that being divorced, widowed, or unmarried also increases seniors' risk of major-injury-causing falls.⁷⁴ Living alone is also a risk factor for fall injuries⁷⁵ and complicates discharge to the home after a fall.

Program Review: Alternatives in Senior Housing in New York City

There are a few programs in the city that have successfully provided a safety net for seniors who face housing insecurity and are at risk of social isolation. In addition to reducing housing insecurity, shared housing programs as well as supportive services in areas with a high density of seniors are able to directly address and prevent the negative health effects of living alone at an advanced age. Shared housing programs allow seniors to pool and maximize resources, sustain social interaction and provide mutual support. While these programs cannot replace traditional senior housing altogether, they deserve a prominent place in the range of housing options for seniors.

Shared Housing Programs

Shared Housing

Shared housing programs, which receive some municipal funding but are administered by non-profit organizations, match elderly homeowners or renters who have extra rooms

⁷¹ Fratiglioni L., W. H. X., Ericsson, K., Maytan, M., Winblad B., *Influence of social network on occurrence of dementia: a community-based longitudinal study*, Lancet, 355 (9212): 1315-1319, 2000.

⁷² Wilson, R. S., Krueger, K.R., Arnold, S.E., Schneider, J.A., Kelly, J.F., Barnes, L., Tang, Y., Bennett, D., *Loneliness and Risk of Alzheimer Disease*, Archives of General Psychiatry, 64 (2): 234-240, 2007.

⁷³ Mayo Clinic, *Malnutrition and Seniors: When a relative doesn't eat enough*, September 28, 2007, www.mayoclinic.com/health/senior-health/HA00066.

⁷⁴ Koski, K., Luukinen, H., Laippala, P. Kivela, S., *Risk Factors for Major Injurious Falls among the Home-Dwelling Elderly by Functional Abilities*, Gerontology. International Journal of Experimental, Clinical and Behavioral Gerontology, Clinical Section, 44 (4): 232-238, 1998.

⁷⁵ Rothschild, J. M., Bates, D.W., Leape, L.L., *Preventable Medical Injuries in Older Patients*, Archives of Internal Medicine, 160 (18): 2717-2728, 2000.

with home-seekers.⁷⁶ One or more, housemates provide additional income or assistance, or both, and thus enable a homeowner or apartment holder to remain in his or her home.⁷⁷ In some cases, elderly home providers can be matched with younger or developmentally disabled but self-sufficient home-seekers. In addition to matching the parties looking to share a home, programs generally include some limited support and follow-up services, such as referrals for social services or mediation of disagreements between housemates.⁷⁸

Renting, rather than owning, one's home or apartment does not preclude home sharing. According to the New York State Attorney General's Office, it is unlawful for a landlord to restrict occupancy of an apartment only to the tenant named in the lease or to that tenant and immediate family. When a lease names only one tenant, and the home or apartment is the primary residence of the tenant or his spouse, not only immediate family but also one additional occupant and dependent children may live in the apartment. However, the tenant must inform the landlord of the name of any occupant within 30 days.⁷⁹

Example of Shared Housing (1)

Host: *Mrs. F. is a 98-year-old retired widow who lived in her three-bedroom home in the Flatlands section of Brooklyn since 1940. Unable to leave her home much due to recent hip replacement surgery, arthritis, and partial blindness, Mrs. F. experienced increasing loneliness, difficulties with household chores, and fear of being unable to remain in her home.*

Guest: *Ms. T., 48, became unemployed due to intermittent health problems. Living only on Social Security Disability Insurance, Ms. T. could no longer pay her rent and lost her apartment in Staten Island. Ms. T. now shares Mrs. F.'s home, contributes \$200 a month to household expenses, and helps Mrs. F. with the household chores. In addition to the social and financial advantages, both women gained assistance and security by residing together.*

In New York City, the New York Foundation for Senior Citizens (the Foundation) and Project Share provide free, professional, and confidential matching services for seniors.⁸⁰ The Foundation's Home Sharing program⁸¹ matches hosts 60 years of age or older with compatible guests of any age in shared-living arrangements in homes across the city. The program is funded by the New York State Office for the Aging (SOFA) and DFTA. Located on Staten Island, Project Share⁸² has provided similar professional and confidential screening and matching services for shared housing since 1980.⁸³

⁷⁶ DFTA, *Alternatives in Senior Housing. A Comprehensive Guide for Manhattan*, 2003.

⁷⁷ Office of the New York State Attorney General Andrew M. Cuomo (OAG), *Housing Guide for Seniors*, last accessed September 24, 2007, www.oag.state.ny.us/seniors/housegu.html#Shared%20Housing.

⁷⁸ DFTA, *Alternatives in Senior Housing. A Comprehensive Guide for Manhattan*, 2003.

⁷⁹ OAG, *Housing Guide for Seniors*, last accessed September 24, 2007, www.oag.state.ny.us/seniors/housegu.html#Shared%20Housing.

⁸⁰ Please note that both organizations also serve developmentally disabled adults over 45 who are able to care for themselves.

⁸¹ For further information and to apply, please contact: New York Foundation of Senior Citizens, Home Sharing Program, 11 Park Place, Suite 1416, New York, NY 10007, (212) 962-7559.

⁸² For further information and to apply, please contact: Project SHARE, Richmond Senior Service, 500 Jewett Avenue, Staten Island, NY 10302, (718) 816-1811.

⁸³ Phone conversation with Beverly Neuhaus, Executive Director, Project SHARE.

Example of Shared Housing (2)

Host: Ms. W. is a 61-year-old retiree who has lived in her two-bedroom rental apartment in the Highridge section of the Bronx for 33 years. After her adult son moved out of the apartment, she felt increasingly insecure and lonely in her home.

Guest: Mr. J., 49, uses a cane to walk because of leg injuries sustained in a 1997 work accident. With his income limited to disability insurance, Mr. J. could not find stable, affordable housing. Temporarily living in crowded quarters with a friend's family, Mr. J. experienced housing insecurity and depression until his treating psychiatrist referred him to the shared housing program. Mr. J. now shares Ms. W's apartment, contributes \$400 to monthly household expenses, and provides Ms. W with a sense of safety and social interaction.

Shared Living Residences

Project Share also offers a shared living residence program, a housing arrangement in which a small number of seniors live together as a household in a house or apartment large enough for all residents to have a private bedroom, while other areas, such as the living room, kitchen, and dining room are shared. Residents share daily chores, expenses, and amenities and can enjoy the benefits of companionship and increased security.⁸⁴

For the shared living residence program, also called “share-a-rent,” the agency rents a house or apartment, usually a three- or four-bedroom home. It then matches suitable applicants. Applicants have to go through an interview, typically a minimum of one hour long. The agency encourages long-term occupancy rather than temporary residency. Residents generally determine for themselves to what extent they will share chores and expenses.⁸⁵

In addition to screening and matching, the agency also provides on-going case management, helps with referrals to social services, and mediates disputes. As problems arise, agency staff call residents, or, if necessary, make a home visit to facilitate a discussion among residents that ideally results in a set of written consensual rules. Rents in shared living residences, which include a private, lockable bedroom and shared use of the common areas, currently range from \$450 to \$575 per month.

Intergenerational Shared Sites and Housing

The term “intergenerational shared sites” originates with a 1998 AARP survey of hybrid programs such as nursing home/child care centers or adult day services/child care

⁸⁴ DFTA, *Alternatives in Senior Housing. A Comprehensive Guide for Staten Island*, 2004.

⁸⁵ Phone conversation with Beverly Neuhaus, Executive Director Project SHARE.

centers.⁸⁶ The use of public school buildings as multipurpose community centers and intergenerational shared sites has developed in numerous cities, including Louisville, Kentucky, where the local school board operates a thriving senior center program at four schools,⁸⁷ and Cleveland, Ohio, where the Fairhill Center Community School, an intergenerational school located within a senior center, opened in 2000 to support grandparents raising children.⁸⁸ In Gaylord, Michigan, the construction of a new school that had twice failed to gain support was approved after the local school board agreed to make it a multipurpose community school with a performing arts center and health facilities for seniors.⁸⁹ In New York City, the Beacon program offers multi-service, school-based community centers with intergenerational programs in neighborhoods throughout the city.⁹⁰

Intergenerational housing is the next step in the evolution of shared sites. In the 1980s, Columbia and other universities proposed intergenerational campus housing to simultaneously overcome the shortage of housing for the elderly and community opposition to the construction of dormitories in surrounding neighborhoods.⁹¹ The idea of campus-based intergenerational housing has been proposed again recently in several places, including the Arizona School of Dentistry and Health Sciences. The Arizona model proposes three- and four-story apartment buildings with 116 student units and 40 seniors units.⁹²

Intergenerational housing can provide particular social, health, and economic benefits to grandparents responsible for grandchildren living in their homes. Of 83,946 grandparents responsible for grandchildren in New York City,⁹³ 34 percent are African-American and 26 percent are Latino.⁹⁴ Some are legally responsible for their grandchildren; others take care of them full-time without legal custody. Grandparents may face health issues and lack the energy to keep up with small children or discipline children with behavioral problems. Social workers report that grandparents responsible for raising grandchildren, particularly grandmothers living alone, often feel lonely with no one to talk to about the child's homework, health issues, or social problems.⁹⁵ In addition, one in five

⁸⁶ Generations United with the MetLife Foundation, *Intergenerational Shared Sites: Making the Case*, 2006, http://www.gu.org/documents/A0/GU_Troubleshooting_FINAL.pdf.

⁸⁷ Sullivan, K., National Clearinghouse for Educational Facilities, *Catching the Age Wave: Building Schools With Senior Citizens in Mind*, October 2002, www.edfacilities.org/pubs/agewave.pdf.

⁸⁸ Ibid.

⁸⁹ Ibid.

⁹⁰ NYC Council Committee on Youth Services, *The Value of New York City Intergenerational Programs*, Oversight Hearing, November 22, 2002.

⁹¹ Daniels, L., *Campus Housing for People of All Ages*, *The New York Times*, August 26, 1984.

⁹² Lynch, S., *University pairs student, senior housing*, February 10, 2007, [http://license.icopyright.net/user/viewFreeUse.act?fuid=NDA\\$TMz](http://license.icopyright.net/user/viewFreeUse.act?fuid=NDA$TMz).

⁹³ AARP, *New York. A State Fact Sheet for Grandparents and Other Relatives Raising Children*, September 2005.

⁹⁴ Ibid.

⁹⁵ Watson, J., *Life for Many Grandparents Not All Fun and Games*, June 12, 2005, <http://www.voanews.com/specialenglish/archive/2005-06/2005-06-12-voa2.cfm>.

“grandfamilies”⁹⁶ and 57 percent of grandmothers who raise grandchildren have incomes below the federal poverty line, a condition that leads to housing insecurity.⁹⁷

To address these problems, the GrandParent Family Apartments, based on the model Grand Families House in Boston,⁹⁸ opened in the Morrisania section of the Bronx in February 2005. While the New York City Housing Authority (NYCHA) contributed the land for the development and subsidizes the rents of residents, two non-profit organizations, Presbyterian Senior Services and West Side Federation for Senior and Supportive Housing, Inc., operate the project, which consists of 50 two- and three-bedroom apartments,⁹⁹ with both child- and senior-friendly features, such as emergency pull cords in bedrooms and shower thermostats to keep children from scalding themselves. The building complex features a playroom, a computer lab with onsite tutoring, and a community room for residents, as well as onsite social workers to provide support.¹⁰⁰

NORC Supportive Service Program (SSP) Models

The high density of seniors in some New York City high-rises has produced an alternative form of senior housing. The term “NORC,” short for naturally occurring retirement community,¹⁰¹ describes a geographic area with a significant proportion of seniors living in housing that was not designed or planned with seniors in mind.¹⁰² NORCs are the result of an influx of older residents into, or migration of young people out of, a specific community, or of longstanding residents of a building or area “aging in place.”¹⁰³

Development of the NORC-SSP Model

NORC supportive service programs (NORC-SSP) developed in response to the demographic phenomenon of NORCs.¹⁰⁴ The first program was created in New York City at the Penn South Houses, a moderate-income, limited equity co-op in the Chelsea section of Manhattan. The co-op opened in 1962 and was occupied mainly by garment

⁹⁶ Karaim, R., AARP, *Grandfamily Housing. Affordable housing is a challenge for many older Americans caring for children*, February 2006.

⁹⁷ NYC Council Committee on Aging, *Affordable Housing Initiatives For Grandparents Raising Grandchildren*, Public Hearing, November 22, 2005.

⁹⁸ Kanders, K., *Mind the Gap. Grandparents raising Grandchildren. The Boston Grandfamilies House*, 2002.

⁹⁹ New York City Housing Authority (NYCHA), *Capital Report: Expanding Affordable Housing*, last accessed November 29, 2007, www.nyc.gov/cgi-bin/misc/pfprinter.cgi?action=print&sitename=NYCHA.

¹⁰⁰ Karaim, R., AARP, *Grandfamily Housing. Affordable housing is a challenge for many older Americans caring for children*, February 2006.

¹⁰¹ Hunt, M. E., Hunt, G., *Naturally occurring retirement communities*, *Journal of Housing for the Elderly*, 3 (3/4): 3-21, 1985.

¹⁰² Ormond, B., Black, K., Tilly, J., Thomas, S., The Urban Institute, *Supportive Services Programs in Naturally Occurring Retirement Communities* 2004.

¹⁰³ Vladeck, F., United Hospital Fund (UHF), *A Good Place to Grow Old: New York's Model for NORC Supportive Service Programs*, 2004.

¹⁰⁴ Ibid.

union workers. By the mid-1980s most of its residents had begun to retire. Housing leaders became concerned about problems related to the aging of the residents. A survey revealed that many senior residents of the co-op were depressed, anxious, without much social contact, and in need of emotional support and medical care.¹⁰⁵

In response to the unmet service needs of the seniors, who by that time represented more than 70 percent of the co-op's population,¹⁰⁶ the co-op's board, with the help of volunteer residents and a social service provider, designed a plan, eventually called the Penn South Program for Seniors, which brought a series of health, social, and recreational services to the co-op. To do so, Penn South combined co-op money with a foundation grant and built relationships with community resources, including a local hospital.¹⁰⁷

Benefits of NORC-SSPs

NORC-SSPs, when adequately funded and successfully managed, can help prevent, mitigate, or reverse the negative impact on health and well-being of aging alone. NORC-SSPs offer an alternative to reactive forms of social and health-related senior services. Rather than responding to "one hip fracture at a time,"¹⁰⁸ effective programs provide services to prevent malnutrition and frailty, such as exercise and cooking classes; teach seniors how to prevent falls; and help install safety features in individual apartments. If a health-related hospitalization does occur, NORC-SSPs typically have a system in place to coordinate support and services after discharge, so seniors can safely return home and successfully recover without having to return to the hospital or go to a nursing home.¹⁰⁹

NORC-SSPs create an environment close to home in which seniors can participate in shaping their own community, engage in social and recreational activities, and find supportive social and health-related services when needed. They can also alleviate housing insecurity by reducing economic pressures by providing benefit referrals and financial management assistance.

Funding of NORC-SSPs

Following the establishment of the program at Penn South Houses, new NORC-SSPs were created, first in 1992 in two other housing developments, and then in 1995, when 14 new programs (12 in New York City) were established through a \$1.2-million New York State sponsored public-private initiative.¹¹⁰ To meet the eligibility criteria under the New York State NORC-SSP program, apartment buildings and housing complexes must meet the following criteria:

¹⁰⁵ Yalowitz, N., Penn South Program for Seniors, *An Innovative Program for the 21st Century: NORC Supportive Service Programs for Seniors*, September 2006.

¹⁰⁶ Ibid.

¹⁰⁷ Ibid.

¹⁰⁸ Conversation with Fredda Vladeck, UHF, November 8, 2007.

¹⁰⁹ Conversation with Nancy Spannbauer, Program Director at Penn South Program for Seniors, October 18, 2007.

¹¹⁰ Vladeck, F., UHF, *A Good Place to Grow Old: New York's Model for NORC Supportive Service Programs*, 2004.

- The building or complex must have been constructed with government assistance
- The building or complex cannot have been built specifically for seniors
- The building or complex cannot restrict residency solely to seniors
- Fifty percent of the units in the complex must have a head of household of 60 years or older (or for very large developments, at least 2,500 individuals 60 years or older)
- The majority of senior residents must be of low- or moderate-income by HUD standards¹¹¹

In 1999, the City Council allocated \$3.8 million to strengthen the city's 12 state-sponsored programs and issued a Request for Proposals for 16 new programs.¹¹² The city program used different eligibility standards to include housing complexes in which 45 percent of heads of household—or, in large developments, at least 500 heads of household, and in small complexes, at least 250 heads of households—are 60 or older.¹¹³ State law requires that eligible buildings or complexes participating in the state program receive 50 percent of their funding from the state (or \$150,000, whichever is less) and match the remaining amount in equal parts through their own resources (a cash match from the housing company, owners, or residents) and through outside grants or in-kind staff contributions from health care providers. Public housing is exempt from the 25 percent cash match.¹¹⁴ The 16 buildings or complexes participating in the city program receive two-thirds of their funding (or \$200,000, whichever is less) and match the remainder in equal parts through their own resources and philanthropic or in-kind contributions.¹¹⁵

Following a further round of RFPs in 2006, there are now 54 city- and state-funded NORC-SSPs in New York, of which 43 are in New York City (see Appendix). Combined government funding of these programs is now about \$11 million, with \$6.7 million from the city and \$4.4 million from the state.¹¹⁶ There are also NORC-SSPs that receive funding only through City Council designation. Some programs do not meet one or more of the qualifying criteria. For example, the Fresh Meadows Senior Program in Queens is currently a three-day “NORC-like” program. According to the program director, Fresh Meadows cannot currently document the required percentage of senior-headed households and does not qualify for full funding, even though the participation in, and reliance of seniors on, its services would warrant expansion to a full-time program.¹¹⁷

¹¹¹ New York Consolidated Law Services (NY CLS), *Elder Law* § 209 1(f), 2007.

¹¹² NYC Council on Aging, *Naturally Occurring Retirement Communities in Private Housing*, Oversight hearing, September 27, 2005.

¹¹³ *Ibid.*

¹¹⁴ *Ibid.*

¹¹⁵ *Ibid.*

¹¹⁶ Conversation with Fredda Vladeck, UHF, November 8, 2007.

¹¹⁷ Phone conversation with Betsy Smith, Director of Multiple Queens NORC-SSPs. October 10, 2007.

Note: Fresh Meadows does receive some funding through DFTA (see Appendix).

The Mayor's Preliminary Budget for FY 2009 eliminates \$1 million in funding for NORC-SSPs that are not supported through DFTA's last NORC RFP.¹¹⁸

"Classic" NORCs

The majority of NORC-SSPs in New York City are based in high-rise apartment buildings with a common ownership or management structure, often referred to as "vertical"¹¹⁹ or "classic"¹²⁰ NORCs. These NORCs vary in size from a single building with 276 seniors served by Lincoln House Outreach in Manhattan to the vast complex of buildings with 8,500 seniors served by the Co-op City Senior Services Program in the Bronx in the 2003 contract period.¹²¹ There are now eleven classic NORCs in NYCHA public housing developments.¹²² Other classic NORCs are located in private developments, mainly moderate-income co-ops.

Neighborhood NORCs

In 2005, New York State enacted legislation to recognize and define neighborhood NORCs¹²³ (N-NORC), also referred to as "horizontal"¹²⁴ NORCs, and to designate state money to support them. The statute defines the term "neighborhood NORC" as a group of residential dwellings in a geographically defined neighborhood of two thousand people or less, where 40 percent of the households are headed by persons 60 years and older, and where the buildings are low-rise, that is, six stories or less and/or single and multifamily homes.¹²⁵ Of the first nine neighborhood NORCs to be recognized under the new provision, four were in New York City.¹²⁶

The NORC Without Walls (NORC-WOW) in Northeast Queens, considered the prototype for the neighborhood NORC,¹²⁷ is a community of free-standing one- and two-family houses, where the role of housing management agency is filled by a community-based organization (CBO) and a resident advisory board. While the NORC-WOW has received state funding along with similar NORC-SSPs in Washington Heights and Chinatown, and despite expectations that it will serve as a model for new programs in the

¹¹⁸ Council for Senior Centers & Services of NYC, Inc., *Mayor's Preliminary Budget Proposes Reductions in Dollars for Food, Vans and Norcs.*, Action Alert February 1, 2008, by fax to Office of the Public Advocate, February 4, 2008.

¹¹⁹ Phone conversation with Jessica Walker, New York Academy of Medicine (NYAM), and formerly senior policy analyst for UNH, October 30, 2007.

¹²⁰ Vladeck, F., UHF, *Testimony. Subcommittee on Retirement, Security, and Aging/Health, Education, Labor, and Pensions Committee/United States Senate*, May 16, 2006, www.uhfnyc.org/pubs-stories3220/pubs-stories_show.htm?doc_id=373404.

¹²¹ Vladeck, F., UHF, *A Good Place to Grow Old: New York's Model for NORC Supportive Service Programs*, 2004

¹²² NYCHA, www.nyc.gov/html/nycha/html/community/senior_services.shtml#norc

¹²³ NY CLS, Elder law, § 209 (5.a)

¹²⁴ Phone conversation with Jessica Walker, NYAM, October 30, 2007.

¹²⁵ NY CLS Elder § 209 (5.a)

¹²⁶ Toy, V. S. (February 12, 2006). *Helping the Elderly Stay in Their Homes*, The New York Times, February 12, 2006.

¹²⁷ Conversation with Fredda Vladeck, UHF, November 8, 2007.

outer boroughs, it has received no city funding other than special City Council designations.

NORCs of Affinity

In 2006, the City Council further expanded the NORC concept by designating funding for a community NORC or “NORC of affinity.”¹²⁸ In order to ensure that lesbian, gay, bisexual, and transgender (LGBT) seniors living in Harlem have access to services sensitive to their needs, the non-profit organization SAGE¹²⁹ created the community-based program “Harlem Elders Advocating for Themselves” (HEAT). When initial city funding for the program ended, advocates successfully argued that SAGE-HEAT was in essence a NORC-SSP because it enables LGBT seniors to access critical social services in their own neighborhood.¹³⁰ Research indicates that LGBT seniors have significantly diminished support networks compared to the general senior population.¹³¹ In addition, LGBT seniors report that they feel compelled to hide their identities in order to access mainstream senior services.¹³²

Problems Facing Alternative Senior Living Programs

Despite evidence that alternative senior living programs are more affordable and beneficial to seniors than living alone, they currently do not reach enough New York City seniors to realize their potential.

Scope

Shared and intergenerational housing programs have very limited capacity

Currently, only a very small number of providers offer shared housing opportunities. According to providers, there is a waiting list for shared housing, with the majority of applicants coming from Manhattan and the Bronx, as well as a waiting list for female shared living residences.

Similarly, the GrandParent Family Apartment Complex already had a waiting list one year after construction of the 50-unit development was completed. In the Bronx alone,

¹²⁸ Kling, B., *SAGE Restores Funding for Harlem Program with Support from New York City Council*, SageMatters. The newspaper on GLBT Aging, Spring 2007.

¹²⁹ Formerly “Senior Action in a Gay Environment,” the New York Office is now part of the national organizations SAGE USA and the organization’s acronym now stands for “Services and Advocacy for Gay, Lesbian, Bisexual and Transgender Elders.” See: www.sageusa.org/

¹³⁰ Kling, B., *SAGE Restores Funding for Harlem Program with Support from New York City Council*, SageMatters. The newspaper on GLBT Aging, Spring 2007.

¹³¹ Chambers, C. L., Hollibaugh, A., Gilberto, P., Kaelber, T., Berman, D., SAGE with Hunter College Brookdale Center on Aging, *No Need to Fear, No Need to Hide. A Training Program about Inclusion and Understanding of Lesbian, Gay, Bisexual and Transgender Elders For Long-Term Care and Assisted Living Facilities*, 2004.

¹³² Ibid.

17,400 families are grandparent-headed families.¹³³ There is an urgent need to create more alternative living opportunities for seniors who care for children.

NORC-SSPs serve only a small proportion of existing NORCs

The NORC-SSP has been a promising model for bringing necessary care and support to seniors living in age-integrated buildings and apartment complexes. Despite an increase in the number of programs in recent years, however, NORC-SSPs still reach only a small proportion of seniors in buildings and neighborhoods with existing NORCs. Moreover, only a small proportion of the existing NORC-SSPs are in community districts where seniors are most at risk of social isolation, such as East and Central Harlem, Midtown, the South Bronx, and Central Brooklyn.¹³⁴

Advocates have argued there is an unmet need for additional NORC-SSPs in NYCHA housing.¹³⁵ NYCHA houses approximately 420,000 low- and moderate-income residents in 345 housing developments consisting of 181,000 apartments. Approximately 33 percent of NYCHA heads of households are seniors.¹³⁶ In 1999, when DFTA issued an RFP to create 16 new NORC-SSPs, the Senior Services Unit of NYCHA surveyed its 345 developments and determined that 71 different NYCHA buildings and/or developments met the city's eligibility criteria for funding.¹³⁷ Of those, 14 submitted proposals to DFTA; DFTA selected five.¹³⁸

DFTA's RFP process does not sufficiently take into account community needs

In some communities, the competitive RFP process can jeopardize the continuity of supportive services for seniors. Because funding for programs that provide these services is limited, the awarding of a new contract can take funding away from an established program. In the 2006 RFP selection process, Co-op City Senior Services Program apparently lost its grant, despite the fact that the vast housing complex in the Bronx served a population of over 8,000 senior residents.¹³⁹

Furthermore, the RFP process does not take into account the fact that comprehensive planning is essential in order for an SSP to generate active participation among senior

¹³³Karaim, R., AARP, *Grandfamily Housing. Affordable housing is a challenge for many older Americans caring for children*, February 2006.

¹³⁴ Walker, J., Herbitter, C., UNH, *Aging in the Shadows: Social Isolation Among Seniors in New York City*, 2005.

¹³⁵ NYC Council Committee on Aging with Subcommittee on Public Housing, *Naturally Occurring Retirement Communities in Public Housing: Are the Present Support Services Adequate?*, Oversight hearing, October 4, 2004.

¹³⁶ Ibid.

¹³⁷ Ibid.

¹³⁸ Ibid.

¹³⁹ Co-op City Senior Services Program, founded in 1995, with a senior population of 8,500. See, Vladeck, F., UHF, *A Good Place to Grow Old: New York's Model for NORC Supportive Service Programs*, 2004. Co-op City Senior Services did not receive a DFTA contract in Fiscal Year 2006 and 2007. See: New York City Office of Management and Budget, *District Resource Statement, Department for the Aging, Fiscal and Service Reports for Fiscal Years 2006 and 2007*.

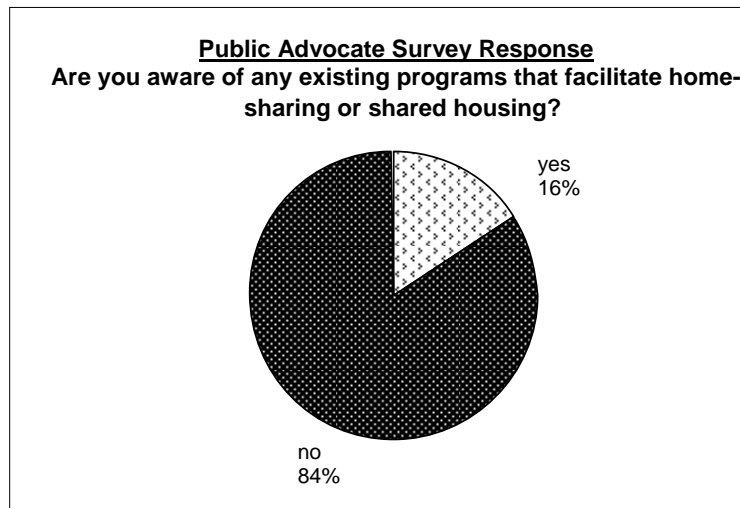
residents and address their interests and needs. By funding only the operation and not the planning phase of SSPs, DFTA limits opportunities for the development of successful programs in the most underserved areas of the city.

Information

Only a small proportion of seniors are aware of shared housing programs

Only 16.2 percent of the 961 seniors surveyed by the Office of the Public Advocate were aware of the existence of programs facilitating home-sharing or shared housing (Table 6).

Table 6



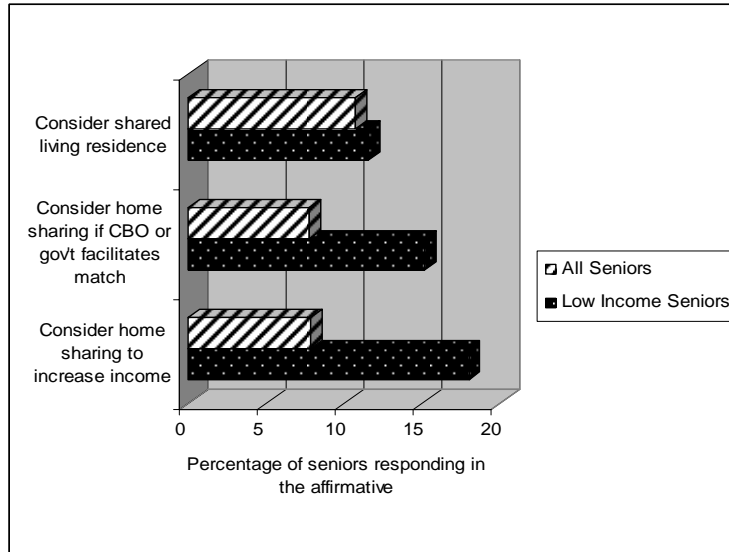
Perception

Many seniors have negative ideas about shared housing

Despite the potential financial, social, and health benefits, seniors in New York City have negative views of shared living. Only 7.9 percent of seniors surveyed by the Office of the Public Advocate responded that they would consider sharing their home to increase their income. Only 7.8 percent said they would consider sharing if a CBO or government agency would facilitate the match. Only 10.7 said they would consider moving into a shared living residence. (Table 7)

Among low-income respondents, there was a higher percentage of positive responses. Of seniors who had to forgo important purchases such as food or medicine in order to pay for housing costs, 18 percent said they would be willing to consider shared housing to raise their income, 15.2 percent said they would consider sharing if a CBO or government agency would facilitate the match, and 11.6 percent would consider moving into a shared living residence. (Table 7)

Table 7



Recommendations

The New York City Department for the Aging

Expand the organizational capacity of shared housing programs

DFTA should increase funding for the “share-a-rent” and home sharing models of senior housing. To increase the reach of shared housing models as a safety-net for seniors facing housing insecurity, DFTA should facilitate cooperation between the shared housing organizations and CBOs that serve seniors who face housing insecurity.

Develop a public information campaign to increase awareness and understanding of alternative housing options

DFTA should explore venues for outreach that are specific to seniors. Information on the benefits of alternative senior housing could be distributed to churches, physicians working with Medicare patients, and mental health professionals, and included in the membership mailings of institutions, such as alumni organizations, AARP, and union newsletters. Posters or brochures could be distributed to hair salons, dentist offices, and supermarkets or neighborhood bodegas.

Create opportunities for intergenerational site-sharing at senior centers

DFTA is planning to redesign the senior center model with a new focus on attracting younger seniors. In order to attract aging baby boomers, centers should incorporate multigenerational site sharing, such as volunteer and social opportunities, into their current program offerings. Given the needs of many low-income seniors, however, DFTA must not abandon core services such as transportation and meal service.

Maintain and expand the NORC-SSP model in buildings and neighborhoods with high senior density and high risk for social isolation

All funding partners, particularly DFTA, should consider overall community need when allocating NORC-SSP funding. The expansion of the NORC-SSP model should be based on an up-to-date demographic profile of senior density in city neighborhoods and the availability of senior services in those same neighborhoods. Areas such as the South Bronx and Central Brooklyn, where seniors are at a high risk for social isolation, should be the focus of efforts to plan and establish NORC programs. However, existing NORC-SSP programs in one neighborhood should not be placed in jeopardy solely because a new program is proposed in a different neighborhood.

Reconsider Funding Cuts to NORC-SSPs and Councilmember Discretionary Funds

NORC-SSPs present a highly cost-effective use of city resources. A relatively modest investment in preventive services at the neighborhood level would help the city curb the far higher costs of caring for seniors who have become ill or incapacitated. For this reason, DFTA should restore the \$1 million for NORC-SSPs eliminated in the Mayor's Preliminary Budget for FY 2009. DFTA should also restore \$5.5 million in discretionary funds for members of the City Council and encourage them to use their \$108,750 allotments to support NORC-SSPs and alternative senior housing in their districts.

Expand efforts to educate seniors about SCRIE and enroll them in the program.

DFTA should explore new ways to reach out to individuals who could potentially be eligible for the SCRIE program. Efforts could include an ongoing bus/subway ad campaign, informational community outreach, partnerships with community groups to promote the program, and advertisements in print publications.

Exempt home-sharing income from calculation of eligibility for public benefits

In order to encourage seniors to participate in home-sharing, the city should exempt any home-sharing income from the base income used to calculate eligibility for the Senior Citizen Homeowner Exemption (SCHE) and the Disabled Home Owner Exemption (DHE). That is, if a person 62 or older qualifies for a property tax exemption while living alone, that homeowner should not lose the subsidy if he or she takes in another person through a senior home-sharing program. The same should be the case for SCRIE and the Disabled Rent Increase Exemption (DRIE), which apply to seniors living in rent stabilized, rent controlled, and Mitchell-Lama rentals.

Establish planning grants for NORC-SSPs independent from the RFP process for operating contracts

NORC-SSPs require careful planning to meet the needs of seniors in specific communities and successfully leverage existing social and organizational capital. DFTA should follow the example of the Indiana Division of Aging, which awarded an \$800,000 grant to the University of Indianapolis Center for Aging to create five planning grant sites across Indiana and to conduct community needs assessments.¹⁴⁰

¹⁴⁰ Indiana Division of Aging, *Indiana's Aging Reform Agenda. Remarks by Indiana Division of Aging Director Steve Smith at Elder Friendly Communities - the Indianapolis NORC*, May 16, 2007, <http://cac.uindy.edu/newsletter/200705.html>.

Service Organizations

Adopt and publicize new home sharing policies to immediately reduce waiting lists

In an informal phone conversation, staff of the New York Foundation for Seniors indicated a change in the organization's policy. Until recently, the senior shared housing program required that hosts be age 60 or older (55 or older if the guest is developmentally disabled), while guests need only be 18 or older. Under the new policy, potential hosts may be under the age of 60 as long as they are willing to share their home with guests age 60 and over. According to the organization, the change is a response to increasing requests from younger New Yorkers, particularly in Manhattan, seeking to reduce housing insecurity by offering their home to share. This promising policy change should be widely publicized and adopted by other home-sharing organizations to reduce existing waiting lists and give more seniors facing housing insecurity a chance to find safe and affordable housing.

Improve outreach to younger seniors

The interest of younger New Yorkers in offering their homes to share may indicate a more positive perception of shared living arrangements among younger people. Similarly, promoting shared housing among younger seniors might increase participation. Many seniors who responded to the survey expressed an aversion to living with strangers but a willingness to consider living with a friend. Organizations should consider ways of facilitating home-sharing among senior friends.

Create a shared living residence program for Spanish, Chinese, and other foreign-language-speaking seniors, as well as an LGBT senior program

Minority seniors are the fastest growing group of low-income seniors in the city and face a high risk of social isolation even in densely populated areas such as Northern Manhattan, Lower Manhattan, South Midtown, the South Bronx, and Central Brooklyn.

Appendix

2007 New York City NORC –SSPs Funded through the RFP process by City and State

Sources: New York City Office of Management and Budget, *District Resource Statement, Department for the Aging, Fiscal and Service Reports for Fiscal Years 2006 and 2007.*

New York State Office for the Aging, *Naturally Occurring Retirement Communities NORC, and, Neighborhood Naturally Occurring Retirement Communities NNORC*, Memo via e-mail to the Public Advocate's Office, 2007.

BOROUGH	HOUSING DEVELOPMENT/ NORC	NORC- SSP (LEAD ORGANIZATION)	NORC TYPE	FUNDING
Bronx	Amalgamated Park Reservoir NORC 80 Van Cortlandt Park South, Bronx, NY 10463 (718) 548 – 4990	Bronx Jewish Community Council Inc. 2930 Wallace Ave Bronx, NY 10467 (718) 652-5500	Classic	City: \$187,000 State: \$77,192
Bronx	Beth Abraham NORC 612 Allerton Ave Bronx, NY 10467 (718) 519-5962	Beth Abraham Health Services 612 Allerton Ave Bronx, NY 10467 (718) 881-3000	Classic	City: \$257,000
Bronx	Pelham Parkway Houses North NORC 2425 Williamsbridge Road Bronx, NY 10461 (718) 652-6363	Bronx Jewish Community Council Inc. 2930 Wallace Avenue Bronx, NY 10467 (718) 652-5500	Classic	City: \$203,000
Brooklyn	Bethlehem Lutheran – The Bay Ridge Center	441 Ovington Ave Brooklyn, NY 11209 (718) 630-8685	Neighborhood	State: \$144,115
Brooklyn	BFFY NORC 3677 Nostrand Ave Brooklyn, NY 11229 (718) 769-3579	Builders for the Family & Youth 191 Joralemon St., 14 th Fl Brooklyn, NY 11201 (718) 722-6000	Classic	City: \$250,000
Brooklyn	Edith and Carl Marx Jewish Community House of Bensonhurst	7802 Bay Parkway Brooklyn, NY 11209 (718) 331-6800	Neighborhood	State: \$140,000
Brooklyn	Jasa Trump Outreach NORC 2915 West 5 th St. Brooklyn, NY 11224 (718) 946-7573	JASA 132 West 31 st St, 10 th Fl New York, NY 10001 (212) 273-5200	Classic	City: \$190,000
Brooklyn	Shorefront YM-YW of Brighton Beach, Inc.	3300 Coney Island Ave Brooklyn, NY 11235 (718) 646-1444	Neighborhood	State: \$140,035

BOROUGH	Housing Development/ NORC	NORC- SSP (Lead Organization)	NORC TYPE	FUNDING
Brooklyn	Trump Village NORC 2942 West 5 th St Brooklyn, NY 11224 (718) 946-7973	JASA 132 West 31 st St, 10 th Fl New York, NY 10001 (212) 273-5200	Classic	City: \$246,500 State \$75,928
Brooklyn	Warbasse Cares NORC 2844 Ocean Parkway Brooklyn, NY 11235 (718) 996-5200	JASA 132 West 31 st St, 10 th Fl New York, NY 10001 (212) 273-5200	Classic	City: \$180,100 State:\$150,000
Manhattan	Alfred Smith Houses NORC 50 Madison St New York, NY 10038 (212) 788-5549	Grand Street Settlement 50 Madison Street New York, NY 10038 (212) 788-5549	Classic	City: \$140,002
Manhattan	Amsterdam Houses NORC 250 West 65 St New York, NY 10023 (212) 874-0860	Lincoln Square Neighborhood Center, Inc. 250 West 65 th St New York, NY 10023 (212) 874-0860	Classic	City: \$250,000
Manhattan	Best NORC Columbia Street New York, NY 10038 (646) 201-4202	Grand Street Settlement 80 Pitt Street New York, NY 10002 (212) 982-4171	Classic	City: \$85,580 State:\$120,000
Manhattan	Chinatown	Visiting Nurse Services of New York Home Care 107 East 70 St New York, NY 10021 (718) 888-6968	Neighborhood	State:\$144,115
Manhattan	Co-Op Village NORC 465 Grand Street New York, NY 10002 (212) 358-8489	The Educational Alliance 197 East Broadway New York, NY 10002 (212) 780-2300	Classic	City: \$243,271 State:\$150,000
Manhattan	Goddard-Riverside NORC 593 Columbus Ave New York, NY 10024 (212) 873-6600	Goddard-Riverside Community Center 593 Columbus Ave New York, NY 10024 (212) 873-6600	Classic	City: \$80,500
Manhattan	Greenwich Village	Village Center for Care 154 Christopher Street New York, NY 10014	Neighborhood	State:\$99,481

BOROUGH	Housing Development/ NORC	NORC- SSP (Lead Organization)	NORC TYPE	FUNDING
Manhattan	Knickerbocker Village NORC 36 Monroe St DG1 New York, NY 10002 (212) 349-0616	Hamilton-Madison House 50 Madison Street New York, NY 10038 (212) 349-3724	Classic	City: \$200,000
Manhattan	Lincoln House Outreach NORC 303 West 66 th St New York, NY 10023 (212) 769-2850	Dorot, Inc. 171 West 85 th St New York, NY 10024 (212) 769-2850	Classic	City: \$75,000
Manhattan	Lincoln Square NORC 250 West 65 St New York, NY 10023 (212) 874-0860	Lincoln Square Neighborhood Center, Inc. 250 West 65 th St New York, NY 10023 (212) 874-0860	Classic	City: \$267,000 State:\$150,000
Manhattan	MRHS NORC Program 100 Lasalle Street New York, NY 10027 (212) 666-4000	Morningside Retirement and Health Services 100 Lasalle Street Apt. Mc New York, NY 10027 (212) 666-4000	Classic	City: \$185,300 State:\$150,000
Manhattan	Penn South Co-Op NORC 290 Ninth Ave New York, NY 10001 (212) 243-3670	Penn South Social Services, Inc. 321 Eighth Ave. New York, NY 10001 (212) 255-3570	Classic	City: \$207,500 State:\$150,000
Manhattan	Phipps Plaza West NORC 444 Second Avenue New York, NY 10010 (212) 666-6533	Phipps Community Development Corp. 902 Broadway, 13 th Fl New York, NY 10010	Classic	City: \$151,779
Manhattan	Stanley Isaacs NORC 415 East 93 rd St New York, NY 10128 (212) 360-7620	Stanley Isaacs Neighborhood Inc. 415 East 93 rd St New York, NY 10128 (212) 360-7620	Classic	City: \$200,476 State:\$107,808
Manhattan	St. Martin's Tower NORC 593 Columbus Ave New York, NY 10024 (212) 873-6600	Goddard-Riverside Community Center 593 Columbus Ave New York, NY 10024 (212) 873-6600	Classic	City: \$80,000
Manhattan	Surfside	Jewish Association for Services for the Aged (JASA) 132 West 31 st St New York, NY 10001 (212) 273-5270	Classic	State:\$150,000

BOROUGH	Housing Development/ NORC	NORC- SSP (Lead Organization)	NORC TYPE	FUNDING
Manhattan	United Hospital Fund NORC 350 5 th Ave New York, NY 10018 (212) 494-0740	United Hospital Fund of New York Empire State Building, 23 rd Fl New York, NY 10118 (212) 494-0700	Classic	City: \$149,990
Manhattan	Village View	The Educational Alliance 197 East Broadway New York, NY 10002 (212) 780-2300	Classic	State: \$79,000
Manhattan	Vladeck Cares NORC Henry Street Settlement 265 Henry Street New York, NY 10002 (212) 477-0455	Henry Street Settlement 265 Henry Street New York, NY 10002 (212) 766-9200	Classic	City:\$128,659 State: \$150,000
Manhattan	Washington Heights	Isabella Geriatric Center, Inc. 515 Audobon Ave New York, NY10040 (212) 342-9364	Neighborhood	State:\$118,328
Queens	Big Six Towers Selfhelp Big Six NORC 59-55 47 th Ave Flushing, NY 11377 (718) 565-6569	Selfhelp Community Services 520 Eight Ave 5 th Fl New York, NY 10018 (718) 396-5425 (City) 138-52 Elder Ave Flushing, NY 11355 (718) 359-0860 (State)	Classic	City: \$236,204 State: \$61,000
Queens	Clearview Gardens NORC 163-59 17 th Ave Flushing, NY 11357 (718) 352-4157 [Clearview Assistance Program]	Samuel Field YM & YWCA 58-20 Little Neck Parkway Little Neck, NY 11362 (718) 225-6750	Classic	City: \$197,500 State: 107,168
Queens	Deepdale Gardens NORC 58-20 Little Neck Parkway Flushing, NY 11362 [Deepdale CARES]	Samuel Field YM & YWCA 58-20 Little Neck Parkway Little Neck, NY 11362 (718) 225-6750	Classic	City: \$180,500 State:\$98,000
Queens	Forest Hills Community House NORC 108-25 62 nd Drive Flushing, NY 11375 (718) 592-5757	Forest Hills Community House 108-25 62 nd Drive Flushing, NY 11375 (718) 592-5757	Classic	City: \$186,680

BOROUGH	Housing Development/ NORC	NORC- SSP (Lead Organization)	NORC TYPE	FUNDING
Queens	Fresh Meadows Senior Program NORC 138-52 Elder Avenue Flushing, NY 11355 (212) 359-0860	Selfhelp Community Services 520 Eight Ave 5 th Fl New York, NY 10018 (718) 396-5425	Classic	City: \$20,000
Queens	Hanac NORC 34-35A 12 th Street Long Island City, NY 11106 (212) 840-8005	Hanac Inc. 49 West 45 th St, 4 th Fl New York, NY 10036 (212) 840-8005	Classic	City: \$209,828
Queens	Long Island City	Jacob A. Riis Neighborhood Settlement House 10-25 41 st Ave Long Island City, NY (718) 784-7447	Neighborhood	State:\$140,035
Queens	NORC-WOW Eastern Queens (Bellerose, Floral Park, New Hyde Park)	Samuel Field YM & YWCA-WOW 58-20 Little Neck Parkway Little Neck, NY 11362 (718) 225-6750	Neighborhood	State: 144,115
Queens	Queensville	Selfhelp Communities Services 138-52 Elder Ave Flushing, NY 11355 (718) 359-0860	Classic	State: \$61,000
Queens	Rochdale Village NORC 169-65 137 th Ave Jamaica, NY 11434 (718) 949-3499	Rochdale Village Social Services 169-65 137 th Ave Jamaica, NY 11434 (718) 276-5700	Classic	City: \$279,050
Queens	Selfhelp Queensview NORC 33-34 Crescent St Long Island City, NY 11106 (718) 278-4148	Selfhelp Community Services Inc. 520 Eight Ave 5 th Fl New York, NY 10018 (718) 396-5425	Classic	City: \$248,811
Queens		Selfhelp Community Services, Inc. Northridge 520 Eight Ave New York, NY 10018	Neighborhood	State:\$74,490