

## Executive Summary

Indianapolis' 2005-2009 Consolidated Plan is a five-year strategic plan to address housing and social service needs in the community. In order to begin this planning process, an analysis of several issues that impact our community was undertaken, including housing development, homeless services and non-housing community development to come up with a picture of the needs and opportunities facing Indianapolis. In addition to the analysis, a concerted effort was made through public meetings, private consultations and questionnaires to seek citizen input on the needs of the community.

The primary tools that the City will use to work toward meet the needs of the community are four federal entitlement grants and one competitive grant: 1) the Community Development Block Grant, 2) the Home Investment Partnerships Program, 3) the Housing Opportunities for Persons With AIDS program, and 4) the Emergency Shelter Grant and 5) the Continuum of Care grant. Each of these grant programs is funded through the United States Department of Housing and Urban Development (HUD). This plan seeks to outline how the City will use these funds to address the issues it faces and to achieve the goals of the Consolidated Plan.

The City conducted an extensive analysis on all types of community development, ranging from homelessness to parks, from housing development to transportation. Along with the analysis of the community development needs, the City developed goals to meet the needs of the community, within the confines of the federal funding regulations. The following table gives examples of needs and the goals developed to meet them.

<b>Need 1:</b> 25 percent of households with a mortgage pay more than 30 percent of their gross monthly income towards housing costs and 38 percent of households who rent pay more than 30 percent of their gross monthly income towards housing costs.	<b>Goal 1:</b> Increase the availability of safe, decent, affordable housing.
<b>Need 2:</b> On any given night in Indianapolis, 3,500 people will experience homelessness.	<b>Goal 2:</b> Prevent homelessness for special needs populations and persons at-risk of homelessness
<b>Need 3:</b> Youth services and job training/employment services were the two of the top social service needs identified by the public through the citizen input and consultation process.	<b>Goal 3:</b> Increase educational opportunities.
<b>Need 4:</b> The overall unemployment rate in Indianapolis is slowly decreasing; however, the unemployment rate for the goods producing sector continues to increase.	<b>Goal 4:</b> Support capital enterprise development for job creation.
<b>Need 5:</b> There are 7,913 vacant structures in Marion County containing approximately 9,013 housing units.	<b>Goal 5:</b> Eliminate unsafe buildings and sites.
<b>Need 6:</b> The communication gap between service providers and housing providers can make it difficult for low to moderate-income families to find all the help they need.	<b>Goal 6:</b> Combine housing opportunities with social and public services.

The 2005-2009 Consolidated Plan will examine all aspects of community development, evaluate the responses from citizens and stakeholders and develop a strategy to meet the changing needs of the citizens of Indianapolis. The City established six goals and seventeen (17) performance-based strategies for achieving these goals.

## What is a Consolidated Plan and Why is it Important?

A Consolidated Plan is a document that is a requirement set by the United States Department of Housing and Urban Development (HUD). The Consolidated Plan is a report that the City of Indianapolis must complete to receive approximately \$20.65 million annually in federal funds. The City invests these dollars in neighborhoods for community development activities, such as residential construction and rehabilitation, economic development incentives, youth services, transportation services, job training, and services for the homeless. The following table describes the five grants the City receives and what types of activities each grant can fund.

Table 1

<b>Program</b>	<b>Eligible Activities</b>	<b>Type of Grant</b>	<b>Annual Amount Expected</b>
Community Development Block Grant (CDBG)	Supply decent housing, expand economic activities and provide services for persons earning 80% or less of median family income. Eliminate slum and blight.	Entitlement Grant	\$11,300,000 (15% of this grant can be spent towards social service activities).
Home Investment Partnerships Program (HOME)	Expand the availability of decent, affordable housing for individuals and families earning 80% or less of median family income.	Entitlement Grant	\$4,800,000
Continuum of Care Grant (CofC)	Provide support services and support operations of area transitional and permanent housing providers who assist homeless individuals and families.	Competitive Grant	\$3,400,000
Housing Opportunities for Persons with AIDS (HOPWA)	Provide housing assistance and supportive services to individuals with HIV/AIDS and to their families to prevent homelessness.	Entitlement Grant	\$750,000
Emergency Shelter Grant (ESG)	Provide essential support services, homelessness prevention activities and support area shelters with operating and rehabilitation funds.	Entitlement Grant	\$410,000

The Continuum of Care Grant is a competitive grant that the City must apply for each year. The City is not guaranteed these funds, but the City has been successful in the past. Since 1998, the City has received an average of \$3.4 million of these grant funds each year and is hopeful this trend will continue.

The four entitlement grants are funds the City receives each year on the basis of census information and funding provided by the United States Congress. Each year, the allocation of funds is divided among entitlement cities on the basis of a formula and the amount the City expects to receive generally does not fluctuate greatly. The City hopes to receive additional HOME dollars as part of the American Dream Down payment

Initiative. Over the past two years, the City has received approximately \$650,000 of HOME funds for down payment assistance for individuals and families 80 percent or below the median family income. This continued assistance could make homeownership more affordable to low to moderate-income homebuyers.

The Division of Community Development (CD), within the Department of Metropolitan Development, administers the grants each year, as well as completes the necessary reports to remain in compliance. CD divides its staff into teams of two to four people to work with each grant. Each team is responsible for writing the performance-based contracts, monitoring each project, and completing all financial work and accounting for the grant. A compliance team assists each grant team with code compliance and other long-term and regulatory compliance issues for the construction projects. The remainder of the staff manages other competitive grants or manages construction projects that coincide with the five main grants of the division. When larger reports, such as this Consolidated Plan, need to be completed, the entire division works together.

First, the City must complete a Consolidated Plan, a five-year strategic plan to address community development needs. City staff made an extensive analysis of housing development, homeless services and non-housing community development throughout Marion County and the Indianapolis Metropolitan Statistical Area (MSA). Along with the analysis, the staff hosts a number of public meetings and seeks citizen input on the needs of the community. As detailed later in this document in the strategic plan, citizen input, along with statistical information, sets the priorities the City will address with these funds. The City established six goals and a number of strategies to accomplish those goals in this Consolidated Plan. The City will work in years 2005-2009 to realize them.

Second, the City must complete an annual update of the Consolidated Plan. The Annual Action Plan is the method the City utilizes to specify which projects and third-party contracts will be used to accomplish the goals identified in the Consolidated Plan. The Annual Action Plan also spells out which grants will fund those projects. Citizens can also provide input during this process as well, redefining the priorities of the community if necessary.

Third, the City must complete an annual performance report of the year's past projects called the Consolidated Annual Performance and Evaluation Report (CAPER). This report is a progress report on the five-year goals of the Consolidated Plan. It is a method for the public and elected officials to hold city projects and third party contractors accountable for their work.

All three reports have extensive ways to involve citizen input. Public meetings must be held for all three reports once released in a draft format. A 30-day comment period follows the final public hearing to allow for citizens to ask questions about the reports and for city staff to respond to those questions. Citizen input is required if any of the reports need to be amended. This ensures that all three reports are in response to the actual need and these grant funds are paid in the manner in which citizens would like, within the parameters of the federal regulations.

Over the next few pages, the Consolidated Plan will begin the process of data analysis and set forth a strategy to address the needs in the community. This plan will cover the years 2005-2009 and spell out the methods for achieving the five-year goals.

## Welcome to Indianapolis

It is important to note that since 1999, when the previous Consolidated Plan was written, the population of the Indianapolis Metropolitan Statistical Area (MSA) has changed significantly. The demographic totals have changed by race, age, and income since the last census was taken in 2000, and more importantly, since the 1990 census. The previous Indianapolis MSA Consolidated Plan was based on statistical information from the 1990 census and drew conclusions from projections and estimates for the 2000 census. Complete 2000 census information on the Indianapolis MSA is now readily available.

Before the consolidated planning process began, staff of the Department of Metropolitan Development (DMD) analyzed changes in the City's profile. Some of the questions asked included the following:

1. How has the age of the population changed?
2. Have there been any changes in numbers of the minority populations?
3. What new initiatives in Indianapolis have been started?
4. How has the economy changed in the last five years?
5. What are the attractions for Indianapolis that makes it a world class city?

In short, DMD staff wanted to take an inventory of the City's demographics, housing market, economy, neighborhood facilities, health centers, transportation and public services. This information would help staff to identify what the Indianapolis area has to offer its residents and visitors.

### ***History<sup>1</sup>***

With the admission of Indiana to the union in 1816, United States Congress made a donation of four square miles of land for the site of a capitol wherever the State might choose. The Indiana General Assembly wanted to find a central location in the State for a capitol, but transportation issues of the time necessitated the capitol have a riverside location. Eventually approving the location on January 6, 1821, the General Assembly debated on a name for the new capitol, but settled on the hybrid English-Greek name of Indianapolis, meaning "the City of Indiana."

The City's small population depended on the White River as a sole means of transportation; however, the river was shallow and large vessels had difficulty navigating the river. As a result, Indianapolis remained a pioneer town, with agriculture as the primary source of the economy. An attempt to improve transportation by building a canal overextended the bond issues of the state, leaving only a completed canal from Broad Ripple Village to Indianapolis. The invention of the railroad brought prosperity to Indianapolis, which led the nation as an important manufacturing center in the 1880's. Heavy manufacturing was not the only industry to change the face of Indianapolis, as light industry began to diversify the City's economy as well. In 1872, Lyman S. Ares founded a department store chain and four years later Eli Lilly opened a small laboratory that would grow into a pharmaceutical giant.

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<sup>1</sup> "Indianapolis Insight, the Comprehensive Plan for Marion-County Indiana." The Indianapolis Division of Planning. February, 2002.

The Great Depression of the 1930's was the "worst crisis that ever confronted the City," when the economy, largely dependent on production of consumer goods, was slowed and unemployment soared. With the advent of New Deal programs, a product of federal agencies, the construction of the Pepsi Coliseum and the extension of Fall Creek Boulevard were completed. The beginnings of the Indianapolis Metropolitan Airport also began to take shape as part of the New Deal reforms.

Following the production boom during World War II, the mass production of the automobile and the rapid increase in population resulted in the growth and development of the suburban areas surrounding Indianapolis. Both residential areas and commercial areas evolved to accommodate the growing population and the advent of the car. The traditional neighborhood retail/street front areas were replaced with strip developments offering unlimited free parking and easy access.

Despite the surge of growth in the outlying areas and a decrease of growth in the downtown area, Indianapolis, in the economic sense, was in good shape. Homeownership and median family income were both high and most public services were provided well. As Indianapolis incorporated more areas and suburban areas continued to grow through the 1960's, the distinction between City services and County services blurred. In 1969, the General Assembly enacted UniGov, a consolidation of the City and Marion County governments to better accommodate the growing metropolis. The legislature became the City-County Council and the Office of the Mayor was strengthened to oversee most aspects of Marion County, enabling the Mayor to more effectively address the needs of the entire metropolitan area.

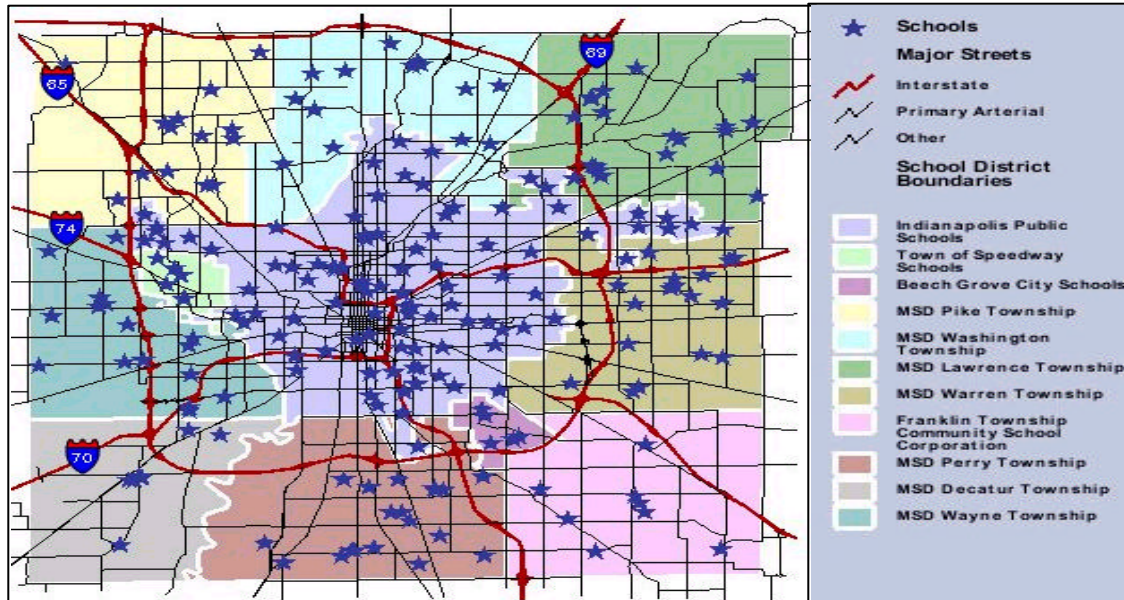
While UniGov is an important part of the structure of Indianapolis, it has not been fully implemented. Within the boundaries of Indianapolis, four (4) excluded cities have remained independent. Some other political compromises made it necessary for other entities to remain untouched, such as school, fire and police jurisdictions. On August 2, 2004, Mayor Bart Peterson introduced an initiative, called Indianapolis Works, to continue the consolidation of the remaining jurisdictions, with the exception of the schools. With possible passage of the initiative by the State Legislature, the consolidation could eliminate duplicate services provided by the County and the City. Mayor Bart Peterson is expected to introduce the legislation in January 2005. The target date to implement this legislation is January 1, 2006.

### ***Education***

Indianapolis has a variety of education opportunities from private schools to public schools, from secondary schools to universities and from trade schools to graduate schools. Indianapolis also has charter schools as an alternative to public or private education options. There are eleven school districts in Marion County. The following map shows the locations of all Marion County public schools and public school districts.



Figure 1

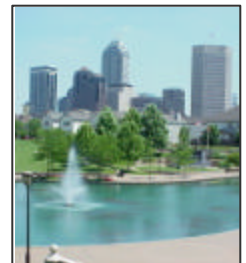


More information on school opportunities can be found in the Mayor's Family Guide to Public Schools located at [www.indygov.org/schools](http://www.indygov.org/schools).

### **Arts and Culture**

Indianapolis is a hub of cultural activity with a large number of museums and other cultural entertainment organizations. A number of museums dot the area, including the Indianapolis Museum of Art, the Children's Museum, the Indiana State Museum, the Indianapolis Motor Speedway Museum, the NCAA Hall of Champions and the Eiteljorg Museum of American Indians and Western Art to name a few.

Most museums are centered in and around White River State Park, an area along the banks of the White River whose history began in 1820. The park has become a cultural hub of activity along both the riverfront and the Downtown Canal. The park has traditional green spaces and trails, as well as walking spaces along the Downtown Canal. In addition to a cluster of museums, the park also is home to the IMAX theatre, the Indianapolis Zoo, White River Gardens, Victory Field-home of the Indianapolis Indians minor league baseball team and much more. Various businesses, offices and residential areas line the Downtown Canal, connecting downtown Indianapolis to the park. A complete history and more information about the park can be found on the internet at <http://www.in.gov/whiteriver/home01.html>.



In addition to visiting a number of places of art and history, Indianapolis is home to a number of musical and live entertainment groups. The Indianapolis Symphony Orchestra has regular concerts, including a summer full of weekend, outdoor concerts at Conner Prairie. A family can enjoy a picnic style dinner to music throughout the summer months. The Murat Centre and Clowes Memorial Hall host a number of live events, including theatre, ballet, musical events and guest speakers. Other theatres and live entertainment groups around the City include, but are not limited to, the Phoenix Theatre, the Indiana Repertory Theatre, the Indianapolis Opera, the Indianapolis

Symphonic Choir, the Ballet Internationale, Theatre on the Square and the Indianapolis Civic Theatre.

A number of hubs of smaller venues have developed in areas such as Massachusetts Avenue, Broadripple Avenue, Fountain Square and Downtown. The demand in these areas for neighborhood development has spurred the planning of a cultural trail, or pedestrian trail to connect all the areas. A greater detail of transportation planning, including pedestrian trails is included in the non-housing community development needs assessment.

For a complete entertainment guide or special events calendar, please visit the world wide web at [www.indy.gov](http://www.indy.gov) or [www.indy.org](http://www.indy.org).

### ***Sports/Athletics***

One of the most famous of sporting events that Indianapolis offers is the Indianapolis 500. Racing is synonymous with Indianapolis and the Indianapolis Motor Speedway. Each Memorial Day weekend, people from across the nation and world come to enjoy the greatest spectacle in racing. The motor speedway is also home to the Brickyard 400 and the U.S. Grand Prix, the only formula one race in the United States.

Tied to the Indianapolis 500 is the 500 festival Mini-Marathon, a 13.1-mile race from downtown to the speedway and back. 30,000 runners tour many Indianapolis neighborhoods as part of the "Mini."

The Indianapolis Colts kick off the fall with the professional football season. The Colts have made the RCA dome and Indiana Convention-Center their home each fall. Midway through the football season, the runners visit Indianapolis again for the Indianapolis Marathon and half-marathon through the historical Fort Benjamin Harrison.

The Indiana Pacers hold court at Conseco Fieldhouse. This National Basketball Association team begins its season in late fall and continues through spring. The men are not alone, as the women's professional basketball team, the Indiana Fever, also participates in the play action during the winter. Conseco Fieldhouse is also the place to see the Indianapolis arena football team, the Indiana Firebirds.

Once spring comes, the Indianapolis Indians take to the field at Victory Field for America's favorite pastime, baseball. Victory Field was rated as the "best minor league ballpark in America" by Sports Illustrated in August 2001.

These events are not the only Indianapolis sporting events. Many national championships are held in town for tennis, swimming, soccer, basketball and more. To learn more about sporting events in Indianapolis, please visit the world wide web at [www.indypartnership.com](http://www.indypartnership.com) and <http://www.indianasportscorp.com/>.

### ***Population***

The 2000 population for Indianapolis Metropolitan Statistical Area (MSA) is 1,619,983. The 2000 population of Marion County is 860,854, or 53 percent of the MSA population. These numbers may be greater in 2004 because the 2000 census numbers were taken

in 1999. The following table<sup>2</sup> shows the racial breakdown of the Marion County population, compared to Indiana and the United States.

Table 2

2000 Population	Marion County		Indiana		United States	
American Indian and Alaskan Native	0.3%	2,581	0.3%	18,241	0.9%	2,532,797
Asian	1.4%	12,046	1.0%	60,805	3.6%	10,131,189
Black or African American	24.2%	208,230	8.4%	510,761	12.3%	34,614,894
Hispanic or Latino	3.9%	33,558	3.5%	212,817	12.5%	35,177,738
Native Hawaiian and Other Pacific Islander	0.0%	0	0.0%	0	0.1%	281,422
White	70.5%	606,620	87.5%	5,320,424	75.1%	211,347,851
Total Population	100%	860,454	100%	6,080,485	100%	281,421,906

All minority populations grew as a percent of the population from the 1990 census statistics. The Hispanic population grew the most during that period, increasing from 0.1 percent in 1990 to 3.9 percent of the population in 2000, representing a 3,800 percent growth increase. The Asian population, the Native American population and the African American population followed in growth rates, respectively. Only the White population decreased over the ten-year period. The Analysis of Impediments to Fair Housing Choice also lists the percent of minority population for each township in Marion County. The southern most townships are the least diverse while Center and Pike townships are the most diverse.

Table 3

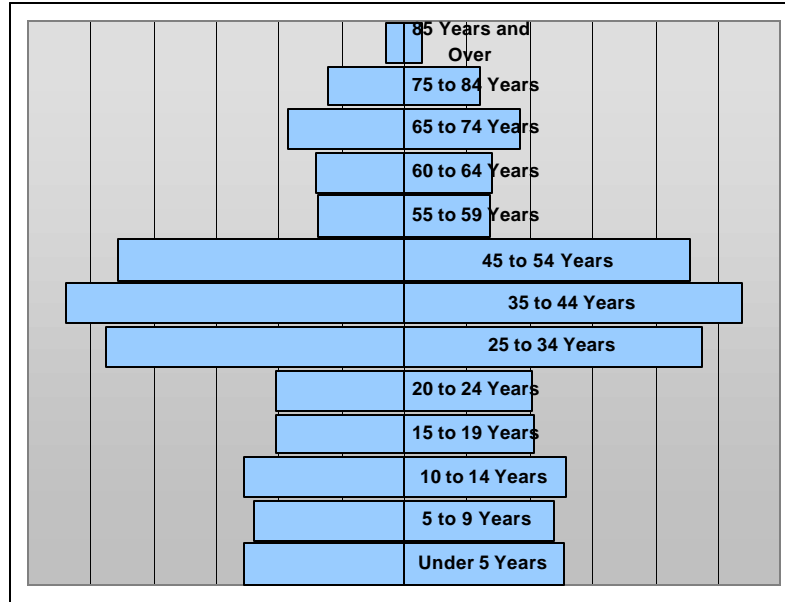
**Population by Race and Ethnicity, by Township, 2000**

	Pike	Washington	Lawrence	Wayne	Center	Warren	Decatur	Perry	Franklin
American Indian or Alaskan Native	0.2%	0.2%	0.2%	0.2%	0.3%	0.2%	0.2%	0.2%	0.2%
Asian alone	3.7%	1.4%	1.7%	1.6%	0.6%	1.1%	0.4%	1.1%	1.4%
African American	32.2%	26.8%	28.9%	19.2%	40.6%	21.6%	1.2%	1.6%	0.7%
Hispanic or Latino	5.5%	3.1%	3.4%	5.4%	5.1%	2.6%	1.7%	2.7%	1.3%
Native Hawaiian or Other Pacific Islander	0.0%	0.0%	0.1%	0.0%	0.0%	0.1%	0.0%	0.0%	0.1%
White	56.2%	66.8%	64.0%	71.8%	51.9%	72.9%	95.5%	93.4%	95.5%
Some Other Race	0.3%	0.2%	0.2%	0.2%	0.2%	0.2%	0.1%	0.1%	0.1%
Two or More Races	1.9%	1.5%	1.5%	1.6%	1.3%	1.5%	0.9%	0.9%	0.8%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

<sup>2</sup> "State and County Quickfacts." United States Census Bureau. <http://quickfacts.census.gov/qfd/states/18/18097.html> Feb. 2004.

The median age for the Indianapolis MSA is 34.7 years of age.<sup>3</sup> The following chart depicts the aging population of Marion County.

Chart 1



By looking at this chart, the City can identify needs for the future. The City's largest age group is people 25 to 54 years of age. Fifteen years from now, the City will have a large demand for senior services and senior housing because of this aging population. The youngest populations will need higher education and jobs that provide living wages. As time continues and the number of people per population group remains stable, the demand for services will remain relatively level.

<sup>3</sup> "2002 ACS Tabular Profiles for Marion County and the Indianapolis MSA." United States Census Bureau. <http://www.census.gov/acs/www/Products/Profiles/Single/2002/ASC/Tabular>. July 2004.

## Citizen Participation and Consultations

Citizen participation and consultations with community stakeholders are a principal component of the Consolidated Plan. To ensure that the City seeks input from the community, the City has written a citizen participation plan. The citizen participation plan was last updated in 1998 and requires the staff to host two public meetings during the Consolidated Plan process. The City exceeded the requirements of soliciting citizen input during the Consolidated Plan process in 2004. The City announced six public meetings and released a survey on April 8, 2004 in the Indianapolis Star and on April 16, 2004 in the Indianapolis Recorder, two to three weeks before the start of the meetings. Public meetings began April 21, 2004 and ended May 12, 2004. Surveys were accepted through May 24, 2004.

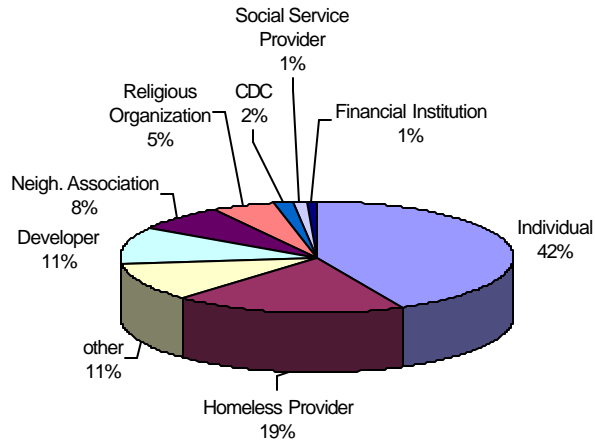
Realizing that the current citizen participation plan is outdated and the City is already exceeding the expectations of the plan, the City will work to revise and update the citizen participation plan by 2006. Many of the new, creative ideas the staff used to gain greater input during this process may be included as part of the update. This section of the Consolidated Plan will discuss some of those ideas and the results.

For the 2005-2009 Consolidated Plan, the citizens of Indianapolis identified housing and community development needs through a neighborhood survey or at one of the six public meetings. In addition, local stakeholders voiced community development concerns to staff through private consultation meetings. The goal of the citizen participation process was to interact with a cross section of Marion County residents and stakeholders, discussing the needs of the community from the viewpoint of Indianapolis citizens, in accordance with the Citizen Participation Plan.

First, staff conducted six public meetings in different areas of Indianapolis. In an effort to reach out to a diverse population, these meetings were held at various venues, such as neighborhood community centers, public parks, local libraries and a public housing community. These public meetings were educational, interactive and provided citizens an opportunity to share opinions, identify neighborhood needs and prioritize housing and community development issues. The City pursued innovative methods to encourage public participation and discussion during these meetings. McDonalds Corporation and the Indianapolis Department of Parks and Recreation contributed by providing gift certificates and pool passes to be distributed at public meetings. Participants were asked to complete a survey that would later be used to assist the development of Consolidated Plan goals and help make funding decisions for the 2005 program year.

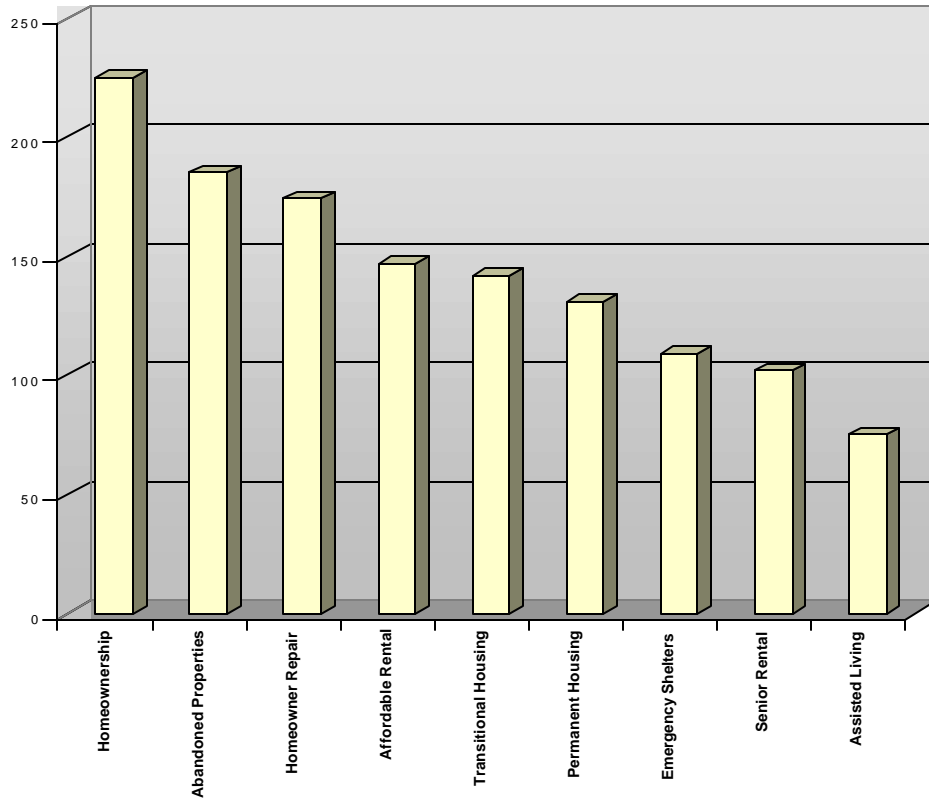
Second, staff mailed and posted the survey on the City of Indianapolis website, [www.indygov.org/cdfs](http://www.indygov.org/cdfs). The survey consisted of three major sections: housing needs, homeless needs, and non-housing needs. Non-housing needs encompassed community development in a variety of areas, such as public facilities, infrastructure, public services, and economic development. In each section, activities/programs were classified from the lowest priority to the highest priority. A total of 485 surveys were completed and returned to the City of Indianapolis. As indicated in the chart on the following page, the majority of the survey respondents classified themselves as "individuals".

Chart 2



The first section of the survey addressed various housing needs and issues related to housing. Survey respondents identified homeownership as the highest housing-related priority. The following chart depicts the housing priorities identified by the public.

Chart 3



The second section of the survey focused on issues related to homelessness. Specifically, survey respondents were asked which of the following supportive services were most needed to assist homeless persons: job training, life skills programs, case management, mental health services, housing placement, and substance abuse treatment. The survey results indicate that a comprehensive approach to end homelessness is necessary. Respondents voted evenly across the board for all services for the homeless.

The third section of the survey related to non-housing community development needs, which included social service activities. The difference between the various social service priorities was not statistically significant, which implies that all social services are an important element of community development needs. However, the following top five social service activities identified by the public will be used as part of the evaluation criteria for applications for 2005 funding:

1. Transportation Services
2. Crime Awareness Activities
3. Youth Services
4. Employment Services
5. Substance Abuse Services

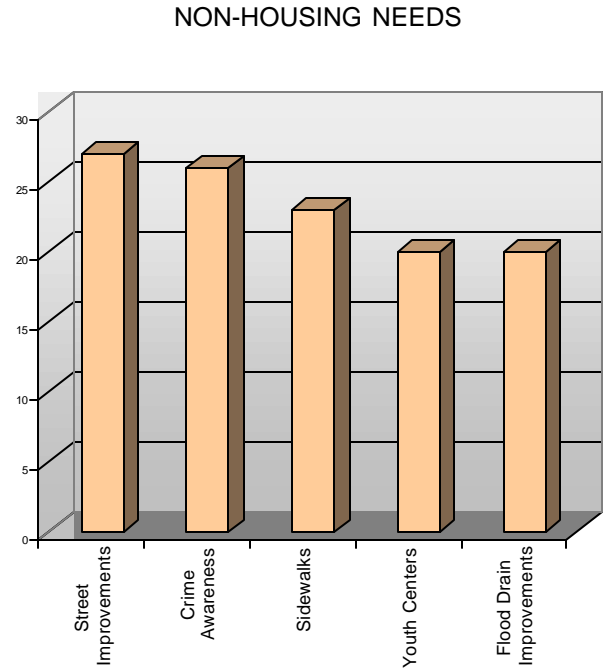
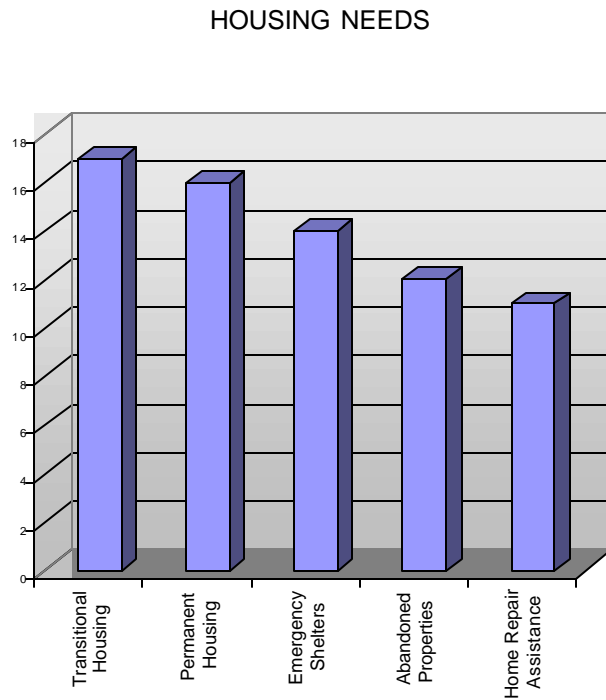
It is important to note that senior services did not place in the top five social service priorities, despite the needs identified in the AdvantAge Initiative, a study supported by CICOA, The Access Network.

For the past several years, crime awareness was the top priority identified through citizen participation processes. However, IndyGo (the City's public transportation system) recently announced changes to its routes and a decrease of services, bringing public transportation to the forefront of public awareness. Transportation services was such an important issue in the 2005 survey that it ranked highly, not only in social service category, but it also remained in the top five identified needs. The overall top five non-housing needs are:

1. Street Improvements
2. Transportation Services
3. Commercial Development for Job Creation
4. Sidewalk Improvements
5. Crime Awareness

An additional component of the citizen participation process included a forum with eighth grade students from the Forest Manor Middle School. As part of the curriculum at Forest Manor, students learn about their community by studying local neighborhood issues, and how local government, in conjunction with neighborhood leaders, can work toward resolving those issues. After completing their studies, staff met with students to discuss the Consolidated Plan and its relationship to their community development reports. Students were also asked to complete a survey. This allowed the City to gain citizen participation from youth, which provides an uninhibited perspective. Results from these surveys show housing and overall non-housing categories were significantly different as indicated on the following page.

Charts 3 & 4



Survey respondents offered valuable information for the establishment of Consolidated Plan goals, however, additional input was acquired from the consultation sessions with community stakeholders (see Appendix B). Community Development staff met with various non-profit entities and agencies, as well as City governmental officials. These stakeholders offered additional input based on their area of expertise. Citizen participation coupled with an array of consultations provided a base for the development of the 2005-2009 Consolidated Plan, which establishes goals that seek to alleviate not only the symptoms but eradicate the community and economic development issues Indianapolis faces.

## Market Analysis and Housing Needs Assessment

As part of the Consolidated Plan, the City will outline Indianapolis' housing market and identify housing needs for its most vulnerable groups or populations. These groups and needs were identified through citizens' participation and input; current housing study and market analysis; and examination of the most current Census Bureau data available.

Much of the market analysis will look at affordability of rental units and homeownership units throughout Marion County and the Indianapolis MSA. This analysis will divide the population into a variety of sub-groups on the basis of income. The three most common income groups in this analysis will be:

1. Households earning 0-30 percent of median family income
2. Households earning 31-50 percent of median family income
3. Households earning 51-80 percent of median family income

These income guidelines determine eligibility for many of the programs funded by the U.S. Department of Housing and Urban Development (HUD). The most recent income guidelines, published by HUD, are for the year 2004 and are specific for the Indianapolis MSA. HUD begins by calculating the median family income for a family of four. This would be the point at which half of the four-family population earns more and half of the four-family population earns less. The household income is determined by summing the gross incomes for all adults in a household. As the number of a household increases, the median family income increases. The following table is the income guidelines for the Indianapolis MSA, based on the number of people in a household.<sup>4</sup>

Table 4

<b>2004 Income Limits</b>								
Indianapolis, IN MSA								
MFI for a family of four:	\$ 63,800							
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
0-30% MFI	\$ 13,450	\$ 15,400	\$ 17,300	\$ 19,250	\$ 20,750	\$ 22,300	\$ 23,850	\$ 25,400
31-50% MFI	\$ 22,450	\$ 25,650	\$ 28,850	\$ 32,050	\$ 34,600	\$ 37,200	\$ 39,750	\$ 42,300
51-80% MFI	\$ 35,900	\$ 41,000	\$ 46,150	\$ 51,300	\$ 55,400	\$ 59,500	\$ 63,600	\$ 67,700

These income limits are different from the poverty calculation determined by the U.S. Census Bureau. Poverty thresholds are assigned to households based on the size of the family and on the age of all the family members. There are a total of 48 different poverty thresholds a family can be assigned to. The income limits followed by HUD are not based on the age of family members and make a comparison between them and the poverty level difficult to determine. Generally the poverty threshold will follow slightly below or above the 0-30 percent MFI income limit.<sup>5</sup>

<sup>4</sup> "FY 2004 Income Limits." United States Department of Housing and Urban Development. <http://www.huduser.org/datasets/il/il04/index.html> July, 2004.

<sup>5</sup> "Poverty." United States Census Bureau. <http://www.census.gov/hhes/www/poverty.html>. July, 2004.

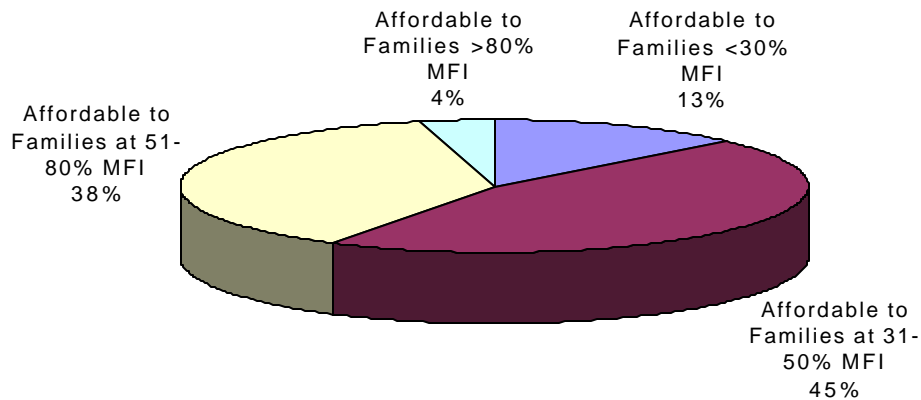
A 2002 survey identified approximately 715,124 housing units for both homeownership and rental in the Indianapolis MSA. The homeowner vacancy<sup>6</sup> rate is 0.9 percent and the rental housing vacancy rate peaks at 10 percent.<sup>7</sup> The number of housing units in Marion County is 398,674 with a homeownership vacancy rate of 1.1 percent and a rental vacancy rate of 8.3 percent. One percent of those units in Marion County and the Indianapolis MSA lacked plumbing facilities and/or complete kitchens.

**Rental Housing**

The goals of the Consolidated Plan will address affordable rental housing needs for families ranging from moderate-income to very low-income. The greatest housing need has been identified for extremely low-income families, or families earning 30 percent or less of the median family income. It is estimated that only 13 percent of available rental housing units are affordable to these renters. Approximately 45 percent of rental housing units are affordable to families earning between 31 and 50 percent of median family income. Approximately 38 percent of available rental units are affordable to the families earning between 51 and 80 percent of the median family income.

Chart 5

Percent of Rental Units Affordable to Different Income Levels



Excluding all problem units<sup>8</sup> in Marion County, the number of units affordable to households below 30 percent of the median family income does not match the number of households. The number of households exceeds the number of available and affordable units by 13,893. However, there are more households earning between 31 percent and 80 percent of the median family income than the number of housing units

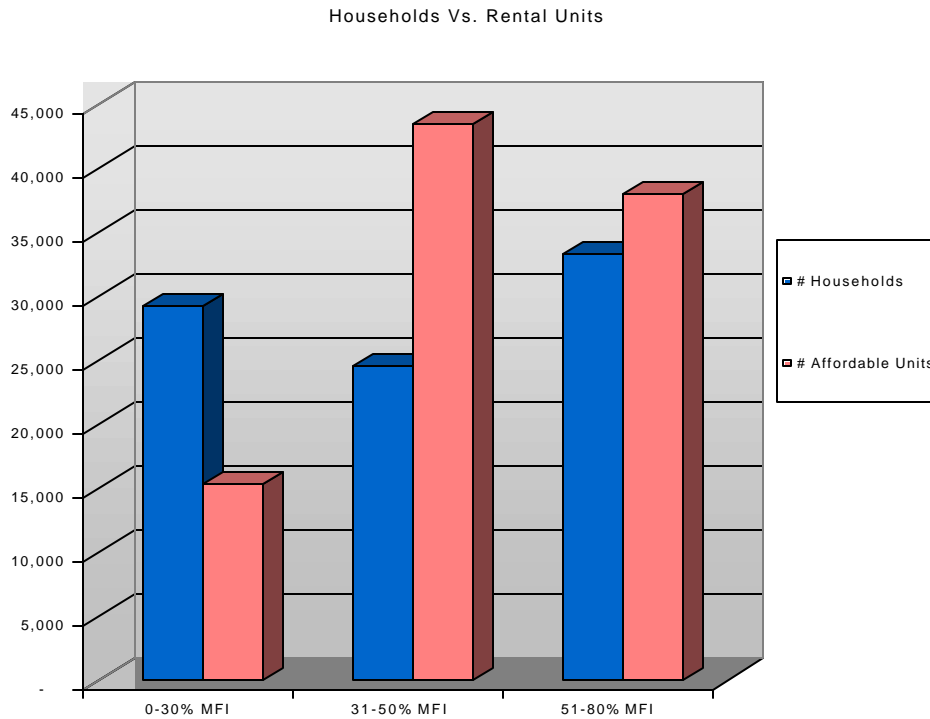
<sup>6</sup> The Homeownership Vacancy rate is calculated by the United States Census Bureau, dividing the number of households who own their own home by the number of units owned by a household and the number of units for sale for homeownership. The Rental Vacancy rate is calculated by the United States Census Bureau, dividing the number of households who rent their home by the remaining units in the area.

<sup>7</sup> "2002 ACS Tabular Profiles for Marion County and the Indianapolis MSA." United States Census Bureau. <http://www.census.gov/acs/www/Products/Profiles/Single/2002/ACS/Tabular>.

<sup>8</sup> Problem units are housing units without complete kitchen facilities or complete plumbing, or housing units with overcrowding or housing units with households paying more than 30 percent of their income towards housing.

affordable to persons and families at these income levels. The next chart shows the deficit and surplus of affordable housing units.

Chart 6



As a result of the lack of rental units affordable to extremely low income households, 45 percent of rental households in the Indianapolis MSA are paying more than 30 percent of their monthly household income for gross rent. The percentage of households paying more than 30 percent of their monthly household income for gross rent drops to 38 percent in Marion County.<sup>9</sup>

### ***Homeownership***

Homeowners have a stake in the community because of their long-term investment. Through the maintenance of their properties, payment of property taxes, and involvement in their communities, homeowners play a large role in community development. As such, homeownership is a high priority for this Consolidated Plan.

The Census Bureau estimates the homeownership rate in the Indianapolis MSA was 68 percent in 2002. The Census Bureau also estimates the homeownership rate was 61 percent in Marion County that same year.<sup>10</sup> Special tabulation data calculated by the U.S. Department of Housing and Urban Development and the U.S. Census Bureau,

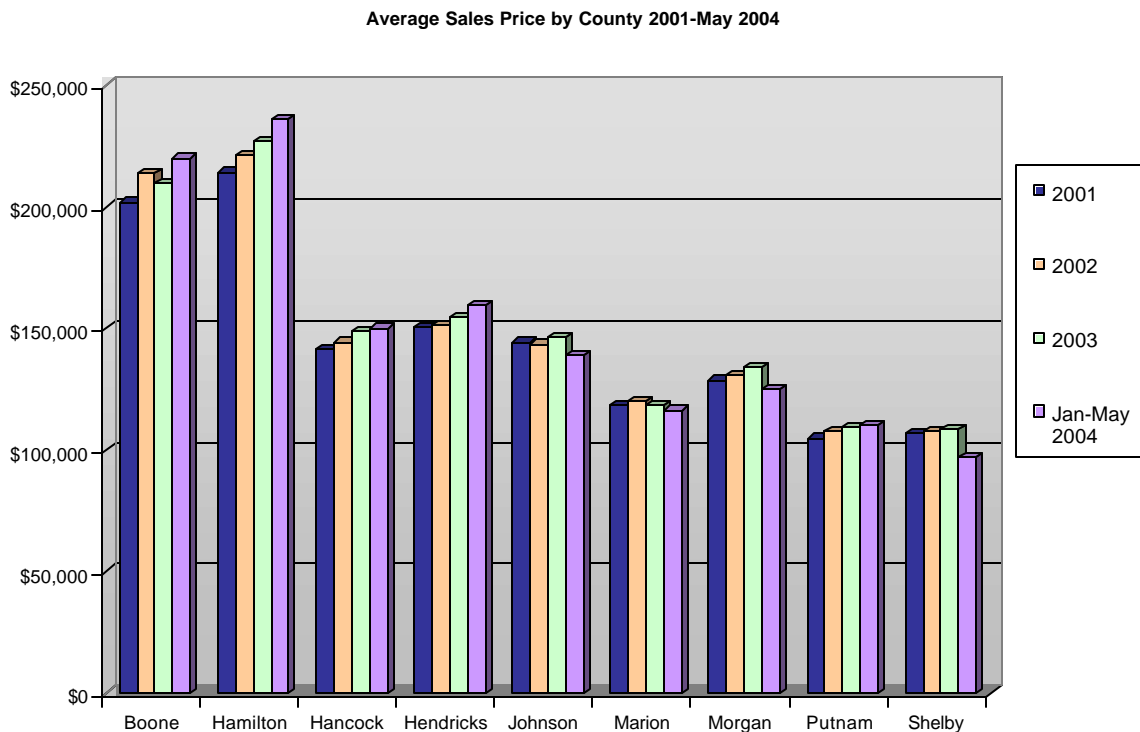
<sup>9</sup> "2002 ACS Tabular Profiles for Marion County and the Indianapolis MSA." U.S. Census Bureau. <http://www.census.gov/acs/www/Products/Profiles/Single/2002/ACS/Tabular>.

<sup>10</sup> "2002 ACS Tabular Profiles for Marion County and the Indianapolis MSA." U.S. Census Bureau. <http://www.census.gov/acs/www/Products/Profiles/Single/2002/ACS/Tabular>.

called the CHAS 2000 data, estimates that the Indianapolis MSA has an excess of 88,423 homeownership units affordable to families and persons earning less than 80 percent of the median family income. However, the surplus of housing units does not coincide with the vacancy rate because households at higher income brackets will purchase these more affordable units. This is supported by data in the Affordability Paradox Study in Appendix C.

From January to May of 2004, the average home sales price for Marion County was \$116,367. This price is down slightly from the average price in 2003 of \$118,191. However, the calculation for 2004 cannot be compared to 2003 numbers as the final numbers for all of 2004 are not available. The following chart shows the average sales prices of homes in Marion County and the surrounding counties. Only Putnam and Shelby Counties have average sales prices lower than Marion County. Since 2001, 42,452 housing units have been sold in Marion County.

Chart 7



The Metropolitan Indianapolis Board of Realtors also collects sales information and average sales prices by township for all nine of Marion County’s townships. Center Township has the lowest average sales price, \$63,061, and Washington Township has the highest sales price, \$182,061. It is important to note that this does not reflect the demand for housing, as the number of homes sold in Center Township is greater than the number of homes sold in Washington Township. This is most likely a reflection of the high demand for housing in and around the downtown area of Center Township. The following table shows the number of housing units sold by township from January to May of 2004.<sup>11</sup>

<sup>11</sup> Source: Metropolitan Indianapolis Board of Realtors.

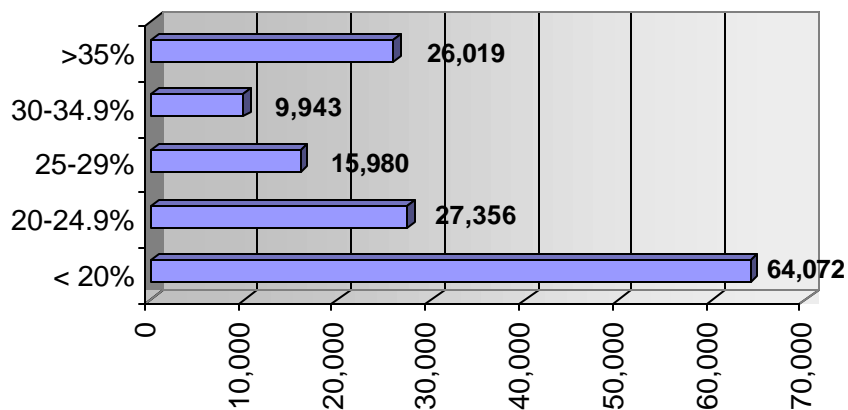
Table 5

Units Sold By Township	Jan-May 2004
Pike	560
Washington	821
Lawrence	741
Warren	618
Franklin	326
Perry	469
Decatur	162
Wayne	680
Center	965
Beech Grove	83
Speedway	58

According to the Department of Housing and Urban Development (HUD), a family shall pay no more than 30 percent of its monthly gross income towards housing expenses. If a household pays more than 30 percent, their housing is considered unaffordable. In Indianapolis, approximately 143,370 mortgages were examined for ranking of affordability. Of those, only 107,408 were considered “affordable” or less than 30 percent of monthly gross income.<sup>12</sup>

Chart 8

Percentage of Household Income for Housing Costs



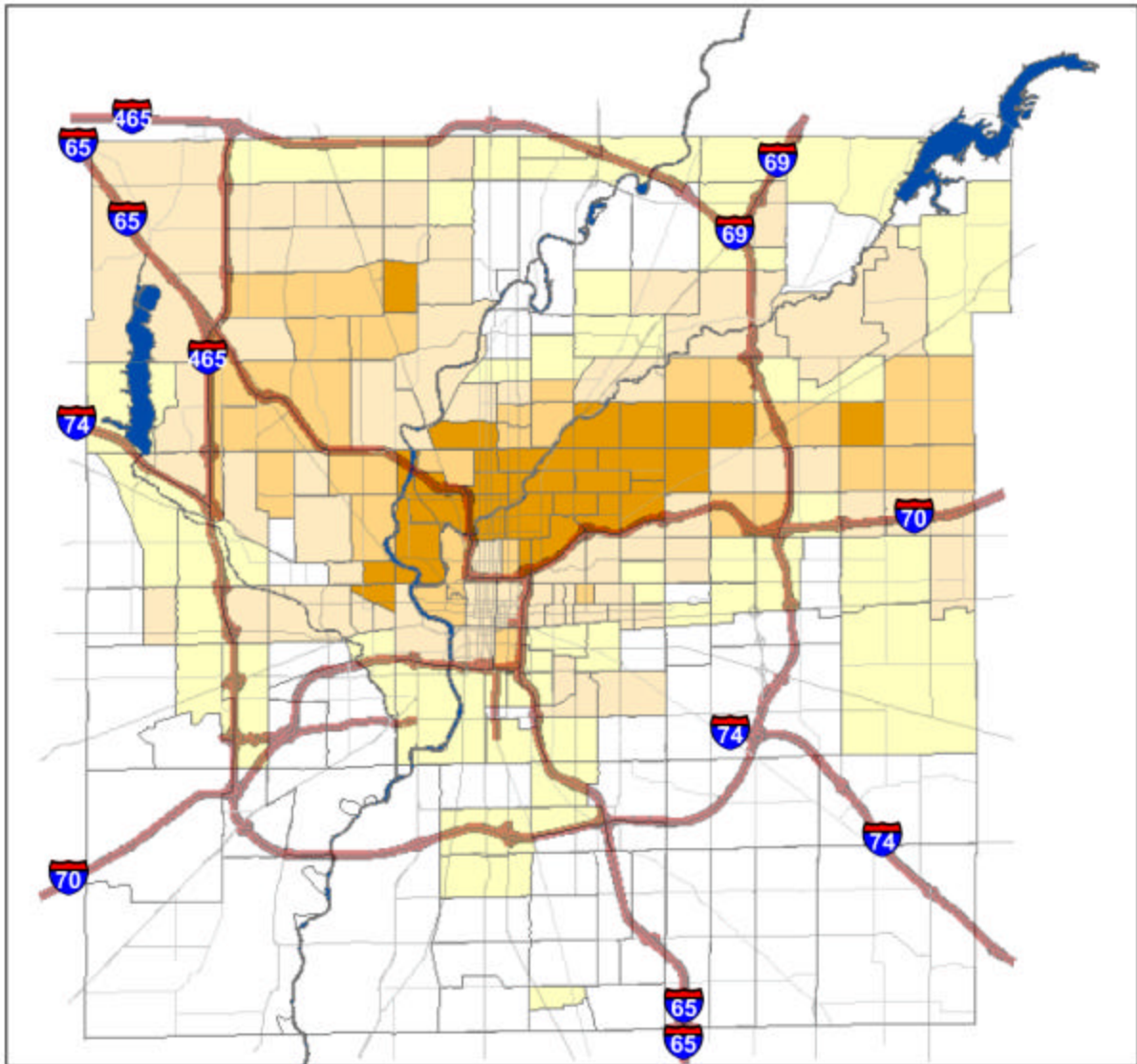
For the majority of the population, affordable homeownership is an obtainable “American Dream” in Indianapolis. However, the American Dream can be out of reach for many people. When analyzing the Home Mortgage Disclosure Act (HMDA) data, staff noticed a significant increase in the rate of mortgage denials for census tracts, or areas, that had larger minority populations. In census tracts with less than 10 percent minority

<sup>12</sup> “2002 ACS Tabular Profiles for Marion County and the Indianapolis MSA.” U.S. Census Bureau. <http://www.census.gov/acs/www/Products/Profiles/Single/2002/ACS/Tabular>.

population, the rate of denial for mortgages was only 10 percent. In census tracts with greater than 80 percent minority population, the percent of mortgage denials increases by 140 percent to a denial rate of 24 percent. When mapping the census tracts with higher percentages of mortgage denials, some areas of Marion County appear to experience greater obstacles when trying to achieve homeownership. The map on the following pages shows the percent of loans denied by racial composition and census tract. Areas with greater percentage of minority populations have a greater percentage of mortgage denials, and are located slightly north of Interstate 70, in the center of Indianapolis.

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## Marion County, IN 2000 Census Tracts by Percent Minority & Percent Mortgages Denied



**Major Streets**

- Freeway
- Primary Arterial
- Secondary Arterial
- Rivers

**Census Tracts by % Minority (% Denied)**

- < 10% Minority (9% Denied)
- 10.00 - 19.99 % Minority (8% Denied)
- 20.00 - 49.99 % Minority (13% Denied)
- 50.00 - 79.99 % Minority (14% Denied)
- 80.00 - 100.00 % Minority (21% Denied)

2 1 0 2 Miles



June 29, 2004

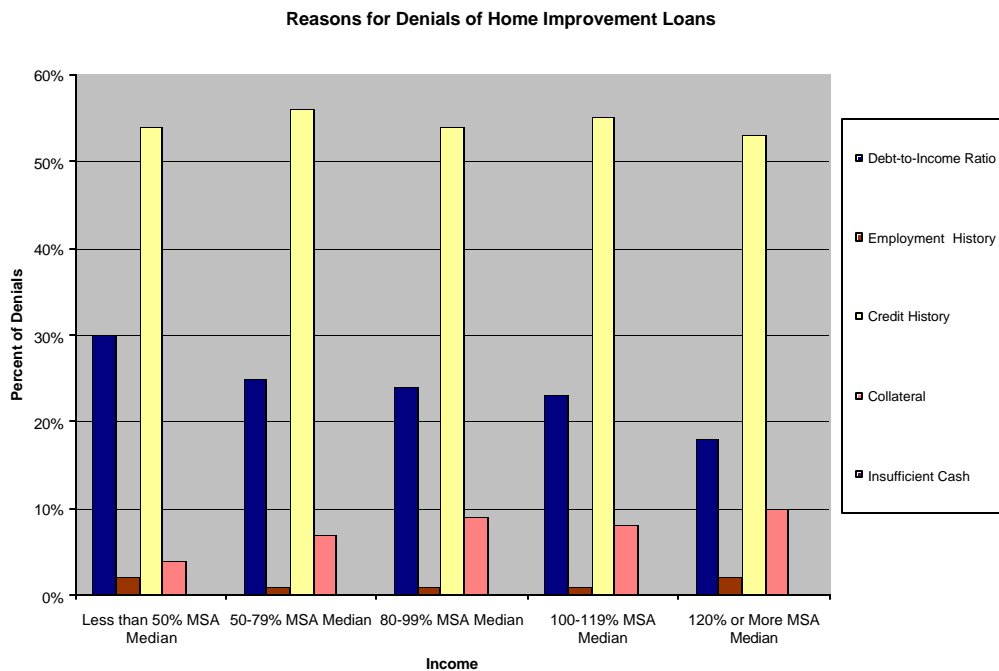
Produced by: City of Indianapolis, Division of Planning, Information Resources & Policy Analysis

Source: Marion County GIS, U.S. Census Bureau, U.S. Department of Housing and Urban Development

This map does not represent a legal document. It is intended to serve as an aid in graphic representation only. Information shown on this map is not warranted for accuracy or reachability.

For persons and households already owning their own home, home improvement loans can be a way to finance the upkeep of a home or a way to increase the equity of a home. The City, as part of the previous Consolidated Plan, utilized federal funds to help low to moderate-income homeowners preserve their homes and increase their equity in their homes. Repairs could include assistance with weatherization, a new roof or siding, or help a homeowner increase access to their home for a family member with a disability. From January 2000 to December 2003, 1,676 homeowners had received assistance. For homeowners who could not afford additional loan payments or who were about to lose a home for health and safety purposes, this program was a lifeline. While the City and its partners made great strides to help homeowners, further analysis of the HMDA data shows a high rate of home improvement loan denials due to poor credit history.

Chart 9



Homeowners who are denied loans are left with few options to maintain or improve their homes. Poor credit history is the number one reason for denial of home improvement loans across all income levels. Funding for homeowner repair programs is limited and cannot meet the increase need due to poor credit history. This indicates a need for assistance to homeowners to manage their credit or improve their credit, as well as provide assistance with needed repairs to preserve homeownership.

The Strategic Plan of this Consolidated Plan will address the goals and strategies the City of Indianapolis has identified to help people achieve and maintain homeownership.

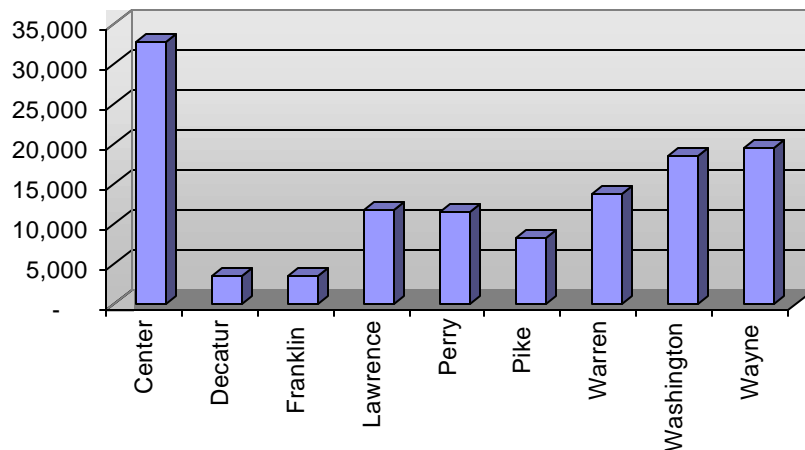
## ***Special Needs Housing***

The special needs populations of Indianapolis are individuals and families who are not homeless, but require supportive services to maintain their housing. Examples of persons with special needs are the frail/elderly, persons with physical or mental disabilities, persons with alcohol or other drug addictions or persons living with HIV/AIDS. This Consolidated Plan will later summarize a study and the findings surrounding that study on the availability of supportive housing for persons living with HIV/AIDS. Not all persons with special needs require supportive housing; however, it is important to note the availability of such housing. Permanent supportive housing was the second most important need identified by the Forest Manor Middle School Eighth Grade Class and the sixth most important housing need identified by the community as whole.

783,810 long census forms were sent to Marion County and returned to the U.S. Census Bureau. Of the respondents, 16 percent had one or more disabilities that affected their daily activities. The following chart shows the number of persons with disabilities and where they live by township.<sup>13</sup> The highest number of persons with disabilities live in Center Township, most likely due to easier access to transportation and to supportive services.

Chart 10

Number of Persons with One or More Disabilities



This point is not only proven by the number of people living in Center Township, but by the availability of group quarter living facilities in Center Township. Group quarters house persons with disabilities, both physical and mental. The U.S. Census Bureau categorizes the group quarters into four main groups.

1. Correctional Institutions (Federal Prisons, Local Jails, Halfway Houses, etc.)
2. Nursing Homes
3. Hospitals/wards, Hospices, and Schools for the Handicapped

<sup>13</sup> "American Fact Finder, Datasets." U.S. Census Bureau. <http://factfinder.census.gov> July, 2004.

4. Juvenile Institutions (short term care or long term care for abused, emotional disturbed or delinquent children)

The following table shows the number of institutionalized people, where they live and what type of housing they are currently living in. While a portion of the chart addresses correctional institutions (36 percent), the remaining 64 percent of the institutionalized population are a population with special needs that require supportive service housing.

Table 6

	<b>Total Population in Group Quarters: Institutionalized Population</b>	<b>Correctional Institutions</b>	<b>Nursing Homes</b>	<b>Hospitals/wards; Hospices; and Schools for the Handicapped</b>	<b>Juvenile Institutions</b>
Center	5930	4361	877	339	353
Decatur	86	0	86	0	0
Franklin	0	0	0	0	0
Lawrence	525	0	491	34	0
Perry	741	0	739	2	0
Pike	774	0	750	24	0
Warren	890	0	883	1	6
Washington	1468	0	1099	369	0
Wayne township	1549	0	1088	156	305
<b>Total</b>	<b>11963</b>	<b>4361</b>	<b>6013</b>	<b>925</b>	<b>664</b>

This analysis matches the City’s Analysis of Impediments to Fair Housing Choice that stated that over 42 percent of the available group housing quarters in Marion County were in Center Township. Washington Township had the second highest availability of group quarters with 20.7 percent of all group quarters in Marion County inside Washington Township. Wayne Township has the third highest availability of group quarters with 12.3 percent of all group quarters in Marion County inside Wayne Township. Group Quarters are almost non-existent in Decatur and Franklin Townships.

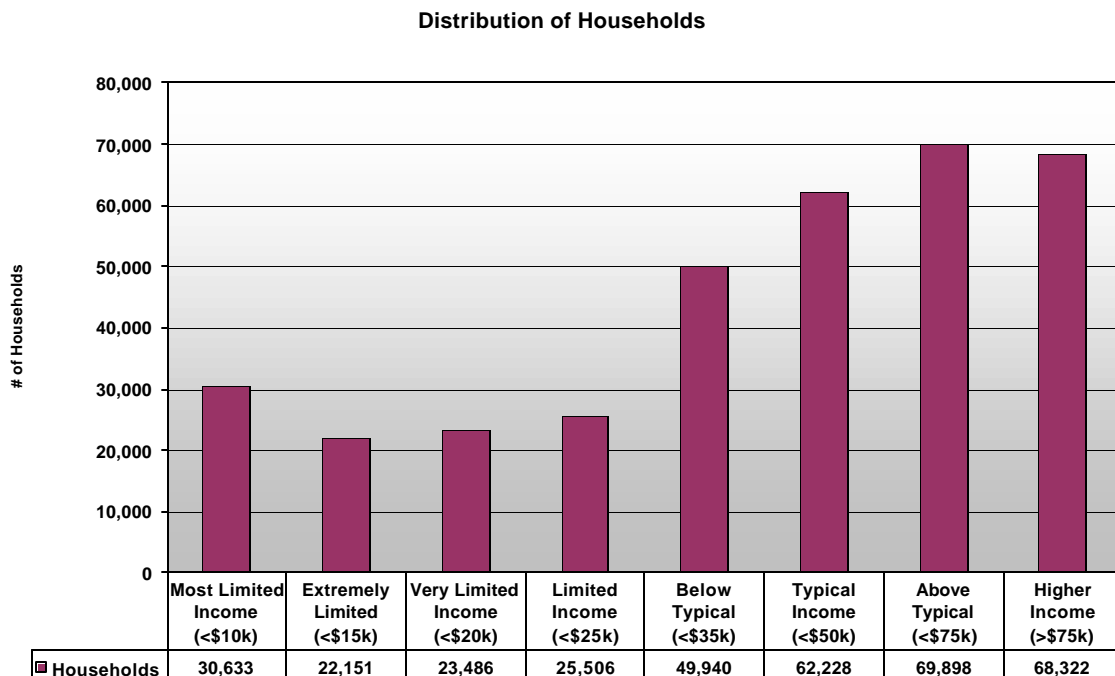
The City will address the housing needs of the special needs population in the strategic plan section of this Consolidated Plan. The City will try to support services and affordable housing for this population, and will also tie transportation and services to permanent housing development throughout the entire county, allowing for greater housing choice for the special needs populations.

## The Affordability Paradox

Thus far the Consolidated Plan has stated that Indianapolis has a shortfall in affordable housing. At the same time, the Consolidated Plan has also stated that Indianapolis is one of the most affordable places to live in the Midwest. How can Indianapolis fit into both categories? A recent study by the Indianapolis Neighborhood Housing Partnership (INHP) investigated this matter, based on 2000 Census information. Written in December 2002, the Affordability Paradox model explains how both statements about Indianapolis can be true.

To create the study, the INHP first divided each Indianapolis household into one of eight income categories. The chart below shows the distribution of households from 2000 in the eight income categories.

Chart 11

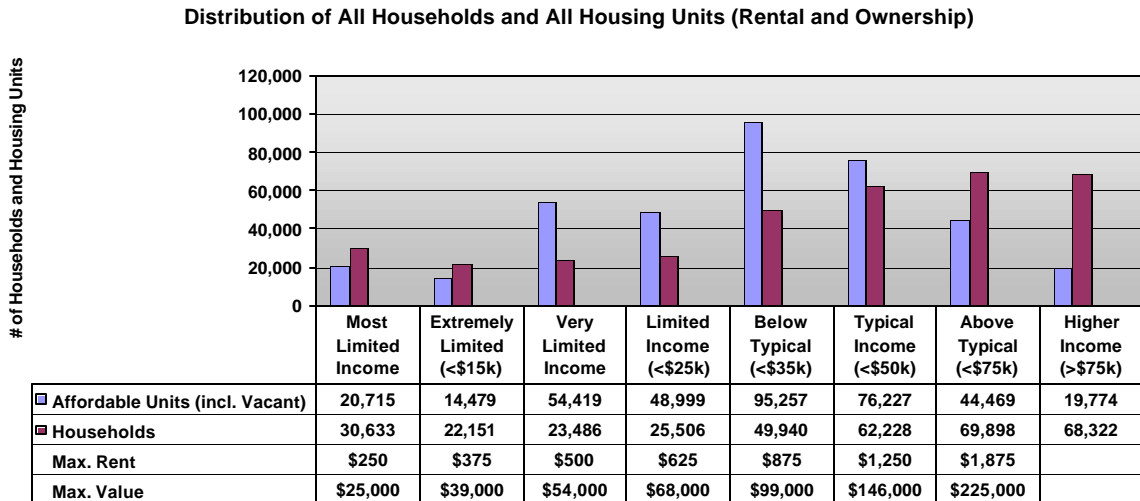


The next step of the study was to figure out how many housing units, rented or owned by Indianapolis households, vacant or occupied, would be affordable to each of the income categories. INHP used the standard measure of affordability that each household would spend no more than 30% of their income on housing. For determining the affordability of a unit, the following expenditures were considered:

- Rental rates included contract rent plus utilities (gross rent)
- Ownership costs included real estate taxes, insurance, mortgage payments (principal and interest), plus a mortgage insurance premium based on one (1) percent of the mortgage amount per year

Appendix C, a copy of the study itself can explain the assumptions for the study of affordable units in further detail. The chart on the next page compares the number of affordable units to each income category to the number of households in each income category.

Chart 12



The light colored columns represent the number of units affordable to each income category. The number of units affordable to the most limited income and extremely limited income is approximately 35,000. The number of households within those income categories is approximately 52,700, signifying a shortfall of 17,700 units affordable to those groups in the year 2000.

Conversely, as income increases, the number of units affordable to the different income categories exceeds the number of households. Only at the very high-income levels, above typical and higher income, do we see another shortfall in housing. As a result, the higher income levels may not pay 30% of their income on housing, since they must purchase housing truly affordable to incomes less than theirs.

The significant conclusions of the study confirmed that both statements about Indianapolis are true, depending on the income that a household earns.

Higher and more moderate income households in Marion County, both renters and owners, generally have very affordable housing opportunities relative to their incomes because of the positive mismatch of housing units and households for moderate priced housing. Consequently, it is reasonable to find that Indianapolis has one of the most affordable housing markets in the country.

Lower income households, especially rent households, generally do not have enough affordable housing opportunities relative to their income. Consequently, it is reasonable to find that Indianapolis also has a shortage of affordable housing for rental households.<sup>14</sup>

<sup>14</sup> "The Affordability Paradox," Indianapolis Neighborhood Housing Partnership. December, 2002. Page 11.

## Lead-Based Paint Hazards

During 2003, the Marion County Health Department screened 12,531 children for elevated blood lead levels. Four percent, or 462 of the children in Marion County were identified as having elevated blood lead levels over 10ug/dL (ten micrograms per deciliter of blood). Elevated blood lead levels over 10ug/dL can cause developmental issues for children under six. Problems range from changes in behavior to a slower learning process for the child. However, after the age of six, the brain is less affected by elevated blood lead levels. Once the threat of lead has been removed from the home, children will slowly expel the poison from their systems.

Lead-based paint hazards stem from peeling and chipping paint, dust carried from outside the home and from dust circulated throughout the home heating and cooling systems.

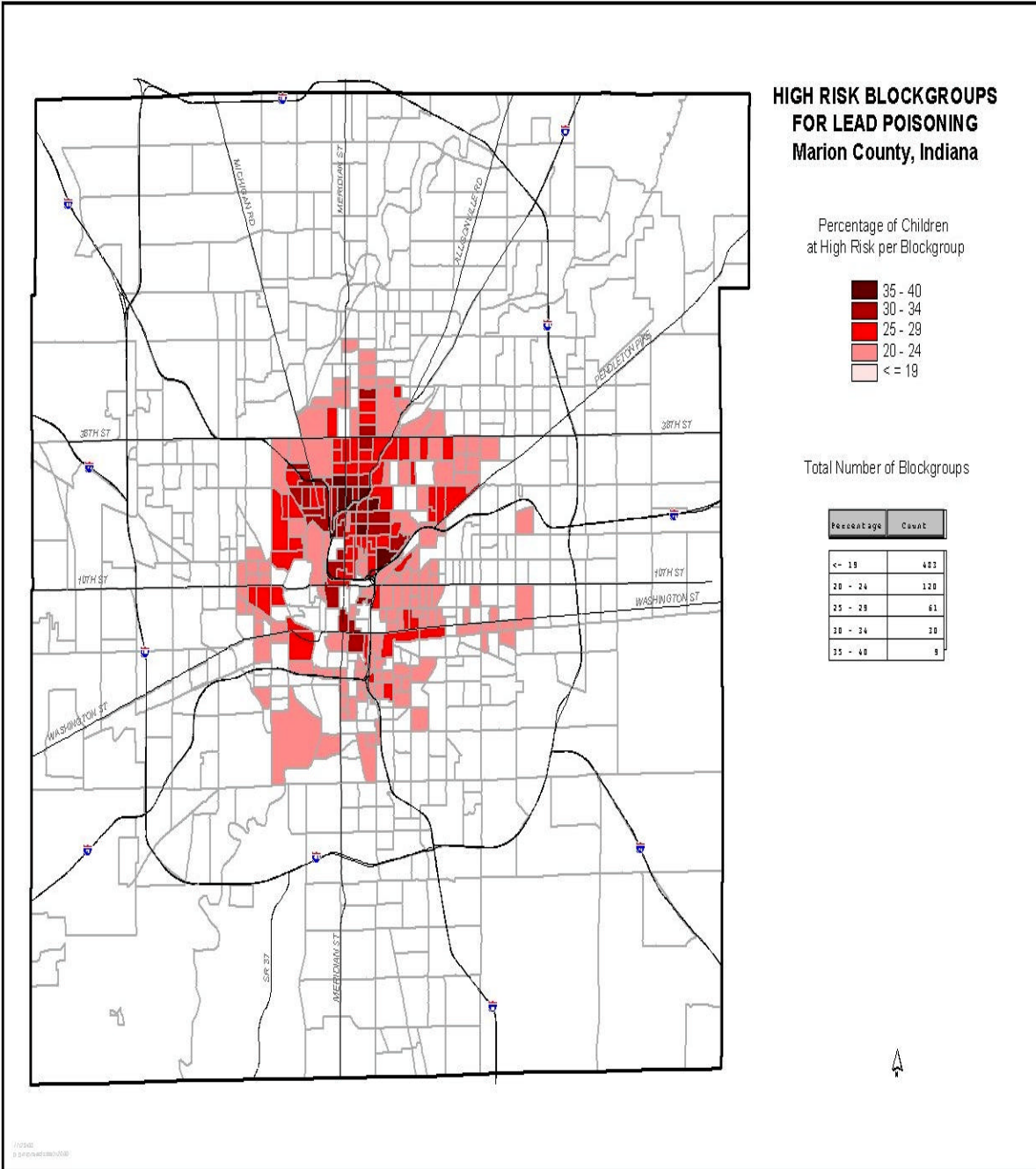
According to the 2000 Census, 63,674 children five years of age and younger reside in Marion County. Center Township, one of Marion County's nine townships, has the highest percentage of the population with an annual household income less than \$15,000. While the law preventing the use of lead as a paint ingredient was enforced as of 1978, the use of lead paint for residential use dropped dramatically after 1950. 150,933 housing structures in the Indianapolis MSA were built before 1950.<sup>15</sup>

Geographical Information Systems (GIS) mapping shows the majority of children identified with elevated blood lead levels reside in Center Township. Of the 3,371 children under the age of six residing in the highest risk areas, determined by the map on the next page, it is estimated that 69 percent have never been screened for lead poisoning. Of these children, 2,427 also live in areas with pre-1950 housing, putting them at risk for lead poisoning. The following map shows the high-risk areas for lead poisoning for children under the age of six.

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<sup>15</sup> "2002 ACS Tabular Profile for Marion County and the Indianapolis MSA, Table 4." U.S. Census Bureau. <http://www.census.gov/acs/www/Products/Profiles/Single/2002/ACS/Tabular>. July, 2004.

Figure 2



Other socio-economic data for Marion County neighborhoods reveal a large number of low to moderate-income families:

- 19,934 families (24 percent) have incomes that do not exceed 50 percent of the median incomes.
- 36,236 families (43 percent) have incomes that do not exceed 80 percent of the median incomes.

Because of these health hazards, federal regulations for the four entitlement grants require that the City and its contractors reduce the amount of lead-based paint hazards or abate lead-based paint, dependent on the amount of federal dollars invested into one housing unit. As the amount of federal investment increases, the greater amount of reduction of lead-based paint is required. For example, a furnace replacement repair on a home may only require that the dust and chipping paint be addressed. However, if more repairs or rehabilitation is required, more stringent rules may apply. The strategic plan of this Consolidated Plan will state the City's strategies for addressing lead-based paint requirements and address how the City will compensate for the additional costs associated with remediating the lead-paint hazards.

## **Barriers to Affordable Housing**

Through the consultation process, market analysis and past experiences in the redevelopment of affordable housing, the City identified three primary barriers to affordable housing. The three most prevalent barriers to affordable housing in Indianapolis are: 1) high costs associated with the development of affordable housing, 2) the high costs associated with maintaining affordable housing and 3) poor credit history.

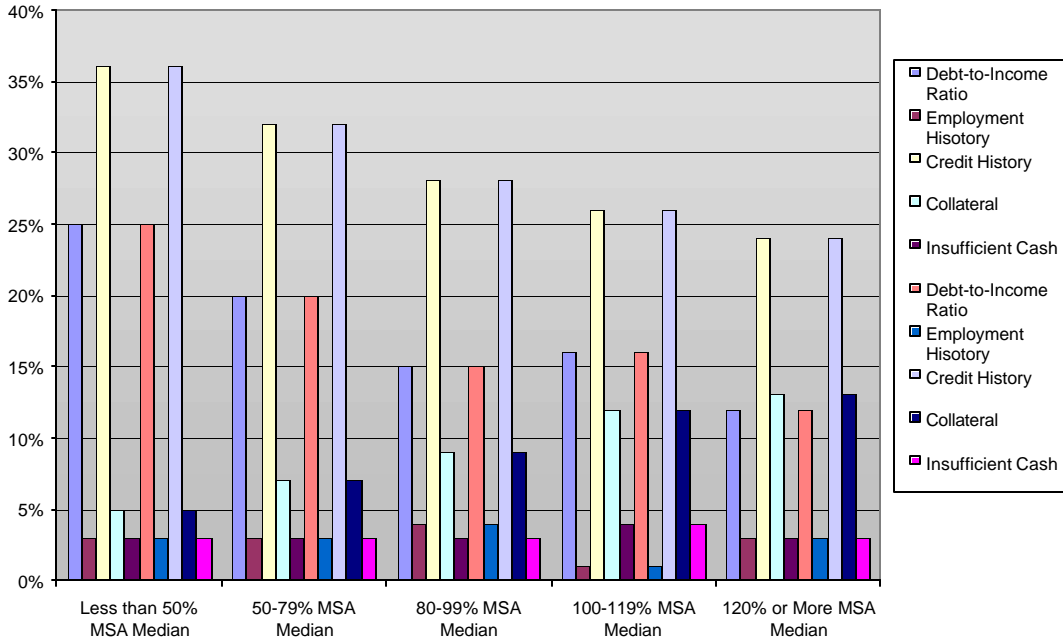
Through the housing market analysis, the City identified a housing shortage for persons and families with incomes below 30 percent of the median family income. The previous Consolidated Plan called for 1,558 new units of rental housing for very low income families over the five-year period, 2000-2004. At the end of 2003, the City had only achieved 30 percent of its goal. Each project must be heavily subsidized to minimize the amount of debt to develop the project. By minimizing the financial liability, the owner/developer can charge lower rents while still re-paying the loan on the property. Thus, units are more affordable to persons and families with extremely low incomes.

On the other hand, because of the lower rents, owners may have less residual income to maintain the property. For housing to be considered affordable, tenants should not pay more than 30 percent of their gross income towards housing. With persons and families earning very-low income and poverty level incomes, owners/developers can charge very little to no rent. In such cases, it is very difficult to be profitable or save income from rents to use for maintenance or upgrades to the property. It is important that the City and the Indianapolis Housing Agency work together to help the provision of project based rental assistance or tenant based rental assistance to owners/developers who help to maintain affordable housing. This continues to be a barrier as rental assistance is limited through the Section 8 program.

A poor credit history can also make affordable housing difficult to obtain. According to information collected through the Home Mortgage Disclosure Act (HMDA), a poor credit rating is the number one reason for denial of home purchase loans. These numbers are not limited to low or moderate income households. The following chart shows the reason for denials of home purchase loans from conventional establishments. According to the HMDA data, households are denied home purchase loans at all income levels because of poor credit history. The City needs to partner with agencies that provide credit counseling to help persons and families wanting to clean up their credit and achieve homeownership.

Chart 13

Reasons for Denial of Conventional Loans



The City of Indianapolis and service providers, through the use of federal funding, can assist families and developers looking to overcome each of these barriers.

## Impediments to Fair Housing

The City of Indianapolis recently updated its “Analysis of Impediments to Fair Housing Choice.” This document identifies fair housing impediments and includes a plan to mitigate them. According to U.S. Department of Housing and Urban Development (HUD), impediments to fair housing choice are:

- Any actions, omissions, or decisions **taken because of** race, color, religion, sex, disability, familial status or national origin that restrict housing choices or the availability of housing choices.
- Any actions, omissions or decisions that have the effect of restricting housing choices or the availability of housing choices **on the basis of** race, color, religion, sex, disability, familial status or national origin.

The City completed an extensive analysis to identify positive actions in regards to fair housing, impediments to fair housing, and areas needing improvement. This analysis included a review of the City’s laws, regulations, and administrative policies, procedures and practices; an assessment of how those laws, policies and practices affect the location availability and accessibility of housing; and an assessment of public and private sector conditions affecting fair housing choice.

The Analysis of Impediments to Fair housing includes positive actions taken by the City and the community to lesson fair housing issues. Positive actions include:

1. *City and housing authority policies.* City policies were mentioned infrequently by survey respondents and interviewees as contributing to fair housing barriers. In addition, a review of the Indianapolis Housing Agency’s (IHA) policies and procedures did not reveal any impediments to fair housing choice for those households served by the agency. Finally, the City’s land use policies are largely favorable toward fair housing issues and encourage dispersion of group homes and manufactured housing (which is often affordable) throughout the City.
2. *Supply of affordable housing.* Overall, Marion County has a fairly good supply and distribution of affordable housing, especially for households earning between 50 and 80 percent of the area median income. Affordable owner-occupied homes that have been for sale during the past three years have been relatively well distributed and Section 8 rental properties are located in all townships.
3. *Lack of some types of discrimination.* Housing discrimination based on religious preferences and gender appears to be rare.
4. *City of Indianapolis activities.* The City of Indianapolis has participated in a variety of initiatives to promote fair housing choice. For the past several years, the City has staffed a booth at the annual Indianapolis Housing Fair sponsored by the Indianapolis Neighborhood Housing Partnership and Fannie Mae and a booth at the Indiana Black Expo to distribute information regarding fair housing and city-funded housing projects. In addition, the City has funded the Indianapolis Housing Agency to promote fair housing initiatives. Finally, the City is the Participating Administrative Entity for the Mark-to-Market program. Without the City’s involvement in this

program, affordable rental units could be converted to market-rate units, which could negatively affect fair housing choice for Indianapolis residents.

5. *Other activities.* There are two organizations dedicated to mitigating fair housing impediments, investigating fair housing complaints and increasing awareness of fair housing in Marion County: the Marion County Center for Housing Opportunities (MCCHO) and the Indiana Civil Rights Commission (ICRC). MCCHO is a result of the resolution of a desegregation lawsuit between the United States government and Indianapolis Public Schools (IPS). MCCHO is a department of the Indianapolis Housing Agency and became involved in the resolution because of its interest in achieving diversity in the schools and housing in Marion County. ICRC is the state's fair housing enforcement agency. This group investigates fair housing discrimination complaints and conducts investigative testing into fair housing practices. Additionally, both agencies are engaged in public education and outreach activities.

While the analysis concluded that there was good news about the state of fair housing in Indianapolis, the following five impediments to fair housing choice were identified.

1. *Racial concentration.* Minority and low-income populations in Marion County remain concentrated in Center Township. Whites are the most evenly dispersed of any racial or ethnic group in Marion County; African-Americans and Hispanics are the least dispersed. Between 1990 and 2000, white and African American populations left the center city and moved into more suburban townships. Although the movement of white residents into mostly white townships did not help further integration, the dispersion of African-American residents is an encouraging trend.
2. *Affordable housing concentration.* Overall, Marion County has a good supply of affordable owner-occupied and rental housing. However, most of the county's most affordable housing – especially for the very lowest income groups – is concentrated in Center Township.
3. *Minorities' access to credit.* Home mortgage lending data show that applicants in areas with moderate and high percentages of minorities had lower loan acceptance and higher denial rates than those with few minorities, primarily with home improvement lending.
4. *Discrimination.* Housing and community development professionals who responded to a mail survey for this report estimated that 25 to 30 percent of the City's residents have experienced some form of housing discrimination. The most common reasons for discrimination include race, disability and familial status.
5. *Lack of awareness about fair housing/reporting violations.* Housing and community development professionals who responded to a mail survey for this report estimated that 60 to 70 percent of Indianapolis residents are unaware of how to report fair housing violations. Additionally, many of those who are aware that they have experienced discrimination are reluctant to report it due to fear of eviction, a belief that no action will be taken if it is reported, or because they simply do not know how.

The final section of the Analysis of Impediments to Fair Housing is the Action Plan. This section sets forth a strategy and identifies goals to reduce the identified impediments. The Strategic Plan in this Consolidated Plan includes these goals and benchmarks.

## General Market Conditions

### Number of Households

According to the U.S. Census, the total number of households in the Indianapolis MSA is 657,904. The average household size is 2.46 persons. Twelve percent of all households in the MSA have female heads of households. The following table compares Marion County and the Indianapolis MSA to the State of Indiana and the United States. The homeownership rate for the MSA is higher than the rate for Marion County, most likely due to the larger homeownership rates in the surrounding counties.

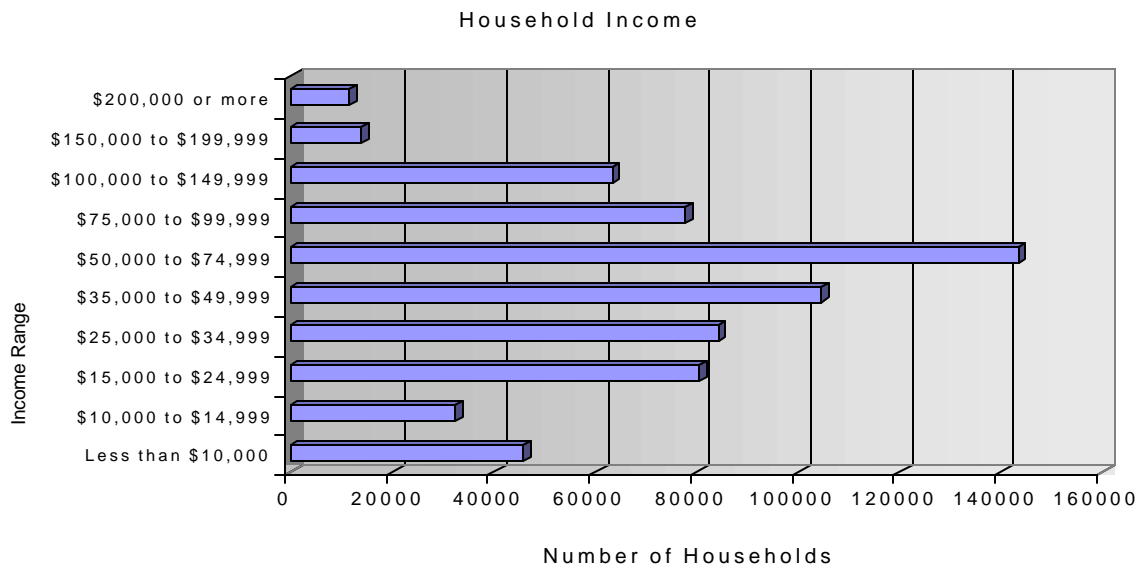
Table 7

	Household Size	Homeownership Rate	# of Households
Marion County	2.39	59%	352,164
Indianapolis MSA	2.46	68%	657,904
Indiana	2.53	71%	2,336,306
United States	2.59	66%	105,480,101

### Median Household Income

The Median Household Income is calculated using the gross income for all adults, age 18 or older, in a household. The Median Household Income for an area is the point in which exactly half the households earn more and exactly half the households earn less. According to the 2000 U.S. Bureau of Economic Analysis, the Median Household income for Marion County was \$40,421. The Median Household Income for a family of four was \$57,700.<sup>16</sup>

Chart 14



<sup>16</sup> "FY 2000 Income Limits and Section 8 Fair Market Rents." United States Department of Housing and Urban Development. <http://www.huduser.org/datasets/il/fmr00/index.html>. July, 2004.

Today, the household income for a family of four has increased to \$63,800.<sup>17</sup> The Median Household Income for the Indianapolis MSA is higher than the U.S. Median Household Income. The Median Household Income is \$45,548 for the Indianapolis MSA, and \$40,625 for the nation.<sup>18</sup> The chart on the previous page shows the number of households for each income range in the Indianapolis MSA.

### **Foreclosures**

The State of Indiana has experienced a recent increase in the number of home-loan foreclosures. According to a report published by the National Association of REALTORS, the foreclosure rate in the state was below the national rate for most of the 1990s.<sup>19</sup> Compared to the national average rate of foreclosures, 1.15 percent, Indiana’s escalating 2.38 percent foreclosure rate has set off debates, studies and new policy making ideas in the Mortgage Banking Industry and Congress.<sup>20</sup> The following table depicts the rate of foreclosure for different types of loans. The East-North Central States are comprised of Illinois, Indiana, Michigan, Ohio and Wisconsin. The Federal Housing Administration (FHA) provides mortgage insurance to approved lenders for single family and multi-family homes, where the borrower brings less than 20 percent of the down payment. The Veterans Administration (VA) provides mortgage insurance through approved lenders to veterans of the United States armed forces. Conventional loans are those which borrowers can receive through traditional lending institutions with strict underwriting guidelines.

Table 8

<b>Foreclosure Rates by Type of Loans</b>				
	FHA	VA	Conventional	All Loans
Indiana	3.8%	2.19%	0.99%	2.38%
East-North Central States	3.78%	2.23%	0.7%	1.72%
United States	2.46%	1.7%	0.51%	1.15%

While the mortgage foreclosure rate in Indiana can be explained by several factors, there is no primary reason for the higher rate. Some major factors are:

- Loan to Value Ratio (LTV) - One of the causes of high default rates may be the LTV ratio. In Indiana, the LTV was at 80.1 percent in 2002, in contrast to national averages of 75.1 percent. Properties or homes with values less than the principal due will undermine the homeowner’s ability to sell the home in an effort to avoid a foreclosure.<sup>21</sup> Some have argued that a borrower may default on the loan if selling the home does not yield enough cash to pay off the outstanding mortgage.

<sup>17</sup> “FY 2004 Income Limits.” United States Department of Housing and Urban Development. <http://www.huduser.org/datasets/il/il04/index.html> July, 2004.

<sup>18</sup> “The Indianapolis Metropolitan Area and the Rest of Indiana: The Growing Divergence of Two Economies.” Charles R. Warren, Ph.D. Building Ladders for Success, A Joyce Foundation Project. March, 2003

<sup>19</sup> “Rising Foreclosure Rates in Indiana: An Explanatory Analysis of Contributing Factors.” Research Division of the National Association of REALTORS®. March, 2003.

<sup>20</sup> “National Delinquency Survey for 2<sup>nd</sup> Quarter.” Mortgage Bankers Association. June 30, 2002.

<sup>21</sup> “Rising Foreclosure Rates in Indiana: An Explanatory Analysis of Contributing Factors.” National Association of REALTORS March, 2003.

- Job Loss – The Economic Development section of this Consolidated Plan talks about job losses in the goods producing sector since 2000. While Table 16 on page 52 depicts these losses in the Indianapolis MSA, this trend is similar throughout the state and the country. The Mortgage Bankers Association has made a correlation between the United States 60-day delinquency and the change in non-farm payroll employment. As the number of people employed decreases, the number of 60-day delinquencies increases.<sup>22</sup>
- Amount of FHA Loans – 25 percent of mortgages in Indiana are FHA insured, while 17 percent of all mortgages in the United States are FHA insured. If Indiana were to lower its percentage to 17 percent, according to a study by Charles R. Warren, Ph.D., the rate of foreclosures for all loans in Indiana would decrease to 1.94 percent, from the current rate of 2.38 percent.<sup>23</sup>

While there have been other suggestions for the high foreclosure rate in Indiana, such as sub-prime lending and predatory lending, there is no evidence to support them as a cause of a higher foreclosure rate in Indiana. Sub-prime mortgages and predatory lending only represent one half of one percent of all loans in Indiana, a rate similar to the rest of the country, and does not represent a significant reason for the higher foreclosure rate in Indiana. Loan to value ratio, job loss and the number of FHA loans are the three issues that are consistent through a number of studies of the causes of foreclosures in Indiana.

### ***Vacant and Abandoned Homes***

Abandoned homes are defined by the Mayor’s Vacant Home Initiative as a chronically vacant home whose owner has not taken the necessary steps to bring the home on the market or a home whose owner has neglected minimum financial, functional and physical upkeep. Vacant homes are unoccupied homes, which can be a temporary result of normal turnover or for an extended period of time. As part of this initiative, a survey of vacant and abandoned homes was taken in Indianapolis during the summer of 2003. Homes were surveyed, and city staff collected five items for each building.

1. The number of dwelling units (usually one or two) per building.
2. The status of the building’s vacancy.
3. A rating on the condition of the building, from poor condition (“E” rating) to good condition (“A” rating).
4. The condition of the site surrounding the building.
5. A digital photograph of the façade of the building.

The survey identified 7,913 vacant residential structures in Marion County containing approximately 9,013 vacant units. 88.9 percent of all vacant and boarded buildings are located in areas served by community development corporations. The majority of the buildings were given a “C” rating or found to be in fair or average condition. A few buildings were give an “A” rating or were in good condition. The following map shows the location of abandoned or vacant buildings across Marion County. To find out more

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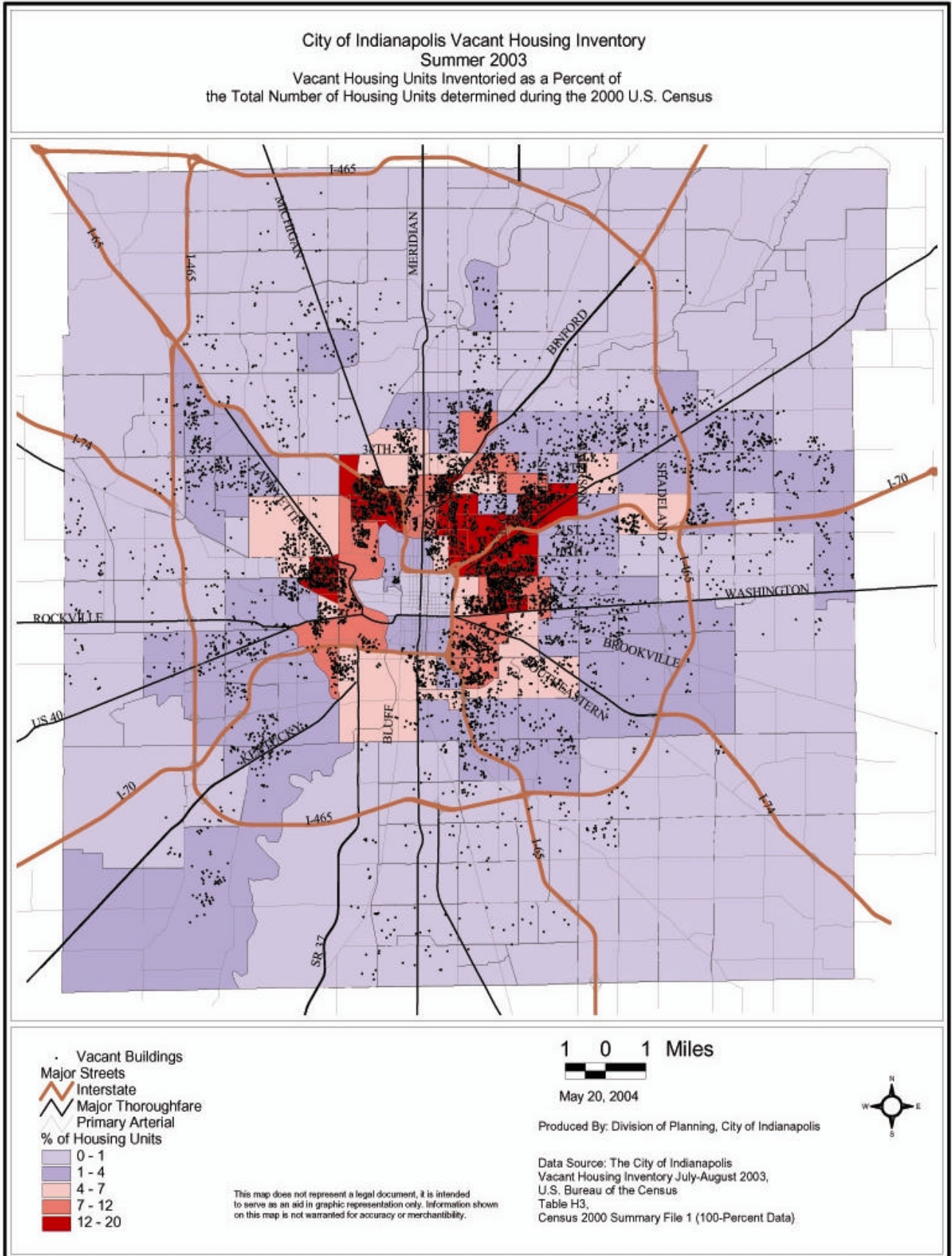
<sup>22</sup> “Delinquency and Foreclosure Charts and Data for the United States and Indiana.” Mortgage Bankers Association National Delinquency Survey. Dr. Douglas G. Duncan. June, 2004.

<sup>23</sup> “The Indianapolis Metropolitan Area and the Rest of Indiana: The Growing Divergence of Two Economies.” Charles R. Warren, Ph.D. March 2003.

information about the Mayor's Vacant Homes Initiative, please visit the City website at [www.indygov.org](http://www.indygov.org).

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Figure 3



## Homeless Assessment and Housing Needs

What is homelessness? A person or family experiencing homelessness is someone who lacks a fixed, regular, and adequate night-time residence; and has a primary night time residence that is: a) a supervised publicly or privately operated shelter designed to provide temporary living accommodations, b) an institution that provides a temporary residence for individuals intended to be institutionalized, or c) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.<sup>24</sup> That is the definition of homelessness according to the Stewart B. McKinney Act, a regulation that many U.S. Department of Housing and Urban Development (HUD) programs follow.

Who are the homeless? The Coalition for Homelessness Intervention and Prevention conducted a survey in 1999 of persons experiencing homelessness in Indianapolis on a single night in April. While the traditional view of a homeless person may be a single white male, the survey results from that night are very different.

- 30 percent of the homeless population are children or youth.
- 66 percent of the homeless population are African-American.
- 20 percent of homeless adults are veterans.
- 40 percent of homeless adults have children with them.
- About 50 percent of the homeless persons interviewed had a job and had worked an average of 30 hours per week.<sup>25</sup>

This survey points out that the homeless population is a diverse crowd, with a large number of them being families or children. The face of homelessness in Indianapolis is similar to that of it nationally. Children make up 39 percent, on average, of the national homeless population. The diversity of the homeless population changes on the basis of area when considering a national average. In rural areas, the homeless population is likely to be White, Native American or migrant workers. In urban areas, the homeless population is likely to be African-American.<sup>26</sup>

Many homeless individuals and families face an array of both internal and external issues that lessen their ability to obtain and sustain mainstream housing. Internal barriers include, but are not limited to, addiction and substance abuse, mental illness and educational issues. When these problems are coupled with external barriers such as the lack of job training, domestic violence, lack of transportation, difficult access to childcare and a lack of affordable housing, a spiraling cycle of hopelessness and homelessness can occur. One of these barriers can be overwhelming, but to face more than one, as many persons experiencing homelessness do, can be devastating. The following chart shows some barriers that people face and the sub-populations of the homeless population in Indianapolis.<sup>27</sup>

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<sup>24</sup> "Who is Homeless, NCH Fact Sheet #3." National Coalition for the Homeless <http://www.nationalhomeless.org>. September, 2002.

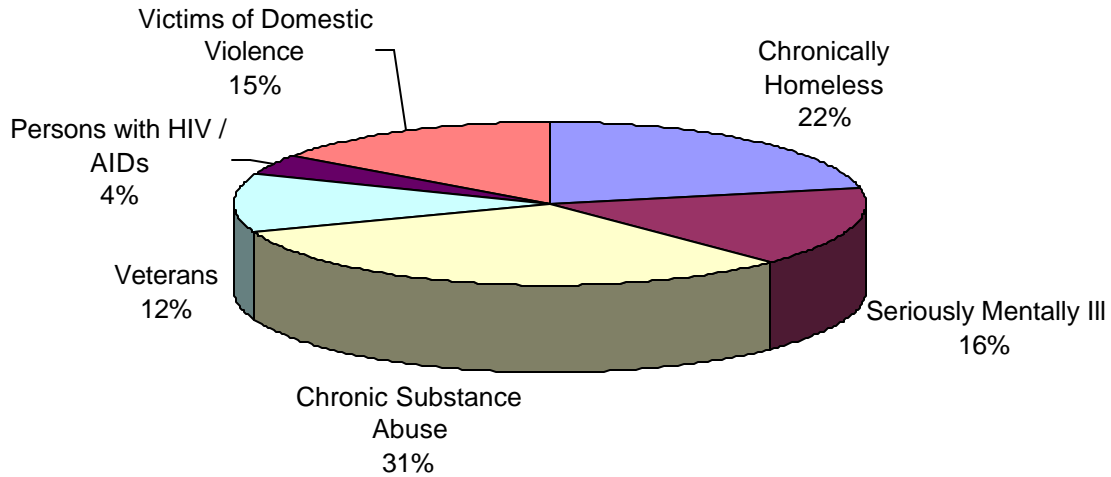
<sup>25</sup> "Facts about Homelessness." Coalition for Homelessness Intervention and Prevention. <http://www.chipindy.org/factstats.html>. April, 1999.

<sup>26</sup> "Who is Homeless, NCH Fact Sheet #3." National Coalition for the Homeless. <http://www.nationalhomeless.org>. September, 2002.

<sup>27</sup> "2005 Continuum of Care Application." Department of Metropolitan Development. July, 2004.

Chart 15

### Barriers Experienced by the Indianapolis Homeless Population



In April 2002, the Coalition for Homelessness Intervention and Prevention (CHIP) released the City of Indianapolis' *Blueprint to End Homelessness* (Appendix F). A comprehensive ten-year plan, the *Blueprint* identifies five strategies that must be implemented in order to obliterate homelessness in Indianapolis within the next decade.

Goal 1: Address Housing Needs. Create 1,700 units over the next decade through new construction, rehabilitation and the preservation of existing units for the 0-30 percent MFI population.

Goal 2: Prevent Homelessness. Seek to increase homelessness prevention activities to ensure that individuals who are currently housed remain housed. Implement employment assistance, housing subsidies and other services to help prevent individuals and families from becoming homeless.

Goal 3: Improve Access and Coordination of Housing and Services. Coordinate access to housing and services through structured, strengths-based case management. Provide information and referral assistance and 24-hour access to housing and services. Improve coordination of street outreach. Create wet shelters to provide prompt access to treatment for publicly intoxicated individuals. Improve access to transportation and services for non-English speaking individuals. Help families access subsidized childcare and improve access to housing.

Goal 4: Enhance Services. Ensure a continuum of employment services to help the homeless reach economic independence. Improve services for homeless persons with mental illness and substance abuse issues. Assist shelters and day service centers in meeting the needs of the homeless.

Improve educational services to youth. Enhance the availability of legal services.

Goal 5: Coordinate Services for Special Populations. Better coordinate service systems, housing, shelter and service delivery to veterans, victims of domestic abuse, children and young adults.

The *Blueprint* estimates that some 3,500 individuals, including children, are homeless on any given night in Indianapolis. Through the use of Emergency Shelter Grant (ESG), Supportive Housing Program (SHP) and Housing Opportunities for Persons with AIDS (HOPWA) grants, the City is able to assist service providers to help and support homeless neighbors become self-sufficient.

The City receives approximately \$3.3 million dollars annually through the Continuum of Care grant. This grant is awarded to transitional housing programs, permanent housing programs and service organizations throughout Indianapolis to help combat homelessness. The *Blueprint* is the City's driving force when deciding which programs will receive funding under the Continuum of Care. The City utilizes these funds to move families along the continuum of housing, from experiencing homelessness, through transitional housing, to finding permanent housing. The listing below details the shelters, transitional housing and permanent housing programs available to homeless neighbors in our community.

Table 9, 10 & 11

<b>Emergency Shelters</b>	<b>Program Name</b>	<b>Number of Beds (Individual and Family)</b>
Care Center	Care Center	66
Catholic Charities	Holy Family Shelter	22
Children's Bureau	Family Support Center	24
Coburn Place	Coburn Place	5
Damien Center	Project HEAP	4
Dayspring	Dayspring Shelter	60
Gennesaret Free Clinic	Health Recovery Program	8
Good News Ministries	Good News Mission	77
	Camp Good News	15
Interfaith Hospitality Network	Interfaith Hospitality Network	28

<b>Emergency Shelters (Cont.)</b>	<b>Program Name</b>	<b>Number of Beds (Individual and Family)</b>
John H. Boner Community Center	Stopover	8
Julian Center	Julian Center	84
Lighthouse Mission	Lighthouse Mission	37
Midtown Mental Health	First Home	25
Missionaries of Charity	Queen of Peace	15
Quest for Excellence	WINGS	41
Salvation Army	Sal Army Social Services	88
Wheeler Mission	Wheeler Mission	76

<b>Transitional Housing</b>	<b>Program Name</b>	<b>Number of Beds (Individual and Family)</b>
Adult & Child Mental Health Center	Case Team	34
	Branigin Sub Acute	15
	Center Leased Apt	8
Care Center	Care Center Long Term	16
Catholic Charities	Holy Family TH	42
Craine House	Craine House	16
Damien Center	Damien Center	14
Dayspring	Wellspring	36
Deeper Life Ministries	House of David	69
Dove Recovery House	Dove Recovery House	12
Fairbanks	First Step SLP	64
Good News Ministries	Good News Family	46
Hoosier Veterans Assistance Foundation	HVAF Transitional	121
	REST Program	22
John H. Boner Center	Family Transitional Housing	104
Julian Center	New Life Trans Hsg	50
Lighthouse Mission	Lighthouse Extended Stay	24

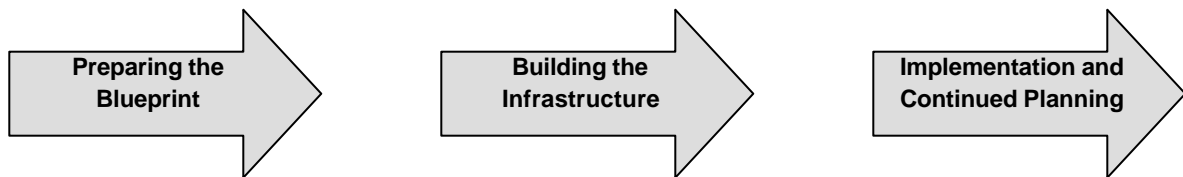
<b>Transitional Housing (Cont.)</b>	<b>Program Name</b>	<b>Number of Beds (Individual and Family)</b>
Lighthouse Mission	Lucille Raines Residence	49
Matt Talbot Home, Inc	Talbot House	10
Mental Health Assoc Marion County	Ferriday House for Men	10
	Gateways for Women	10
Midtown Mental Health	Project Home	30
	Brookside Apts	10
Coburn Place	Coburn Place	108
Pathway to Recovery	Pathway II	9
	Pathway III	9
Partners in Housing	Blue Triangle	25
	Guerin Place	5
Progress House	Progress House	66
Quest for Excellence	Ada's Place	12
	Agnes in Between	22
Safe Haven	Safe Haven	104
Salvation Army	ARC	64
	Harbor Light	79
Seeds of Hope	Seeds of Hope	11
Spain's Residential Living	Spain's Residential Living	8
The House of Refuge	The House of Refuge	1
Volunteers of America	Brandon Hall	135
	601 N. Capital	13
Westside CDC	Beechwood Gardens	19
	Families in Transition	30
Transitional Life Connections	Vivian's Place	8
	Lydia's Place	4

<b>Transitional Housing (Cont.)</b>	<b>Program Name</b>	<b>Number of Beds (Individual and Family)</b>
Transitional Life Connections	Martha's Place	8
Wheeler Mission	Life with a Purpose	27
<b>Permanent Housing</b>	<b>Program Name</b>	<b>Number of Beds (Individual and Family)</b>
Beacon House	Beacon House	75
Damien Center	Damien Center	31
Hope International Ministries	Hope House #1	16
Interfaith Hospitality Network	THRIVE	13
John Boner Community Center	Brookside Apts.	14
	Shelter + Care	8
	New Life Manor	48
	Byrne Court Apts	50
	Special Needs Housing	16
Midtown Mental Health	Shelter Plus Care I	74
	Shelter Plus Care II	10
Partner In Housing	Mozingo Place	22
	Burton Apts	23
	Blue Triangle	71
Pathway to Recovery	Pathway IV	21
Quest for Excellence	John's Delaware Lodge	22
	Billie's Manor	20
Talbott House	Talbott House	28

Fifteen thousand people experience homelessness each year in Indianapolis.<sup>28</sup> Given this statistic, the City and its partners have a large task at hand in order to eliminate homelessness. It will take far more than Continuum of Care funds to achieve this goal. The City and its partners must seek alternative sources of funding and plan to leverage the current federal dollars received by the City to address this issue.

Planning efforts for the Continuum of Care have been in place for several years; however, it is now incorporated as part of a larger planning process associated with the Blueprint to End Homelessness. The planning process for the Continuum has consisted of three separate phases:

Figure 4



Preparing the Blueprint involved extensive community input, multiple community meetings and consumer input throughout 2001 and into the spring of 2002. Once the plan was adopted, efforts turned toward refining and building the infrastructure needed to implement Blueprint Initiatives. As CHIP and the City venture into 2004, efforts are turned toward implementing Blueprint objectives and planning for other components.

The City continues to actively work with new and existing community partners to create more permanent supportive housing units, to put a system of care model into practice, expand homelessness prevention efforts and implement various other parts of the plan such as building a wet shelter, expanding the Homeless Management Information System (HMIS) and creating a housing database. As implementation efforts are underway, planning, data collection and resource coordination efforts will continue.

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<sup>28</sup> "The Blueprint to End Homelessness". Coalition for Homelessness Intervention and Prevention. <http://www.chipindy.org>. April 2002.

## Housing for Persons with HIV/AIDS, Assessment of Housing Needs

Human Immunodeficiency Virus (HIV) is a virus that progressively damages the body's immune system. Persons who test positive for HIV have higher risks for developing illnesses and lack a strong immune system to fight the illnesses. When a person with an HIV-weakened immune system comes down with one or more of these illnesses, or has a T cell count below 200, that person may be diagnosed as having Acquired Immune Deficiency Syndrome (AIDS). Persons living with HIV/AIDS have different housing and supportive service needs, as these are progressive illnesses. The fluctuating nature of the disease requires, at a minimum, case management and access to community-based medical services, both of which are necessary components of housing for this population.

According to the Indiana HIV/AIDS Housing Plan, there were 1,735 living HIV cases and 1,623 living AIDS cases in the Indianapolis MSA as of June, 2002.<sup>29</sup> There are more people living with HIV/AIDS in need of housing assistance than housing programs can accommodate. The table below identifies the inventory of housing programs funded by the Housing Opportunities for Persons with AIDS (HOPWA) grant.

Table 12

Program	Project-Based Housing (capacity of program)	Long-Term Rental Assistance (Number Served in 2003)	Short-Term Rental Assistance (Number Served in 2003)
Concord Center			70
Damien Center	6	70	146
Ebenezer Foundation			87
<b>Total</b>	<b>6</b>	<b>70</b>	<b>303</b>

AIDS Housing of Washington conducted an anonymous survey of people in Indiana living with HIV/AIDS to assess their needs. The following is a list of some important findings from the results:

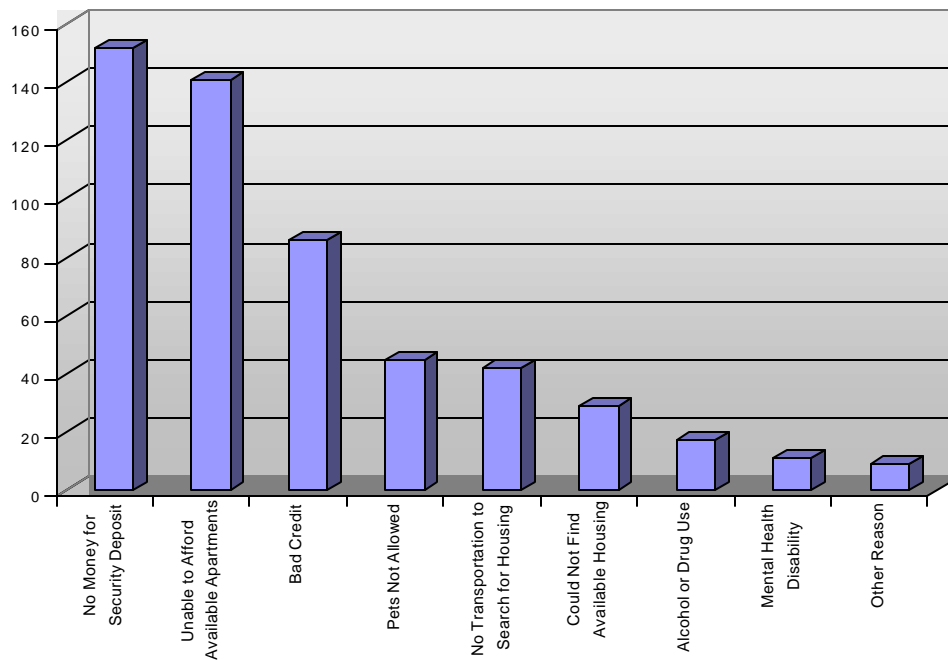
- Survey respondents had very low incomes.
- Many survey respondents received some housing assistance, but most still paid a large portion of their income for housing.
- Consistent with preferences expressed, the majority of respondents lived alone and rented their homes.
- Behavioral issues, such as mental health and substance abuse, affected a small but considerable percentage of people living with HIV/AIDS.
- Many respondents had experienced homelessness.<sup>30</sup>

<sup>29</sup> "Indiana HIV/AIDS Housing Plan." AIDS Housing of Washington. February 2003.

<sup>30</sup> "Indiana HIV/AIDS Housing Plan." AIDS Housing of Washington. February 2003.

More than half of the survey respondents reported that they had trouble getting or keeping housing. The following chart shows the reasons respondents could not obtain or retain their housing.

Chart 16



In addition to the survey, eight focus groups were held with people living with HIV/AIDS across the State. The focus group format allowed participants to voice their concerns in their own words and allowed for more qualitative input. The Indianapolis focus group consisted of three men and two women consumers. Two of the consumers pay rent averaging \$423 per month with no rental assistance. Two receive Section 8 housing vouchers through the Indianapolis Housing Agency, and pay 30 percent of their income towards housing costs. The fifth consumer lives in a studio apartment that is paid for by a local church. The focus group was asked to discuss their experiences in seeking housing and services. The following are some of the experiences that were cited:

- Prior eviction made it difficult to find housing.
- Poor Credit made it difficult to find housing.
- Section 8 and HOPWA programs have long waiting lists, which is frustrating.
- It is difficult to access housing because client's daughter is HIV-negative and is 20 years old. They need to live together, but programs will not allow them a unit of appropriate size.<sup>31</sup>

The final method of input for the Indiana HIV/AIDS Housing Plan consisted of interviewing housing and service providers, state and local agencies, and funding providers (key informants). Some of the common discussion points included housing, people with multiple diagnoses, a growing number of populations in need, coordinated

<sup>31</sup> "Indiana HIV/AIDS Housing Plan." AIDS Housing of Washington. February 2003.

multiple service systems, HOPWA funding, transportation and stigma. Key informants from the Indianapolis MSA reported that:

- African-Americans and Hispanics/Latinos are an increasing portion of those living with HIV/AIDS. Services have been established targeting African-Americans, while services for Latinos are limited, but growing.
- Services in Indianapolis are divided among several agencies. Available housing resources vary based on the provider a consumer is associated with.
- Capacities of smaller HIV/AIDS service organizations are limited, but growing.
- Many people living with HIV/AIDS have physical and behavioral health issues that do not allow them to successfully live independently and/or have histories (credit, rental, or criminal) that are a barrier to successfully securing housing or housing assistance.
- Some consumers prefer to access services at agencies other than The Damien Center, because many perceive the agency as closely associated with gay white men, despite the diverse population they now serve.

The housing plan made a number of recommendations that include seeking alternative sources of funding, developing a tenant-landlord education program, coordinating efforts statewide, coordinating service provision and care for persons living with HIV. Another recommendation was to eliminate barriers to affordable housing related to credit, criminal and rental histories. This Consolidated Plan will work towards eliminating one of those barriers, poor credit history.

## Public Housing

The Housing Act of 1937 created the public housing program, which is the oldest existing federal housing program today. The City, through Municipal Code Section 285-4401, established the Indianapolis Housing Agency (IHA). It provides for a nine member Board of Commissioners: five appointed by the Mayor, two members (one from each political party) by the City-County Council, and two residents of public housing, one each from a family community and a senior development. The federal government, through the Department of Housing and Urban Development (HUD), makes operating subsidy payments equal to the difference between formula-determined allowable expense level (the Operating Fund Level) and rental payments and other revenue. HUD also provides the agency with capital or modernization funds (Capital Fund Program), of which certain amounts can be used for operations.

HUD designates Public Housing Agencies as being “troubled” based on a set of indicators of performance related to benchmarks and outcomes for its programs. Some of these indicators are financial management, property management, turn-around time of units, occupancy rates, condition of units, community building efforts and overall security. IHA’s designation is currently under review by HUD.

IHA is in the process of revising its five-year plan, focusing on improving operations and living conditions of public housing residents. IHA does not anticipate any loss of public housing units. In contrast, a HOPE VI grant was recently awarded for revitalization of its Brokenburr Trails site. The redevelopment plan includes 58 new public housing units as part of this redevelopment. As a result of a Section 504 needs assessment, part of the five-year planning process, IHA recently converted five units at its Beechwood development for handicapped accessibility.

IHA owns 1,756 Public Housing units. The Agency manages 1,566 of their public housing units and contracts for the management of the remaining 190 units. HUD rates the current condition of these units as a 24 on a scale of 30 points, making its physical condition “standard”. Residents pay 30 percent of their incomes toward rent, with a minimum rent of 50 dollars. Applications are accepted directly at the community sites. Currently, all applications are for waiting lists and allow an individual to pick two different community waiting lists. There is no application or processing fee for the applicants. Application acceptance is based on date and time stamp; and is ranked with three preferences given for employment, participation in training program, or a government involuntary displacement. Eligibility is based upon: credit history (the only purpose of the credit check is to determine if individuals owe other federally subsidized housing programs or show a pattern of poor rental history), landlord verifications (verifying residency capacity, damage to units, etc), criminal history, and HUD income limitations. Resident screening prevents future management problems, such as excessive unit damage, non-payment, slow-payment, or excessive turnover within lease terms. Security deposits are 25 dollars per bedroom.

IHA currently operates four buildings targeted at low-income senior housing:

Table 14

<b>Building</b>	<b>Total Units</b>	<b>Occupied</b>	<b>Population</b>	<b>Waiting list</b>
Indiana Avenue Apartments	105	102	103	7
John J. Barton Annex	126	125	127	29
John J. Barton Apartments	245	197	203	27
Lugar Towers	221	217	225	70

Of these senior units, 264 are occupied by residents receiving SSI as their primary source of income, with the largest percentage being at Lugar Towers (102 residents or 48 percent of total population).

IHA also operates ten buildings aimed at low-income families:

Table 15

<b>Program</b>	<b>Total Units</b>	<b>Occupied</b>	<b>Population</b>	<b>Waiting List</b>
Beechwood Gardens	155	138	415	329
Blackburn Terrace	243	240	699	186
Concord Homes East	61	61	210	25
Concord Homes West	60	60	148	25
Eagle Creek Homes East	33	33	112	25
Eagle Creek Homes West	17	17	43	25
Hawthorne Place	162	159	475	203
Laurelwood Apartments	134	132	522	79
Rowney Terrace	96	96	392	175
Tibbs Court	19	16	48	0
Twin Hills	60	59	184	109

(All figures are as of 4/1/04)

The total population of IHA units is 3,906 with 1,214 on the waiting lists.

All the communities have tenant organizations, generally referred to as Resident Councils, which meet on a monthly basis. Some Resident Councils are incorporated and some Resident Councils are not incorporated. The incorporated Resident Councils tend to have greater capacity and are generally more proactive than the others. All Resident Councils operate fairly autonomously, but IHA attempts to have someone from their senior staff (the Executive Director or a Department Head) at each meeting. Often, IHA staff will present programs, future construction projects or the five-year plan to the Resident Council for informative purposes or to solicit input.

In addition, all the Presidents of the Resident Councils meet once a month as the Board of the Indianapolis Community Empowerment Foundation (ICEF) to discuss issues of mutual concern. ICEF is incorporated and has a part time staff person. The agendas are similar to the Resident Councils, made up of issues staff generally brings to them. The City has traditionally attended one of these meetings for the purpose of the

Consolidated Plan and the Action Plan update each year as a part of the citizen participation process.

The total population of residents of Public Housing and those receiving Section 8 assistance in Indianapolis is 22,708. There are currently 87 privately owned apartment complexes that accept Section 8 vouchers for both seniors and families throughout the City. A list of those apartment complexes is in Appendix G. The two largest age groups of Section 8 Voucher holders are between 26 and 49 (5628) and between 6 and 12 (5386).

IHA also works to increase homeownership opportunities for its residents. Since its inception in September 2003, the Section 8 Homeownership Program at IHA has closed on more than 30 mortgages. After an extensive homeownership training, Section 8 Voucher holders, who are in good standing with IHA, may use their voucher towards a mortgage. The City has partnered with this program in 2004 to provide down-payment assistance for new homeowners.

## Jobs/The Economy

The economy of Indianapolis has slowed since the September 11<sup>th</sup> attacks on the United States. Manufacturing was a primary industry for employment; and a number of manufacturing jobs have been lost due to area plant closings. By the end of 2003, the civilian labor force totaled 888,000 people. The unemployment rate in December 2003 was 4.6%. This number only includes persons seeking work within the previous four weeks of the survey. While these numbers paint a seemingly threatening picture for the Indianapolis area, compared to the area's Midwest counterparts, the area is well within average.

Table 16

State and Area	Civilian Labor Force				Unemployed				Percent of Labor Force			
	November		December		November		December		November		December	
	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003
Indiana	3,183.4	3,207.2	3,160.0	3,188.1	149.1	152.6	152.8	156.7	4.7	4.8	4.8	4.9
<b>Indianapolis</b>	<b>888.5</b>	<b>893.8</b>	<b>881.8</b>	<b>888.2</b>	<b>39.8</b>	<b>41.3</b>	<b>39.5</b>	<b>41.1</b>	<b>4.5</b>	<b>4.6</b>	<b>4.5</b>	<b>4.6</b>
Ohio	5,818.7	5,858.3	5,773.5	5,836.0	304.7	311.4	302	323.4	5.2	5.3	5.2	5.5
Cincinnati	864.3	884.3	860.3	879.8	37.4	40.3	34.7	39.3	4.3	4.6	4	4.5
Columbus	884.4	891.1	875.2	883.2	38.6	37.1	36.3	36.4	4.4	4.2	4.1	4.1
Cleveland	1,108.6	1,113.2	1,102.8	114.6	65.4	65.5	65.7	69.0	5.9	5.9	6	6.2
Missouri	2,967.1	2,979.8	2,958.3	2,970.9	157.3	142.4	160.1	143.4	5.3	4.8	5.4	4.8
St. Louis	1,373.8	1,383.4	1,372.1	1,387.6	76.4	74.3	76.1	72.3	5.6	5.4	5.5	5.2
**Numbers are in the thousands				Mean Number of Unemployed				51.62				

In fact, the actual number of people unemployed at the end of 2003 was approximately 10,000 less than the average number of people unemployed throughout comparable cities of the Midwest.

The United States Bureau of Labor Statistics categorizes all occupations in the Indianapolis MSA by 22 general categories. Production occupations ranked 13<sup>th</sup> by average wage. And, it is in this field that the Indianapolis MSA has an unemployment rate of 4.9 percent, which is above the unemployment rate for the entire area.<sup>32</sup>

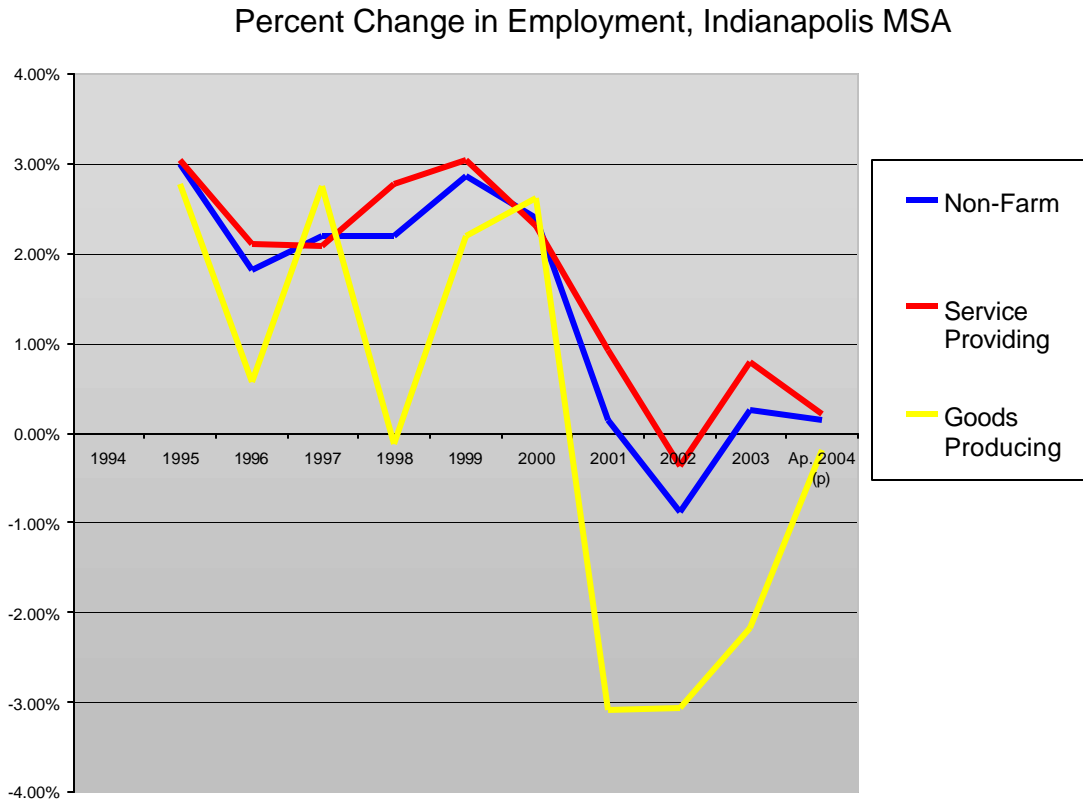
The following graph compares the rate of growth for non-farm employees, service providing employees and goods producing employees for the Indianapolis MSA since 1994.<sup>33</sup> The graph measures the percentage of change in the number of employees from year to year. As the lines climb the chart, the rate of growth increases.

<sup>32</sup> "Unemployment rates by Occupation, 2002 Annual Wages, Table 26." U.S. Bureau of Labor Statistics. <http://www.bls.org>. March, 2004.

<sup>33</sup> The service sector is defined by the United States Bureau of Labor Statistics as a) trade, transportation and utilities; b) information; c) financial activities; d) professional and business services; e) education and health services; f) leisure and hospitality; g) other services; and h) public administration supersectors. The goods producing sector is defined as a) manufacturing; b) construction; and c) natural resources and mining supersectors.

Conversely, as the lines fall down the chart, the rate of growth decreases, until the line crosses below the 0 percent line, marking a decrease in jobs.

Chart 17



The chart shows a highly volatile growth in the good producing labor sector. In good economic times, growth in this sector is high, yet, under bad economic circumstances, the decrease in the number of jobs is much more severe than the more stable, service sector. During the last recession, the goods producing sector experienced more job losses than the service sector and is recovering at a much slower rate.

Since 1994, the service providing sector has increased by 112,400 jobs in the Indianapolis MSA while the goods producing sector has only increased by 3,200 jobs. Peter J. Hebein, Regional Commissioner for the U.S. Department of Labor, noted in an area compensation survey that 54 percent of the Indianapolis MSA workers were white-collar, averaging \$21.91 per hour. Blue-collar employees, accounting for 32 percent of the workforce, averaging \$16.66 per hour and the remainder worked in service occupations earning \$11.33 per hour.<sup>34</sup>

<sup>34</sup> "Highlights of Indianapolis, in National Compensation Survey January 2003." United States Bureau of Labor Statistics. <http://www.bls.gov/ro5/wageindy.htm>. Wednesday, December 17, 2003

This is similar to a national trend identified by Douglas G. Duncan and Veronica Caddac Warnock in an article printed by the Mortgage Bankers Association. In their article "Jobs: In a Changing American Economy," they discuss how the American economy is shifting jobs to the service industry. Because of efficient production by labor in the goods producing industries, job growth slows despite the increase in goods production. At the same time, the number of jobs in the service providing industry has increased. Their study shows that of the total U.S. employment since 1945, the number of employees in the service sector has increased by 25 million people while the goods producing sector has declined by one million people. Yet, production levels by the goods producing industry has increased since 1945.

Despite the number of jobs decreasing, the amount of wages increased overall. Wages increased from June 2002 to June 2003 by 2.0%, making an average weekly wage of \$727 in the Indianapolis MSA, approximately \$18 per hour based on a 40 hour work week. The highest paid jobs in Indianapolis are management positions with an average hourly income of \$36.59, while the lowest paid jobs are in the field of food preparation and serving related occupations with an average hourly income of \$8.31. The largest amount of people working in one field, 154,180 people, is the office and administrative support field.

The top five occupations by wage are management occupations, legal occupations, computer and mathematical occupations, healthcare practitioners and technical occupations and architecture and engineering occupations. The average hourly wages for these fields ranged from \$36.59 to \$25.47. A total of 125,930 people work in these fields, representing 14 percent of the total civilian work force.

On the opposite end of the spectrum, 132,750 people work in the five lowest paid occupations by wage. These fields included healthcare support occupations, personal care and service occupations, farming, fishing and forestry occupations, building, grounds cleaning and maintenance occupations and food preparation and serving related occupations. This represents 15 percent of the civilian work force, leaving the majority of the workforce in the middle of the spectrum.

The final wage information for the second half of the 2003 calendar year had not been released at the time of this analysis, March 24, 2004; however, the analysis of annual wages can be examined for the years 2001 and 2002. Comparing the Indianapolis MSA to the same Midwest counterparts, Indianapolis falls again in the middle of the pack.

Table 17

Metropolitan Area	Average annual wages		Percent Change, 2001-02
	2001	2002	
Cincinnati, OH-KY-IN	\$ 36,050	\$ 37,168	3.1
Cleveland-Lorain-Elyria, OH	\$ 35,514	\$ 36,102	1.7
Columbus, OH	\$ 35,028	\$ 36,144	3.2
<b>Indianapolis, IN</b>	<b>\$ 35,989</b>	<b>\$ 36,608</b>	<b>1.7</b>
St. Louis, MO-IL	\$ 35,928	\$ 36,712	2.2

Indianapolis had an average annual wage slightly higher than the mean of all five cities. The mean annual wages among the cities in this analysis was \$36,546.80.

The conclusion of the analysis is that the Indianapolis MSA continues to be competitive in the job market. However, due to the losses of production jobs, occupations that pay comparable wages or higher must be highly sought after for the area. The Bureau of Labor Statistics published the ten fastest growing occupations, nationwide, for the period 2002-2012. Although the rate of growth is calculated at a national level, the study can offer ideas on the types of jobs to attract to the area as well as ideas as to what types of skills will be needed in the labor force to work in growing industries.

Table 18

Industry/Occupation Description	Average Annual Rate of Change 2002-12
Software Publishers	5.3%
Management, scientific, and technical consulting services	4.5%
Community care facilities for the elderly and residential care facilities	4.5%
Computer systems design and related fields	4.5%
Employment Services	4.4%
Individual, family, community, and vocational rehabilitation services	3.9%
Ambulatory health care services except offices of health practitioners	3.9%
Water, sewage and other systems	3.9%
Internet services, data processing and other information services	3.9%
Child day care services	3.6%

Nine of the ten growing industries will be computer or health related jobs. While this report is new, Indianapolis and its surrounding areas have already begun to attract development in these fields. A Mayor’s Initiative for development in the Indianapolis Area with regards to the life sciences and health industry includes a partnership called BioCrossroads. Developed in 2002, BioCrossroads includes all of central Indiana and all sectors of the industry. The mission of the alliance is to attract and create jobs, companies and entrepreneurial opportunities in the area of life sciences. BioCrossroads focuses on development through four main areas: forming public-private-academic partnerships, workforce development, capital formation and raising awareness of the region’s assets and opportunities. For more information about the BioCrossroads initiative, please visit the official site on the world wide web at [www.biocrossroads.com](http://www.biocrossroads.com).

The City of Indianapolis realizes that the BioCrossroads initiative is only one factor in the economic development of the area. As mentioned previously, after World War II, the development of the City expanded to the outer areas, developing retail and commercial development in a strip mall fashion. While this progress was beneficial to suburban Indianapolis, it left inner city neighborhoods with empty storefronts.



Fostering Commercial Urban Strategies (FOCUS) is an innovative partnership among the Local Initiatives Support Corporation, the Indianapolis Chamber of Commerce, the Indianapolis Coalition for Neighborhood Development and the City of Indianapolis. The mission of the program is to jumpstart commercial revitalization in declining core urban neighborhoods. With the combination of leaders from all facets of development, lending and public agencies, the over-arching goal is to change the systemic approach to commercial development in these neighborhoods. The program will work towards five main goals, targeting two neighborhoods as a pilot program.

#### FOCUS Goals

- Goal 1: Develop new ways to market urban areas.
- Goal 2: Increase active commercial development and investment in core neighborhoods.
- Goal 3: Further develop neighborhood expertise and capacity.
- Goal 4: Work to alleviate existing barriers.
- Goal 5: Build sustainability and working models.

During 2003, the City of Indianapolis launched an Economic Development Portal website to assist with the goals of FOCUS and to foster more development in the urban core of Indianapolis. The site provides a map-based property search tool to locate properties for sale or lease, online resource guides, local economic development links, demographic and business data, area amenities and general information about Indianapolis. The portal provides a “one stop shop” for developers seeking for a location for their commercial development or business. Incentives offered, such as workforce development, Neighborhood Action Grants, Brownfield clean-up programs and tax abatement, by the Indiana Department of Commerce and the City of Indianapolis are also listed on the site. To find more information and learn about the economic portal website, please visit <http://www.indygov.org/dmdplan/ed/ed.html>.

## Transportation

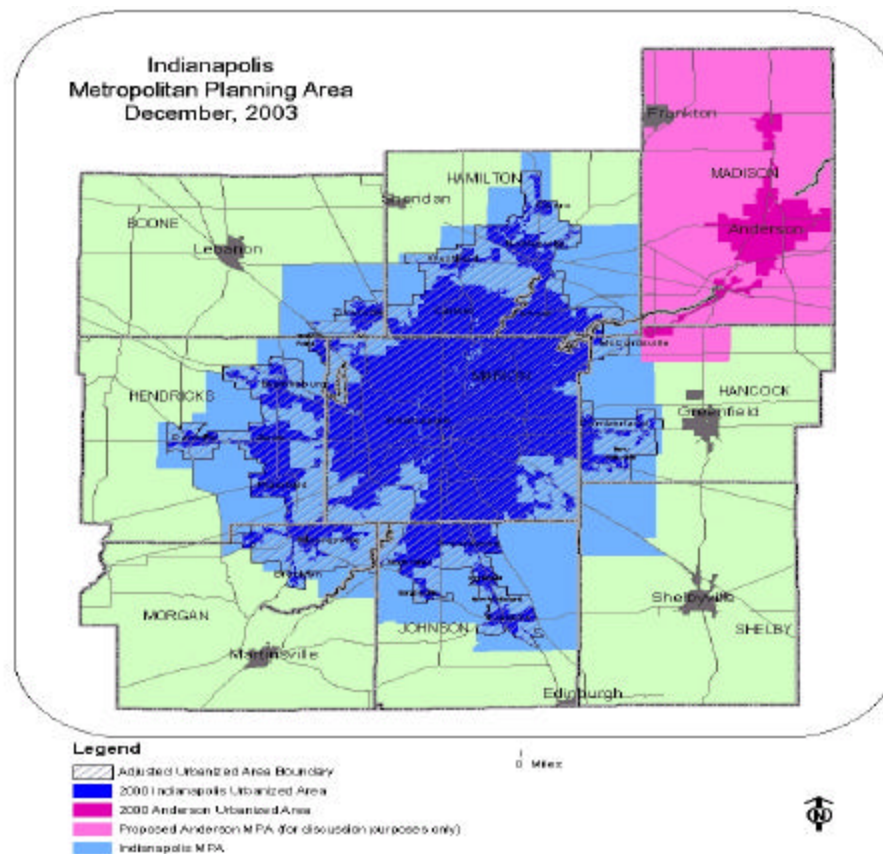
### *Transportation Improvements*

The Indianapolis Metropolitan Planning Organization (MPO) within the Department of Metropolitan Development develops and reviews comprehensive transportation plans for the Indianapolis Metropolitan Planning Area (MPA). Governed by federal legislation, the MPO planning process is a prerequisite for all transportation plans receiving federal funds, including airport, transit and highway improvements.

The Metropolitan Planning Area includes all of Marion County and portions of the seven counties surrounding Marion County. It includes the towns Atlanta, Arcadia, Avon, Bargersville, Brooklyn, Brownsburg, Cicero, Cumberland, Danville, Fishers, Franklin, McCordsville, Mooresville, New Palestine, New Whiteland, Pittsboro, Plainfield, Speedway, Westfield, Whiteland, Whitestown and Zionsville and the cities of Beech Grove, Carmel, Greenwood, Indianapolis, Lawrence, Noblesville and Southport. Below is a map of the MPA.

The overarching plan for the MPA is the Indianapolis Regional Transportation Plan for 2025. Written and adopted in 1995, amended in 2000, the plan ensures that the transportation improvements for the next 20 years reflect the changing population of the MPA as well as the available funding to finance such projects. The plan consists of roadway, transit, freight and bicycle/pedestrian projects. The plan outlines four goals to strive for the next 20 years.

Figure 5



- Goal 1: Preserve existing transportation facilities and seek to maximize the return on transportation investments.
- Goal 2: Provide for the safe and efficient movement of people and goods.
- Goal 3: Ensure the coordination of transportation plans with the overall regional, social, environmental and land use goals.
- Goal 4: Provide the essential mobility needs of all citizens.

As mentioned above, the financial feasibility of projects also determines the priority in which projects will be completed or even addressed. The MPO estimates that over the next 20 years the MPA will receive \$1,413,808,803 for transportation improvements.

***Rapid Transit***

A number of factors in Indianapolis has warranted the need for a rapid transit study. **DIRECTIONS**, the Rapid Transit Study to Improve Regional Mobility, has begun the third phase of development. The purpose of the plan is to determine and evaluate the feasibility and cost-effectiveness of a regional rapid transit system. During the first two phases of the planning process, the Metropolitan Planning Organization determined the likely corridors for the system by studying the most heavily traveled sections of the area. Also during Phase I, the range of technologies to be used in the system was narrowed down to three types from twelve.

The technologies selected are Bus Rapid Transit, Light Rail Transit, and an Automated Guideway system. For each of the technologies, as capital investment costs increase, the amount of annual operating costs decline. The Bus Rapid Transit technology would have minor capital investment, dedicating service lanes to buses, but the operating costs would be higher to pay labor and maintenance costs. The Light Rail Transit technology would be slightly higher in capital investment, particularly if the route needed to be elevated, but would be slightly lower in annual operating costs. The Automated Guideway technology requires the highest amount of capital investment. However, the system has very low annual operating costs, with little labor and maintenance costs. It is also the fastest of the three technologies.



Phase III of the study analyzed a full set of route options for a "starter system," the first step in implementing region-wide rapid transit. The corridors to be analyzed include the northeast corridor, the northwest corridor to Lafayette Square and the Airport corridor. A regional system plan will also be developed during this phase. This plan will address regional issues of phasing of implementation, technology, integration with local bus service, interim transit service in future rapid transit corridors and funding. At the time of publication of this Consolidated Plan, the northeast corridor had been selected. To move forward, the MPO will conduct further impact, environmental and fiscal studies for implementation of the system.

For more information about the **DIRECTIONS** study, please visit the MPO website at [www.indy.gov/indympo](http://www.indy.gov/indympo).

## **IndyGo**

The City's current public transportation system is the bus system IndyGo. IndyGo operates 36 bus routes, using 150 vehicles for fixed route service, 50 vans for Open Door services and eight vans for Flexible Service. Annually, a total of 11,200,000 passengers<sup>35</sup> utilize the IndyGo system. Open Door serves the needs of customers, who because of a disability are unable to use IndyGo's regular fixed route system. IndyFlex is a shared ride service that utilizes smaller buses and vans to provide transportation to areas of Indianapolis where larger buses cannot travel. On some routes, flexibility can result in "curb to curb" service.

Due to an operating budget deficit in 2004, IndyGo will be restructuring routes to better service the community, while being fiscally prudent. The results of the study had not been completed at the time of drafting this Consolidated Plan. For more information, please visit [www.indygo.net](http://www.indygo.net).

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<sup>35</sup> This number is a duplicate count number of people, counting the number of riders, not the number of people.

## Public Facilities

### *Parks and Recreation Facilities*

The City of Indianapolis' Department of Parks and Recreation (Indy Parks) released the Indianapolis Marion County Park, Recreation, and Open Space Plan in the spring of 2004. This comprehensive plan describes the present state and future vision for recreation opportunities in Marion County. The plan also summarizes the accomplishments of Indy Parks from the previous plan, written in 1999. The impact of parks and recreation facilities benefit different facets of the City, including the health and fitness of citizens, the environment, the economy and the community. Parks in the community can increase citizen involvement, reduce crime, increase home values, increase property values, limit air pollution, maintain wildlife and increase life spans or improve health conditions through fitness classes.

With 166 parks, 38.4 miles of greenway trails and 10,469 acres of land, the Indianapolis Parks Department is the largest land owner in Marion County. The City of Indianapolis has a number of facilities throughout Marion County that reach out to the community. The following is a brief inventory of the facilities currently owned and operated by Indy Parks.

Table 19

Type	Number
Regional Parks	6
Community Parks	21
Neighborhood Parks	68
Mini Parks	26
Special Use Parks	15
Golf Courses	13
Natural Resource Areas	15
Monuments-Memorials	8
Sports Complexes	7
Family Recreation Facilities	23
Aquatic Centers	22
Greenways	10

Indy Parks utilizes grants and in-kind donations to expand programs, improve current parks, or acquire additional land. While the annual budget for parks has increased steadily over the past years, the budget for maintenance of the parks facilities has fluctuated greatly. To offset this fluctuation, it is the intent of Indy Parks to continue private sector/public sector partnerships, possibly through park endowments, as well as continue the expansion and maintenance of the area facilities. As Indianapolis grows, Indy Parks will evolve to meet the demands of the City's residents.

Indy Parks also continues to offer a variety of programs to the community. Sports programs, such as soccer and basketball tournaments, movies and music in the park, swimming lessons, water aerobics and arts and crafts are just a few of the activities offered. Many parks offer programs especially for senior citizens. Each park can offer programs that specifically meet the needs of the local community. For example, Southeast Way Park identifies itself as a nature park and hosts a maple syrup feast and

a bug fest. The Indianapolis Department of Parks and Recreation publishes the Indy Parks Fun Guide each quarter through the Indianapolis Star and is available at <http://www.indygov.org/eGov/City/DPR/Programs/The+FunGuide.htm> for citizens to find the program they want to attend.

To find a park or a program near your neighborhood or place of business, please visit Indy Parks at <http://www.indygov.org/eGov/City/DPR/home.htm>.

### ***Health Facilities***

There are a number of public health facilities for uninsured and underinsured residents in Indianapolis. The State of Indiana has funded a Community Health Center Program that provides funding for the start up, planning, capital, implementation and expansion of services for community health centers. The Indiana State Department of Health has been able to utilize this program to build a strong network of primary and preventive health care providers throughout the state. The following are Indianapolis organizations that have participated in this network:

- Citizens Health Corp
- Eagledale Clinic/Shalom Wellness Center
- Health and Hospital Corporation of Marion County
- HealthNet Community Health
- Indiana Health Centers, Inc.
- Indiana Primary Health Care Association, Inc.
- Jubilee Clinic/Shalom Health Care
- Mapleton Fall Creek Christian Health Center<sup>36</sup>

Funding for these programs comes from the State Legislature. The most recent awards came from the 2003 State Budget, for a total of \$31 million, to finance programs through the 2003-2004 fiscal year.

In addition, the Marion County Health Department operates health facilities such as the A.C.T.I.O.N. Center, which offers health care services for clients ranging in age from infancy through age 21. The Bell Flower Clinic is another health facility that specializes in sexually transmitted diseases run by the county health department. Finally, the Marion County Health Department operates the following immunization clinics: the Northeast District Health Office, the Northwest District Health Office, and the South District Health Office.

In total, 1.604 million children in Indiana do not have health insurance, of which 106,000 are at or below 200 percent of the poverty level.<sup>37</sup> These clinics and community health centers in Marion County provide health services to a population with needs not met by the current insurance market. It is through these government programs and grants individuals and families can have access to needed health care.

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<sup>36</sup> "Indiana State Funded Community Health Center Program." Indiana State Department of Health. [www.in.gov/isdh/programs/community/awards.htm](http://www.in.gov/isdh/programs/community/awards.htm) 2000-2001 funding cycle.

<sup>37</sup> "Low Income Uninsured Children by State, 2000, 2001, 2002." United States Census Bureau. <http://www.census.gov/hhes/hlthins/liuc02.html>. April 2004.

## Public Services

### Legal Services

The Constitution of the United States of America guarantees an individual's right to have an attorney appointed to his or her criminal case if he or she cannot afford one. In the event of a civil legal case, despite the financial means, individuals must provide his or her own attorney. The constitution does not guarantee the right to have an attorney appointed in a civil, legal case.

Civil law refers to the law relating to private rights and to remedies sought by action or suit distinct from criminal proceedings. Examples of such cases include and are not limited to divorce cases, custody cases, adoption cases, bankruptcy and debt cases, and housing/code enforcement cases. An hourly wage for an attorney who specializes in such matters can range from \$150 to \$200 per hour of service. Providing an attorney for a civil case can be an expense that low to moderate-income families or individuals cannot afford.

Four agencies in Marion County provide legal services for no fee or at a lower rate than a traditional attorney. The table below describes each organization, their mission and the types of law that are practiced at each firm.

Table 20

Agency	Indianapolis Legal Aid Society, Inc.	Indiana Legal Services	Neighborhood Christian Legal Clinic	Protective Pro Bono Order Project
<b>Mission</b>	To ensure that low income persons in central Indiana have immediate and direct access to quality legal assistance for civil matters.	To use our resources to provide poor people with a wide variety of aggressive, quality legal services which will effectively help them to gain equal access to the courts; empower them to control their lives; and impact on the major causes and effects of poverty	To promote justice through serving the legal needs of low income families as a way of demonstrating Christ's love to others and the church's commitment to the neighborhood.	To provide, for low income victims of domestic abuse, free legal services, including obtaining and enforcing orders meant to protect them, and to educate the legal community about domestic abuse.
<b>Fee</b>	No	Yes	Yes	No
<b>Definition of Service</b>	Direct and immediate meeting with staff attorneys in all civil matters	Phone, phone screening by paralegal, appointment with attorney	Education outreach to Hispanics, Pro Bono Referral in civil matter (no divorce), tax clinics	Enforcement of protective orders with some direct, but majority Pro Bono services

## ***Credit Counseling Services***

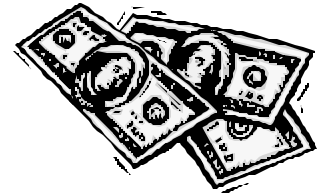
The current Analysis to Impediments to Fair Housing (AI) states that the number one reason Indianapolis residents are denied home equity loans or improvement loans is credit history. It is the major reason of application denials across race, gender, loan type and for all income categories.

Momentive Consumer Credit Counseling Service (Momentive) is the area's largest credit counseling service, with offices throughout Indiana, including Indianapolis. Momentive is a not-for-profit organization that offers a variety of services, including debt counseling, budget counseling, credit counseling and housing counseling. Certified by the United States Department of Housing and Urban Development (HUD), this organization is able to reach 8,000 clients each year. Clients can choose to meet directly with a counselor or seek assistance via the phone or via the Internet. Free community workshops are also held on a regular basis for people seeking education on money management, first-time homebuying and preventing identity theft.

As stated on the AI, credit history is not a problem of the poor, but at all income levels. The following is a list of the average demographic profile of the typical Momentive client.

- Sex: 50% men, 50% women
- Marital status: 40% married, 60% separated/widowed/divorced
- Gross yearly income: \$31,188
- Number of creditors owed: 9
- Outstanding debt: \$49,959\*
- Percentage of clients who are buying or own a home: 46%

\*This figure does not include mortgage or home equity loans.



In an interview with staff from Momentive on the topic of client demographics, it was found that while the number of people seeking assistance has not grown, the amount of outstanding debt held by each client seeking assistance has grown. Meaning that the amount of debt each client has accumulated before getting assistance is greater than the amount of debt the typical client held 20 years ago.

Recently, Momentive, along with partners HUD, Fannie Mae Indiana Partnership Office and Representative Julia Carson, opened a Mortgage and Foreclosure help hotline for consumers to call. The goal of the project is to help homeowners understand their loan documents, to help potential homeowners reach the goal of homeownership and to assist homeowners already beginning the foreclosure process keep their homes. The number, 1-866-722-WAIT (9248) is toll free and for use statewide.

## ***Senior Citizen Services***

Maintaining an independent lifestyle is the most important need for senior citizens or persons over the age of 65. An independent lifestyle can help someone who is 65 or older remain in their home, while having access to services such as transportation, home health care and community involvement. In fact, 26 percent of senior citizens in Indianapolis spend more than 30 percent of their income on housing.<sup>38</sup> CICOA: The

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<sup>38</sup> "Basic Needs Indicators," presentation by CICOA: The Access Network. April 2003.

Access Network spearheaded a study on the needs of residents, 65 years of age or older, called the AdvantAge Initiative. According to a survey for the AdvantAge Initiative, 12 percent of seniors stated that their homes would need a modification in the next five years in order for them to remain in their home.

The initiative formally compiles the information obtained by CICOA: The Access Network and forms an action guide to address the needs of this population. The Advantage Initiative's goal is to advocate for an aging friendly community in the public, philanthropic, educational and corporate/business arenas. The guide for this community is the following.

**Goal 1: Build a Vision of Social and Civic Engagement**

- Senior Involvement-Increase senior involvement in solving social and civic problems
- Preferred Community-Become a preferred community for seniors

**Goal 2: Build a Vision of Mental and Physical Health**

- Access to Health Care-Increase senior access to healthcare, both mental and physical.
- Preventive Care-Increase the availability of preventive care for the elderly.
- Senior Friendly Healthcare Services-Help providers of healthcare services become more senior friendly.
- Research and Education-Build community support for quality healthcare for older adults.

**Goal 3: Build a Vision of Meeting Basic Needs**

- Social Safety Net-Ensure that the gaps in the social safety net for older persons are closed.
- Financial Independence-Create and support actions that encourage financial independence among seniors.
- Safe, Accessible and Affordable Senior Housing-Actively encourage the creation and growth of safe, accessible and affordable senior housing.
- Safe and Affordable Transportation-actively encourage the creation of safe and affordable transportation.

**Goal 4: Build a Vision of Independence**

- Access to Resources-Create ways for seniors and caring others to learn about and make use of services, programs and opportunities.
- Transition Planning-Help people embrace new stages of life.
- Choices for Safe, Accessible and Affordable Housing-Develop creative housing choices.
- Safe and Accessible Transportation and Mobility-Develop a transportation network that is senior friendly and is based on mobility patterns of seniors in the community.
- Public Policy and Private Enterprise-Establish creative options that enable independence.

For more information on the AdvantAge Initiative, please contact CICOA: The Access Network at 317-254-5475 or visit them on the internet at <http://www.cicoa.org/advantage/index.html>.

## **Youth Services**

The City of Indianapolis partners with private for-profit and not-for-profit organizations to fund the country's only Summer Youth Program Fund. Financial partners include the Central Indiana Community Foundation, the Lilly Endowment Inc., the Clowes Fund, the Nina Mason Pulliam Charitable Trust, the Irwin Mortgage Corporation, the Hoover Family Foundation and the Christel Dehaan Family Foundation. The City annually awards approximately \$100,000 to fund summer youth programs. The recipients include a variety of organizations, some of which are faith-based organizations. Approximately 1,000 youth will be served each year through this use of Community Development Block Grant dollars.

In 2004, the Summer Youth Program Fund awarded over \$1.7 million dollars to 124 organizations that offer a variety of programs for children and teens to choose from, such as sports, overnight camping, arts, community service, and tutoring. The purpose of the grants is to provide safe and positive experiences for youth, ages 4-19, during the summer months. Programs in 2004 will serve approximately 30,000 youth in Marion County at little or no cost to participating families.<sup>39</sup>

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<sup>39</sup> "Summer Youth Program Fund Partners Give Nearly \$1.8 Million to Programs in Marion County." Central Indiana Community Foundation.  
<http://www.cicf.org/PressRoom/Detail.cfm?details=2069&Ref=News>

## Anti-Crime Programs

The Indianapolis Police Department (IPD) has several community-based programs geared to deter crime and increase interaction between police officers and neighborhood residents. All five districts within IPD have at least one community policing program.

IPD received a COPS grant from the United States Department of Justice to pay salaries for community police officers. Each district, along with community residents and neighborhood groups, is responsible for creating its own projects and programs to address quality of life issues in the neighborhoods they serve. The North District created Project Care, a program to increase crime awareness and to increase police presence in the neighborhood. This project allows officers to work over-time to patrol specified areas within the district. A hotline number was also created for residents to report criminal activity, reducing police response time.

To increase safety and connect police officers with the community, IPD established a Bike Officer Program. Officers patrol crowded streets and special events on bicycles, allowing greater mobility and safety. Police officers can easily interact with citizens as part of the crowd. Neighborhood associations can assist this program by donating bicycles to IPD.



IPD Bike Officers patrolling downtown streets.

The Indianapolis Weed and Seed program is sponsored by the U.S. Department of Justice. It has a two-pronged approach to crime control and prevention. Law enforcement agencies and prosecutors cooperate in "weeding out" criminals from target areas. "Seeding" brings prevention, intervention, treatment and neighborhood revitalization services to the area. Six Weed and Seed sites have been established in the IPD service district. Within each designated area, four fundamental elements provide the foundation for the Weed and Seed efforts:

1. Law Enforcement identifies and addresses the most prevalent criminal activity in the designated target areas.
2. Community Policing improves police/community relationships by developing programs that increase opportunities for police and citizens to interact in a non-threatening atmosphere.
3. Prevention, Intervention, and Treatment promote collaboration between existing service providers in the targeted areas to create opportunities for positive experiences and to create an environment that is not conducive to criminal activities.
4. Neighborhood Restoration supports on-going enforcement efforts, legitimate neighborhood businesses and the efforts of the Community Development Corporations.<sup>40</sup>

While this section only discusses a few the department's crime-prevention initiatives, the website for IPD contains more information on other initiatives as well as tips to prevent becoming a victim of a crime. To find out more about anti-crime programs, you can contact the local IPD district or visit the IPD website at <http://www.indygov.org/ipd/>.

<sup>40</sup> Indianapolis Weed and Seed website. Indianapolis Police Department. <http://www6.indygov.org/ipd/weedseed/index.htm>. July 2004

## **Strategic Plan**

The Consolidated Plan is more than an assessment of needs for the Indianapolis/Marion County community. The Consolidated Plan sets forth a strategy to address causes of those problems and needs identified, rather than focus on the symptoms of the problem.

This section of the Consolidated Plan will define the goals, strategies and outcomes that the City will work toward over the next five years. Four federal entitlement grants make up the bulk of the funding that supports these strategies and outcomes outlined in this section: the Community Development Block Grant (CDBG) Program, the HOME Investment Partnerships (HOME) Program, the Emergency Shelter Grant (ESG) Program, and the Housing Opportunities for Persons with AIDS (HOPWA) Program. The Supportive Housing Program (SHP), a competitive federal grant program, is also used by the City to combat homelessness. Each year, the City expects to receive \$20 million in HUD funding through these various grant programs, totaling \$100 million over the five-year period.

### ***Anti-Poverty Strategy***

The Anti-Poverty Strategy is the core purpose of the strategic plan and goals set forth in this Consolidated Plan. The City of Indianapolis will provide funding for services and housing, in an effort to move extremely low-income families from poverty toward self-sufficiency. Each of the Consolidated Plan goals and strategies successfully address one or more points along the continuum of housing.

Over the next five years the City of Indianapolis will continue to apply for Continuum of Care funds. By leveraging Continuum of Care dollars, federal entitlement dollars and private investments, the City looks to create a ladder of housing programs with supportive services. Families can then continue to work through barriers to their housing, be it credit history or a disability, with continuous support. The following goals are the methods the City of Indianapolis will use to accomplish these efforts.

1. Increase the availability of safe, decent affordable housing.
2. Prevent homelessness for special needs populations and persons at risk of homelessness.
3. Increase educational opportunities.
4. Support capital enterprise development for job creation.
5. Combine housing opportunities with social services.

### ***Eliminating Lead-Based Paint Hazards***

At the end of 2002, the City of Indianapolis received a \$1.7 million Lead Hazard Control Grant from the Department of Housing and Urban Development (HUD) to alleviate the problem of lead-based paint and associated health concerns in low-income neighborhoods. Through this program, the City proposed to make a total of 180 units of owner-occupied, vacant and low-income rental units free of lead-based paint hazards over a three-year term. It is the City's hope to continue this pilot program through the period covered by the 2005-2009 Consolidated Plan.

Formed by the City of Indianapolis and its partners, the Indianapolis Healthy Housing Network (IHHN) will work to reduce the hazards posed by lead based paint in Indianapolis' older housing stock and prevent childhood lead poisoning within the City's federally designated Enterprise Community. The mission of IHHN is consistent with the goal to increase the availability of safe, decent and affordable housing. The strategy of the IHHN is to use the Lead Hazard Control grant to coordinate the efforts of community development corporations, the Marion County Health Department and the Indianapolis Housing Agency. The end result will increase the amount of lead-safe housing stock targeted at low-income families and decrease the number of children with elevated blood lead levels.

The proposed IHHN target area is the Mapleton Fall Creek Neighborhood Development Corporation, Near North Development Corporation and United Northwest Area Development Corporation boundaries, all which are located within the Enterprise Community. These neighborhoods have a large percentage of deteriorated housing and a high concentration of children under the age of six. Targeted units include housing units with children under the age of six and housing units that are part of a current rehabilitation program. Current rehabilitation programs include those using Community Development Block Grant and Home Investment Partnerships Program funds for rehabilitation. Any families with children found to have elevated blood lead levels will be referred to the community development corporation partners by the Marion County Childhood Lead Poisoning Prevention Program for priority housing assistance. By linking the lead hazard control grant activities to the existing programs designed to provide owner-occupied rehabilitation, it is expected that Indianapolis can get the most impact possible from the funds provided through this grant.

Additionally, to address the needs of low-income rental units with respect to lead-based paint hazards across Marion County, the City has also partnered with the Marion County Health Department in a grant application to HUD for an additional \$3.5 million Lead-Hazard Demonstration Grant. The City will continue to form new partnerships to maximize its impact on lead-based paint hazard reduction efforts in homes throughout Marion County.

## ***Eliminating Impediments to Fair Housing***

The Analysis of Impediments to Fair Housing Choice includes an Action Plan component. The Action Plan section establishes goals and benchmarks to remedy conditions that impede fair housing. The following chart details goals to be achieved over a five year period, 2005-2009.

Table 21

<b>GOAL</b>	<b>STRATEGY</b>	<b>BENCHMARK</b>
Work towards desegregating the racial makeup of the county and deconcentrating affordable housing	<ul style="list-style-type: none"> <li>The City will actively participate in MCCCHO activities.</li> <li>All townships should have at least 15% of their total rental housing stock affordable to households earning 50% of the MFI or less.</li> <li>Ensure that the city-sponsored, affordable housing developments include Minority and Women Based Enterprises.</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing 2005-2009</li> <li>To be achieved by 2009</li> <li>As projects are implemented</li> </ul>
Increase the awareness of fair housing and the complaint process.	<ul style="list-style-type: none"> <li>Establish a central phone number to call where complainants can inquire about fair housing issues and how to file a complaint.</li> <li>Implement a City marketing plan to educate the public about fair housing and how to file complaints.</li> </ul>	<ul style="list-style-type: none"> <li>To be achieved by 2007</li> <li>To be achieved by 2007</li> </ul>
Work with Metropolitan Indianapolis Board of REALTORS (MIBOR)® to implement training programs to increase awareness of fair housing issues among real estate professionals.	<ul style="list-style-type: none"> <li>Contribute articles to MIBOR publications on the basis of fair housing issues and the process of making fair housing complaints in Marion County.</li> <li>Work with MIBOR to develop a flyer on fair housing issues to be distributed by realtors to their clients.</li> </ul>	<ul style="list-style-type: none"> <li>Semi-annually, beginning 2005</li> <li>Flyer developed in 2005</li> </ul>
Establish or support an existing homeownership counseling/education program.	<ul style="list-style-type: none"> <li>Work with INHP to expand their current program or establish a new program as described in the Analysis of Impediments.</li> </ul>	<ul style="list-style-type: none"> <li>New program offered in 2006</li> </ul>
Continue the regional transportation process.	<ul style="list-style-type: none"> <li>Ensure that regional transportation planning continues to move forward.</li> </ul>	<ul style="list-style-type: none"> <li>2005-2007</li> </ul>

## ***Eliminating Barriers to Affordable Housing***

The City of Indianapolis has identified three primary barriers to affordable housing: 1) high costs associated with the development of affordable housing, 2) high costs associated with maintaining affordable housing and 3) poor credit history. The City did not find any public policies that inhibit affordable housing, but has identified ways to encourage the development of affordable housing in Indianapolis. To address these barriers, the City will partner with private service providers, private developers and other public agencies.

Table 22

<b>Barriers to Affordable Housing</b>	<b>Strategies to eliminate Barriers</b>
High Development Costs	<ul style="list-style-type: none"> <li>• Provide grant or loan subsidy to rehabilitate substandard rental units to make them affordable.</li> <li>• Provide grant or loan subsidy to rehabilitate substandard or vacant units to sell them on the market for homeownership.</li> <li>• Provide tax abatement for qualified rental housing.</li> </ul>
High Maintenance Costs	<ul style="list-style-type: none"> <li>• Provide funding to service providers connected to permanent housing.</li> <li>• Collaborate with the Indianapolis Housing Agency and elected officials to award more Section 8 vouchers to the City of Indianapolis.</li> </ul>
Poor Credit History	<ul style="list-style-type: none"> <li>• Coordinate efforts with agencies that provide credit-counseling services.</li> <li>• Collaborate with other private entities to educate the public on the importance of good credit history.</li> </ul>

## ***Institutional Structure/Coordination***

### City Agencies

The goals of the Consolidated Plan were not determined in a vacuum, nor were they developed without the assistance of other City plans. These goals were designed not only to address the needs of the community, these goals will also coordinate efforts of all the City departments.

The Division of Planning is currently developing a mass transit study for the City of Indianapolis. One of the goals identified in the Consolidated Plan is to combine housing development with access to transportation. Not only will this goal address the transportation needs of the community as indicated by the survey results, but it will also continue development along established transit corridors.

The Division of Planning has also developed and adopted the Regional Center Plan 2020. This plan, part of a countywide comprehensive plan, is a map for future growth in the downtown Indianapolis area. Many of the areas covered by the plan are those currently served by community development corporations who have assisted the City in

the past with development goals. This plan will coordinate the efforts of the private sector with those of the public sector to develop the downtown, working toward a unified vision and goals to live, work, and learn in a healthy downtown. Some of the goals of the regional plan include:

1. Develop mixed-use life sciences research community
2. Double the population to 40,000 by 2020 with emphasis on mixed use development
3. Promote a strategic system of mass transportation and pedestrian/bicycle walkways to assure universal accessibility
4. Expand convention and sports capacities and cultural development
5. Evaluate the design review process for the Regional Center
6. Facilitate and coordinate the implementation of the Regional Center Plan recommendations

A complete copy of the Regional Center Plan, including a map, is available on-line at [www.indyrc2020.org](http://www.indyrc2020.org).

The use of plans is not only to assist in the development of goals but also determine the projects to be funded with federal dollars. Comprehensive plans, neighborhood plans, and transportation plans can determine if a project considered by the Division of Community Development is in compliance or in direct conflict with the plans. When reviewing project proposals, the Division of Community Development will consider projects that are consistent with any adopted plan of the City of Indianapolis.

To assist with the application review process, the Division of Community Development partners with other agencies in the City to evaluate applications. City staff work on teams of three to review and score each project application. The team then makes recommendations for funding to the Mayor and City-County Council. After approval from the elected officials, recommendations are submitted to the United States Department of Housing and Urban Development (HUD) for final approval. It is only after this extensive review process that the projects are awarded grant dollars. Through each level of review, beginning with the scoring teams, partner agencies use their expertise to review project applications for compliance with federal, state and local regulations, as well as development plans for the City of Indianapolis.

#### Indianapolis Housing Agency

The City of Indianapolis will partner with IHA to support the redevelopment of Brokenburr Trails on the City's south side. A vacant 250-unit public housing development, Brokenburr Trails was in such disrepair that HUD authorized the demolition of the buildings citing that the buildings were beyond rehabilitation.

In its place, IHA has prepared a multiple-phased plan to redevelop and expand this public housing community. The project consists of 165 affordable rental units for persons at or below 60% of the area median family income (MFI); 52 affordable homeownership units for persons at 50-80% MFI; a community center, a neighborhood park and a commercial development at the corner of Raymond and Perkins Streets.

In June of 2004, the Indianapolis Housing Agency was awarded a \$16.7 million HOPE VI grant from HUD to implement the redevelopment plan. The City of Indianapolis will partner with IHA in its efforts to rebuild the community by investing HOME Investment

Partnerships Program funds and by reconnecting the site to the surrounding community with infrastructure improvements. This project is scheduled for completion by the end of 2009.

#### Private Housing Developers and Service Providers

The City of Indianapolis will partner with private housing developers and service providers to reach the goals identified in this Consolidated Plan. The city will also work with community organizations to provide technical assistance to private organizations trying to reach the goals set forth in the Consolidated Plan.

Each year the City will release a request for proposals for projects meeting one of the six goals, as described later in this plan. City staff will evaluate the proposals and make recommendations to the Mayor's Office and the City-County Council through the Annual Action Plan update. Proposals addressing one of the goals outlined in the Consolidated Plan and impacting the community in a positive way will be given priority over other proposals.

Once the recommendations are approved, the City will enter into performance-based contracts with the private agencies. Together, the private agencies and the City will ensure the citizens of Indianapolis receive high quality programs and housing to meet the community development needs.

At the end of each quarter and at the end of the calendar year, the City will assess the performance of the private housing developers and service providers. Those agencies that meet the performance requirements will be paid the entire amount of the contract. Agencies that do not meet the performance requirements will have an amount deducted from based on the percentage of the benchmarks achieved.

#### ***Identification of Priority Needs***

The United States Department of Housing and Urban Development requires the City of Indianapolis to complete the tables in Appendix A as part of the Consolidated Plan. The City obtained information from extensive market analysis, private consultations and surveys of service providers for this purpose.

HUD Table 1A summarizes the unmet needs for homeless individuals and families. This table identifies the type of beds and units, the types of services and the types of sub-populations that are experiencing homelessness. Examples of beds and units include emergency shelters and transitional housing, temporary housing for homeless persons/families for up to two years. Examples of services include employment and job training and mental health care. Examples of sub-populations are victims of domestic violence and youth aging out of foster care. To complete the table, service providers were surveyed to assess the number of applicants in need of assistance and the capacity to provide needed beds/services. An unmet need/gap was calculated by subtracting the estimated need from the capacity to provide beds/services. Priorities were established through citizen participation and availability of funding.

HUD Table 2A identifies housing needs, sets priorities and estimates the amount of funds needed to address those needs. Staff utilized special tabulation data calculated by HUD and the U.S. Census Bureau, called the CHAS 2000 data, to complete this

table. The table divides households into two groups, owners and renters. Renters are categorized into small-related households, large-related households, and elderly households. Small-related households are families with two to four persons. Large-related households are families with five or more persons. Elderly households are one to two person families with at least one person who is 62 years of age or older. All other households consist of one or more persons who are living together and are not related by blood, marriage or adoption. Each category is then divided into subcategories by income.

To complete this table, it is assumed that for renters, small-related households, elderly households and 60 percent of other households compete for zero to two bedroom units. It is also assumed that large-related households and 40 percent of other households compete for three or more bedroom units. Comparing the number of households to the number of housing units, staff is able to calculate an unmet housing need or a housing surplus. The number of housing units available does not include "problem units", which are units that are overcrowded and do not have complete kitchens or working plumbing. All other housing units, including housing in substandard condition, are part of the calculation. Therefore, housing surpluses may include substandard units that require rehabilitation to increase the availability of safe, decent and affordable housing.

The estimated dollars column includes total funds necessary, public and private, to address the identified housing needs. The amount is determined by multiplying an average cost per unit by the unmet need identified. Where there is a surplus of housing units, staff multiplied the number of "problem units" by an average cost per unit. In reality, the need may be even greater than what the table indicates because substandard units are not accounted for in this table. The average cost per unit varies depending on the type of unit, rental or owner. The average cost for a rental unit in Indianapolis is \$17,000, while the average cost for an owner-occupied unit is \$10,000. These costs reflect the average investment per unit in owner-occupied repair and rental repair projects currently funded by federal funds. The table demonstrates a need for assistance at all income levels for rental unit rehabilitation and home repair assistance. However, the greatest need is for the rehabilitation of rental units affordable to households below 30 percent of median family income and the prevention of homelessness by providing repair assistance to current homeowners.

HUD Table 2B identifies non-housing community development needs. Non-housing community development needs include public services, public facilities, economic development, infrastructure and planning. Based on current budgets for various City agencies, long-range planning for City agencies and grant requests, City staff are able to estimate the amount of dollars needed to address each community need. Priorities were established based on the ability to address the needs with federal entitlement dollars. High priorities are needs/activities in which the City will invest federal entitlement dollars. Medium priorities are needs/activities in which the City may invest federal entitlement dollars, so long as the goals of the Consolidated Plan will not be compromised. Low priorities are needs/activities in which the City will likely not invest federal entitlement dollars. For both medium and low priorities, the City understands that there are alternative sources of funding to address these needs, such as private funding to renovate public facilities or the use of local tax dollars to assist the development of infrastructure. It is through these funding partnerships of private dollars and public dollars that all the non-housing needs and priorities can be addressed.

The high priorities for all three tables are addressed through the five-year goals. Each of the goals address housing needs, homeless needs and non-housing needs that both the statistical data and the neighborhood survey demonstrate as an unmet need or a high priority.

**Goals, Objectives and Priorities**

The focus of the Consolidated Plan is to provide goals and strategies to address the needs of the community; be it housing, homelessness or general community development. While the City regularly completes plans to address a number of specific community development needs, such as parks, land use, transportation and zoning, the Consolidated Plan is the only plan that addresses the use of federal entitlement dollars. These federal dollars are the Community Development Block Grant (CDBG), the HOME Investment Partnerships Program (HOME), the Emergency Shelter Grant (ESG) and Housing Opportunities for Persons with AIDS (HOPWA). The Consolidated Plan also addresses the Continuum of Care grant (CoC), a competitive grant that the City receives to address homelessness issues. This section of the Consolidated Plan explains how the City will utilize those funds in meeting the needs and priorities identified in the market analysis and through citizen input.

**Goal 1:** Increase the availability of safe, decent, affordable housing.

The first goal of the Consolidated Plan is to ensure that all citizens of Indianapolis have safe, decent and affordable housing opportunities for families earning less than 80 percent median family income. The City has set five strategies to work towards this goal for the next five years, 2005-2009.

<b>Strategy</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>5-Year Goal</b>
Rehabilitate substandard units to create rental housing for persons at 0-30% MFI.	75	75	75	100	100	325
Rehabilitate substandard units to create rental housing for persons at 31-80% MFI.	40	40	40	40	40	200
Rehabilitate substandard units to create homeownership opportunities.	70	70	70	70	70	350
Increase homeownership opportunities for low-moderate income persons through down-payment assistance.	40	40	40	40	40	200
Assist homeowners with repairs to residences.	200	200	200	200	200	1000

Please note : All numbers in this table reflect units to be assisted.

These strategies are most effective when efforts are combined in a focused development area. Understanding the success of the Fall Creek Place project, a redeveloped neighborhood in urban Indianapolis, it is the City’s goal to intertwine all five strategies to achieve a maximum outcome. While the HUD tables indicate a surplus of

housing for moderate-income levels, the City also wants to assist the rehabilitation of substandard housing at those income levels so that all households have safe and decent housing.

Given the need across the entire county, this can be a daunting task. But, by focusing on several small areas, a neighborhood can reduce crime, increase equity, increase the tax base and empower neighbors through community involvement. The City also realizes that not all neighborhoods need the same solution to different issues and encourages area residents to find their own solutions to community development. A neighborhood may have homeowners with needs for repairs and no rental housing. While another neighborhood may choose to develop one block of housing, rehabilitating homes for homeownership and constructing new homes on empty lots. Both solutions to the community development priorities can demonstrate the same impact. The city will utilize the Community Development Block Grant, the Home Investment Partnerships Program and the American Dream Down-Payment Initiative grants to fund these activities.

**Goal 2:** Prevent homelessness for special needs populations and persons at-risk of homelessness.

On any given night in Indianapolis, 3,500 people will experience homelessness. The second goal of the Consolidated Plan to minimize the number of people who will experience homelessness. The City plans to utilize ESG and HOPWA funds to assist families and individuals with their housing crisis and to accomplish the strategies listed below.

Strategy	2005	2006	2007	2008	2009	5-Year Goal
Provide emergency rent and utility assistance to persons with special needs and persons at risk of homelessness.	500	500	500	500	500	2500
Provide supportive services to persons at risk of homelessness or special needs populations to work towards self-sufficiency.	250	250	250	250	250	1250

Please note: All numbers in this table are number of unduplicated persons served.

Emergency rent and utility assistance can be a lifeline for a person in need of assistance. Following HUD regulations, rent and utility assistance will be provided to persons who have received an eviction notice or utility disconnect notice. Both crisis situations can be averted with minor assistance. However, persons seeking aid, such as emergency rental or utility assistance, may need more help than a simple payment. Supportive services, such as life skills training, case management and substance abuse services can help an individual or a family work towards self-sufficiency and finding or stabilizing a permanent housing situation. In special cases where the cost of affordable housing is too high for working families, the city may utilize eligible federal funds towards temporary tenant based rental assistance to increase the success rate of families moving into permanent housing. Primarily, the city will utilize the Community

Development Block Grant, the Emergency Shelter Grant and the Housing Opportunities for Persons with AIDS grants to fund these activities.

**Goal 3:** Increase educational opportunities.

Youth services and job training/employment services were the two top social service needs identified by the public through the citizen input and consultation process. To address those needs, the following strategies have been identified. Both job training and youth services will be funded to increase education and opportunities for youth and adults. Education can be an opportunity or a means to achieve self-sufficiency that the individual or family may not currently have, as a result of one or more obstacles. The strategies set forth are to provide those educational opportunities to those families and individuals.

<b>Strategy</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>5-Year Goal</b>
Increase educational opportunities for youth.	1500	1500	1500	1500	1500	7500
Provide job training to low-moderate income persons.	200	200	200	200	200	1000

Please note: All numbers in this table are number of unduplicated persons served.

Youth services can include a variety of educational opportunities, such as tutoring, mentoring, exposure to the arts and/or life skills training. Job training can provide adults with resume writing classes, job interview classes, GED classes and/or dress for success training. While these are not the only activities that the city seeks to fund in the next five years, these examples can give guidance for city staff and project applicants on the types of services to consider, utilizing CDBG public service funds.

**Goal 4:** Support capital enterprise development for job creation.

From the study of jobs and the economy, the Indianapolis MSA economy is recovering from a downturn, including job losses. However, in comparison, to similar Midwest cities, Indianapolis has less unemployed individuals. The Indianapolis MSA economy is an average job market with average unemployment and average wages for those who are employed. Although the economy is recovering, it is important to tie the economy with housing. Housing development cannot be successful without a flourishing economy. To encourage continued growth in this area, the following strategies have been identified.

<b>Strategy</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>5-Year Goal</b>
Place low-moderate income persons in jobs.	100	100	100	100	100	500
For persons placed in jobs, help ensure employment for at least 180 days.	40	40	40	40	40	200
Create new jobs through new development.	240	240	240	240	240	1200
Improve commercial facades and signage for small business owners.	20	20	20	20	20	100

The strategies of this plan are not solely to support minimum wage jobs. The strategies are to help businesses and individuals find jobs that pay more than minimum wage, so that families can achieve self-sufficiency and so that businesses can grow. Redeveloping commercial facades and developing blighted areas for commercial use can create and retain jobs in neighborhoods, as well as rehabilitate formally blighted or vacant buildings. The strategies, funded with the Community Development Block Grant, can provide new jobs as well as bring new life to a neighborhood once blighted by empty commercial space.

**Goal 5:** Eliminate unsafe buildings and sites.

A high priority identified through the citizen participation process is the elimination of slum and blight caused by abandoned buildings and sites. These sites hinder the development of areas and lower the value of surrounding properties. While the City would like to redevelop many of these dilapidated buildings, many of these buildings may need to be demolished because of health and safety issues. The following strategies have been identified to address these problem areas.

<b>Strategy</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>5-Year Goal</b>
Eliminate unsafe sites that pose a threat to the environment.	4	4	4	4	4	20
Eliminate unsafe structures that pose a threat to public safety.	3000	3000	3000	3000	3000	15,000

Through programs such as the Unsafe Buildings Program and the Brownfields Toolbox, the City can assist owners and neighbors redevelop unsafe sites or help enforce the laws regarding building codes. From 2000-2004, the City of Indianapolis helped secure, repair or demolish 3,000 dilapidated and unsafe structures each year. The 2005-2009 Consolidated Plan will continue the same level of success into the future. The city will utilize the Community Development Block Grant for these activities.

**Goal 6:** Combine housing opportunities with social & public services.

Through the consultation process, the City recognized a communication and partnership gap between housing providers and service providers. Service providers can and do provide case management to persons with low to moderate incomes, but finding housing may be the responsibility of the individual or family. Housing providers develop new housing or rehabilitate pre-existing housing, but have trouble selling the homes or renting the apartments. The City will encourage both service and housing providers to coordinate programs, tying social services to permanent housing. The city will support technical assistance to aid providers and community organizations in serving and maximizing their impact to the community.

The City also recognized a need to develop housing with access to transportation. Understanding that individuals and families who need assistance to acquire safe and decent housing may not be able to afford their own transportation led the City to develop

a strategy to connect housing development to accessible public transportation. Recently the City of Indianapolis has experienced the restructuring of the current IndyGo system that brought transportation needs to the forefront of community development.

<b>Strategy</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>5-Year Goal</b>
Fund services connected to permanent housing.	50% of services will be tied to a permanent housing programs each year.					
Combine housing development with access to transportation.	30% of all development projects that receive HUD funding will be within a 10-minute walk of public transportation each year.					

Each year the City will write an update of the Consolidated Plan, stating the programs and initiatives that will receive federal funding to address each of these goals. In addition, the City will report on the progress of the goals through the Consolidated Annual Performance and Evaluation Report. Citizens and elected officials can utilize both of these reports to measure the progress and success of community development agencies and City staff in regards to these goals. The City website, [www.indygov.org](http://www.indygov.org), and the Division of Community Development website, [www.indygov.org/cdfs](http://www.indygov.org/cdfs), will also have continued updates on the progress throughout the next five years.