FROM SERVICE TO SHELTER

Housing Veterans in Rural America

Housing Assistance Council
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HAC, founded in 1971, is a nonprofit corporation that supports the development of rural low-income housing nationwide. HAC provides technical housing services, loans from a revolving fund, housing program and policy analysis, research and demonstration projects, and training and information services. HAC is an equal-opportunity provider and employer.
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EXECUTIVE SUMMARY

No veteran who has risked his or her life to protect our homes should return to find that they are not able have their own. For their sacrifice, it is imperative that we ensure our veterans have access to safe, affordable, and secure housing. This can be particularly challenging in rural America due to vast geographies, limited resources, and less social service infrastructure. The overall demographic picture of veterans will undergo major shifts in the coming years. As two wars overseas wind down, more veterans will be coming home. Returning to all corners of our nation, they will have housing needs to be addressed. The demographic changes associated with the baby boom generation and the overall graying of America will also shape veterans housing needs. The aging veteran population will have its own unique challenges. Ensuring that their housing needs are met is the least we can do to thank them for their service to this country.

Veterans Are More Prevalent in Rural America

With more veterans per capita than either suburban and exurban or urban regions, rural America has a strong history of providing service to our country. Approximately 5.6 million, or 11.4 percent, of the rural population served in the military accounting for a quarter of all veterans in 2010.

Rural Veterans Are Older than their Urban and Suburban Counterparts

Already older than veterans nationally, rural veterans are aging rapidly. With Vietnam-era veterans comprising a plurality, 70 percent of all veterans in rural America will be over the age of 65 in the next 10 years. This demographic shift will place increased pressure on the housing and health needs of rural veterans. Rural veterans are also less diverse than the overall veteran population – nationally, minorities account for twice as many veterans compared to those in rural regions.

Younger Veterans Are More Diverse and Face Different Economic and Housing Challenges

Younger persons comprise the smallest percent of rural veterans, yet they are significantly more diverse than older veterans. Minority and female veterans are a much larger segment of the younger veteran population and maintain differing needs than their
older counterparts. Younger veterans face higher unemployment and poverty rates and experience more housing affordability problems than older veterans.

**Rural Veterans Have Higher Educational Attainment, Lower Poverty Rates, Higher Incomes, and Lower Unemployment than Non–Veterans in Rural Communities**

When compared to the overall rural population, veterans typically have better economic circumstances. Veterans in rural America are less likely to experience poverty than their non–veteran counterparts and are typically better educated and housed. Fewer veterans have housing affordability problems than non–veterans; however, veteran renters are still more likely to pay proportionally more for housing than veteran homeowners. Veterans in rural America have lower unemployment rates than non–veterans; however, younger veterans are more likely to be unemployed than older veterans.

**Both Veteran Renters and Homeowners Face Housing Challenges**

Overall, rural veterans live in high quality housing and have high rates of homeownership. However, veterans are more likely to live in older, single–family detached homes that will require home modifications to ensure they are able to age in place. Rural veterans are also twice as likely to live in manufactured homes as veterans nationally. Whether a veteran rents or owns their home is a significant factor in their economic wellbeing. Veterans who rent their homes are two times more likely to be housing cost–burdened than those who own their homes.

**Homelessness Among Veterans Is Declining, but Still Exists in Rural America**

Veterans are overrepresented within the national homeless population. Although rural areas have fewer homeless veterans than urban areas, veterans often make up a greater percentage of the rural homeless population. Younger veterans, those most recently leaving the military, and minority and female veterans living below the poverty line are more likely to experience homelessness than non–veterans within those same groups. Federal initiatives like the HUD–VASH program have significantly decreased the number of homeless veterans; however, certain unique barriers exist for rural veterans. These include distances to VA facilities, access to transportation, and conducting accurate
counts of the veteran homeless population. Only 3 percent of HUD–VASH vouchers have been allocated to VA medical centers in rural areas.¹

Rural Veterans Face Unique Barriers When Accessing Services
Veterans in rural regions often face barriers accessing needed services that those who live in urban and suburban regions may not. Long distances between population centers limit the amount of social services that exist in rural regions. Many veterans must travel great distances to access necessary services. This can be problematic for aging as well as disabled veterans, particularly if they lack either access to or the ability to operate a vehicle due to financial burden or physical or mental disabilities.

A Renewed Focus and Increased Resources Have Improved Housing Conditions for Veterans
A renewed impetus has been placed on the success of organizations and initiatives that provide housing assistance to veterans. Homelessness among veterans has decreased, individuals returning with disabilities are able to make their homes accessible, and guaranteed loans through the Department of Veterans Affairs (VA) have helped veterans own their homes. It is important that these services remain flexible to meet the unique needs of rural America and remain adequately funded even as history moves beyond our current overseas operations.

... Yet Challenges Still Exist
Affordable housing and social services that reflect both the needs of old and young veterans alike must be readily available and accessible. Rural geographies present obstacles to accessing veteran services including limited public transit, greater distances to needed services, and fewer housing options. A certain level of flexibility in federal programs is required to ensure the needs of rural veterans are met. This includes not only funding from the VA, but also resources from USDA Rural Development as well as HUD. Increased collaboration between federal agencies can help ensure that rural veterans are aware of every resource available to them. Funding and planning must meet the need that
exists for both an aging veteran population with increased life spans and a younger veteran population returning from overseas conflicts.

Robert, United States Army, his wife Paula, and their two children live in an affordable home they found with help from the Minnesota Assistance Council for Veterans (MACV).

Photo Credit: Used with permission of the Greater Minnesota Housing Fund, "Portraits of Home: Veterans in Search of Shelter."

Photographer: Stormi Greener
INTRODUCTION

No veteran who has risked his or her life to protect our homes should return to find that they are not able to have their own. For their sacrifice, it is of great importance that we ensure military veterans have access to safe, affordable, and secure housing. This imperative can be particularly challenging in Rural America.

Accounting for less than 10 percent of the adult population in the United States, veterans comprise a diverse group representing all social, economic, and spectrums of society. Age, gender, mental and physical health, as well as incomes and employment all affect the needs of our veterans. Regardless of the differences that exist, every veteran has provided a significant and selfless service to their country.

Of the more than 22 million veterans in the United States, approximately 5.6 million, or more than one-quarter, live in rural communities. Providing services and housing for rural veterans is complicated in rural areas by vast geographies, limited resources, and less developed social service infrastructure than is available in many suburban or urban areas.

The overall demographic picture of veterans will undergo major shifts in the coming years. As two wars in the Middle East wind down, more veterans will be coming home. Returning to all corners of our nation, they will have housing needs to be addressed. The demographic changes associated with the baby boom generation and the overall graying of America will also impact rural veterans. This aging population will have its own unique challenges.
Access to health services, support services, and even companionship are critical for well-being and quality housing provision. It is important that veterans are able to utilize services offered through the United States Department of Veterans Affairs (VA). Veterans with physical impairments will require accessible housing options. Providing resources for veterans to either move into accessible homes or add needed modifications to increase accessibility is necessary.

Housing provides more than just shelter and security for our veterans. These brave men and women have served this country protecting not only their homes but the homes of all Americans. No veteran should return from service and have to continue to fight for safe, secure, affordable housing. For their service and sacrifice to our nation, it is imperative that their housing needs are not forgotten.

Pat, United States Marine Corps, and his wife have been in and out of homeless shelters as they look for permanent housing. When he left the military, "It was pretty much 'thank you, see ya.' I got a job at McDonalds. It's hard to come back from Iraq, flip burgers and still have trouble finding a permanent place to live."

Photo Credit: Used with permission of the Greater Minnesota Housing Fund, "Portraits of Home: Veterans in Search of Shelter."

Photographer: Cathy ten Broeke
Randy, United States Army, left the military in 1972. He shuttles between Minnesota and Arkansas and has been chronically homelessness for many years. He is shown here at an emergency shelter where he’s stayed before, trying to save money for a motel or apartment.

Photo Credit: Used with permission of the Greater Minnesota Housing Fund, "Portraits of Home: Veterans in Search of Shelter."

Photographer: Brian Lesterberg
VETERANS IN RURAL AMERICA

With more veterans per capita than either suburban and exurban or urban regions, rural America has a strong history of providing service to our country. Approximately 5.6 million, or 11.4 percent, of the rural population served in the military accounting for a quarter of all veterans in 2010. Economic incentives and opportunities play a role in higher enlistment rates. Studies evaluating motivations for enlistment consistently show self-improvement, money for education, and job skills as the three most common reasons individuals enlist. These motivations can be especially relevant in rural and small town regions. Declines in traditionally important economic sectors in rural America like agriculture and manufacturing have limited the economic opportunities for many younger individuals. The loss of these jobs has significantly impacted employment in rural communities making the military an attractive option.

A Demographic Snapshot of Rural Veterans in America

The United States is on the cusp of a demographic transformation that will significantly impact nearly all aspects of the nation’s social, economic, and housing systems. Veterans are aging at a dramatic pace – the median age for veterans in non-metropolitan areas is 62, compared to a national median age of 44. Although 25.2 percent of veterans live in rural and small town regions, 26.4 percent of those 55 years or older live in rural regions. Younger veterans are more likely to live in suburban or urban areas upon their return from service. Veterans between the ages of 18–34

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\(^1\)The analysis primarily relies on HAC tabulations on American Community Survey (ACS) Five-Year 2007-11 census tract estimates. The data were aggregated to generate rural and small town, suburban and exurban and urban estimates using census tract based geographic designations. Where these data are incomplete, ACS 2007-11 Public Use Microdata (PUMs) made available by the Minnesota Population Center at the University of Minnesota are used. PUMs data provides the ACS 2007-11 data at the survey respondent level. The analysis tabulates the data according to their proximity to Office of Management and Budget (OMB) defined metropolitan areas, to identify rural respondents. Data classified as being outside of metropolitan serves as a proxy for rural areas and population. Source: Minnesota Population Center, University of Minnesota: Miriam King, Steven Ruggles, J. Trent Alexander, Katie Genadek, Ronald Goeken, Matthew B. Schroeder, and Mathew Sobek. Integrated Public Use Microdata Series: Version 3.0 [Machine-readable database]. Minneapolis: University of Minnesota, 2010.
are the smallest group, comprising just 6.6 percent of the rural veteran population. The shift from a
draft to an all voluntary military is partially attributed to the decrease of military service in younger
generations. Nationally, younger veterans account for 7.8 percent of those who served.

U.S. Veteran Population by County, 2011

According to the 2010 Census, there are 2,411,563 veterans over the age of 65 in rural and small town
regions, accounting for 43.1 percent of all rural veterans. When veterans near senior status (age 55–
64) are included, that number increases to an astounding 70 percent. As seniors continue to age, new
housing issues will arise that stem from declining health, physical impairments, a need for increased
assistance with daily activities, and other major life changes including the loss of a loved one. Faced
with limited or fixed incomes, seniors often struggle with home repairs, unable to provide or afford
needed maintenance to ensure their homes remain safe.

Veterans of the Vietnam conflict era comprise a plurality of veterans in rural and small town areas.
Approximately four out of ten veterans in rural America served in the Vietnam era compared to 7.6
percent in recent operations in Iraq or Afghanistan, 13.2 percent in the first Gulf War, 13.2 percent in
the Korean conflict, and 10.3 percent from World War II. The high percentage of veterans who served in the Vietnam era and before is indicative of the aging of rural veterans and highlights the significant demographic shift that will occur in the coming years as more Vietnam era veterans transition into older age.

Rural and small town areas historically have not been as racially or ethnically diverse as the nation overall, and rural veterans tend to be relatively homogenous too. White, non-Hispanic individuals in rural and small regions are more likely to be veterans than minorities. Just over 12 percent of all white non-Hispanic individuals are veterans compared to 6.8 percent of all rural and small town minorities. These numbers are similar to those at national levels, however, rural and small town minority individuals are slightly more likely to have served than minorities overall. Nationally, 11.5 percent of white non-Hispanic individuals over the age of 18 are veterans compared to 5.6 percent of minority individuals.

Overall, minorities comprise a small percentage of veterans in rural and small town America – 11.5 percent. Race and ethnic dynamics for rural veterans are changing, much as they are for the nation as a whole. Younger veterans are much more racially diverse than older veterans. While approximately 94 percent of rural veterans 65 or older are white and non-Hispanic, approximately 79 percent of rural veterans between the ages of 20 and 34 fall into that category. The racial and ethnic makeup for
From service to shelter

The younger veterans is much more reflective of the increasing diversity in rural America where approximately 18 percent of the population identifies with a racial or ethnic minority group.

While veterans are frequently a microcosm of the larger society, there are characteristics where they are vastly different from the overall population. Gender composition is one area of difference among veterans of any location. The vast majority of veterans are males. This imbalance is largely attributable to past recruitment and service policies that favored male inclusion and, in some cases, excluded women. In rural and small town areas, 94.2 percent of all veterans are males and 5.8 percent are female. Although this gender composition is relatively consistent with national trends, women in rural and small town regions are slightly less likely to be veterans than their suburban and urban counterparts. Women comprise 7.2 percent of all veterans in suburban regions and 7.6 percent in urban regions.

Although a small portion of veterans overall, the number of female veterans has been growing. This increase of women with military service is most pronounced among younger veterans. Only 3 percent of veterans age 65 or older are women, but approximately 19 percent of those between the ages of 20 and 34 are females. These numbers will only continue growing over time, which will have implications for the outreach efforts of the VA as well as the types of services provided at its medical centers.5

In the past few decades educational attainment levels have improved markedly, both nationally and in rural communities. However, educational attainment levels are lower in rural areas than across the nation as a whole. Rural veterans are typically more educated than the rural population overall. A smaller percentage of rural and small town veterans lack a high school diploma than non-
veterans. This is most likely attributable to the educational requirements and benefits that come from service. However, like the rural population overall, educational attainment among rural veterans still lags behind urban and suburban veterans. Interestingly, non–veterans are typically more educated than veterans nationally, the reverse of what occurs in rural regions.

**Employment and Economics**

The United States economy is emerging from one of the most severe economic recessions in a half century. The Great Recession and its aftermath are reshaping employment patterns throughout the entire United States. In the wake of the economic turmoil, job opportunities are increasingly limited with unemployment rates soaring well above the levels of the more prosperous mid–2000s. Veterans in rural and small town communities generally have a lower labor force participation rate than veterans nationally. Approximately 29 percent of rural veterans aged 18–64 are considered to be out of the labor force.ii The high number partially reflects the limited number of job and economic opportunities that exist in some rural and small town regions. As such, fewer veterans of the same age range within suburban and exurban and urban regions are considered to be out of the labor force. In suburban and urban regions respectively, 21.3 and 22.1 percent of veterans are out of the labor force.

Veterans across all age groups in rural and small town America make up much larger percentages of the non–labor force than either suburban and exurban regions or urban regions. Nationally, 14.8 percent of veterans aged 18 to 34 are out of the labor force compared to 17.6 percent of rural and small town veterans of the same age. Of veterans between the ages of 35–54 in rural and small towns, 18.6 percent are out of the labor force compared to 14.1 percent nationally, and of veterans aged 55–64 in rural and small towns, 41.5 percent are out of the labor force compared to 36.2 percent nationally.

Although participation in the labor force is smaller, rural and small town veterans experience relatively similar levels of unemployment compared to veterans across the country. Nationally, 8 percent of veterans are unemployed compared to 7.7 percent of rural veterans. In addition, rural veterans have a lower unemployment rate than rural non–veterans at 8.7 percent. Rural veterans typically have higher levels of education and skills training than the overall rural population, which could help explain the lower unemployment rates.

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ii The U.S. Department of Labor defines the labor force as the share of the population 16 years and older working or seeking work.
Among rural veterans, those with younger ages experience the highest rates of unemployment. Approximately 10 percent of rural veterans from the ages of 18 to 34 are unemployed, higher than any other veteran age group, although similar to urban and suburban veterans of the same age at 10 percent and 8.7 percent respectively. Younger veterans are more likely to be employed than 18 to 34 year olds overall in rural communities. Variation does exist for unemployment rates among 18 to 34 year olds with veterans in their early 20s experiencing significantly higher unemployment than veterans in their mid–20s to early 30s.iii

Another potential explanation for higher rates of unemployment in rural and small town regions may relate to what is commonly referred to as the “rural brain drain.”vi Often, more highly educated residents of rural America move to urban and suburban regions for increased job opportunities and professional

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iii The younger the veteran is, the more likely they are unemployed. Over 18 percent of veterans outside of metropolitan areas between the ages of 20-24 are unemployed, compared to 11.8 percent of 25-29 year olds and 8.4 percent of 30-34 year olds. This is a significantly substantial variation within a small range of years that does not exist for other age groups. This is likely a result of both the recession as well as the fact these younger veterans are at an age where they are more likely to be ending their military service and looking for new job opportunities.
growth. Veterans raised in rural regions may find the skills acquired through military service are more employable in suburban or urban regions after their service. The “brain drain” effect has recently accelerated due to the decline in manufacturing jobs and rise of mechanized agri-business.

Although poverty rates have begun leveling out nationally, rates have steadily been increasing in rural America. In 2010, the poverty rate in rural areas was 16.3 percent, nearly 3 percentage points higher than the national level. Experiencing poverty brings complex struggles for many in rural America making daily needs like food security, access to health care, home maintenance, or even basic shelter a challenge.

Veterans outside of metropolitan areas are less likely to have incomes that fall below the poverty line than other veterans or the non-metropolitan population overall. Just over 7 percent of veterans outside of metropolitan areas have incomes below the poverty line. Age impacts the likelihood that veterans experience poverty. Historically, seniors experienced higher rates of poverty than the population as a whole; however, poverty rates for seniors have dramatically declined in past decades. Younger veterans in rural areas are more likely to experience poverty than older veterans. Twelve percent of younger veterans in non-metropolitan areas have incomes below the poverty line. The percentage of veterans experiencing poverty decreases with each age group: 9.4 percent of veterans 35–54 years old, 6.6 percent of veterans 55–64 years old, and 5.7 percent of veterans ages 65 and over. These numbers are significantly lower than poverty levels for the overall population in metropolitan areas in each age group. A non-veteran senior in a non-metropolitan area is two times more likely to have an income that falls below the poverty line than a veteran.
Rural Veterans and Their Housing

Veterans risk their lives in service to this country and should come home to safe, secure housing. Homes provide more than just shelter, deeply personal connections exist. Of the 15.4 million veteran households in America, 2.9 million are located outside of metropolitan areas, and as the demographics of veterans vary, so do their housing needs. As veterans of the Vietnam era turn 65, a greater emphasis on the housing needs for older persons is required. Veterans returning from more recent service as wars in the Middle East wind down will be looking to start families and own a home for the first time. Their needs must not be forgotten.

The United States is largely a nation of homeowners. Owning a home has traditionally been a foundation of the “American Dream,” conveying prosperity, financial security, and upward mobility. Homeownership rates in non-metropolitan communities are even higher than the national level. In 2010, approximately 13.5 million, or 72.5 percent, of occupied homes outside of metropolitan areas were owned by their inhabitants. Veterans have relatively high rates of homeownership. Nationally, 79.8 percent of veterans own their homes compared to 65.9 percent of the overall population. Outside of metropolitan areas, homeownership is even higher for veterans at 83.1 percent. These high homeownership rates are in large part shaped by the older age of veterans – typically, homeownership rates increase with age regardless of veteran status. While owner-occupied homes are more common for rural households, this is not always out of choice. Rural regions typically have fewer affordable rental options than either urban or suburban areas.

A slight majority (53.2 percent) of veteran homeowners in non-metropolitan communities own their homes outright, meaning they no longer make mortgage payments. Rural veterans are more likely to be in this position than veterans nationally at 44.8 percent. In fact, just under a third of all households own their home outright nationally; however, this is a more common occurrence outside of metropolitan areas (44 percent). Again, the higher rates of outright homeownership are most likely attributed to the older average age of veterans and rural America in general.

Veterans outside of metropolitan areas are more likely to live in older homes, built before 1970, than newer homes, built in 1990 or later. Approximately 41 percent of veterans live in older homes compared to 27.2 percent in newer homes. As rural veterans are older, it is logical that their homes would be older as well. However, older homes are less likely to be equipped with accessible features making aging in place more difficult. Modifications may be required to ensure aging veterans are able to remain in these older homes.
The vast majority of veterans live in single-family detached homes – 78.6 percent in non-metropolitan areas and 73.3 percent nationally. Of the overall population, 72.1 percent of non-metropolitan households and 63.1 percent of households nationally are single-family detached homes. Veterans in non-metropolitan areas are twice as likely to live in manufactured homes as veterans nationally, at 11.8 percent and 6.5 percent, although they are slightly less likely to live in manufactured homes than the non-metropolitan population overall. Manufactured homes – often referred to as mobile homes or trailers – are an important source of housing for millions of Americans, especially those with lower incomes and in rural areas. Manufactured housing in the United States is an assortment of varied structures, technologies, perceptions, and persisting challenges. There are approximately 7 million occupied manufactured homes in the U.S., comprising about 7 percent of the nation’s housing stock. More than half of all manufactured homes are located in rural areas around the country – especially in the Southeastern states.
Veteran Housing Challenges in Rural America

Housing affordability is the most significant housing challenge in rural America. Individuals paying more than 30 percent of their monthly income toward housing costs are considered cost–burdened. While 21.6 percent of all veteran households outside of metropolitan areas are cost–burdened, whether a veteran rents or owns a home is a significant factor. Approximately 38 percent of veterans in non–metropolitan areas who rent their homes are cost–burdened compared to 19 percent of veteran homeowners. Non–veterans outside of metropolitan areas are more likely to be housing cost–burdened than their veteran counterparts – almost a full half of renters (46.2 percent) are cost–burdened, as are 24.7 percent of homeowners. Age also impacts the likelihood that a veteran is cost–burdened. Older veteran renters and younger veteran homeowners are most likely to be cost–burdened, as compared with their counterparts.
Upgrading Substandard Veteran Homes through Sweat Equity

*The Habitat for Humanity Repair Corps*

Early in 2011, Leroy Spencer and his wife, Helena, were afraid they might have to move out of their deteriorating home in Hoover, Alabama. Their roof leaked, their air conditioning was broken, wood in the house frame was rotting, windows were broken, and they prayed their 38-year-old furnace could keep going. But in a bad economy with a lot of medical bills, their options were limited.

“I’ve experienced so much hardship in my life; I’m one of the hardest people you will meet,” Spencer said. “At 70 years old now, I’ve served in the U.S. Army in Vietnam and Korea, battled cancer, had a quadruple-bypass surgery.”

The Spencers’ home was repaired in 2011 thanks to a partnership between Habitat for Humanity and The Home Depot Foundation, which together set up the Habitat for Humanity Repair Corps to help veterans facing difficult living conditions. The Repair Corps program and local volunteers supplied the Spencer family with a new roof, HVAC system, windows, fresh paint, and other exterior repairs.

*This section is excerpted from an article written by Phil Kloer of Habitat for Humanity International for the September 2012 edition of Rural Voices.*
Overall, rural veterans live in high quality housing. While affordability problems are on the rise, it is sometimes presumed that substandard and dilapidated homes have largely vanished in the United States. Indeed, efforts to improve housing conditions have resulted in dramatic gains and most Americans currently live in high quality, safe, and decent housing. Inadequate housing, however, has not entirely disappeared. Approximately 23 percent of veterans live in inadequate housing outside of metropolitan areas. Inadequate housing refers to households that experience one or more of the following housing problems: lacking a complete kitchen or plumbing system, overcrowding, or housing cost burden.

Although housing cost-burden and overcrowding are linked to inadequate housing, households without complete kitchens and plumbing are also considered substandard. While the housing stock has improved over the past decades in rural America, 21,883 veteran households outside of metropolitan areas still lack complete plumbing and 27,258 lack a complete kitchen. While consistent with the non-metropolitan population overall, veterans in non-metropolitan areas are slightly more likely to be living in substandard housing than veterans nationally.

Crowded households can also lead to substandard living conditions. Veterans are less likely to live in crowded housing conditions than the nation overall. Nationally, 3.2 percent of all homes are crowded compared to .9 percent of veteran households. Younger veterans are more likely to live in crowded conditions than older veterans. In fact, 3.4 percent of veterans between the ages of 20 and 34 in live in crowded conditions outside of metropolitan areas, making them more likely to live in crowded conditions than the nation overall. Overcrowding not only highlights a shortage of safe, affordable housing but also can serve as a proxy for homelessness in rural America, where homeless individuals often double-up in the homes of friends or family. Conversely, less than 1 percent of households with veterans over the age of 55 are crowded in rural America.
Jessica & John, United States Army, are both veterans of the Gulf War. Jessica was recently laid off from her job at a local health care facility while John is completing coursework at a local college. John and Jessica live with their five children while caring for Jessica’s aging live-in parents in a home they rent with help from the Minnesota Assistance Council for Veterans (MACV).

Photo Credit: Used with permission of the Greater Minnesota Housing Fund, “Portraits of Home: Veterans in Search of Shelter.”

Photographer: Stormi Greener
HELPING HOUSE VETERANS IN RURAL AMERICA: ISSUES AND RESOURCES

Veterans face unique, diverse housing issues. Housing affordability, accessibility, homelessness, and aging in place are all important considerations for veterans. These issues can be further compounded in rural and small town areas. Vast geographies and limited resources for social services and medical infrastructure can make it difficult for veterans to access needed services and amenities. Rural communities are home to a disproportionate number of veterans. Of the 8.9 million veterans enrolled in the VA health system, 3.2 million, or 36 percent of veterans, live in rural areas – including 31 percent of veterans who served during the conflicts in Afghanistan and Iraq.\(^9\) Securing the resources and facilities that veterans need can prove challenging. Although veterans in rural and small towns across the nation face challenges, initiatives and organizations are embarking upon innovative strategies to ensure that rural veterans have decent housing.

**Homelessness**

Veterans are overrepresented within the homeless population nationally. Although only 9.6 percent of the national population can claim veteran status, veterans account for 13 percent of the homeless population overall.\(^10\) Homelessness results from a variety of factors, including lack of affordable housing, poverty, job or income loss, mental illness, substance abuse, and health problems. Furthermore, military occupations and training are not always transferable to the industries that comprise the rural economy, further increasing the difficulty of finding permanent employment that pays a livable wage. In addition, many veterans live with the lingering effects of post-traumatic stress disorder (PTSD) or physical disabilities from their service, complicating their ability to maintain safe, secure housing.

Data from annual Point-in-Time (PIT) homeless counts conducted by regional Continua of Care (CoCs) suggest that homeless veterans are predominately concentrated in urban areas. California, Florida, New York, and Texas, account for one-third of all homeless veterans, although these states are home to only 28 percent of all veterans nationally.\(^11\) According to the US Department of Housing and Urban Development’s (HUD) 2011 Annual Homeless Assessment Report to Congress, veterans typically comprise a greater percentage of the homeless population in rural areas.\(^12\) In Kansas, a predominately rural state, it is estimated that more than one of every three homeless individuals is a veteran; in West Virginia, one in four homeless individuals is a veteran.\(^13\)
Younger veterans, ages 18–30, and those most recently leaving the military are more likely to experience homelessness than non-veterans of the same age. According to the VA report *Homeless Incidence and Risk Factors for Becoming Homeless in Veterans*, within five years of leaving the military, 3.7 percent of veterans experience their first episode of homelessness. Poverty also impacts the likelihood a young veteran is homeless. Although younger veterans are more likely to experience homelessness than their non-veteran counterparts, they comprise the smallest portion of homeless veterans overall. This is predominately due to the age composition of veterans. Older veterans account for larger percentages of the homeless population, but this could change as younger veterans time since service increases.

HUD’s *2011 Annual Homeless Assessment* found that female veterans are at higher risk of becoming homeless than non-veteran females and male veterans, while females experiencing poverty are at even greater risk. Suburban and rural regions have a higher percentage of homeless female veterans (10
percent) than urban regions (7 percent). According to the VA, 4 percent of female veterans experience homelessness within five years of discharge.

Minority veterans are also more likely to experience homelessness than white non-Hispanic veterans. HUD’s 2011 Annual Homeless Assessment found that almost half of all homeless veterans were minorities and that African American, Native American, and Hispanic/Latino veterans are especially at risk. Moreover, minority veterans are more likely to experience homelessness than their non-veteran counterparts. Poor African American and Native American veterans are twice as likely as poor non-veteran African Americans and Native Americans to be homeless. The report found that in 2010, a staggering 26 percent of African American and Native American veterans living alone in poverty were homeless at some point. Poor Hispanic/Latino veterans are three times as likely to be homeless than Hispanic/Latino non-veterans living in poverty, and 18 percent were homeless at some point during 2010. Overall, rural America has a smaller percentage of homeless minorities than urban regions, and white non-Hispanics are more likely to experience homelessness therein. This may change as the number of minority veterans in rural America increases.

Outreach to Homeless Veterans in Rural America

VA’s National Call Center for Homeless Veterans

The National Call Center for Homeless Veterans, run by the VA, is a 24/7 hotline where trained counselors connect homeless veterans, their families, and support networks with specific VA services to help avoid or overcome homelessness. The hotline, 1-877-4AID-VET, coordinates the local provision of services and follows up with case management by identifying staff at VA medical centers who can help. The local contacts work to link veterans to needed VA and community services. While successful, challenges in its execution exist in rural America. These challenges include few, if any, homeless shelters, limited hours, and large geographic areas where services are often stretched over multiple counties. Other challenges may include limited access to and general lack of services, affordable housing, child care, credit counseling, family reconciliation, health care, substance use treatment, behavioral health, dental, vision and specialty care, re-entry services, and transportation. More than two-thirds of all shelters are located in larger cities, leaving fewer resources for rural America.

*This section is excerpted from an article written by Dr. Susan Angell of the U.S. Dept. of Veterans Affairs for the September 2012 edition of Rural Voices.*
Identifying and providing services to rural homeless populations can often be more challenging than serving urban or suburban homeless. Rural individuals experience both literal homelessness and extremely precarious housing situations. Literal homelessness, or the condition of living on the street or in a shelter, is less frequent and more episodic in rural regions than urban or suburban areas. Homeless people in rural areas typically experience precarious housing conditions, moving from one extremely substandard, overcrowded, and/or cost-burdened housing situation to another, often doubling or tripling up with friends or relatives. This housing instability can be difficult to identify and address in rural areas. Moreover, these individuals were not even considered homeless until the passage of the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009, which expanded the federal definition of homelessness to include those at imminent risk of homelessness.

Gene, Army National Guard, spends much of his time near a truck stop behind a gas station as he shuffles between jobs. Although he has been free of drugs and alcohol since 1985, his medical problems make finding permanent employment difficult.

Photo Credit: Used with permission of the Greater Minnesota Housing Fund, "Portraits of Home: Veterans in Search of Shelter.”
Photographer: Carols Gonzalez
Nation-wide PIT homeless counts are conducted yearly. However, due to the unique structure of homelessness in rural regions many rural homeless veterans are not counted. Rural homeless individuals, including veterans, are often less easily identifiable and not engaged in homeless services, like shelters, making data collection via service providers or large-scale homeless counts more difficult. Although PIT counts found that 68 percent of sheltered veterans experiencing homelessness live in principal cities,\textsuperscript{24} this may not be completely accurate due to the challenges in enumerating the population in rural America.

Beyond PIT counts, VA medical centers are used to collect data on veteran populations. On average, veterans in rural areas must travel 24 miles to access VA medical facilities.\textsuperscript{25} These distances often make rural veterans less likely to utilize VA services and less likely to be counted as homeless.\textsuperscript{26} Partially as a result, rural veterans typically have worse mental and physical health outcomes than those in urban and suburban regions.\textsuperscript{27}

Rural communities often do not have the same building condemnation processes as urban or suburban regions. As such, individuals who would be considered homeless (by living in a condemned building deemed unsuitable for human habitation) in urban and suburban areas are not always considered homeless in rural regions even if the homes are equally substandard. This difference is especially important to note as rural renters are twice as likely to live in substandard housing than their urban counterparts.\textsuperscript{28}

Tribal communities, located predominately on or near rural reservations, are even more likely than the rest of rural America to live in substandard housing.\textsuperscript{29} Native American veterans are typically overrepresented in the overall homeless veteran population.\textsuperscript{30} Native Americans represent less than one percent of the total population of veterans but account for 2.5 percent of veterans experiencing homelessness. A 2006 survey of tribes in Minnesota found that 10 percent of the homeless or near-homeless individuals on their reservations were veterans.\textsuperscript{31} At the national level, Native American veterans are 40 percent more likely than white homeless individuals to struggle with alcohol or chemical dependency, further increasing their chances of experiencing homelessness.\textsuperscript{32}
Addressing Limited Resources for Homeless Veterans in Rural America
Partnerships and Collaboration in Clallum County, Washington

Clallum County, Washington is a large and sparsely populated county in the northwest corner of Washington State. More than 40% percent of county residents live in one of three cities and in parts of the county there are less than 10 people per square mile. Like many rural areas, Clallum County has a higher unemployment rate than the rest of the state as well as higher levels of poverty, making housing even less affordable.

Leaders recognized the importance of addressing limitations around financial resources and professional staff capacity to address the needs of the homeless. Central to overcoming these challenges has been regional planning and partnerships between homeless agencies, housing agencies, behavioral health groups, and veteran groups. As the number of successful collaborations has grown, new partnerships have been formed with non-housing partners like the Department of Corrections and the Family Court system. Housing and homelessness leaders have also realized the importance of having a presence during discussions about broader community issues such as access to public transportation, health care, food and utility assistance, education, employment training, and prisoner release.

“One of the key lessons we’ve learned in working with homeless veterans in remote areas, is that the best way we can honor these men and women is by serving them where they are, not where we think they should be,” said Cheri Fleck with West End Outreach Services which serves Clallum and Jefferson county. “In the past, we expected veterans to come for services that were located at a VA medical center or community outreach center that in some cases were hours away from people. When we began reversing that process, we saw that we could gradually build trust with some veterans who have intentionally lived away from the places where services are located for years.” While the lessons from Clallum County were gained as a result of their work serving homeless veterans, they can also be applied to efforts to better serve veterans with or without disabilities who have housing. Understanding the need, identifying service gaps and overlaps, coordinating communication between various stakeholders, using technology when possible and recognizing the need to deliver services to veterans rather than exclusively working to bring veterans to services are tangible steps that can help ensure all veterans in rural communities have safe, accessible and affordable places to call home.

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vi This section is excerpted from an article written by Elisha Harig-Blaine of the National League of Cities for the September 2012 edition of Rural Voices.
On Nov. 3, 2009, Secretary of Veterans Affairs Eric Shinseki announced a five-year plan to end homelessness among veterans. This included bolstering the Veterans Affairs Supportive Housing (VASH) Program, operating a homeless veteran hotline, and promoting an educational outreach campaign to spread awareness of veteran homelessness and make contact with homeless veterans.

In partnership with HUD, VASH provides housing vouchers for veterans experiencing homelessness. The voucher, known as HUD–VASH, combines HUD Housing Choice Voucher (HCV) rental assistance with case management and clinical services provided by the VA. Started in 1992 as a demonstration program, HUD–VASH initially only awarded vouchers to homeless veterans between 1992 and 1994. From 2008 to 2013 Congress funded an additional 58,155 vouchers. The expansion of the program is credited in lowering homeless veteran levels by 17.2 percent between 2009 and 2013. The program is heavily dependent upon collaboration between VA and local Public Housing Agencies (PHA). The VA identifies potential eligible veterans and provides case management and clinical services while the PHA provides rental subsidies through HUD funding. Funding in 2014 for HUD–VASH vouchers was $75 million with an additional $278 million provided to the VA for case management – a $33 million increase in funding from 2013.

To meet eligibility requirements, a veteran must be considered homeless based upon definitions set forth in the HEARTH Act of 2009. Eligible applicants must be in need of case management services in order to obtain and sustain independent housing including having serious mental illness, a history of substance abuse, or a physical disability. Veterans must participate in case management services, utilize support services, fulfill treatment recommendations, and make use of any assistance needed to maintain recovery or sustain housing.

The number of vouchers available is determined by three sets of data: HUD’s PIT count, VA data on the number of contacts with homeless veterans, and performance data from PHAs and VA medical centers (such as referral rates and lease-up rates of partnering agencies that have received HUD–VASH funding in previous years). In 2012, 55 percent of vouchers were issued to veterans experiencing chronic homelessness. On average, the program takes 93 days from initial reference to the time the veteran uses the HUD–VASH voucher to move into an apartment – a decrease of 13 days since 2011. VA requires its staff to give homeless veterans a referral for shelter or short-term housing while they await placement in supportive housing.

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Certain unique barriers exist for rural veterans in regard to HUD-VASH. Although rural areas contain a significant portion of the veteran population, only 3 percent of HUD-VASH vouchers have been allocated to VA medical centers in rural areas. As noted before, the three sources of data, PIT counts, VA medical center data, and PHA performance data, may not entirely or accurately capture the true number of homeless veterans in rural communities, greatly limiting the issuance of vouchers to veterans living in remote, rural areas.

The geographic vastness of rural America can also act as a barrier to accessing HUD-VASH. HUD-VASH stipulates that, when seeking a voucher and choosing a place to live, “veterans must live within a reasonable distance from a VA facility so that both the case manager and veteran can easily travel back and forth without any undue travel burden.” Although the rule does not prohibit rural veterans from seeking HUD-VASH, it may require them to relocate closer to a VA facility. Relocation may be difficult for those who have strong ties to their local communities and for those who need a certain level of stability that would be lost through a move. Moving expenses may also prove unaffordable for potential recipients. Furthermore, awareness of HUD-VASH can be limited for rural veterans due to physical isolation from services providing information on VA and HUD assistance.

“Generally when people are homeless in rural areas it is because they have ties to the area. They are unlikely to want to move to non-rural areas, even if it means better access to services.”

— Nathaniel Saltz, program director, Minnesota Assistance Council for Veterans

David, United States Army, rents a deteriorating farmhouse outside of town. Post-Traumatic Stress Disorder makes him unable to live in crowded, noisy areas.

Photo Credit: Used with permission of the Greater Minnesota Housing Fund, “Portraits of Home: Veterans in Search of Shelter.”
Photographer: Stormi Greener
Preventing Veteran Homelessness Before It Occurs:
The VA Grant and Per Diem Program

The VA Grant and Per Diem program (GPD) helps organizations that focus on homelessness prevention, rapid re-housing, and transitioning in place for veterans. The VA is funding GPD providers to adopt a transition-in-place model. Only programs with supportive housing (up to 24 months) or service centers (offering services such as case management, education, crisis intervention, counseling, services targeted towards specialized populations including homeless veterans, etc.) are eligible for these funds. Unlike HUD–VASH, the GPD does not specifically target veterans who are also in need of specialized case management. The GPD helps the veteran transition in place providing him or her with supportive services, optimally for a period of 6–12 months, but no more than 24 months. At the end of the program the veteran is required to assume the lease or other long-term agreement. The program enables veterans to achieve permanent housing through the initial supportive period. Preference for these grants is given to project sites that have a Rural–Urban Commuting Area code of 10 to 10.6. In 2014, funding for GPD was $250 million – a $15 million increase from 2013 funding levels.

Another barrier exists for rural veterans living on Native American lands. As noted, Native Americans are overrepresented in the homeless veteran population; however, tribes are not typically eligible to receive HUD–VASH funding. This is a result of the Indian Housing Block Grant (IHBG). Established through the Native American Housing Assistance and Self–Determination Act (NAHASDA) of 1996, IHBGs give Native American tribes more self–determination in deciding where to invest housing dollars. As such, targeted housing funds, like HUD–VASH, are not made available on tribal lands. In certain cases, a tribe can consent to lease an eligible housing unit located inside a reservation to be used for HUD–VASH; however this is not permitted in every state. As of 2012, 971 Native American households have used the voucher since the program’s inception.

A December 2012 report by the United States Interagency Council on Homelessness recommended suggestions to improve HUD–VASH in rural regions. These included providing additional vouchers to rural regions and addressing the lack of resources for move–in expenses for veterans in the HUD–VASH program as they may be required to move considerable distances to be near a VA center. The recommendations also included continuing to increase collaboration between federal agencies, and engaging tribal governments to address their needs.
Transitional and Permanent Affordable Housing for Homeless Veterans

*Canal Street Veterans Housing in Vermont*

Opened in February 2011, the Canal Street Apartment Complex in Winooski, Vermont provides housing and supportive services to homeless veterans. The apartment complex was a collaboration between Housing Vermont and the Committee on Temporary Shelter (COTS). Created with the input of several veterans during the planning and construction, COTS’ process in organizing, planning, and constructing these apartments serves as a model for addressing veteran homelessness in other rural communities.

The apartment complex features six floors. The first four floors are transitional units, which are a mixture of studio and two-bedroom apartments, and the top two floors are permanent, affordable housing. The development is unique among veterans housing in that it features independent apartments as opposed to traditional dorm-style accommodations, giving veterans privacy while still allowing unit cohesion. The complex is also able to host a mixture of populations including men, women, and families.

The program is effective because it provides homeless veterans time to transition back into the community, further their education, upgrade their job training skills, and connect with other local resources including mental and physical health services. The $5.8 million project was constructed with collaborative sources of funding including a mix of private and public support, as well as a $1.2 million seed grant from the VA. TD Bank provided construction financing and a permanent loan. Housing Vermont’s Green Mountain Housing Equity Fund IV, whose investors are TD Bank, National Life, NBT Bank, Citizens Bank, People’s United Bank, and Merchants Bank, provided more than $3 million in equity though federal tax credits. Other sources included the Vermont Housing and Conservation Board, Vermont Community Development Program, City of Winooski, and energy efficiency programs.

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Housing an Aging Veteran Population

Rural veterans are typically older than veterans in urban and suburban areas. As such, issues surrounding senior housing affect many rural veterans, especially as veterans of the Vietnam era begin to turn 65. Increased age will place significant strains on housing, elderly care, and supportive services. Furthermore, veterans in rural areas are typically in worse health than other veterans.47

Seniors have different housing needs than the population overall. Declining health, physical impairments, a need for increased assistance with daily activities, and other major life changes, including the loss of a loved one, affect day-to-day functioning. Access to health services, supportive services, and even companionship become critical as veterans age.

Senior Veteran Housing Options and Challenges

“Aging in place” describes older adults living independently in their current residence or community for as long as possible. As the vast majority of senior veterans own their own homes, this often means remaining in those domiciles; however, “aging in place” can also mean moving to a more manageable dwelling (such as a smaller apartment), and living independently there for as long as possible. Though seniors overwhelmingly prefer aging at home, challenges in doing so exist.48 Physical changes that occur with age make it more difficult for seniors to live independently. These concerns are exacerbated in rural regions where spread-out geographies make accessing necessary services and amenities more challenging. Many seniors remain in their homes long after they can physically, mentally, or financially manage them and many are not provided the assistance or help they need.
Aging adults find that modifying their home is preferable, safer, and more cost effective than moving to an accessible home or remaining in an inaccessible one.\textsuperscript{49} There are a range of home modifications that increase accessibility. Relatively easy modifications include: adding non-slip strips to bathroom floors or other smooth surfaces, improving lighting, providing telephones with large numbers and letters, and installing grab bars and lever door handles. More complex modifications include: installing ramps, chairlifts, stair glides, widened doorways, roll-in showers, and lowered countertops.\textsuperscript{50} Although there are challenges, an AARP survey of older adults found that two-thirds of respondents who made modifications to their homes believed these upgrades would allow them to remain in their homes longer than if they had not made the changes.\textsuperscript{51}

While most senior veterans own their homes in rural America, this may be due in part to a lack of housing options. There is a dearth of rental housing available in rural and small town America for aging veterans. Senior renters are more likely to be housing cost-burdened than homeowners – over half all of senior renters in rural and small towns spend more than 30 percent of their income on housing. Federal programs, like the United States Department of Agriculture’s (USDA) Section 515 program, provide rental housing which is often a vital resource to low-income senior renters in rural America. These federal resources, unfortunately, are experiencing significant cuts that will have serious impacts on seniors across rural and small town America. USDA Section 515, for example, experienced a 44 percent cut in funding from 2012 to 2014, and no new section 515 rental units have been built since 2012.

Another option for senior veterans is assisted living residences. These residences provide seniors private rooms or apartments that offer light “hospitality” care that assists with activities of daily living. Although assisted living facilities provide seniors with additional housing options to age in place, costs can be prohibitive. The average base rate for an assisted living facility was $3,293 per month in 2011.\textsuperscript{52} In 2004, monthly rates for assisted living facilities ranged from $1,800 to $2,000.\textsuperscript{53} This is an increase of about 6.5 percent year-over-year showing a dramatic uptick in assisted living costs. According to a report on assisted living facilities by the Small Business Association, only seniors with fairly large disposable incomes are able to afford these services.\textsuperscript{54} Beyond costs, other drawbacks exist for seniors living in rural and small town regions who are looking to move into an assisted living facility. Assisted living facilities are under supplied in rural areas and often do not provide the same quality of service as assisted living facilities in suburban and urban regions.\textsuperscript{55}
Home Equity Withdraws
The Pros and Cons of Reverse Mortgages

Reverse mortgages are mortgage loans that allow homeowners to receive payments each month from lenders. Instead of paying a mortgage payment to the lender to pay down the debt, the homeowner does the reverse by withdrawing equity from the home into cash while still retaining homeownership. Only one type of reverse mortgage, the Home Equity Conversion Mortgage (HECM), is insured by the Federal Housing Administration (FHA) and is regulated by the U.S. Department of Housing and Urban Development. To receive a HECM loan, HUD requires that borrowers be at least 62 years of age, not in default on any government debt, and complete a prescribed housing counseling program before the loan is closed.

Reverse mortgages can be incredibly beneficial to some seniors; however, they can prove disastrous to others. Throughout the previous decade, persistent and misleading advertisements about the benefits of reverse mortgages were targeted at seniors. Reverse mortgage advertisements do not discuss the potential downfalls of taking a reverse mortgage. Unlike traditional mortgages, payment of principal, interest, taxes, and homeowner insurance are not included in the mortgage fees leaving seniors responsible to pay for them out of pocket.\textsuperscript{56,57} Seniors will enroll in the program without realizing these fees exist, and they are now required to pay them. As a result, lost equity and increased financial burden due to property taxes, utilities, or maintenance costs can become common occurrences among older homeowners who utilize this option.

Advertisements targeted at seniors, such as this one, use celebrities to highlight the benefits of reverse mortgages with little mention of potential risks involved.
Housing retrofits can be critical for young and old veterans. Many veterans with physical disabilities caused either during service or as a result of aging, live in homes that present barriers. Homes that lack important ease of use and convenience increase the difficulty that disabled residents have in bathing, using stairs, entering and exiting, or meeting other daily requirements.

The VA offers several grants for retrofits to increase home accessibility. This includes the Specially Adaptive Housing (SAH) grant. The grant is available to veterans or active service-members who have experienced severe physical impairments from service-related injuries. The grants can be used for either constructing or modifying a home so that it is accessible for the disabled veteran. Maximum grants are $64,960. The Special Home Adaptation (SHA) grant is also available for veterans and active service-members who have experienced physical impairments from service-related injuries. These injuries are less severe than those required by the SAH grant. Maximum grants are $12,992. Adaptations are oriented to increase mobility for a service member in a previously constructed home. Both grants can be used to put in specially sized doorways, certain types of carpet, retrofitted faucets and showerheads, ramps and banisters, and other modifications that injured veterans may require.

Home Improvements and Structural Alterations (HISA) grants are also available for SAH/SHA-eligible veterans and active service-members through the VA. The grants provide assistance for home improvements necessary for the continuation of treatment or for disability access to the home and essential lavatory and sanitary facilities. HISA grants provide up to $6,800 for veterans with service-connected disabilities. Grants of $2,000 are also available for veterans with non-service-connected disabilities.

Other grants are available for SAH/SHA-eligible service-members who will be temporarily residing in a home owned by a family member while renovations or construction of their own home are underway. The Temporary Residence Assistance (TRA) grant can be used to temporarily adapt a family member’s home while construction or home modifications from SAH/SHA grants are underway. The maximum TRA amount available for SAH grant recipients is $28,518 and the maximum grant amount available for SHA grant recipients is $5,092. Although important for disabled veterans transitioning from active duty to living independently, the program has been greatly underused. From the program’s inception in June of 2006 to April of 2010, the VA processed only 18 TRA grants. The lack of use is mainly attributed to poor publicizing of the program to both older and younger veterans.

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ix This includes: 1) loss of both lower extremities; 2) blindness in both eyes and loss of extremity; 3) loss of one lower extremity with either residuals of organic disease or injury, or loss of upper extremity requiring braces, crutches, canes, or a wheelchair; 4) loss of both upper extremities at or above the elbows; or 5) severe burns or injuries.
Although not explicitly targeted to veterans, USDA’s Housing Repair and Rehabilitation Loan/Grant program, or Section 504 program, provides loans and grants to very low-income rural homeowners to repair, improve, or modernize their dwellings or to comply to health and safety standards. Although loans are available for any eligible rural households, grants are available only to homeowners who are 62 years of age or older and cannot repay a Section 504 loan. The Section 504 program has helped many seniors in rural America obtain needed modifications and upgrades to ensure they are able to age in place. Between the years 2000 and 2009, a total of 104,615 homes were rehabbed, 55.3 percent of which were grants and 44.7 percent of which were loans. Since 2009, funding for the loan program has seen a 71 percent decrease in funding. However, the grant program, which targets seniors more specifically, has seen a much smaller decrease of 7 percent.

Case Specific Housing Solutions
Providing Veterans with Service–Connected Disabilities Barrier Free Homes

Co-founded by two combat–wounded veterans, Purple Heart Homes in Statesville, North Carolina partners with communities to provide personalized housing solutions for service–connected disabled veterans and their caregivers. Each case is different, but in all cases Purple Heart Homes provides at little or no cost to the veteran a “quality of life solution” that creates an injury specific, barrier free–living environment. Purple Heart Homes provide solutions that range from remodeling an existing home already owned by the veteran, to creating an entire living space from the ground up.

The Veterans Aging in Place Program was created to help older veterans who own their home by making modifications such as replacing steps with ramps, widening doorways, and increasing bathroom accessibility. The organization was able to provide modifications that included wider, more accessible 36–inch doors; a roll–in–wheelchair–accessible shower; a roll–under sink; and hardwood floors to Vietnam veteran Dave Morrell of Harrisburg, NC. Morrell’s exposure to Agent Orange resulted in diabetes and heart problems that caused his left leg to be amputated. Facing additional surgeries in the coming years, Morrell will be required to spend more time in a wheelchair. He can now successfully age in place in his existing home without having to move into a costly assisted–living facility or a VA nursing home.

*This section is excerpted from an article written by Vicki Thomas of Purple Heart Homes for the September 2012 edition of Rural Voices.*
Through the Veteran New Home Program and financial sponsorship from NewDay USA, Purple Heart Homes was able to provide a pre-engineered 2,200-square-foot ranch-style home with accessible hallways, doorways, and bathroom with roll-in shower, roll-under sink and counters to Gulf War veteran Jim Davis. Injured in a head-on Humvee collision, Davis suffered from spinal neuropathy and eventual paralysis from the legs down. The new home allows Davis to freely move around his home in a wheelchair and relieved his wife from many her caregiver responsibilities, allowing her to return to college and complete the degree she had postponed.

**VA Loans**

The VA provides home loan guarantees to veterans to purchase, build, repair, retain, or adapt their home. Private lenders like banks or mortgage companies provide the loans. Loans are guaranteed through the VA so that lenders will provide more favorable terms. The VA offers purchase loans at competitive interest rates without requiring a down payment or private mortgage insurance. Veterans do not need to be first-time home buyers to use the mortgage guarantees, and all VA guaranteed loans are assumable. This benefit can be used more than once, so long as the recipient inhabits the newly
purchased home. To be eligible for the home loan guarantees, veterans and active service-members must have a good credit score, sufficient income, a valid “Certificate of Eligibility” (to verify eligibility of a VA-backed loan to the lender), and meet service requirements.

The VA offers other loan products beyond purchase loans which include: a cash–out refinance loan, an interest–rate–reduction refinancing loan, and a Native American Direct loan. The cash–out refinance loan allows homeowners to take out cash from their home equity. The cash–out refinance loan can be used to refinance a non–VA mortgage loan into a VA mortgage loan. The VA guarantees 100 percent of the value of the home through this process. The Interest Rate Reduction and Refinancing loan (IRRRF) helps veterans obtain lower interest rates by refinancing existing VA loans, and the Native American Direct loan helps eligible families finance the purchase, construction, or improvement of homes on Federal Trust Land via reduced–interest–rate loans. Due to the complex legalities of federal tribal lands, a memorandum of understanding must exist between the tribal organization and the VA. Veterans who are not Native American, but who are married to Native American non–veterans, may be eligible for a direct loan under this program. To be eligible, the qualified non–Native American veteran and the Native American spouse must reside on Federal Trust Land.

VA home mortgage loans help veterans purchase and refinance their homes. According to Home Mortgage Disclosure Act (HMDA) data, 15.7 percent of VA loans originated in rural and small town areas, compared to 67.9 percent in suburban and exurban and 16.4 percent in urban regions. Of the submitted loan applications for the VA guarantee in rural and small town America, 64.7 percent were approved. Those applying for VA guaranteed loans in rural and small town America were slightly more likely to be denied a VA–backed loan than veterans nationally. Yet, fewer that 15 percent of all VA loan applications were denied compared to 16.4 percent of VA loans in rural and small towns. Of VA loans originating in rural and small town areas, 37.1 percent were used for the purchase of a new home and 62.3 percent were used for refinancing. Fewer than 3 percent of VA loans were used for manufactured homes.
Danny joined the National Guard as an 18-year-old. He was deployed to Anbar Province, Iraq for 22 months, providing route security and neighborhood patrols. Danny was a university student prior to enlistment. While he was gone, the house he was living in was sold. He has since been living in his car for nearly three months.

Photo Credit: Used with permission of the Greater Minnesota Housing Fund, “Portraits of Home: Veterans in Search of Shelter.”
Photographer: Brian Lesteberg
BARRIERS TO ACCESSING SERVICES

Veterans in rural regions face barriers accessing needed services that those who live in urban and suburban regions may not. Long distances between population centers limit the amount of social services that exist in rural regions requiring veterans to travel great distances to access necessary services. These distances can be problematic for aging as well as disabled veterans particularly if they lack either access to, or the ability to operate, a vehicle due to financial burden or physical or mental disabilities.

Distance to VA Facilities

Certain federal programs, like HUD–VASH require recipients to live in a certain proximity to VA facilities. Small, spread-out populations make this less easy to achieve in rural America, which can limit access to programs. However, veterans in sparsely populated areas are more likely to have compensation claims and health needs resolved in a timely manner than those in larger urban areas. Cities such as Fargo, ND and Lincoln, NE, surrounded by rural areas, were shown to have significantly shorter waiting times than those in larger metropolitan regions. However, travel to these locations can still be difficult for some veterans, especially those living in remote rural regions with physical or mental disabilities. As a result, these individuals may not make use of the services offered therein.

Women often face larger barriers when using VA facilities compared to their male counterparts. Although women account for 6.9 percent of all veterans, an even smaller portion have used VA services historically. Females account for 12 percent of veterans returning from Iraq and Afghanistan, and as a result, female enrollment in the VA is expected to double in the next 15 years. The VA has predominately handled male clients throughout most of its existence and will need to continue bolstering efforts to provide needed medical services for women. Seventy-four percent of female veterans who use the VA suffer from at least one chronic medical condition, and they are more likely to have poor health status compared to their male counterparts even though they are often younger. Women are at a higher risk for reporting symptoms consistent with PTSD as well as major depression. As the number of female veterans increases, VA services will need to evolve to better serve this growing demographic.
Transportation

There are often limited transportation options in rural areas. Many roads in rural regions lack sidewalks, and services and amenities are not walkable. As a result, few people in rural America rely on public transit. In 2000, only about a half of one percent of rural residents used public transit as a primary means of transportation. Limited transit use is largely a direct result of the lack of public transportation options that exist in rural America. Improved rural transit could “help bridge the spatial divide between people and jobs, services, and training opportunities” in rural areas. Still, the vast and spread-out nature of rural America makes public transit much more difficult to provide. As a result, veterans living in these areas are unable to access the services and amenities they need without private transportation. Although 97 percent of all veterans in rural areas have access to a vehicle, private transit can be physically and fiscally prohibitive.

Mary, United States Navy, lives in an affordable home: “as a female vet, I didn’t even know I was eligible for a service-connected disability. No one ever told me…it was like, ‘thanks, have a good life.’ I promised myself early on that my kids would never end up in a homeless shelter.”

Photo Credit: Used with permission of the Greater Minnesota Housing Fund, “Portraits of Home: Veterans in Search of Shelter.”

Photographer: Cathy ten Broeke
Acknowledging this concern, the VA started a pilot program called the Veterans Transportation Service (VTS). The program fosters cooperation between different community transportation service providers, including: Veteran Service Organizations (VSOs); community and commercial transportation providers; federal, state, and local government transportation services; and non-profits, such as United We Ride. The initiative coordinates various transportation entities to work together through a transportation delivery model. The VA notes that the program will especially benefit those individuals living in remote, rural areas.\textsuperscript{69} The VA aims to have the program available in 50 percent of all VA health systems by 2015.

Another new program being promoted by the VA is the Veterans Transportation and Community Living Initiative (VTCLI). The initiative eases the ability of disabled veterans to arrange for locally available transportation services to connect them with work, education, health care, or other services.\textsuperscript{70} The initiative strengthens and promotes “one-call” information centers and other tools that connect veterans to available community transportation resources. In other words, eligible participants can call or go online to be connected to an available transportation option that will get them where they need to be. Although technically open to anyone with a disability regardless of veteran status, participants must live within the jurisdiction of the program grant recipient. Because grant recipients are often located in areas with high numbers of veterans like metropolitan areas, many rural veterans may lack access.
Nhia Vang, a United States Intelligence Operative during the Vietnam conflict, was not an enlisted member although his service was for the United States military. The Vang family’s house is in foreclosure; however, he is unable to claim any veterans benefits to assist his family.

Photo Credit: Used with permission of the Greater Minnesota Housing Fund, "Portraits of Home: Veterans in Search of Shelter."

Photographer: Stormi Greener
LOOKING FORWARD

Veterans comprise a unique, diverse population. As wars wind down in Afghanistan and Iraq, more young veterans will return home to start families, while older veterans will begin to enter or continue their senior years. One group will be purchasing their first homes while the other may need to adapt homes to better suit them as they age. It is important that the distinct needs of these two groups are met.

Younger veterans typically face greater housing and economic concerns than older veterans who generally own their own homes. To help younger veterans facing housing cost-burden, poverty, or unemployment, affordable housing needs to be available – especially to those who rent. Social services must be readily available and accessible and reflect the increasing diversity found in younger rural veterans.

Although the needs of younger veterans must be met, rural veterans are typically older and are aging rapidly. This demographic shift will place increased pressure on the housing and health needs for rural veterans. The challenges that come with housing an aging population must be confronted head on so that this cohort, which will comprise 70 percent of all rural veterans in the next ten years, are able to age safely in place in their homes. Rural geographies present obstacles for seniors to remain independent like limited public transit, greater distances to needed services, and fewer housing options. These obstacles must be taken into consideration when planning for this aging population. Although the majority of senior veterans own their homes, the ability to remain in these homes may be jeopardized if modifications and upgrades are not undertaken. It is critical that funding and planning meet the needs of an aging veteran population with increased life spans.

A renewed impetus has been placed on ensuring no veteran is without a home, and homelessness among veterans has decreased. HUD–VASH has played an important role in achieving this goal. However, accessing this program in rural America can prove difficult. Identifying and providing services to the rural homeless population is more challenging than in suburban or urban regions, and rural veterans living in remote, rural areas may face considerable distances to the nearest VA facility. It is important that HUD–VASH provides assistance to rural veterans who may live outside of what is deemed a “reasonable distance” to a VA facility so that those who live remotely can still utilize funding. Housing resources must be better marketed to rural veterans. This includes not only funding from the VA, but also resources from USDA Rural Development as well as HUD. Increased collaboration between federal agencies can help ensure that rural veterans are aware of every resource available to them.
The availability of decent and affordable housing for our veterans is critical. As this population changes we must not forget their sacrifice. They provided the United States with the ultimate service, and the least we can do is ensure that their needs are met when the bugles fade and the troops come home.
NOTES

7 Ibid.
13 Ibid.
16 Ibid.
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21 Ibid.
22 Ibid.
27 Ibid.
from service to shelter

34 National Alliance to End Homelessness. 2014. VA Homeless Programs. Available online: http://www.endhomelessness.org/pages/va_homelessness_programs
36 Ibid.
37 Ibid.
39 United States Department of Veterans Affairs. Grant and Per Diem Program Description. Available online: http://www.va.gov/homeless/gpd.asp
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43 Ibid
44 Ibid.
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63 Mulhall, E. 2009.
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APPENDIX I. ABOUT THE DATA

DATA SOURCES

U.S. Census Bureau’s American Community Survey (ACS) Five-Year Estimates

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely demographic, social, economic, and housing data every year. The U.S. Census Bureau will release data from the ACS in the form of both single-year and multiyear estimates. These estimates represent concepts that are fundamentally different from those associated with sample data from the decennial census long form.

Every 10 years since 1790, Congress has authorized funds to conduct a national census of the U.S. population. The decennial census is required by the U.S. Constitution. Recent censuses have consisted of a “short form,” which included basic questions about age, sex, race, Hispanic origin, household relationship, and owner/renter status, and a “long form.” The long form was used at only a sample of households and included not only the basic questions on the short form but also detailed questions about social, economic, and housing characteristics. The questions on the long form supplied the raw data needed for a range of programs affecting education, veterans, employment, housing and community development, public health care, commuting, services for the elderly and disabled, and assistance programs for low-income families and children. About $300 billion in federal program funds are distributed each year based, in whole or in part, on these data.

The U.S. Census Bureau, under the authority of Title 13, U.S. Code, Sections 141 and 193, conducts the American Community Survey. Title 13 also requires that the Census Bureau use this information only for statistical purposes. All statistical tables and public use files based on ACS results strictly maintain the confidentiality of individual responses.

Survey questionnaires are sent to approximately 250,000 addresses across the country every month. Addresses from which a questionnaire is not returned by mail are followed-up, first in an attempt to obtain the information by telephone, and then, for a sample of nonresponding households, in person by a Census Bureau field interviewer.

Based on responses from the series of 12 independent monthly samples each calendar year, the ACS can provide estimates of demographic, housing, social, and economic characteristics for all states, as well as for cities, counties, metropolitan areas, and population groups of 65,000 or more. These estimates, based on a full year’s worth of collected ACS data, are called “1-year estimates.” For less populated areas, such as rural villages and towns, 3 or 5 years of ACS data are accumulated to produce statistically reliable estimates of population and housing characteristics. Estimates for areas with populations of 20,000 or more are based on data collected over 3 years (“3-year estimates”).

For rural areas, urban neighborhoods, census tracts, block groups, and population groups of fewer than 20,000 people, it will take 5 years to accumulate enough survey data to achieve data estimates with statistical reliability that is similar to that of the Census 2000 long-form sample survey. These latter survey estimates, called “5-year estimates,” are published for areas with small populations each year.

In order to deliver more timely information for all the geographic areas served by the decennial long form, the Census Bureau designed the ACS as a sample survey using a continuous measurement approach to data collection. A sample of 3 million addresses is drawn from the Census Bureau’s Master Address File (MAF) each year. For geographic areas with populations larger than 65,000, the sample is sufficient to produce reliable estimates based on a year’s worth of responses. However, in order to provide estimates for areas with smaller populations, the sample must be accumulated over a number of years. The Census Bureau produces 3-year estimates for areas down to populations of 20,000 or more and 5-year estimates for all units of census geography.

A detailed description of ACS data collection methodology and the survey’s sample design may be found at:

For more information on data and methodology in the American Community Survey (ACS) please consult the Census Bureau Documentation:

FFIEC Home Mortgage Disclosure Act Data

The Home Mortgage Disclosure Act (HMDA) was enacted by Congress in 1975 and is implemented by the Federal Reserve Board’s Regulation C. This regulation applies to certain financial institutions, including banks, savings associations, credit unions, and other mortgage lending institutions. In 2011, there were approximately
16.3 million loan records for calendar year (CY) 2010 reported by 7,923 financial institutions.

Using the loan data submitted by these financial institutions, the Federal Financial Institutions Examination Council (FFIEC) creates aggregate and disclosure reports for each metropolitan area (MA) that are available to the public at central data depositories located in each MA.

While HMDA data are a critical resource to understanding lending trends, the limitations of these data in rural areas must be acknowledged. Only those depository institutions with assets of $39 million or more that were headquartered in a metropolitan area were required to report HMDA data in 2010. Consequently, an untold number of rural lending data are unavailable, as many small, rural financial institutions are not required to report lending information. Despite these limitations, HMDA provides the best available information on rural lending. For detailed information about FFIEC Home Mortgage Disclosure Act data used in this database please consult, Home Mortgage Disclosure Act: About the Data, http://www.ffciec.gov/hmda/about.htm.

IPUMS

The research incorporated Microdata Sample (PUMS) for the five-year American Community Survey 2007-11. These data were downloaded from the University of Minnesota, Minnesota Population Center using this url: https://usa.ipums.org/usa/cite.shtml. The University of Minnesota refers to the PUMS data, which it has supplemented with information such as the metropolitan area classification, as the Integrated Public Use Microdata Series (IPUMS). Steven Ruggles, J. Trent Alexander, Katie Genadek, Ronald Goeken, Matthew B. Schroeder, and Matthew Sobek. Integrated Public Use Microdata Series: Version 5.0 [Machine-readable database]. Minneapolis: University of Minnesota, 2010.

The University of Minnesota Population Center created a metropolitan area classification variable that was used throughout this analysis. The classification system defines an area as inside or outside of a metropolitan area (2003 OMB) if the PUMA (unique geography used with this data that is used to locate a case while at the same time maintain individual anonymity) is entirely within that area. Any individual located in a PUMA overlapping inside and outside metropolitan area geographies is classified as not identifiable. This analysis use the outside metropolitan area classification as a proxy for rural.

The IPUMS estimates a US population of 306,603,777, with 22,228,185 or 7.2 percent of the population being veterans, 2,703,960 people training for Reserves or National Guard alone, and 1,095,948 people currently on active military duty. Approximately 21.7 million veterans were on active duty more than one year ago and 537,741 million veterans were on active duty in past year.

Of those veterans located in areas with a metropolitan area classification, 20.8 percent of veterans live outside of metropolitan areas while just 17.1 percent of the entire population lives in such communities. Approximately 15 percent of the recent veterans in identifiable areas, served in the last year, live in rural areas while 21 percent of veterans in identifiable areas who served over one year ago live in rural areas. The percent of currently serving individuals is low for rural areas, 13.7 percent, but this is likely shaped by the general location of military bases.

DEFINING RURAL - GEOGRAPHIC TERMS AND CONCEPTS

Establishing a definition of rural poses many challenges. Rural areas share the common characteristics of comparatively few people living in an area, limited access to large cities, and considerable traveling distances to market areas for work and everyday-living activities. Over the years, public agencies and researches have used combinations of these factors to define rural areas and designate population as rural.

Some of the more commonly used definitions to designate rural areas are promulgated by agencies and organizations such as the Office of Management and Budget (OMB) or the Census Bureau. However, these classifications are far from synonymous or mutually exclusive concepts. For example, after the 2003 OMB Metropolitan Areas reclassification, a majority of the Census-defined rural population now lives in Metropolitan areas. Such incongruities illustrate the complexity of relying on individual definitions for research and programmatic purposes.

In addition, political and economic geography is another important consideration when determining the rurality of an area. The county is a commonly used a unit of geography from which to classify rural or nonmetropolitan areas. In many rural areas, the county is often identified in terms of political, social, and economic contexts. However, county-based designations are not the optimum criteria on which to base a rural definition. Large counties, particularly in the Western United States, may dilute or mask rural population given their geographic size and influence.

San Bernardino County in California presents a good example of this incongruity. With more than 20,000 square miles in land area, San Bernardino is one of the largest counties in the continental United States and is larger in land area than several states. San Bernardino is classified as a Metropolitan Area by OMB, and under such criteria, the entire county would be considered “urban” by proxy under this classification. The county
does contain a large population center in and around the city of San Bernardino. However, 98 percent of the county's land mass would be considered rural by almost any measure, including the fact that it contains the Mojave Desert. There are numerous instances across the nation similar to San Bernardino where large counties have substantial portions of their landmass classified as urban in nature under OMB Metropolitan criteria, when in fact they are largely rural. St. Louis County, MN, Coconino County, AZ, and Kern County, CA are just a few counties similar to San Bernardino in this discrepancy between rural classifications.

**HAC's Rural & Small Town Tract Designation**

Given the changes and shortcomings to traditional definitions used to identify rural areas, HAC developed a sub-county designation of rural and small-town areas which incorporates measures of housing density and commuting at the Census tract level to establish a more precise measure of rural character. This alternative residence definition includes six classifications: 1) rural, 2) small-town, 3) exurban, 4) outer suburban, 5) inner suburban, and 6) urban. For simplicity, these designations are often collapsed into 3 general classifications of: 1) small town and rural tracts, 2) suburban and exurban tracts, and 3) urban tracts.

The HAC rural tract classifications are specifically defined by the following characteristics.

1 = Rural tract – Less than 16 housing units per square mile (.025 housing units per acre).

2 = Small-town tract – Sixteen to 64 housing units per square mile (.025 to 0.1 housing units per acre), as well as a low degree of commuting to a metropolitan core area identified by a USDA ERS designated “Rural Urban Commuting Area Code” (RUCA) score of 4 or higher.

3 = Exurban tract - Sixteen to 64 units per square mile (.025 to 0.1 housing units per acre) along with a high degree of commuting to a metropolitan core area identified by a USDA ERS Rural Urban Commuting Area Code (RUCA) score of 3 or lower.

4 = Outer Suburban tract – 65 to 640 housing units per square mile. (0.1 to 1.0 housing units per acre).

5 = Inner Suburban tract – 641 to 1,600 housing units per square mile. (1.1 to 2.5 housing units per acre).

6 = Urban tract - More than 1,600 housing units per square mile (2.5 housing units per acre).

**USDA Economic Research Service (ERS) Rural-Urban Commuting Area Codes**

The Rural-Urban commuting area (RUCA) codes, a detailed and flexible scheme for delineating sub-county components of the U.S. settlement system developed by the U.S. Department of Agriculture’s Economic Research Service (ERS). RUCA codes are based on the same theoretical concepts used by the Office of Management and Budget (OMB) to define county-level metropolitan and micropolitan areas. We applied similar criteria to measures of population density, urbanization, and daily commuting to identify urban cores and adjacent territory that is economically integrated with those cores. ERS adopted OMB’s metropolitan and micropolitan terminology to highlight the underlying connectedness between the two classification systems. However, the use of census tracts instead of counties as building blocks for RUCA codes provides a different and more detailed geographic pattern of settlement classification. Census tracts are used because they are the smallest geographic building block for which reliable commuting data are available.

**Office of Management and Budget (OMB) Defined Metropolitan and Micropolitan Statistical Areas**

The United States Office of Management and Budget (OMB) defines Metropolitan and Micropolitan statistical areas according to published standards that are applied to Census Bureau data. The general concept of a Metropolitan or Micropolitan statistical area is that of a core based statistical area (CBSA) containing a substantial population nucleus, together with adjacent communities having a high degree of economic and social integration with that core. Currently defined Metropolitan and Micropolitan statistical areas are based on application of 2000 standards. Current Metropolitan and Micropolitan statistical area definitions were announced by OMB effective June 6, 2003.

The 2000 standards provide that each CBSA must contain at least one urban area of 10,000 or more population. Each metropolitan statistical area must have at least one urbanized area of 50,000 or more inhabitants. Each micropolitan statistical area must have at least one urban cluster of at least 10,000 people but a population of less than 50,000.

Under the standards, the county (or counties) in which at least 50 percent of the population resides within urban areas of 10,000 or more population, or that contain at least 5,000 people residing within a single urban area of 10,000 or more population, is identified as a “central county” (counties). Additional “outlying counties” are included in the CBSA if they meet

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1 HAC’s tract-based rural classification definition is based in part on concepts of housing density introduced by David Theobald. “Land-Use Dynamics Beyond the American Urban Fringe.” Geographical Review. Volume 91, Number 3. 9 July 2001) pages 544-564.
specified requirements of commuting to or from the central counties. Counties or equivalent entities form the geographic "building blocks" for metropolitan and micropolitan statistical areas throughout the United States and Puerto Rico. The basic categories of the 2000 OMB Metropolitan classifications include:

**Metropolitan Statistical Areas:** Metropolitan Statistical Areas have at least one urbanized area of 50,000 or more population, plus adjacent territory that has a high degree of social and economic integration with the core as measured by commuting ties. With these standards there are 1090 counties classified as metropolitan.

**Micropolitan Statistical Areas:** Micropolitan Statistical Areas – a new set of statistical areas – have at least one urban cluster of at least 10,000 but less than 50,000 population, plus adjacent territory that has a high degree of social and economic integration with the core as measured by commuting ties.

**Outside Core Based Statistical Areas (Outside CBSA):** Areas not included in Metro or Micropolitan Statistical Areas.

**DEFINITIONS**


**Veteran Status** Veterans are men and women who have served (even for a short time), but are not currently serving on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or who served in the U.S. Merchant Marine during World War II. People who served in the National Guard or Reserves are classified as veterans only if they were ever called or ordered to active duty, not counting the 4-6 months for initial training or yearly summer camps. All other civilians are classified as nonveterans. (2010 Census /2007-2011 American Community Survey)

While it is possible for 17 year olds to be veterans of the Armed Forces, ACS data products are restricted to the population 18 years and older.

Answers to this question provide specific information about veterans. Veteran status is used to identify people with active duty military service and service in the military Reserves and the National Guard. ACS data define civilian veteran as a person 18 years old and over who served (even for a short time), but is not now serving on active duty in the U.S. Army, Navy, Air Force, Marine Corps or Coast Guard, or who served as a Merchant Marine seaman during World War II.

Individuals who have training for Reserves or National Guard but no active duty service are not considered veterans in the ACS. These data are used primarily by the Department of Veterans Affairs to measure the needs of veterans.

Other uses include:

- Used at state and county levels to plan programs for medical and nursing home care for veterans.
- Used by the Department of Veterans Affairs (VA) to plan the locations and sizes of veterans' cemeteries.
- Used by local agencies, under the Older Americans Act, to develop health care and other services for elderly veterans.

Used to allocate funds to states and local areas for employment and job training programs for veterans under the Job Training Partnership Act.

For the 1999-2002 American Community Survey, the question was changed to match the Census 2000 item. The response categories were modified by expanding the "No active duty service" answer category to distinguish persons whose only military service was for training in the Reserves or National Guard, from persons with no military experience whatsoever.

Beginning in 2003, the "Yes, on active duty in the past, but not now" category was split into two categories. Veterans are now asked whether or not their service ended in the last 12 months.

**Limitation of the Data**

There may be a tendency for the following kinds of persons to report erroneously that they served on active duty in the Armed Forces: (a) persons who served in the National Guard or Military Reserves but were never called to duty; (b) civilian employees or volunteers for the USO, Red Cross, or the Department of Defense (or its predecessors, the Department of War and the Department of the Navy); and (c) employees of the Merchant Marine or Public Health Service.

Beginning in 2006, the population in group quarters (GQ) was included in the ACS. Some types of GQ populations may have period of military service and veteran status distributions that are different from the household population. The inclusion of the GQ population could therefore have a noticeable impact on the period of service and veteran status distributions. This is particularly true for areas with a substantial GQ population.

The ACS has two separate questions for veteran status and period of military service, whereas in Census 2000, it was a two-part question. The wording for the veteran status question remains the same, however, the response categories have changed over time (see the section "Question/Concept History").
The Group Quarters (GQ) population was included in the 2006 ACS and not included in prior years of ACS data, thus comparisons should be made only if the geographic area of interest does not include a substantial GQ population.

For comparisons to the Current Population Survey (CPS), please see "Comparison of ACS and ASEC Data on Veteran Status and Period of Military Service: 2007."

**Period of Military Service.** People who indicate that they had ever served on active duty in the past or were currently on active duty are asked to indicate the period or periods in which they served. Currently, there are 11 periods of service on the ACS questionnaire. Respondents are instructed to mark a box for each period in which they served, even if just for part of the period. The periods were determined by the Department of Veterans Affairs and generally alternate between peacetime and wartime, with a few exceptions. The responses to this question are edited for consistency and reasonableness. The edit eliminates inconsistencies between reported period(s) of service and age of the person; it also removes reported combinations of periods containing unreasonable gaps (for example, it will not accept a response that indicated the person had served in World War II and in the Vietnam era, but not in the Korean conflict).

Period of military service distinguishes veterans who served during wartime periods from those whose only service was during peacetime. Questions about period of military service provide necessary information to estimate the number of veterans who are eligible to receive specific benefits.

In 1999, the response categories were modified by closing the "August 1990 or later (including Persian Gulf War)" period at March 1995, and adding the "April 1995" or later category.

For the 2001-2002 American Community Survey question, the response category was changed from "Korean conflict" to "Korean War." Beginning in 2003, the response categories for the question were modified in several ways. The first category "April 1995 or later" was changed to "September 2001 or later" to reflect the era that began after the events of September 11, 2001; the second category "August 1990 to March 1995" was then expanded to "August 1990 to August 2001 (including Persian Gulf War)." The category "February 1955 to July 1964" was split into two categories: "March 1961 to July 1964" and "February 1955 to February 1961." To match the revised dates for war-time periods of the Department of Veterans Affairs, the dates for the "World War II" category were changed from "September 1940 to July 1947" to "December 1941 to December 1946," and the dates for the "Korean War" were changed from "June 1950 to January 1955" to "July 1950 to January 1955." To increase specificity, the "Some other time" category was split into two categories: "January 1947 to June 1950" and "November 1941 or earlier."

**Limitation of the Data**

There may be a tendency for people to mark the most recent period in which they served or the period in which they began their service, but not all periods in which they served.

Beginning in 2006, the population in group quarters (GQ) is included in the ACS. Some types of GQ populations may have period of military service and veteran status distributions that are different from the household population. The inclusion of the GQ population could therefore have a noticeable impact on the period of service and veteran status distributions. This is particularly true for areas with a substantial GQ population.

Since Census 2000, the period of military service categories on the ACS questionnaire were updated to: 1) include the most recent period "September 2001 or later;" 2) list all "peace time" periods without showing a date-breakup in the list; and 3) update the Korean War and World War II dates to match the official dates as listed in US Code, Title 38. While the response categories differ slightly from those in Census 2000, data from the two questions can still be compared to one another.

Due to an editing error, veteran's period of service (VPS) prior to 2007 was being incorrectly assigned for some individuals. The majority of the errors misclassified some people who reported only serving during the Vietnam Era as having served in the category "Gulf War and Vietnam Era." The remainder of the errors misclassified some people who reported only serving between the Vietnam Era and Gulf War as having served in the category "Gulf War."

The Group Quarters (GQ) population was included in the 2006 ACS and not included in prior years of ACS data, thus comparisons should be made only if the geographic area of interest does not include a substantial GQ population.

For comparisons to the Current Population Survey (CPS), please see "Comparison of ACS and ASEC Data on Veteran Status and Period of Military Service: 2007."

**DATA LIMITATIONS**

**Margin of Error in the American Community Survey.**

Data from the American Community Survey (ACS) are based on a sample and are subject to sampling variability. Sampling error is the uncertainty associated with an estimate that is based on data gathered from a sample of the population rather than the full population.
ACS provides users with measures of sampling error along with each published estimate. To accomplish this, all published ACS estimates are accompanied either by 90 percent margins of error or confidence intervals, both based on ACS direct variance estimates.

ACS estimates include a point estimate as well as a margin of error. The margin of error is most often indicated by plus and minus signs followed by a number value. This value represents the range within which one can assert the population value will be found, according to varying levels of confidence. The margin of error gives nuance to the best guess point estimates by providing a more accurate range of data values. Adding and subtracting the margin of error to a point estimate creates the range, or the confidence interval.

Point estimates use statistical techniques, such as regression models, to infer from sample data what the actual value of the characteristic is in the population. These point estimates can be thought of as a best guess of the population characteristic value, given the available sample survey data information. As with any guess or prediction, estimates are only as reliable as the information they are based on. Estimates such as those presented in the ACS can vary in precision, especially in relationship to the overall sample size. A smaller number of sample observations leads to less accurate estimates, while a larger number of sample observations often provide more accurate estimates.

For more information of accuracy of data from the American Community Survey please consult the Census Bureau publication, ACS Design and Methodology: http://www.census.gov/acs/www/methodology/methodology_main/

ENDNOTES


4 Excerpted from U.S. Census Bureau: Geographic Terms and Concepts - Core Based Statistical Areas and Related Statistical Areas http://www.census.gov/geo/www/2010census/gtc/gtc_cbsa.html#md
### APPENDIX II. TABLES

#### TABLE 1. SELECTED DEMOGRAPHIC CHARACTERISTICS OF RURAL VETERANS, 2007-2011

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Rural and Small Town</th>
<th>United States</th>
</tr>
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<tbody>
<tr>
<td>Population 18 or Older:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Population</td>
<td>49,130,894</td>
<td>231,421,987</td>
</tr>
<tr>
<td>Veteran</td>
<td>5,592,463</td>
<td>22,215,303</td>
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<tr>
<td>Percent 11.4</td>
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<td>9.6</td>
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<tr>
<td>Non-Veteran</td>
<td>43,538,431</td>
<td>209,206,684</td>
</tr>
<tr>
<td>Percent 88.6</td>
<td></td>
<td>90.4</td>
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</table>

| Veteran Population by Age Group:         |                      |               |
| Total Population                          | 5,592,463            | 22,215,303    |
| Ages 18 to 34                             | 370,896              | 1,732,384     |
| Ages 35 to 54                             | 1,332,866            | 5,754,865     |
| Ages 55 to 64                             | 1,477,199            | 5,565,339     |
| Ages 65 to 74                             | 1,176,758            | 4,311,181     |
| Ages 75 Plus                              | 1,234,744            | 4,851,534     |

| Veteran Population by Minority Status:   |                      |               |
| Total Population                          | 5,592,463            | 22,215,303    |
| White Non-Hispanic                       | 4,950,292            | 17,977,821    |
| Minority                                 | 642,171              | 4,237,482     |

| Veterans By Service Period:              |                      |               |
| Total Population                          | 5,592,463            | 22,215,303    |
| Gulf War II (Began September 2001)       | 422,893              | 2,042,802     |
| Gulf War I (Began August 1990)           | 737,080              | 3,442,802     |
| Vietnam War                              | 2,043,129            | 7,724,738     |
| Korean War                                | 738,914              | 2,748,809     |
| WWII                                     | 574,375              | 2,361,712     |
| Pre-WWII                                 | 7,872                | 33,590        |
| Non-Conflict                             | 1,437,106            | 5,589,176     |

| Veterans by Education:                   |                      |               |
| Total Population 25 or Older             | 5,514,420            | 21,886,370    |
| Less Than High School Graduate           | 624,882              | 1,876,626     |
| High School Graduate or Equivalent       | 2,006,746            | 6,579,374     |
| Some College-AA Degree                   | 1,870,140            | 7,776,156     |
| BA Degree or More                        | 1,012,652            | 5,654,214     |

<p>| Veterans by Employment Status and Age:   |                      |               |
| Total Population Ages 18 to 64           | 3,180,961            | 13,052,588    |
| Labor Force                              | 2,255,659            | 9,966,026     |
| Employed                                 | 2,084,197            | 9,224,362     |
| Unemployed                               | 171,462              | 741,664       |
| Not in Labor Force                       | 925,302              | 3,086,562     |
| Population 18 to 34                      | 370,896              | 1,732,384     |
| Labor Force                              | 305,516              | 1,475,359     |
| Employed                                 | 269,256              | 1,315,051     |
| Unemployed                               | 36,260               | 160,308       |
| Not in Labor Force                       | 65,380               | 257,025       |
| Population 35 to 54                      | 1,332,866            | 5,754,865     |</p>
<table>
<thead>
<tr>
<th>Category</th>
<th>Population 55 to 64</th>
<th>Labor Force</th>
<th>Employed</th>
<th>Unemployed</th>
<th>Not in Labor Force</th>
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</thead>
<tbody>
<tr>
<td>Labor Force</td>
<td>1,477,199</td>
<td>864,647</td>
<td>58.5</td>
<td>3,549,101</td>
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<td>55,614</td>
<td>3.8</td>
<td>237,552</td>
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<tr>
<td>Not in Labor Force</td>
<td>612,552</td>
<td>55,614</td>
<td>3.8</td>
<td>237,552</td>
<td>4.3</td>
</tr>
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Source: HAC tabulations of ACS 2007-11 Five Year estimate data.
<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Veteran-Headed Households Outside Metropolitan Areas</th>
<th>Veteran-Headed Households United States</th>
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</thead>
<tbody>
<tr>
<td><strong>Veteran-Headed Housing Units by Tenure:</strong></td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Occupied Housing Units</td>
<td>2,912,667</td>
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<tr>
<td>Owner-Occupied Housing Units</td>
<td>2,419,570</td>
<td>83.07</td>
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<td>Renter-Occupied Housing Units</td>
<td>493,097</td>
<td>16.93</td>
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<tr>
<td><strong>Veteran-Headed Housing Units by Structure Type:</strong></td>
<td>Number</td>
<td></td>
</tr>
<tr>
<td>Occupied Housing Units</td>
<td>2,912,667</td>
<td></td>
</tr>
<tr>
<td>1-Unit Detached</td>
<td>2,289,805</td>
<td>78.62</td>
</tr>
<tr>
<td>1-Unit Attached</td>
<td>58,207</td>
<td>2.00</td>
</tr>
<tr>
<td>2 Units</td>
<td>48,898</td>
<td>1.68</td>
</tr>
<tr>
<td>3-4 Units</td>
<td>52,648</td>
<td>1.81</td>
</tr>
<tr>
<td>5-9 Units</td>
<td>39,600</td>
<td>1.36</td>
</tr>
<tr>
<td>10-19 Units</td>
<td>25,895</td>
<td>0.89</td>
</tr>
<tr>
<td>20-49 Units</td>
<td>24,029</td>
<td>0.82</td>
</tr>
<tr>
<td>50 Units or More</td>
<td>21,688</td>
<td>0.74</td>
</tr>
<tr>
<td>Manufactured Homes</td>
<td>344,233</td>
<td>11.82</td>
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<tr>
<td>Boats, RVs, Vans</td>
<td>7,664</td>
<td>0.26</td>
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<td><strong>Veteran-Headed Housing Units by Year Built:</strong></td>
<td>Number</td>
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<td>Occupied Housing Units</td>
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<tr>
<td>Built 2005 or Later</td>
<td>134,901</td>
<td>4.63</td>
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<tr>
<td>Built 2000-04</td>
<td>205,779</td>
<td>7.06</td>
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<tr>
<td>Built 1990-99</td>
<td>451,259</td>
<td>15.49</td>
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<tr>
<td>Built 1980-89</td>
<td>399,922</td>
<td>13.73</td>
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<tr>
<td>Built 1970-79</td>
<td>527,975</td>
<td>18.13</td>
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<td>Built 1960-69</td>
<td>314,921</td>
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<td>Built 1950-59</td>
<td>276,634</td>
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<td>Built 1940-49</td>
<td>151,321</td>
<td>5.20</td>
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<tr>
<td>Built 1939 or Earlier</td>
<td>449,955</td>
<td>15.45</td>
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<td><strong>Veteran-Headed Housing Units by Number of Rooms:</strong></td>
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<td></td>
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<tr>
<td>Occupied Housing Units</td>
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<td></td>
</tr>
<tr>
<td>1 Room</td>
<td>20,094</td>
<td>0.69</td>
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<tr>
<td>2 Rooms</td>
<td>41,732</td>
<td>1.43</td>
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<tr>
<td>3 Rooms</td>
<td>136,815</td>
<td>4.70</td>
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<tr>
<td>4 Rooms</td>
<td>364,820</td>
<td>12.53</td>
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<tr>
<td>5 Rooms</td>
<td>651,640</td>
<td>22.37</td>
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<td>6 Rooms</td>
<td>659,088</td>
<td>22.63</td>
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<td>7 Rooms</td>
<td>444,214</td>
<td>15.25</td>
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<td>8 Rooms</td>
<td>286,675</td>
<td>9.84</td>
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<tr>
<td>9 Rooms or More</td>
<td>307,589</td>
<td>10.56</td>
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<td><strong>Veteran-Headed Housing Units by Housing Problems:</strong></td>
<td>Number</td>
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</tr>
<tr>
<td>Occupied Housing Units</td>
<td>2,912,667</td>
<td></td>
</tr>
<tr>
<td>Lack Complete Plumbing</td>
<td>21,883</td>
<td>0.75</td>
</tr>
<tr>
<td>Lack Complete Kitchen</td>
<td>27,258</td>
<td>0.94</td>
</tr>
<tr>
<td>Lack Complete Telephone</td>
<td>72,223</td>
<td>2.48</td>
</tr>
<tr>
<td>Lack Access to Vehicle</td>
<td>99,505</td>
<td>3.42</td>
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</tbody>
</table>
### Crowded (1.01 Occupants Per Room or more)

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>26,744</td>
<td>0.92</td>
</tr>
<tr>
<td></td>
<td>142,337</td>
<td>0.92</td>
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</table>

### Veteran-Headed Housing Units With Affordability Problems (Housing Costs 30 Percent or More of Income):

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupied Housing Units Costs Calculated</td>
<td>2,835,274</td>
<td>15,145,849</td>
</tr>
<tr>
<td>Cost Burdened</td>
<td>611,331</td>
<td>21.56</td>
</tr>
<tr>
<td>Owner-Occupied Housing Units Costs Calculated</td>
<td>2,417,904</td>
<td>12,218,847</td>
</tr>
<tr>
<td>Cost Burdened</td>
<td>453,926</td>
<td>18.77</td>
</tr>
<tr>
<td>Renter-Occupied Housing Units Costs Calculated</td>
<td>417,370</td>
<td>2,927,002</td>
</tr>
<tr>
<td>Cost Burdened</td>
<td>157,405</td>
<td>37.71</td>
</tr>
</tbody>
</table>

### Cost Burdened

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupied Housing Units Costs Calculated</td>
<td>611,331</td>
<td>21.56</td>
</tr>
<tr>
<td>Owner-Occupied Housing Units Costs Calculated</td>
<td>453,926</td>
<td>18.77</td>
</tr>
<tr>
<td>Renter-Occupied Housing Units Costs Calculated</td>
<td>157,405</td>
<td>37.71</td>
</tr>
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</table>

### Veteran-Headed Home Value:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Median Home Value</td>
<td>$112,500</td>
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</tbody>
</table>

### Veteran Mortgage Status:

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Owner-Occupied Housing Units</td>
<td>2,419,570</td>
<td>12,227,179</td>
</tr>
<tr>
<td>With Mortgage</td>
<td>1,132,910</td>
<td>46.82</td>
</tr>
<tr>
<td>Without Mortgage</td>
<td>1,286,660</td>
<td>53.18</td>
</tr>
<tr>
<td><strong>Without Mortgage</strong></td>
<td>5,472,782</td>
<td>44.76</td>
</tr>
</tbody>
</table>

---

1. PUMs 5 percent sample for the ACS 2007-11.

2. Veteran headed households represent all PUMS housing units with a head householder identified as a veteran. Group Quarters cases removed.

3. Geography identified using PUMS by Minnesota Population Center, University of Minnesota. Geographies reflect PUMAs location within OMB defined metropolitan area. For cases where the PUMA is located either entirely within or outside of a metropolitan area it is classified as such. For those cases where a PUMA includes both metropolitan area and outside metropolitan areas it is classified as unidentified.

**TABLE 3. VETERANS ADMINISTRATION (VA) LOAN ACTIVITY, 2012¹**

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Rural and Small Town</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Total Applications</td>
<td>140,425</td>
<td></td>
</tr>
<tr>
<td>Loan Originated</td>
<td>90,866</td>
<td>64.7</td>
</tr>
<tr>
<td>Application Approved Not Accepted</td>
<td>6,086</td>
<td>4.3</td>
</tr>
<tr>
<td>Application Denied by Financial Institution</td>
<td>23,577</td>
<td>16.8</td>
</tr>
<tr>
<td>Application Withdrawn by Applicant</td>
<td>15,649</td>
<td>11.1</td>
</tr>
<tr>
<td>Incomplete File Closed</td>
<td>4,247</td>
<td>3.0</td>
</tr>
</tbody>
</table>

**VA Loan Originations by Loan Purpose:**

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Percent</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Originations</td>
<td>90,866</td>
<td></td>
<td>579,166</td>
<td></td>
</tr>
<tr>
<td>Home Purchase</td>
<td>33,697</td>
<td>37.1</td>
<td>206,815</td>
<td>35.7</td>
</tr>
<tr>
<td>Home Improvement</td>
<td>522</td>
<td>0.6</td>
<td>2,198</td>
<td>0.4</td>
</tr>
<tr>
<td>Refinance</td>
<td>56,647</td>
<td>62.3</td>
<td>370,153</td>
<td>63.9</td>
</tr>
</tbody>
</table>

**High Cost VA Loan Originations:**

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Percent</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Originations</td>
<td>90,866</td>
<td></td>
<td>579,166</td>
<td></td>
</tr>
<tr>
<td>High Cost Originations</td>
<td>580</td>
<td>0.6</td>
<td>2,195</td>
<td>0.4</td>
</tr>
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</table>

**VA Originations by Property Type:**

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Percent</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Originations</td>
<td>90,866</td>
<td></td>
<td>579,166</td>
<td></td>
</tr>
<tr>
<td>Single Family</td>
<td>88,281</td>
<td>97.2</td>
<td>574,414</td>
<td>99.2</td>
</tr>
<tr>
<td>Manufactured Home</td>
<td>2,585</td>
<td>2.8</td>
<td>4,752</td>
<td>0.8</td>
</tr>
</tbody>
</table>

¹ All HMDA applications for single family and manufactured homes. Multi-unit building applications removed.

Source: HAC tabulations of FFIEC HMDA 2013 (calendar year 2012 activity)
<table>
<thead>
<tr>
<th>State</th>
<th>Total Adult Population</th>
<th>Total Veterans</th>
<th>Rural and Small Town Veteran</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Population</td>
<td>Percent</td>
<td>Adult Population</td>
</tr>
<tr>
<td>Alabama</td>
<td>3,599,029</td>
<td>403,982</td>
<td>11.2</td>
</tr>
<tr>
<td>Alaska</td>
<td>496,815</td>
<td>71,861</td>
<td>14.5</td>
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<tr>
<td>Arizona</td>
<td>4,694,459</td>
<td>536,449</td>
<td>11.4</td>
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<tr>
<td>Arkansas</td>
<td>2,180,871</td>
<td>245,969</td>
<td>11.3</td>
</tr>
<tr>
<td>California</td>
<td>27,519,539</td>
<td>1,997,566</td>
<td>7.3</td>
</tr>
<tr>
<td>Colorado</td>
<td>3,722,280</td>
<td>405,303</td>
<td>10.9</td>
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<tr>
<td>Connecticut</td>
<td>2,729,281</td>
<td>235,132</td>
<td>8.6</td>
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<tr>
<td>Delaware</td>
<td>681,491</td>
<td>77,593</td>
<td>11.4</td>
</tr>
<tr>
<td>District of Columbia</td>
<td>487,834</td>
<td>31,119</td>
<td>6.4</td>
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<tr>
<td>Florida</td>
<td>14,624,670</td>
<td>1,637,466</td>
<td>11.2</td>
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<tr>
<td>Georgia</td>
<td>7,066,878</td>
<td>702,919</td>
<td>9.9</td>
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<td>Hawaii</td>
<td>1,005,730</td>
<td>114,109</td>
<td>11.3</td>
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<td>Idaho</td>
<td>1,122,335</td>
<td>127,438</td>
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<td>Illinois</td>
<td>9,632,811</td>
<td>770,388</td>
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<td>Indiana</td>
<td>4,844,007</td>
<td>478,030</td>
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<tr>
<td>Iowa</td>
<td>2,305,190</td>
<td>239,229</td>
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<td>2,095,155</td>
<td>222,477</td>
<td>10.6</td>
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<td>Kentucky</td>
<td>3,277,070</td>
<td>323,823</td>
<td>9.9</td>
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<tr>
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<td>3,356,703</td>
<td>314,677</td>
<td>9.4</td>
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<td>Maine</td>
<td>1,047,914</td>
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<td>Maryland</td>
<td>4,351,927</td>
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<td>711,613</td>
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<td>3,994,719</td>
<td>385,675</td>
<td>9.7</td>
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<td>Mississippi</td>
<td>2,185,924</td>
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<td>9.5</td>
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<td>Missouri</td>
<td>4,510,814</td>
<td>503,720</td>
<td>11.2</td>
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<td>756,177</td>
<td>99,163</td>
<td>13.1</td>
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<td>11.0</td>
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<td>2,001,004</td>
<td>230,942</td>
<td>11.5</td>
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<td>1,513,157</td>
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<td>14,928,282</td>
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<td>512,465</td>
<td>54,920</td>
<td>10.7</td>
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<td>338,527</td>
<td>11.5</td>
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<td>1,007,939</td>
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<td>823,624</td>
<td>76,775</td>
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<td>3,464,339</td>
<td>399,403</td>
<td>11.5</td>
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<td>603,790</td>
<td>71,125</td>
<td>11.8</td>
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<td>4,789,382</td>
<td>501,665</td>
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<td>Vermont</td>
<td>494,008</td>
<td>51,981</td>
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<td>12.5</td>
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<td>601,507</td>
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<tr>
<td>West Virginia</td>
<td>1,456,668</td>
<td>166,372</td>
<td>11.4</td>
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</table>

**TABLE 4. RURAL VETERANS BY STATE, 2007-2011**
<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Wisconsin</td>
<td>4,322,095</td>
<td>431,479</td>
<td>10.0</td>
<td>1,439,921</td>
<td>165,914</td>
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<tr>
<td>Wyoming</td>
<td>418,339</td>
<td>52,600</td>
<td>12.6</td>
<td>314,934</td>
<td>37,016</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>231,421,987</strong></td>
<td><strong>22,215,303</strong></td>
<td><strong>9.6</strong></td>
<td><strong>49,130,894</strong></td>
<td><strong>5,592,463</strong></td>
</tr>
</tbody>
</table>

*Civilian Population Age 18 or older*
National
1025 Vermont Avenue, NW
Suite 606
Washington, DC 20005
202-842-8600
202-347-3441 FAX
hac@ruralhome.org

Southeast
600 West Peachtree Street, NW
Suite 1500
Atlanta, GA 30308
404-892-4824
404-892-1204 FAX
southeast@ruralhome.org

Southwest
Penn Mont Plaza
7510 Montgomery NE
Suite 205
Albuquerque, NM 87110
505-883-1003
505-883-1005 FAX
southwest@ruralhome.org

Midwest
10100 North Ambassador Drive
Suite 310
Kansas City, MO 64153
816-880-0400
816-880-0500 FAX
midwest@ruralhome.org

West
717 K Street, Suite 404
Sacramento, CA 95814
916-706-1836
916-706-1849 FAX
western@ruralhome.org

Connect
www.ruralhome.org
twitter.com/RuralHome