

Location Patterns of Housing Choice Voucher Households Between 2010 and 2020

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Abstract

The Housing Choice Voucher (HCV) program has sought to enable neighborhood choice for low-income assisted renter households in the United States, replacing previous policies focused on fixed-site housing. Since the launch of the program 50 years ago, researchers have shown interest in measuring the effects of the HCV program on the spatial deconcentration of poverty and voucher households' access to new neighborhoods and higher opportunity areas, typically defined as neighborhoods with lower poverty rates. The authors find that during the study period (2010–20), demographics of households served by the HCV program changed from families with children representing the most common voucher household structure to a majority of households headed by elderly or disabled individuals. Nationally, the share of housing units below fair market rent guidelines declined this decade. The share of HCV households living in neighborhoods with a high density of voucher holders increased, and more than 40 percent of HCV households remained in high-poverty neighborhoods. Changes affecting the HCV program are expected to continue. This article highlights the need for further research to evaluate the effect of policy changes on HCV locational outcomes.

Introduction

For 50 years, the Housing Choice Voucher (HCV) program has helped millions of low-income households afford quality housing on the private rental market. Initially introduced in 1974 as the Section 8 certificate program, the goals of the HCV program are to provide low-income renter households with increased choice to live in areas of higher opportunity, promote racial and economic integration, and reduce the concentration of poverty (HUD, 1996). Assisted households must generally earn less than 50 percent of their area median income (AMI) to qualify for the program. In practice, however, most assisted households are far below the statutory requirement of “extremely low-income,” defined as 30 percent of AMI or the federal poverty rate, whichever is higher in the public housing authorities’ (PHAs’) market.

The HCV program is currently the largest rental subsidy managed by HUD, assisting approximately 2.3 million households in 2020. The program includes both tenant-based vouchers (TBV), which the assisted households use to seek rental housing themselves in the private rental market, and project-based vouchers (PBV), where PHAs allocate voucher funding to specific project-based units.

This article provides an update on HCV program trends in the demographics and spatial patterns of HCV households from 2010 to 2020 and recommends areas for future study. Specifically, the study team posed the following five questions.

- ***How have the demographics of HCV households changed?*** Key variables of interest in understanding the location patterns of HCV households are household structure (for instance, elderly, disabled, or families with children) and race and ethnicity. This description of HCV demographic trends helps set the context for the following research questions. Fewer families with children participate in the program, and a growing share of assisted households are elderly or disabled compared to 10 years ago.
- ***What share of affordable housing is consumed by HCV households?*** Housing affordability worsened during the study period, with homeowners affected by both increasing housing costs and high mortgage rates and renters facing ever-rising rents (HUD, 2023). Nationwide, the share of rental units offered at or below the HUD-defined Fair Market Rent (FMR) declined in the past decade. These challenging housing market conditions make it more difficult for the lower-income households who qualify for the HCV program to find housing that meets both rent limits and minimum housing quality standards. Moreover, although the effects of the COVID-19 pandemic fell just after the 2020 study period, the associated job losses and market changes exacerbated housing challenges for many assisted households, making this a pivotal time to identify new research goals for the best ways to support low-income households.
- ***To what extent do HCV households concentrate in a few neighborhoods, and to what extent do they disperse widely across all neighborhoods?*** HCV household density is an important metric because there have long been concerns that high concentrations of voucher holders might lead to increased neighborhood poverty or rent destabilization (Devine et al., 2003) and the clustering of HCV households is inconsistent with the program goal of deconcentration (McClure, Schwartz, and Taghavi, 2015). Previous studies have found that

Black- and Hispanic-headed HCV households were more likely to live in areas with a higher concentration of HCV households than White households (Devine et al., 2003; McClure, Schwartz, and Taghavi, 2015). The study team revisited this analysis and found a similar pattern of increasing concentration from 2010 to 2020 that disproportionately affected Black- and Hispanic-headed households.

- ***To what extent are HCV households located in low-poverty neighborhoods?*** As noted earlier, a goal of the HCV program is to enable increased neighborhood choice, with the hope that the program will help families move to higher opportunity areas. Although researchers have used many measures of neighborhood quality (Walter and Wang, 2016), poverty rates are widely used as a proxy measure (Chyn and Katz, 2021; Galvez, 2010; Lens, McClure, and Mast, 2019). Previous studies of HCV location patterns found that although approximately one in five HCV households lived in low-poverty neighborhoods (defined as a poverty rate of less than 10 percent), over 40 percent still lived in high-poverty areas (poverty rate greater than 20 percent). Moreover, Black and Hispanic households were less likely to be located in low-poverty areas and more likely to live in high-poverty areas (Devine et al., 2003; McClure, Schwartz, and Taghavi, 2015). The study team revisited this analysis of poverty change from 2010 to 2020 and did not find that these trends have meaningfully changed.
- ***What policy changes may affect where HCV households are located?*** HCV households can use their vouchers to pay for housing where the landlord agrees to rent under the program and the unit meets minimum quality standards; however, household choice is not the only factor impacting location outcomes. Some jurisdictions have source-of-income laws preventing landlords from discriminating against families for using a voucher as payment; others do not have laws in place. This article considers the potential effects of HUD regulation Small Area Fair Market Rent (SAFMR), which requires communities in specified markets to use more granular-level rent data to better reflect the variation in rental prices within the local market. Although the concept was piloted in five cities in 2012, broader implementation did not begin until 2018. Hence, it is too soon to determine the effects of this round of SAFMR designations within the study period of this article. Still, some initial analysis is presented, and this area is flagged as a key area for future research.

Background

Research on the location outcomes for voucher households has shown that the HCV program has had modest success in helping individuals move to high-opportunity neighborhoods. Voucher households are often located in high-poverty areas similar to other low-income households (Metzger, 2014; Galvez, 2010; Basolo, 2013) and are disproportionately found in central cities and underrepresented in suburbs (McClure and Johnson, 2014).

Surveys of voucher households have indicated that many would prefer to live in neighborhoods that offer better schools, are safer, and have better housing conditions (Kleit, Kang, and Scally, 2016; Wang, 2018; Sanbonmatsu et al., 2011; Kaufman and Rosenbaum, 1992). However, the flexibility and choice associated with the voucher program involve tenants weighing a number of tradeoffs—including housing location, unit cost, and neighborhood opportunity (Lens, McClure,

and Mast, 2019; Thrope, 2018)—against the potential loss of existing social support networks and anticipated difficulty in creating social ties in their new neighborhoods due to racism, discrimination, or a general stigma projected on voucher holders (Greenbaum et al., 2008; Kurwa, 2015). Moreover, voucher holders often face barriers to entering high-opportunity neighborhoods, such as a lack of transportation or a lack of information about which landlords in these areas would be willing to accept vouchers (Bergman et al., 2019; Chetty et al., 2018; Ellen, Suher, and Torrats-Espinosa, 2019; Ellen, 2020; Seicshnaydre, 2016; Thrope, 2018).

Noting the extent to which landlord participation influences HCV voucher location patterns is also important. Landlords may avoid, legally or illegally, renting to HCV households due to prejudice or their perceptions of voucher holders' length of tenancy or ability to care for the property (Garboden et al., 2018). Voucher households may also face discrimination in the rental screening process, particularly in states and localities lacking source-of-income laws to prevent landlord discrimination based on the use of HCVs as payment (Thrope, 2018; Rosen, 2014; Ellen, O'Regan, and Harwood, 2022; Metzger, 2014).

Two previous reports on location patterns of HCV households are referenced in this article. The first report found that, in 2000, HCV households living in the 50 most populous Metropolitan Statistical Areas (MSAs) consumed a small share of both overall housing and affordable housing and that a majority were located in lower- or moderate-poverty neighborhoods. However, about two in five HCV households lived in neighborhoods with poverty levels over 20 percent, and Black and Hispanic program participants were more likely to live in high-poverty neighborhoods (Devine et al., 2003). The second report compared nationwide trends to the top 50 MSAs in 2000 and 2010 and found that although the HCV program continued to consume a small share of affordable rental housing, the share of households located in high-poverty areas and HCV density (for instance, the share of HCV households living in tracts in which voucher holders made up a larger percentage of renters) were increasing (McClure, Schwartz, and Taghavi, 2015). Both reports indicated that participant choice alone was not enough to achieve the program goal of spatial poverty deconcentration and suggested this goal must be addressed through broader interventions and support systems that aid participating tenants in finding housing.

In this third installment of HCV location reports, the study team revisits the analyses of HCV location patterns from 2010 to 2020. The team examines affordability of rental housing, HCV concentration, and the level of poverty in neighborhoods where HCV households live, and introduces the implementation of the use of SAFMRs, which may affect future location outcomes for households participating in the HCV program. In contrast to the prior reports, in which TBV represented the vast majority of HCV, the PBV portion of the program grew significantly during the study period from roughly 2 percent in 2010 to 10.5 percent in 2020. Because of this growth, this article at times focuses on different portions of the HCV program.

Methods

The study team analyzed data on all households participating in the HCV program in 2010 and 2020 in all 50 states and the District of Columbia and in the 50 most populous MSAs.¹ Further, the team partitioned counties within the top 50 MSAs into urban counties containing the most populous principal city (Wilson et al., 2012), suburban counties (defined as all other central counties in the MSA), and outlying counties within the MSA. HUD administrative data were linked to 2010 and 2020 American Community Survey (ACS) 5-year estimates to describe poverty and housing trends, and 2010 census data were transformed to 2020 census geographies using population-weighted interpolation.

The following definitions and methods are related to the key areas of focus in this study:

Affordability of Rental Units. For the purpose of this article, an “affordable” unit is defined as one that met HCV program guidelines for a moderately priced dwelling, an amount known as the FMR.² The study team determined that a unit was affordable when offered at or below the applicable 2010 or 2020 HUD-determined FMR or SAFMR based on unit size and location. The team included as affordable all units in rent brackets fully below the given FMR/SAFMR. When an FMR/SAFMR value fell in the middle of a rent bracket, the team interpolated the share of units for that rent bracket in which the FMR/SAFMR fell as affordable (Mazzara and Knudsen, 2019). For example, if a rent bracket ranged from \$100 to \$200 and the FMR was \$160, the team would include 60 percent of the total number of units in that rent bracket. The universe of rental units was based on an ACS special tabulation of quality-certified housing units that accepted cash rent.

This method to determine the share of affordable units mimics those used in the two prior reports. It is important to note that the share affordable calculated with this method differs from the FMR rates and does not result in 40 percent of units because the calculations exclude utility information, which is included in FMR but was unavailable for this study. In addition, the results for one-, two-, and three-bedroom units were calculated separately, whereas the FMR rates were imputed from two-bedroom estimates. However, using a consistent methodology within and between these reports allows for comparisons of affordability across years.

Tract-Level HCV Density. Density was used to understand the proportion of HCV households living in more- versus less-dense tracts and the change in density from 2010 to 2020. As noted in the prior reports, HCV density was calculated as the ratio of all HCV households to all occupied housing units in a census tract and showed the share of voucher households living in higher versus lower HCV density categories. These results were further separated by voucher type, calculating the share of TBV and PBV households in each of the all-HCV density categories.

¹ The 50 most populous MSAs contain over one-half of the census tracts with households participating in the HCV program in 2020 (52.3 percent), and these tracts contain 59.9 percent of all HCV households.

² In 2020, the FMR was set at the 40th percentile of gross rents in the local housing market. In 2010, the FMR was set at the 50th percentile in 17 jurisdictions and the 40th percentile in all other areas. Applicable FMR standards set each year were used because they best represent the share of affordable units accessible to voucher holders. Beginning in 2018, some PHAs are required to use SAFMR; other PHAs may opt in to use SAFMR in all or part of their jurisdictions.

Metropolitan Statistical Area-Level Spatial Concentration Index. Similar to Metzger (2014), the Herfindahl-Hirschman Index (HHI) was used to measure the concentration of TBV households by census tract in each MSA. HHI is most commonly used to describe the market concentration of industries. However, in this context, HHI describes the extent to which TBV households are concentrated within specific census tracts or evenly distributed throughout an MSA's census tracts. Higher HHI values (closer to 1) indicate greater concentration, and lower HHI values (closer to 0) indicate lower concentration. The benefit of this analysis is that it distills concentration within each MSA into a single value and can be used to compare concentration over time. This analysis was limited to only the TBV portion of the HCV program because PHAs are responsible for leasing PBVs, many of which are former public housing sites, and the supposed choice of the HCV program to locate in many neighborhoods is focused on the TBV side of the program.

The HHI was calculated for the top 50 most populous MSAs by summing the squared share of TBV households by tract for each MSA for 2010 and 2020 timeframes. This concentration analysis was limited to TBV-only households (rather than all HCV households) based on HCV density analysis results that suggested large differences between TBV and PBV household density. The formula for the HHI is as follows:

$$HHI = \sum_{i=1}^N (tbv/TBV)^2$$

where N is the number of census tracts in the MSA, tbv is the number of TBV households in a particular census tract, and TBV is the number of all TBV households in the MSA.

Neighborhood Poverty. There is no absolute threshold above which poverty levels can be said to adversely affect the welfare of all voucher families. Nevertheless, the 40-percent level has been frequently cited as a threshold for extreme poverty (Devine et al., 2003). The study team defined poverty using U.S. Department of Agriculture Poverty Area Measures:³ low poverty is defined as less than 10 percent, low-medium poverty is defined as 10 to 20 percent, high poverty is defined as 20 to 40 percent, and extreme poverty is 40 percent or more.

Results

HCV Demographic Changes

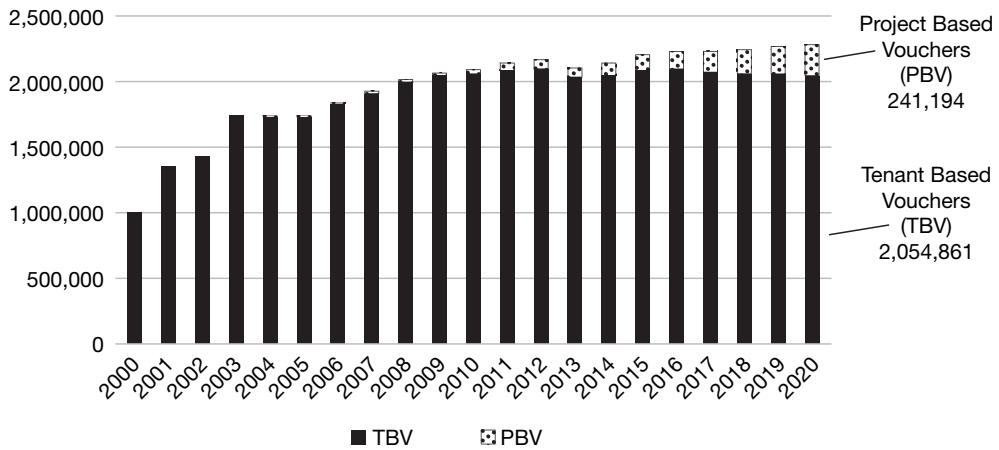
In 2020, there were nearly 2.3 million HCV households, an increase of 8.8 percent from 2010 to 2020 (exhibit 1). Most HCV households utilized TBVs that are not location-specific, while other HCV households utilized PBVs in which PHAs enter into a contract directly with a landlord, often for multiple units (for example, an apartment building), and PBVs are attached to those properties. Although Congress authorized the flexibility for PHAs to use PBVs in 1998, it was not until after 2010 that much of the growth of the PBV program occurred, including many conversions to PBV from other programs, such as public housing, through the Rental Assistance Demonstration

³ For more information, please see <https://www.ers.usda.gov/data-products/poverty-area-measures/>.

(RAD; Mast and Hardiman, 2017).⁴ In 2010, 98 percent of vouchers in HCV were TBVs and only 2 percent were PBVs; by 2020, the share of PBVs had climbed to 10.5 percent while the share of TBVs decreased to 89.5 percent. The total number of TBVs also declined between 2010 and 2020.

Exhibit 1

HCV Program Growth 2000–20



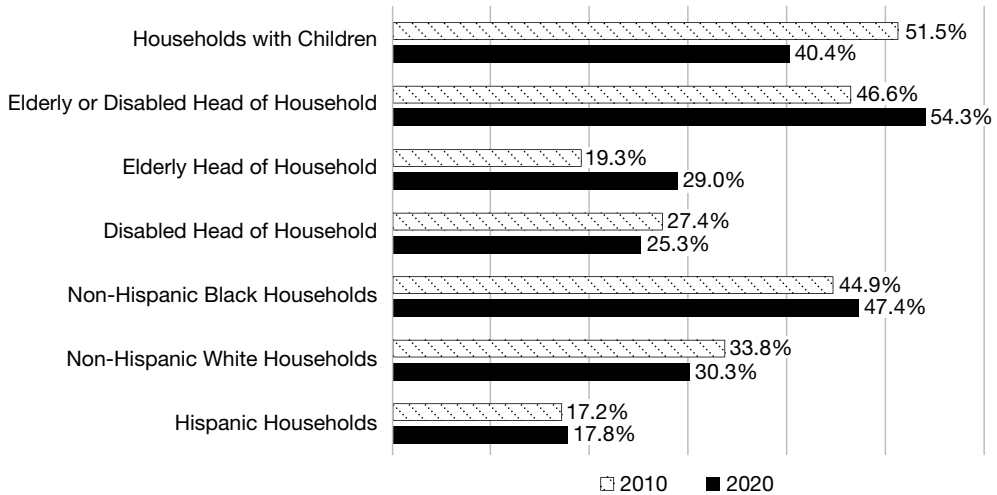
HCV = Housing Choice Voucher. PBV = project-based voucher. TBV = tenant-based voucher.
 Source: HUD Administrative Tenant Data, with analysis by the authors

The demographics of HCV households have changed in the past few decades, with the share of families with children decreasing and elderly or disabled-headed households becoming the most common type of HCV household structure (exhibit 2). In 2000, more than 60 percent of HCV households were households with children (Devine et al., 2003). By 2010, households with children dropped to slightly more than one-half of HCV households, and by 2020, households with children (40.4 percent) no longer represented the majority of voucher households. Between 2010 and 2020, the number of elderly heads of households increased by nearly 10 percentage points while the number of disabled heads of households decreased slightly. Whether these changes are due to recent growth in set-aside vouchers targeted at specific populations (for instance, recipients of HUD-Veterans Affairs Supportive Housing vouchers are often single men without children) or from other factors is outside the scope of this article. In terms of race and ethnicity, Black heads of household continue to represent the highest—and growing—percentage of voucher households.

⁴ The RAD program converts rental assistance from Public Housing, Section 8 Moderate Rehabilitation, Rental Supplement, or the Rental Assistance Programs into either PBVs or, in some cases, Section 8 Project-Based.

Exhibit 2

HCV Program Demographics in 2010 and 2020



HCV = Housing Choice Voucher.

Note: These categories are not mutually exclusive.

Source: HUD Administrative Tenant Data, with analysis by the authors

The Changing Stock of Affordable Housing

Voucher households occupied a small and relatively stable proportion of the housing market in 2010 and 2020. Nationally, HCV program participants represented approximately 2 percent of all occupied households and 6 percent of renter-occupied households in both 2010 and 2020 (exhibit 3). A similar pattern was observed in the top 50 MSAs and the urban and suburban areas within them, with a slightly lower share of HCVs in outlying areas as compared with total occupied units or total rental units in outlying areas.

Exhibit 3

Total Occupied, Rental Units, and Percents Utilized by HCV in 2010 and 2020 for the Nation and Most Populous 50 MSAs by FMR

	Nationwide			Top 50 MSAs			Urban Counties of the Top 50 MSAs			Suburban Counties of the Top 50 MSAs			Outlying Counties of the Top 50 MSAs		
	2010	2020	% Change	2010	2020	% Change	2010	2020	% Change	2010	2020	% Change	2010	2020	% Change
Total Occupied Units	114.2	122.4	7.1%	60.4	65.7	8.8%	27.0	29.6	9.6%	28.7	31.0	8.0%	4.6	5.1	11.3%
Total Units with HCVs	2.1	2.3	8.7%	1.2	1.4	11.3%	0.64	0.72	12.5%	0.52	0.58	10.4%	0.06	0.06	8.3%
HCVs as a Percentage of Occupied Units	1.8%	1.8%		2.0%	2.1%		2.4%	2.4%		1.8%	1.9%		1.3%	1.2%	
Total Rental Units	32.4	36.2	11.6%	19.0	21.5	13.3%	9.9	11.2	13.3%	8.1	9.2	12.9%	0.97	1.1	16.1%
HCVs as a Percentage of Total Rental Units	6.4%	6.2%		6.4%	6.3%		6.4%	6.4%		6.4%	6.3%		5.9%	5.5%	

FMR = Fair Market Rent. HCV = Housing Choice Voucher. MSA = Metropolitan Statistical Area.

Notes: Numbers of units x 100,000. Data on efficiency units and those with four or more bedrooms were excluded because those data were not available for 2020.

Sources: HUD Administrative Tenant Data; 2010 and 2020 American Community Survey tabulation of quality-certified units that accept cash rent, with analysis by the authors

Exhibit 4

Affordable Rental Units and Share of Housing Stock in 2010 and 2020 for the Nation and Most Populous 50 MSAs by FMR

	Nationwide			Top 50 MSAs			Urban Counties of the Top 50 MSAs			Suburban Counties of the Top 50 MSAs			Outlying Counties of the Top 50 MSAs		
	2010	2020	% Change	2010	2020	% Change	2010	2020	% Change	2010	2020	% Change	2010	2020	% Change
Total Occupied Units	114.2	122.4	7.1%	60.4	65.7	8.8%	27.0	29.6	9.6%	28.7	31.0	8.0%	4.6	5.1	11.3%
Total Rental Units that Accept Cash Rent	32.4	36.2	11.6%	19.0	21.5	13.3%	9.9	11.2	13.3%	8.1	9.2	12.9%	0.97	1.1	16.1%
Total Affordable Rental Units	20.1	21.3	5.7%	12.1	14.9	6.2%	6.1	6.6	7.7%	5.4	5.6	3.3%	0.66	0.76	15.5%
Affordable as a Share of Total Occupied Units	17.6%	17.4%	-0.2%	20.1%	19.7%	-0.5%	22.5%	22.2%	-0.3%	18.8%	18.0%	-0.8%	17.6%	17.4%	-0.2%
Affordable as a Share of Total Rental Market	62.0%	58.8%	-3.2%	64.0%	60.0%	-4.0%	61.5%	58.9%	-3.0%	66.5%	60.9%	-5.6%	68.4%	67.9%	-0.3%

MSA = Metropolitan Statistical Area. FMR = Fair Market Rent.

Notes: Numbers of units x 1,000,000. Data on efficiency units and those with four or more bedrooms were excluded because those data were not available for 2020.

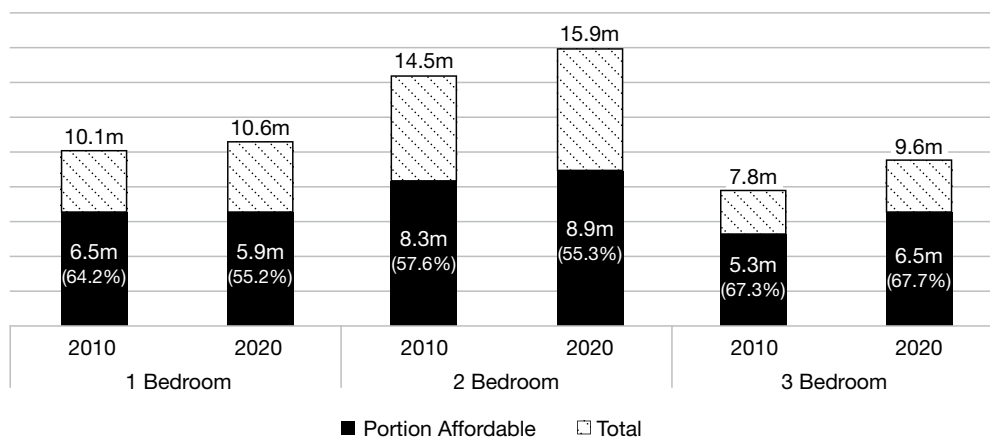
Source: 2010 and 2020 American Community Survey (ACS) data and ACS tabulation of quality-certified units that accept cash rent, with analysis by the authors

Both the total and number of affordable rental units increased from 2010 to 2020, with a 3.75 million unit increase nationwide, including an increase of 1.2 million units that would be considered affordable according to local FMRs (exhibit 4). The study team saw increases in all areas of the top 50 MSAs. It is worth noting, however, that although total rental units increased, the number of affordable units did not increase as dramatically, resulting in a lower share of affordable units. For example, the nationwide share of affordable units decreased by 3.2 percentage points, from 62 percent of units considered affordable in 2010 to 58.8 percent considered affordable in 2020. This difference was largest in suburban areas, where the share of affordable units decreased by 5.6 percentage points. The difference was smallest in outlying areas, where a similar share of affordable versus other units was added. The decreases in the affordable share of rental units were larger than affordable units as a share of all occupied housing reported in past reports.

The number and share of affordable units in 2010 and 2020 varied by unit size. The largest increase was observed in the overall number of two-bedroom apartments, from 14.5 million to 15.9 million. The number of affordable two-bedroom units increased slightly but less than the total number of two-bedroom units, and as a result, the share of affordable units decreased slightly. Although the overall number of one-bedroom units also increased between 2010 and 2020, the number of affordable units decreased by over 630,000 units, and the share of one-bedroom apartments considered to be affordable dropped from 64.2 percent in 2010 to 55.2 percent in 2020. The total and number of affordable three-bedroom apartments increased at a similar rate, with a relatively stable and larger share of affordable units (67 percent).

Exhibit 5

Total Rental and Affordable Units with Percent Affordable, 2010 and 2020



Notes: Units in millions. Data on efficiency units and those with four or more bedrooms were excluded because those data were not available for 2020. Source: Custom 2010 and 2020 American Community Survey tabulation of quality-certified housing units that accept cash rent, with analysis by the authors

Density and Concentration of Voucher Households

In 2020, most census tracts (82 percent) had at least one HCV household located within the tract—down slightly from 2010. This demonstrates that the HCV program supports participants’

ability to access a majority of U.S. neighborhoods. However, a trend toward an increasing share of voucher households living in HCV-dense areas was observed.⁵ Moreover, Black and Hispanic households were more than twice as likely to live in areas of higher HCV density (greater than 10 percent of all units) than White households in 2020.

Between 2010 and 2020, the share of HCV households living in lower HCV density areas decreased, and the number of all voucher households living in higher HCV density census tracts increased. Such data continued the trend toward increased density observed from 2000 to 2010 (McClure, Schwartz, and Taghavi, 2015). As seen in the first three columns of exhibit 6, in 2010, more than one-half of all HCV households lived in census tracts with the two lowest-density categories, and only about one in five lived in the highest-density categories. In 2020, the share of HCV households in these lower-density areas had decreased to less than one-half, and roughly one in four households lived in areas represented in the two highest-density categories.

Exhibit 6

Share of HCV, TBV, and PBV Households by HCV Density in 2010 and 2020 and Percentage Point Change

	All HCV Households			TBV Households			PBV Households		
# Households	2,075,981	2,256,779	+180,798	2,033,139	2,019,024	-14,115	42,842	237,755	+194,913
HCV Density	2010 (%)	2020 (%)	Change	2010 (%)	2020 (%)	Change	2010 (%)	2020 (%)	Change
All Occ Units									
< 2% HCV	20.9	19.2	- 1.7	20.9	20.9	0.0	21.2	4.4	- 16.8
2-5% HCV	30.9	27.5	- 3.4	30.9	29.1	- 1.7	31.1	13.7	- 17.3
5-8% HCV	20.0	18.8	- 1.2	20.0	19.2	- 0.9	20.0	15.6	- 4.4
8-10% HCV	8.5	8.7	0.2	8.5	8.6	0.1	8.5	9.9	1.4
10-25% HCV	17.5	22.4	4.8	17.5	20.2	2.6	17.2	41.1	23.9
> 25% HCV	2.2	3.5	1.3	2.2	2.1	- 0.1	2.0	15.3	13.3

HCV = Housing Choice Voucher. TBV = tenant-based voucher. PBV = project-based voucher.
 Source: HUD Administrative Tenant Data, with analysis by the authors

When density for TBV and PBV programs were analyzed separately, the overall change in density from 2010 to 2020 observed was largely driven by new voucher households added to the PBV program. In 2010, for all categories of voucher households, the share in each density category was relatively similar across HCV, TBV, and PBV programs. In 2020, the share of TBV households slightly shifted toward higher-density areas, but less so than for HCV as a whole.

In contrast, as the PBV program has grown over the last decade, PBV households were much more likely to live in high-density areas in 2020 than in 2010. Although still quite a small program compared to TBV, the number of PBV units increased by over 550 percent between 2010 and 2020 and continues to grow. In the PBV program, PHAs enter into contracts directly with landlords, often for units in the same structure or otherwise close together (for example, an apartment building); thus, adding these groups of PBVs has a greater impact on HCV density. Although the findings of this study showed that additional PBVs were added in all density categories, PHAs were much more likely to have situated PBVs in higher-density areas. PHAs may have chosen to do so for multiple reasons. For instance, some PBV properties may have been former public housing

⁵ As noted in the methods section, HCV density represents the share of all occupied housing units represented by HCV households.

sites converted into privately owned low-income properties through the RAD conversion program. PHAs may also have chosen to create PBV properties to address specific community housing needs, such as specialty vouchers for homeless veterans, which may locate housing near needed supportive services. Additional research on how PHAs make decisions about where to situate PBV properties is warranted, but such analysis is outside the scope of this article.

Voucher household locations varied considerably by race and ethnicity, reflecting a pattern similar to the prior HCV location report (McClure, Schwartz, and Taghavi, 2015). Black and Hispanic households were about twice as likely to live in areas of higher HCV density (greater than 10 percent of all units) than White households in 2020 (exhibit 7). Further, it was discovered that the share of Black HCV households living in higher-density areas had increased from 2010 to 2020 by 6.3 percent. Although the share of White and Hispanic HCV households living in higher-density areas also increased, the magnitude of the increase was lower than for Black HCV households.

Exhibit 7

Change in the Percentage of HCV Households in Low-HCV-Dense versus High-HCV-Dense Tracts by Race and Ethnicity, 2010–20, and Percentage Point Change

HCV Density	All HCV Households			Non-Hispanic Black HCV Households			Non-Hispanic White HCV Households			Hispanic HCV Households		
	2010 (%)	2020 (%)	Change	2010 (%)	2020 (%)	Change	2010 (%)	2020 (%)	Change	2010 (%)	2020 (%)	Change
< 2% HCV	20.9	19.2	-1.7%	15.2	14.7	-0.4	30.5	27.9	-2.6	17.4	16.6	-0.8
2–5% HCV	30.9	27.5	-3.4%	28.2	24.8	-3.4	35.5	32.6	-2.9	28.7	26.3	-2.4
5–8% HCV	20.0	18.8	-1.2%	22.1	19.6	-2.4	17.5	17.6	0.1	19.5	18.5	-0.9
8–10% HCV	8.5	8.7	0.2%	10.0	9.7	-0.2	6.1	6.9	0.8	9.2	8.9	-0.3
10–25% HCV	17.5	22.4	4.8%	21.9	27.0	5.1	9.0	13.0	4.0	22.6	25.6	3.0
> 25% HCV	2.2	3.5	1.3%	2.7	4.1	1.4	1.3	1.9	0.6	2.6	4.1	1.5

HCV = Housing Choice Voucher.

Source: HUD Administrative Tenant Data, with analysis by the authors

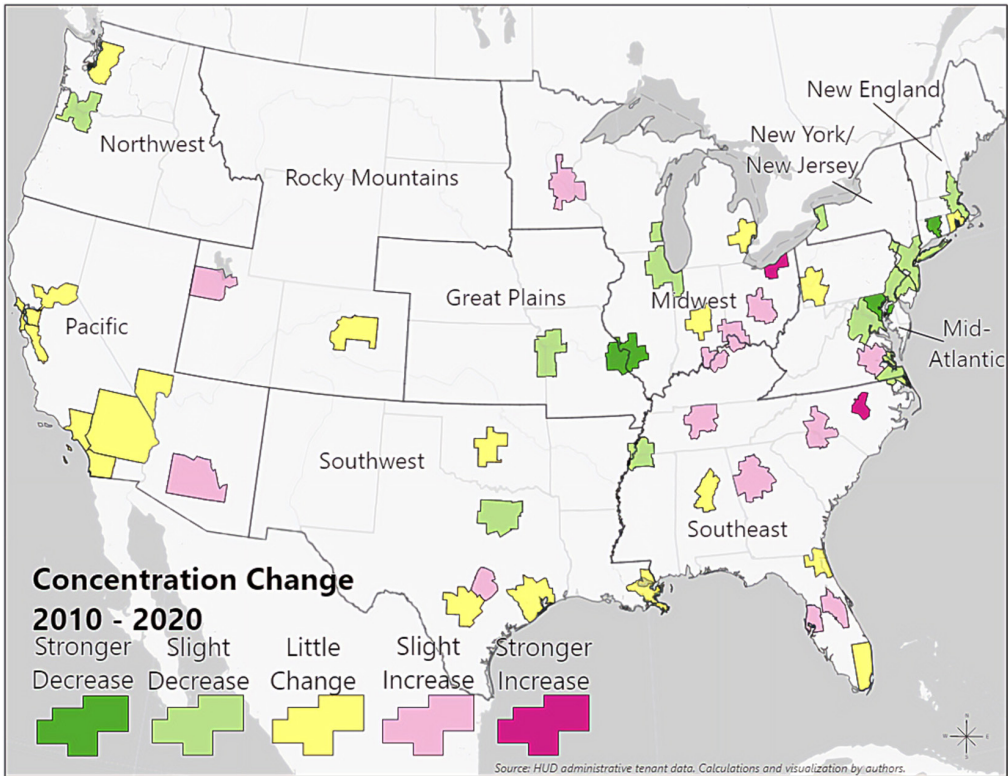
The HHI was used to understand the magnitude to which TBV households concentrated in a few neighborhoods in 2010 and 2020 for the top 50 MSAs. The value of this index is that it produces a single value representing TBV household concentration within an MSA, which then can be analyzed over time and across MSAs.⁶

Between 2010 and 2020, the HHI concentration of TBV households increased in most MSAs. Exhibit 8 maps the change between 2010 and 2020 in census tract TBV concentration overlaid with HUD regions. Changes in TBV concentration varied throughout the United States. The greatest decrease in MSA-wide TBV deconcentration was in the Baltimore-Columbia-Towson, MD MSA, which decreased from an HHI index of 0.0043 to 0.0036. MSAs with decreasing HHI concentrations were mostly located in HUD regions along the Eastern Seaboard, such as the Mid-Atlantic, New York/New Jersey, and New England. Metropolitan areas with increasing TBV concentration by census tracts were primarily located in HUD’s Midwest and Southeast regions. For example, the HHI concentration in the Raleigh-Cary, NC MSA increased from 0.0147 to 0.0209.

⁶ Higher HHI values indicate greater HCV concentration, and lower HHI values indicate lower HCV concentration. For instance, scores closer to 1 represent higher concentration, and scores closer to 0 represent lower concentration.

Exhibit 8

TBV Concentration Index Change by 50 Most Populous Metropolitan Statistical Areas, 2010–20



TBV = tenant-based voucher.

Notes: Concentration indices were transformed into Z-scores for easier interpretation compared to raw HHI values. Z score values between -0.5 and 0.5 are categorized as "Little Change." Values between -0.5 and -1.5 or 0.5 and 1.5 are categorized as "Slight Decrease" or "Slight Increase," respectively. Values less than -1.5 or greater than 1.5 are categorized as "Stronger Decrease" or "Stronger Increase," respectively.

Source: HUD Administrative Tenant Data, with analysis by the authors

Neighborhood Poverty

This analysis of the HCV program and neighborhood poverty rates was limited to the TBV program because TBV-assisted households seek out housing in different neighborhoods in the private rental market, whereas PBV-assisted households are assigned a unit by a PHA and the program operates more similarly to a fixed-site program, such as public housing. Although the share of TBV households living in low-poverty areas improved, a substantial portion of voucher households have continued to be located in high-poverty areas, indicating that the program is still not fully meeting its key objective of spatial poverty deconcentration.

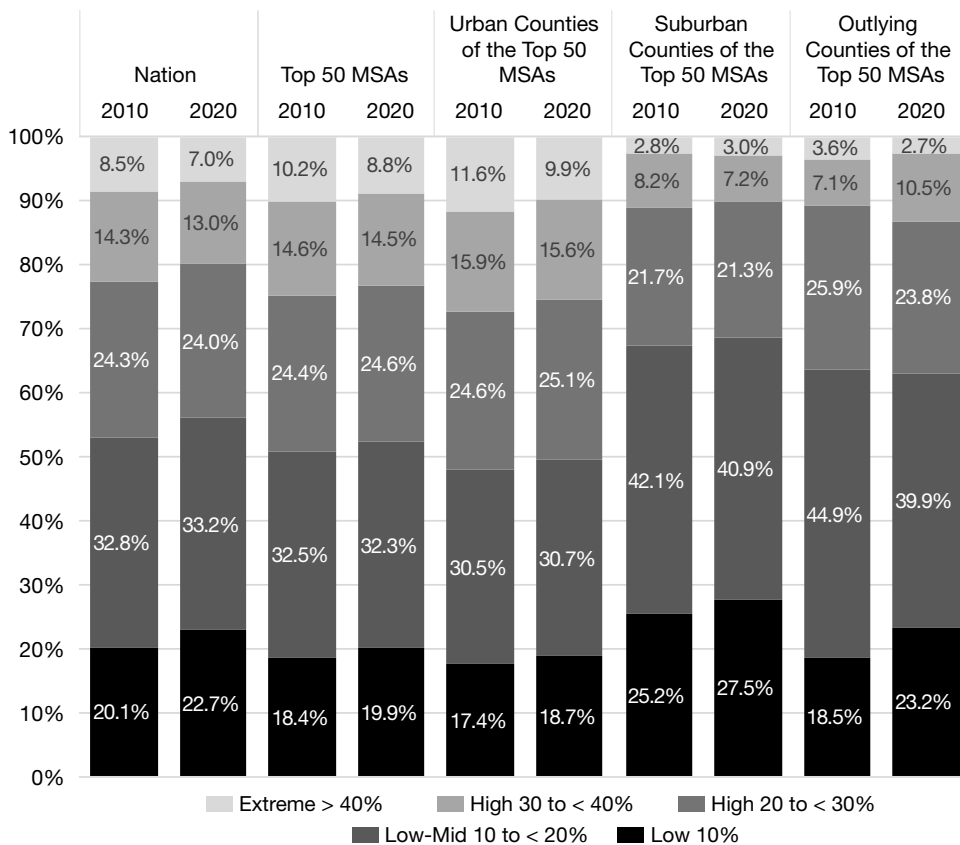
Between 2010 and 2020, the share of TBV households located in census tracts with low levels of poverty increased by nearly 3 percentage points to 22.7 percent, and the share of HCV households located in tracts with higher levels of poverty decreased slightly (exhibit 9). Within the top 50 MSAs, the study team also observed an increase in TBV households located in low-poverty census

tracts, although the magnitude of the increase was greater in suburban and outlying counties than in urban areas.

However, nationwide, 44 percent of TBV households still lived in high-poverty census tracts in 2020, including 7 percent living in areas of extreme poverty. TBV concentrations in high- and extreme-poverty census tracts were the most pronounced in urban counties, where approximately one-half of these households (50.6 percent) lived in census tracts with a 20-percent or greater poverty rate, including 9.9 percent in extreme-poverty census tracts. A much smaller share of TBV households in suburban and outlying counties lived in tracts with high or extreme poverty. The average poverty rates of census tracts with at least one TBV household were approximately 6 percentage points higher than census tracts with no TBV households in 2010 and 2020.

Exhibit 9

Share of TBV Households by Poverty Category



MSA = Metropolitan Statistical Area. TBV = tenant-based voucher.

Notes: Data exclude tenants participating in the project-based voucher program. The poverty rate is calculated as the proportion of the census tract population living below the poverty threshold. HCV household percentages for 2010 and 2020 are calculated as a proportion of the total population in the corresponding year's census tracts. 2020 Core-Based Statistical Areas are used to analyze 2010 and 2020 HCV data.

Source: HUD administrative data and American Community Survey 5-year estimates, with analysis by the authors

The share of TBV households located in low- versus high-poverty areas in 2020 has not changed substantially since 2000. The increase in TBV households living in low-poverty areas from 2010 to 2020 appears to have rebounded from the percentage point decrease from 22.0 percent to 20.6 percent observed by McClure, Schwartz, and Taghavi (2015) between 2000 and 2010.⁷

Households participating in the HCV program do not need to move to experience changes in neighborhood conditions because neighborhood conditions can and do change around TBV households over time. As shown in exhibit 10, about 31 percent of TBV households in 2020 lived in census tracts where the poverty rate was lower in the same year than it had been in 2010, which means that some of the change in households living in lower-poverty tracts might be related to this nationwide trend rather than due to households moving to lower-poverty areas. By comparison, 23 percent of households lived in tracts where the poverty rate had increased. Whether observed changes in the share of voucher households living in high- or low-poverty areas were the result of household moves, new admissions, or external poverty trends is outside the scope of this article. This analysis is a recommendation for continued research.

Exhibit 10

Change in Poverty in Census Tracts with TBV in 2020

	Nation (%)	Top 50 MSAs (%)	Urban Counties of the Top 50 MSAs (%)	Suburban Counties of the Top 50 MSAs (%)	Outlying Counties of the Top 50 MSAs (%)
Poverty Category Unchanged 2010 to 2020	46.4	46.0	41.3	51.0	54.0
Lower Poverty Category in 2020 than in 2010	30.6	31.4	34.6	28.0	25.3
Higher Poverty Category in 2020 than in 2010	23.1	22.6	24.1	21.0	20.7

MSA = Metropolitan Statistical Area. TBV = tenant-based voucher.

Note: The population-weighted interpolation function in the R package tidycensus was used to calculate 2010 poverty rates in 2020 census tracts.

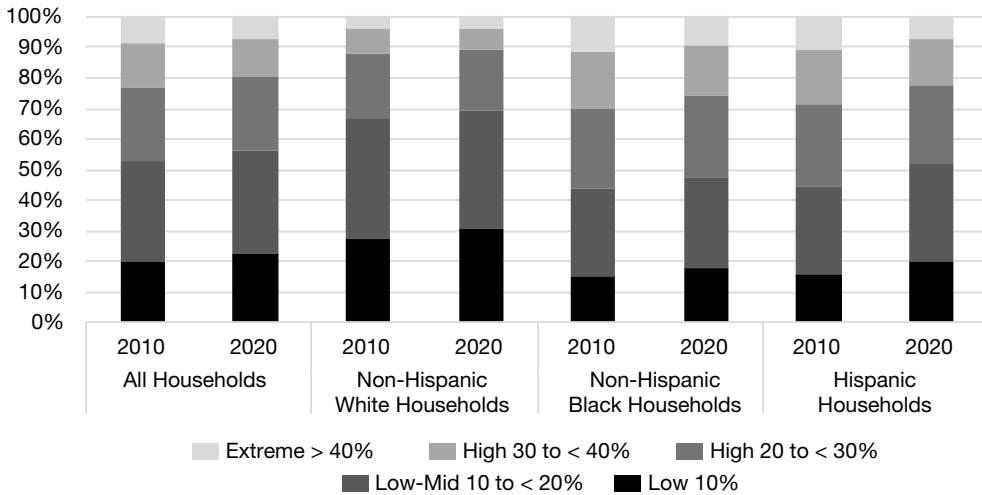
Source: HUD administrative data and American Community Survey 5-year estimates, with analysis by the authors

Similar to previous reports, the location patterns of voucher households varied by race and ethnicity (exhibit 11). A much higher proportion of White voucher households as compared to Black or Hispanic voucher households were located in low-poverty census tracts in 2020 (30.8 percent versus 18.1 and 19.6 percent, respectively). The share of White households in census tracts with poverty rates above 20 percent decreased between 2010 and 2020. Although the share of Black and Hispanic households living in high-poverty tracts also generally decreased, in 2020, Black and Hispanic TBV households were still much more likely than White TBV households to live in areas of high or extremely high poverty (52.3 and 47.8, respectively, versus 30.7 percent of White households).

⁷ Although the McClure, Schwartz, and Taghavi study (2015) included all the HCV programs combined, the TBV program represented 98 to 100 percent of voucher households during their study period, making a comparison to the current change in TBV relatively comparable.

Exhibit 11

Distribution of TBV Households by Race and Ethnicity by Census Tract Poverty Rate in 2010 and 2020



Notes: Data exclude households participating in the project-based voucher program. The poverty rate is calculated as the proportion of the census tract population living below the poverty threshold. HCV household percentages for 2010 and 2020 are calculated as a proportion of the total in the corresponding year's census tracts.

Source: HUD administrative data and American Community Survey 5-year estimates, with analysis by the authors

The Introduction of Small Area Fair Market Rents

Although assessing the causes of any changes in HCV locational patterns is outside the scope of this article, this section briefly discusses one major program and policy innovation implemented by HUD: the use of SAFMRs. This policy tool calculates rent rates at the ZIP Code level rather than setting the FMR by MSA or, for New England areas, by town or city. Setting maximum rents based on more granular variations in the local market may help voucher households gain greater access to lower-poverty and higher-opportunity neighborhoods. More desirable neighborhoods tend to have higher rents, so setting a higher FMR in those areas may allow voucher households to access a larger portion of the rental market. It is worth noting that SAFMRs also set lower rental rates in lower-cost areas, which may reduce the number of units available in higher-poverty neighborhoods.

Nationwide use of SAFMR values would increase the number of units considered affordable for voucher holders by more than 1.4 million, or 5 percentage points (exhibit 12). The study team observed increases in all 50 top MSAs and urban, suburban, and outlying areas within them, with the largest increase in the affordable share observed in suburban areas.

Exhibit 12

FMR and SAFMR-Affordable Rental Units as Percentage of All Rental Units

	Nation			Top 50 MSAs			Urban Counties of the Top 50 MSAs			Suburban Counties of the Top 50 MSAs			Outlying Counties of the Top 50 MSAs		
	2020 FMR	2020 SAFMR	Diff.	2020 FMR	2020 SAFMR	Diff.	2020 FMR	2020 SAFMR	Diff.	2020 FMR	2020 SAFMR	Diff.	2020 FMR	2020 SAFMR	Diff.
Total Affordable Rental Units	21.3	22.7	1.4	12.9	14.0	1.1	6.60	7.2	0.6	5.6	6.1	0.5	.77	.78	0.01
Affordable Units as a Percentage of Total Rental Market	58.8%	63.8%	+5.1%	60.0%	65.6%	+5.5%	58.4%	63.9%	+5.5%	60.9%	67.0%	+6.1	68.1%	69.3%	+1.2

Diff. = percentage point change. *FMR* = Fair Market Rent. *MSA* = Metropolitan Statistical Area. *SAFMR* = Small Area Fair Market Rent.

Notes: Units x 1,000,000. The universe of rental units and affordable units was calculated from the American Community Survey special tabulation of quality-certified housing units that accept cash rent. Rent data were available for one-, two-, and three-bedroom units. A rental unit was determined to be affordable when it was offered below the applicable 2010 or 2020 SAFMR. Because HUD only calculates SAFMR for metropolitan counties, national data on total units and affordable units according to SAFMR are based on this slightly smaller dataset. Units below SAFMR were not calculated for 2010 because SAFMR data were available from 2014 onward.

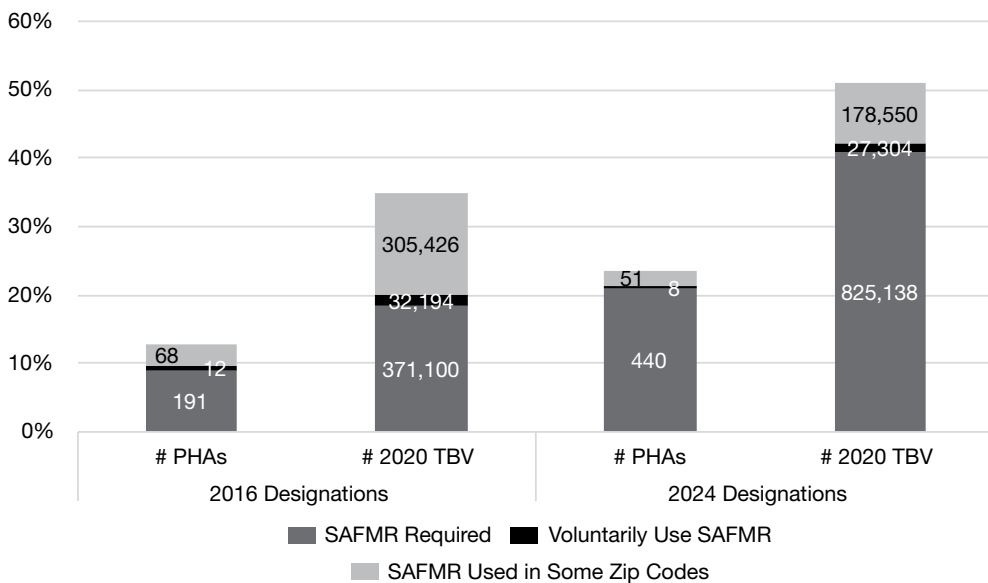
Source: 2010 and 2020 American Community Survey (ACS) data and ACS tabulation of quality-certified units that accept cash rent, with analysis by the authors

Although the use of SAFMR is not required nationwide, a growing share of voucher households live in areas that require the use of SAFMR. Beginning in 2018, HUD required PHAs administering vouchers in 24 areas to use SAFMRs to set maximum housing payments for tenant-based vouchers.⁸ In 2023 (after the study period of this analysis), HUD designated an additional 41 areas in which PHAs will be required to use SAFMRs starting in 2025.⁹

To provide a sense of the scope of SAFMR use, nearly 10 percent of PHAs were administering vouchers in areas required to use SAFMR in 2020, and this number more than doubled with the second round of designated areas (exhibit 13). In terms of the number of vouchers, the first round of required SAFMR areas represented just under 20 percent of TBVs; the second round of designated areas increased the share to over 40 percent, as measured by 2020 data. Among the top 50 MSAs, 70 percent must use SAFMRs in at least some portions of their MSAs.

Exhibit 13

Use of SAFMR by PHAs as Measured by 2020 TBV



PHA = public housing authority. SAFMR = Small Area Fair Market Rent. TBV = tenant-based voucher.

Notes: Bars represent the percentage of PHAs and TBVs in SAFMR areas. The authors added actual counts to the bars to provide additional context. Data include TBV households only because PHAs are not required to use SAFMR for PBVs. For more information about the applicability of SAFMRs to PBVs, please see the notice from Public and Indian Housing on Guidance on Recent Changes in Fair Market Rent Payment Standard, and Rent Reasonableness Requirements in the Housing Choice Voucher Program: <https://www.hud.gov/sites/dfiles/PIH/documents/PIH-2018-01.pdf>.

Source: Analysis of HUD Administrative Data, with analysis by the authors

⁸ These areas were designated based on the number of vouchers (>2500), the difference between SAFMR and FMR in the area (>20 percent more than 110 percent of the FMR), the number of voucher holders as a ratio of all renters (>1.55), and the designation as a “concentrated low-income area” (defined as either having a poverty rate of >25 percent or an area in which >50 percent of the population earns incomes lower than 60 percent of the area median income). HUD does not require PHAs to use SAFMR for project-based vouchers.

⁹ A full list of designated communities is provided in Appendix 1.

Some PHAs have voluntarily used SAFMRs for some or all ZIP Codes in their jurisdictions. Quantifying the total number of households receiving vouchers from PHAs that are voluntarily using SAFMRs is difficult because PHA jurisdictions overlap and do not align neatly with other geographic divisions (Tauber, Ellen, and O'Regan, 2024), and because data on the total number of TBVs associated with a PHA may represent an overcount if SAFMRs are only used in some ZIP Codes. Further, some PHAs that initially used SAFMRs voluntarily are included in the areas required to use SAFMRs starting in 2025. Nevertheless, SAFMRs may have been used to calculate the maximum rents for up to 35 percent of vouchers in 2020 and up to 50 percent of vouchers going forward.

The first attempts to assess the impact of SAFMR were based on a HUD demonstration project launched in 2012, in which HUD randomly selected five PHAs to implement SAFMR.¹⁰ The results of some early studies showed that HCV households in SAFMR PHAs were more likely to live in higher-opportunity areas (Dastrup et al., 2018; Seicshnaydre, 2016). Households with children who decided to move to a new area were 11 percent more likely to live in higher-opportunity areas (Dastrup, Finkel, and Ellen, 2019). Less positively, households headed by elderly or disabled individuals did not show much change in neighborhood opportunity (Dastrup et al., 2018). Most higher-opportunity ZIP Codes are in predominantly White areas (McClure and Schwartz, 2019), and although the use of SAFMRs marginally improved the location outcomes for Black and Hispanic voucher holders, these improvements were not enough to overcome persistent disparities in neighborhood poverty rates by race and ethnicity (Reina, 2019). Reina, Acolin, and Bostic (2019) found mixed results, ranging from marked improvements in one city to a declining neighborhood in another. Additional research is warranted to determine the extent to which the implementation of SAFMRs is helping to foster HCV program goals, including whether the HCV program as a whole should move away from FMRs to SAFMRs.

Discussion and Conclusion

HUD and other stakeholders, policymakers, and researchers should revisit locational outcome data to inform future policy development and research as the HCV program continues to evolve. This article presented a descriptive analysis of HCV location patterns in 2010 and 2020, which has generated key questions to be addressed in future research.

Progress toward program goals, such as the spatial deconcentration of poverty and access to new, lower-poverty neighborhoods, remains unclear because overall patterns in poverty and density have not meaningfully improved. Between 2010 and 2020, the number of TBV households living in low-poverty census tracts increased slightly, although this increase may have been related to national trends in neighborhood poverty rates rather than a sign of households moving into lower-poverty areas. Over 40 percent of TBV households, and an even higher share of Black and Hispanic HCV households, still lived in high-poverty areas. Voucher households continued to be present in over 80 percent of census tracts, although the total share of census tracts where HCV households lived decreased slightly from 2010 to 2020. Meanwhile, the share of TBV households living in

¹⁰ 77 FR 69651.

HCV-dense areas did not change substantially, and Black and Hispanic households continued to be more likely to live in areas with higher densities of other voucher holders.

The HCV program is based on the premise that households would have the choice to use vouchers to leverage the private rental housing market to lease housing that meets program guidelines—a challenge directly linked to the availability of affordable housing in the private rental market. In 2024, Harvard University's Joint Center for Housing Studies (2024) ranked rental housing affordability at an all-time low, with one-half of all renter households qualifying as cost-burdened (paying more than 30 percent of their income on housing). Lower-income households, like those supported by the HCV program, struggled even more, with nearly three out of four households facing cost burdens. In addition, the analysis presented in this article found that the share of housing considered to be affordable for voucher holders has declined, especially for those seeking one-bedroom apartments. Such findings further emphasize the need for housing counseling and search support to help connect HCV households with housing.

These observations suggest the need for new policy interventions to continue making progress toward HCV program goals. HUD is pursuing several new evaluations, such as the Community Choice Demonstration,¹¹ Housing Mobility-Related Services,¹² and the Landlord Incentives Cohort.¹³ Broadly, these demonstrations build on previous findings that participant choice alone is not enough to move more assisted households to higher-opportunity areas and are intended to evaluate interventions and supports for overcoming housing barriers faced by low-income renter households. These demonstrations focus on determining cost-effective services that PHAs can provide to help voucher holders access—and remain in—better neighborhoods. Future research might also include how HUD can support households using HCVs in lower-poverty areas, what structural factors continue to impede household choice, especially for Black and Hispanic households, and the extent to which the HCV program can address lingering challenges for households that were brought on by the COVID-19 pandemic.

The demographic analysis supports the need for additional research on the changing population served by the HCV program because the number of households with children has declined and the number of households led by elderly or disabled individuals has increased. Hence, future research should investigate the cause of HCV household demographic change and how to best serve the changing population of low-income assisted renter households.

In addition, the team's findings suggest taking a more local approach to analyze MSA-specific concentration patterns. Although the descriptive HCV density analysis did not show large changes, this national-level finding may have obscured variation present in specific areas. For example, the HHI showed that some HUD regions, including the Southeast or Midwest, have multiple MSAs with increasing HCV concentration. Further research could use more sophisticated spatial measures of concentration and dispersion of HCV households. This additional research would be particularly timely as the program's demographics change and rental housing markets continue to tighten.

¹¹ https://www.hud.gov/program_offices/public_indian_housing/programs/hcv/communitychoicedemo

¹² https://www.hud.gov/program_offices/spm/gmomgmt/grantsinfo/fundingopps/fy23_housingmobility

¹³ https://www.hud.gov/program_offices/public_indian_housing/programs/ph/mtw/expansion

Finally, future research should evaluate the impact of SAFMRs and the extent to which this system of calculating maximum rents has allowed HCV families to move to different areas. This research would be particularly useful following HUD's expansion of areas required to use SAFMRs.

Looking toward the future, HUD anticipates new findings about effective interventions to support HCV households. Should a future study on HCV household location patterns be pursued in the next decade, it should build from the demonstrations of the 2020s, investigate the differences between the TBV and PBV programs, and evaluate the effects of major changes to programs and laws during the 2020 decade.

Appendix A

Supplemental Tables

Exhibit 14

50 Largest MSAs by 2020 Population (1 of 2)

Rank	Name	2020 Population
1	New York-Newark-Jersey City, NY-NJ-PA	19,261,570
2	Los Angeles-Long Beach-Anaheim, CA	13,211,027
3	Chicago-Naperville-Elgin, IL-IN-WI	9,478,801
4	Dallas-Fort Worth-Arlington, TX	7,451,858
5	Houston-The Woodlands-Sugar Land, TX	6,979,613
6	Washington-Arlington-Alexandria, DC-VA-MD-WV	6,250,309
7	Miami-Fort Lauderdale-Pompano Beach, FL	6,129,858
8	Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	6,092,403
9	Atlanta-Sandy Springs-Alpharetta, GA	5,947,008
10	Phoenix-Mesa-Chandler, AZ	4,860,338
11	Boston-Cambridge-Newton, MA-NH	4,854,808
12	San Francisco-Oakland-Berkeley, CA	4,709,220
13	Riverside-San Bernardino-Ontario, CA	4,600,396
14	Detroit-Warren-Dearborn, MI	4,317,384
15	Seattle-Tacoma-Bellevue, WA	3,928,498
16	Minneapolis-St. Paul-Bloomington, MN-WI	3,605,450
17	San Diego-Chula Vista-Carlsbad, CA	3,323,970
18	Tampa-St. Petersburg-Clearwater, FL	3,152,928
19	Denver-Aurora-Lakewood, CO	2,928,437
20	St. Louis, MO-IL	2,806,349
21	Baltimore-Columbia-Towson, MD	2,800,427
22	Charlotte-Concord-Gastonia, NC-SC	2,595,027
23	Orlando-Kissimmee-Sanford, FL	2,560,260
24	San Antonio-New Braunfels, TX	2,510,211
25	Portland-Vancouver-Hillsboro, OR-WA	2,472,774
26	Sacramento-Roseville-Folsom, CA	2,338,866
27	Pittsburgh, PA	2,324,447

Exhibit 14

50 Largest MSAs by 2020 Population (2 of 2)

Rank	Name	2020 Population
28	Las Vegas-Henderson-Paradise, NV	2,228,866
29	Cincinnati, OH-KY-IN	2,214,265
30	Austin-Round Rock-Georgetown, TX	2,173,804
31	Kansas City, MO-KS	2,144,129
32	Columbus, OH	2,101,543
33	Cleveland-Elyria, OH	2,053,137
34	Indianapolis-Carmel-Anderson, IN	2,050,933
35	San Jose-Sunnyvale-Santa Clara, CA	1,985,926
36	Nashville-Davidson--Murfreesboro--Franklin, TN	1,904,186
37	Virginia Beach-Norfolk-Newport News, VA-NC	1,768,956
38	Providence-Warwick, RI-MA	1,621,099
39	Milwaukee-Waukesha, WI	1,576,525
40	Jacksonville, FL	1,533,796
41	Oklahoma City, OK	1,397,040
42	Raleigh-Cary, NC	1,362,997
43	Memphis, TN-MS-AR	1,343,150
44	Richmond, VA	1,282,067
45	New Orleans-Metairie, LA	1,271,651
46	Louisville/Jefferson County, KY-IN	1,262,287
47	Salt Lake City, UT	1,215,955
48	Hartford-East Hartford-Middletown, CT	1,205,842
49	Buffalo-Cheektowaga, NY	1,129,018
50	Birmingham-Hoover, AL	1,088,170

MSA = Metropolitan Statistical Area.

Source: American Community Survey 5-year estimates, with analysis by the authors

Exhibit 15

Areas HUD Requires to Use SAFMRs

2016 Designees	2023 Designees
1. Atlanta-Sandy Springs-Roswell, GA HUD Metropolitan FMR Area (HMFA)	1. Akron, OH MSA
2. Bergen-Passaic, NJ HMFA. (Part of the New York-Newark-Jersey City, NY-NJ-PA Metro Area)	2. Augusta-Richmond County, GA-SC HUD Metro FMR Area
3. Monmouth-Ocean, NJ HMFA. (Part of the New York-Newark-Jersey City, NY-NJ-PA Metro Area)	3. Beaumont-Port Arthur, TX MSA
4. Charlotte-Concord-Gastonia, NC-SC HMFA	4. Birmingham-Hoover, AL HUD Metro FMR Area
5. Chicago-Joliet-Naperville, IL HMFA. (Part of the Chicago-Naperville-Elgin, IL-IN-WI Metro Area)	5. Buffalo-Cheektowaga-Niagara Falls, NY MSA
6. Gary, IN HMFA. (Part of the Chicago-Naperville-Elgin, IL-IN-WI Metro Area)	6. Charleston-North Charleston, SC MSA
7. Colorado Springs, CO HMFA	7. Chattanooga, TN-GA MSA
8. Dallas, TX HMFA	8. Cincinnati, OH-KY-IN HUD Metro FMR Area
9. Fort Lauderdale, FL HMFA. (Part of the Miami-Fort Lauderdale-Pompano Beach, FL Metro Area)	9. Cleveland-Elyria, OH MSA
10. West Palm Beach-Boca Raton, FL HMFA. (Part of the Miami-Fort Lauderdale-Pompano Beach, FL Metro Area)	10. Columbus, OH HUD Metro FMR Area
11. Fort Worth-Arlington, TX HMFA	11. Dayton-Kettering, OH MSA
12. Hartford-West Hartford-East Hartford, CT HMFA	12. Des Moines-West Des Moines, IA HUD Metro FMR Area
13. Jackson, MS HMFA	13. Detroit-Warren-Livonia, MI HUD Metro FMR Area
14. Jacksonville, FL HMFA	14. Fort Wayne, IN MSA
15. North Port-Sarasota-Bradenton, FL MSA	15. Greensboro-High Point, NC HUD Metro FMR Area
16. Palm Bay-Melbourne-Titusville, FL MSA	16. Harrisburg-Carlisle, PA MSA
17. Philadelphia-Camden-Wilmington, PA-NJ-DE-MD MSA	17. Indianapolis-Carmel, IN HUD Metro FMR Area
18. Pittsburgh, PA HMFA	18. Jersey City, NJ HUD Metro FMR Area
19. Sacramento--Roseville--Arden-Arcade, CA HMFA	19. Kansas City, MO-KS HUD Metro FMR Area
20. San Antonio-New Braunfels, TX HMFA	20. Knoxville, TN HUD Metro FMR Area
21. San Diego-Carlsbad, CA MSA	21. Los Angeles-Long Beach-Glendale, CA HUD Metro FMR Area
22. Tampa-St. Petersburg-Clearwater, FL MSA	22. Louisville, KY-IN HUD Metro FMR Area
23. Urban Honolulu, HI MSA	23. Memphis, TN-MS-AR HUD Metro FMR Area
24. Washington-Arlington-Alexandria, DC-VA-MD HMFA	24. Miami-Miami Beach-Kendall, FL HUD Metro FMR Area
	25. Mobile, AL HUD Metro FMR Area
	26. Montgomery, AL MSA
	27. Nashville-Davidson--Murfreesboro--Franklin, TN HUD Metro FMR Area
	28. Oklahoma City, OK HUD Metro FMR Area
	29. Omaha-Council Bluffs, NE-IA HUD Metro FMR Area
	30. Orlando-Kissimmee-Sanford, FL MSA
	31. Oxnard-Thousand Oaks-Ventura, CA MSA
	32. Phoenix-Mesa-Scottsdale, AZ MSA
	33. Raleigh, NC MSA
	34. San Jose-Sunnyvale-Santa Clara, CA HUD Metro FMR Area
	35. Seattle-Bellevue, WA HUD Metro FMR Area
	36. St. Louis, MO-IL HUD Metro FMR Area
	37. Tucson, AZ MSA
	38. Tulsa, OK HUD Metro FMR Area
	39. Virginia Beach-Norfolk-Newport News, VA-NC HUD Metro FMR Area
	40. Wichita, KS HUD Metro FMR Area
	41. Winston-Salem, NC HUD Metro FMR Area

SAFMR = Small Area Fair Market Rent.
 Source: 81 FR 80567, 88 FR 73352

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Authors

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