



**CITY OF
ASHLAND**

2005-2009 Consolidated Plan
for Community Development Block Grant (CDBG) Funds

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By:
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INTRODUCTION

The City of Ashland 2005-2009 Consolidated Plan for the Community Development Block Grant Program addresses the needs of Ashland's population, and aims to establish strategies to address the highest priority needs of our extremely low and moderate-income residents. Specifically the five-year Consolidated Plan provides the basis for allocating U.S. Department of Housing and Urban Development (HUD) funds under the Community Development Block Grant Program (CDBG). During each year of the five-year plan, the city prepares an Annual Action Plan that outlines the specific program activities to be carried out in meeting the *Consolidated Plan* strategies.

An extensive citizen participation process and an in-depth analysis of community needs provide the basis for the strategies developed under the plan. Key community leaders were interviewed, focus groups of providers were conducted, and a hearing on needs was held before the Ashland Planning Commission. Participation from all citizens was encouraged throughout the process of developing the Consolidated Plan

Low- and moderate-income families and individuals (defined as households with incomes at 80% or less of area median income) are the primary beneficiaries of the activities in the plan. There is a wide range of eligible activities under the Federal CDBG Program to address the needs of the low- and moderate-income residents of a community. The City of Ashland is charged to further refine those uses to specifically address the needs identified in our community.

HUD annually allocates approximately \$240,000 in CDBG grant funds to assist Ashland with the uses identified in the Consolidated Plan. Assuming CDBG funding levels remain consistent with the 2005 Program year, the City anticipates that approximately 1.2 million dollars will be available over the 5 year planning period to contribute toward eligible projects and program administration. Based upon past awards made by the City of Ashland, it is anticipated that essentially all of these CDBG funds will primarily benefit low and moderate income people.

The Consolidated Plan was prepared by John Epler & Associates, consultant to the city, in close cooperation with the staff of the Department of Community Development, the City of Ashland Housing Commission, and the City Council.

EXECUTIVE SUMMARY

The City of Ashland 2005-2009 Consolidated Plan is a five-year strategic plan to provide an outline of action for the community as it works toward meeting the housing and community development needs of its low- and moderate-income households. The plan's development includes a profile of the community and its economy, an assessment of housing and community development needs, and the development of long-range strategies to meet those needs.

COMMUNITY PROFILE

Ashland is a unique city located in southern Jackson County, approximately 14 miles from the Oregon/California border. The city is located at the southeast end of the Bear Creek Valley, nestled between the Siskiyou Mountains to the south and the Cascade Range to the northeast. Due to the topography of the area and the City's location on two major transportation routes, Ashland has developed in a lineal fashion, 4.4 miles long and 1.7 miles wide.

Ashland combines a small town atmosphere with the cultural and educational opportunities of a larger urban center. Entrepreneurs and small business, artisans, students and families have all come to Ashland to enjoy the lively town center, the mild climate and sense of community. Tourism and students have been essential to the evolution of Ashland's character by supporting the town's two largest industries, the Oregon Shakespeare Festival and Southern Oregon University.

Population

Ashland's population is currently estimated to be 20,590 persons. The population of both the state and the City of Ashland grew 20% between 1990 and 2000, slightly less than Jackson County (24%). Between 2000 and 2003, Ashland and Jackson County both grew an estimated 5%, compared to 3% for the U.S. as a whole. Since 1980, consistently 11% of the county's population has resided in Ashland..

Economy and Employment

Consistent with the national economy, the composition of Ashland's economy involves a shift from manufacturing and processing to services emphasis. The timber products industry has given way to the services and retail sectors..

Ashland unemployment rates in 2004 have hovered in the 6% range, above the national and state average. However, one of the most significant issues facing this community is that jobs added to the labor force have been largely lower wage jobs. As a result, salaries in Ashland have not kept pace with inflation.

Household Income

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The median household income was \$36,500 in 2000, falling 11% below the state median. Fourteen percent of the city's population lived in poverty in 2000; fully 26% of families with small children lived in poverty. This trend is most prevalent in female head of households with children under 5 years: 64% live in poverty, well above the state average of 47%.

While the median household income increased by 42% from 1990-2000, the Medford-Ashland metropolitan service area did not keep pace with the nation. Median incomes for Hispanic households, the community's largest minority group, fell 20% below the city-wide median.

The highest proportions of low- and moderate-income households are found in the central areas of the city, north of Siskiyou Blvd.

POPULATION AND ECONOMY

BACKGROUND

Ashland is located just 15 miles north of the Oregon/California border in Southwest Oregon. Many of Ashland's local geographical names can be attributed to various Native American tribes that existed as long ago as 6000BC. In the early 1850s, settlers taking advantage of the "Donation Land Claim Act" of 1850 began to settle in the region, both to cultivate the lush land for agriculture, and to capitalize on the vast forests for lumber. Ashland's first sawmill was built in 1853; one year later Ashland Flouring Mills was built. Soon the post office established the town of 23 residents officially as "Ashland Mills." The word "mills" was dropped in 1871, and the town was incorporated in 1874.

In 1872, Ashland College and Normal School was founded, which later became Southern Oregon University. In the 1880s, the Oregon and California Railroad line made its way to the valley, allowing ease of travel through the region. A few years later "Chautauqua" arrived – a national traveling program of lectures and entertainment based in New York. Its domed building became the centerpiece of town. (The Elizabethan Theatre of the Oregon Shakespeare Festival currently sits on the same site.) In 1900, Ashland became the largest town in the Rogue River Valley, with a population of over 3,000.

However, in 1927, the Southern Pacific Railroad Company found a more efficient route between California and Oregon which bypassed the Siskiyou and Ashland entirely. On top of the Depression-era economy, this was devastating blow to the area. The Chautauqua Dome was abandoned.

The Oregon Shakespeare Festival was started by Angus Bowmer in 1935 as a Fourth of July celebration, originally three performances and two plays. The festival was a success, and over the years it has grown to a nine-month series of over 700 performances and 11 plays. The 1960s brought skiers to the area with the opening of Interstate 5 and the Mount Ashland Ski Lodge. In the 1970s, residents and business owners began restoring the downtown Ashland area.

In the last twenty years, timber harvests have declined as supplies have diminished throughout the entire Pacific Northwest and environmental protection has become a major factor affecting forested areas. There has been a shift toward a more service- and retail-oriented economy throughout the area. While this has been a national trend, this trend in Ashland has also been impacted by the migration of middle- and upper-income "Baby Boomers" and retirees from California and the Midwest to Southern Oregon, attracted by the mild climate and the relatively more affordable cost of living.¹

Figure 1 on the following page shows the 2000 census tracts and block groups in Ashland. This will serve as a reference for the maps presented and discussed in subsequent sections of this report.

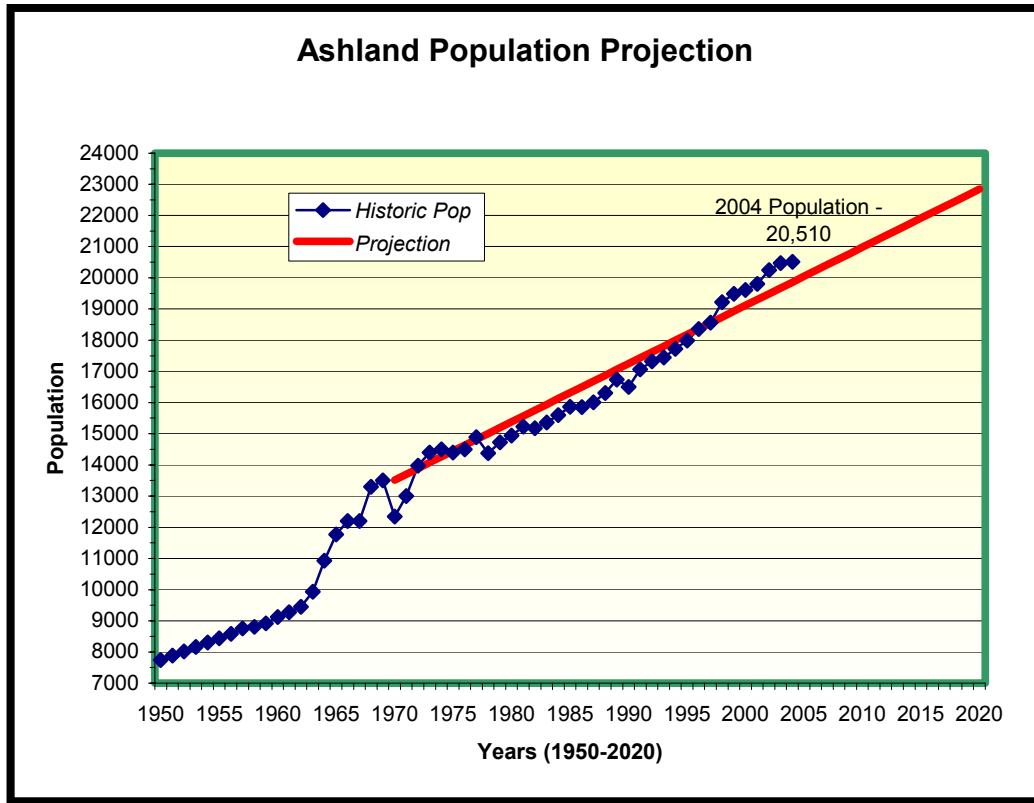
¹ Ashland Chamber of Commerce, Passport 2 Ashland, City of Medford.

POPULATION

Population Growth

Oregon is growing much more rapidly than the country as a whole. The population of both the state and the city grew 20% between 1990 and 2000, slightly less than Jackson County (24%). During the same time, the U.S. population grew by just 13%. Between 2000 and 2003, Ashland and Jackson County both grew an estimated 5%, compared to 3% for the U.S. as a whole. Since 1980, consistently 11% of the county's population has resided in Ashland.

The City's Comprehensive Plan population projection has compared well to actual population increases over time. Using this projection Ashland anticipates its population will reach approximately 21,000 by the conclusion of this Consolidated Planning period (2010)



**Table 1
Population 1990 and 2000**

Location	Year		Change 1990-2000
	1990	2000	
Ashland	16,234	19,522	20%
Jackson County	146,389	181,269	24%
Oregon State	2,842,321	3,421,399	20%

Source: US Census.

By July 1, 2004, the city’s population had increased to 20,590 while Jackson County’s population as a whole reached 191,200.² People moving to the area make up a large percentage of this growth pattern. Net migration has accounted for the majority of the population increase in Jackson County since the 1970s, when the bulk (85%) of the total growth was due to in-migration. In the 1980s, in-migration dropped due to the recession, but resumed in the 1990s – 87% of the population increase in Jackson County was due to net in-migration.³ Net in-migration for the county is expected to double from 2000 to 2010. In fact, the county is expected to reach 208,370 by 2010, with 90% of the population increase due to net in-migration.⁴

The Medford-Ashland area has been picked recently as one of the twenty-two “magnet markets” in the nation, defined as having a high diversity quotient, a large senior population, and expected to grow the fastest over the next 25 years. If this is the case, the county would increase to 226,198 by 2010, a 24% growth rate in ten years.⁵

In 1999, the top three reasons for moving to the Rogue River Valley were to be with friends and family, quality of life, and retirement.⁶ While Medford has had an influx of retirees 65 and over – making up 17% of its population in 2000 – Ashland’s “baby boomer” population 45 to 65, reached 26% of the population in 2000. This surge has pushed the median age of Ashland to 37.9, and suggests that in the coming years, there will be a significant population of retirees affecting Ashland’s economy, industry and services.

Age

By the 2000 census, the median age of the population in the United States was 35.3 years, a significant jump of two plus years from the previous census. This increase is due in large part to the aging of baby boomers (those born between 1946 and 1964). The “boomers” are pushing up the percent of the population between the ages of 45 and 64 years. At the same time, however, the population 65 and older increased at a slower rate than the general population because of the relatively lower birth rates in the late 1920s and early 1930s.⁷

² State of Oregon, Office of Economic Analysis, April 2004; US Census.

³ Ashland Chamber of Commerce.

⁴ State of Oregon, Office of Economic Analysis, April 2004.

⁵ Oregon Employment Department, *Workforce Analysis*, 2004.

⁶ Oregon Employment Department, 1999.

⁷ US Census.

Table 2
Age of Population, 2000

Age	Ashland	County	State	US
Birth to 17 years	19%	24%	25%	26%
18 to 44 years	41%	34%	39%	40%
45 to 64 years	26%	25%	24%	22%
65 and older	15%	16%	13%	12%
Median Age	37.9	39.2	36.3	35.3

Source: US Census

The median age of the population in Ashland (median age 37.9) is younger than Jackson County (median age 39.2) but considerably higher than the state and the nation. The “boomers” have probably contributed to the rise in the percent of Ashland’s population between 45 and 64 years. This age group rose from 17% of the total in 1990 to 26% in 2000.

However, while “boomers” are affecting the median age and population age distribution in general, the percent of adults from 18 to 44 years of age (41% in Ashland) was significantly higher than the county (34%) and the state (39%) in 2000. This is likely due to the influence of Ashland’s Southern Oregon University, with over 5,000 students.

The percent of people 65 and older in Ashland (15%) is higher than the state (13%), and slightly lower than in Jackson County as a whole (16%). However, the number of elderly in Ashland is growing at a faster rate than other populations. Between 1990 and 2000, the number of persons 85 years and older living in Ashland increased by 161%, compared to the overall population growth of 20%. As the number of elderly residents grows through the years, the retired population will have a greater impact on the economy, industry, services and housing. By law this population is eligible to live in legally “age-restricted” communities, which, while meeting the housing and service demands for one segment of the population, can reduce housing choices for others.⁸

Race and Ethnicity

Because of changes in the US census, a comparison of the population composition in 2000 with that in 1990 cannot be completely accurate. For the first time, the 2000 census allowed designation of two or more races. Designation of ethnicity (Hispanic) remained unchanged between 1990 and 2000, but the flexibility in choice of race may have influenced peoples’ designation of Hispanic origins in the census. Over time these changes will provide a more accurate picture of diversity in all communities. In the meantime, the changes make it difficult to assess recent trends in race and ethnicity with certainty.

Ashland is approximately as diverse as Jackson County as a whole, but less racially diverse than the United States and Oregon State. In terms of ethnicity, Hispanics make up a smaller percent of the population in Ashland than in the County or Oregon State.

⁸ NAHB Housing Facts, Figures, Trends, 2003.

**Table 3
Population by Race and Ethnicity, 2000**

Race	Location			
	Ashland	County	State	US
White alone	92%	92%	87%	75%
Black or African-American alone	1%	0%	2%	12%
American Indian or Alaska Native alone	1%	1%	1%	1%
Asian or Pacific Islander alone	2%	1%	3%	4%
Other race alone	2%	3%	4%	6%
Two or more races	3%	3%	3%	2%
Ethnicity				
Hispanic (of any race)	4%	7%	8%	13%

Source: US Census

Figure 2 on the following page shows percent non-Hispanic white population by block group, which is a relatively unambiguous way to consider the areas of the city with concentrations of racial or ethnic minority populations. For purposes of this Consolidated Plan, areas of minority concentration are defined as census tracts where 20% or more of the population is racial or ethnic minority. In 2000, there were no block groups that fit this criterion in Ashland. However, three block groups were 15% or more diverse. In terms of the map, these are areas in which 85% or less of the population is non-Hispanic white. By that definition, block groups 18.04, 19.01 and 19.02 have a disproportionate share of minority population.

Languages Spoken and Linguistic Isolation

The 2000 census found that 11% of the United States population was born outside the country (not US citizens at birth). Just under of 5% of people in the United States were recent immigrants (had arrived between 1990 and March of 2000). In Oregon, 8% of the population was born outside the United States in 2000, compared to 5% in Jackson County and 4% in Ashland. Three percent of the population in Ashland was recent immigrants (entry from 1990 to 2000), compared to 3% in the county and 4% in the State of Oregon.

Immigrants in general face significant disadvantages when entering the country. Among these are weak to no English language skills, adjusting to a different role of government and the difficulties of adapting to a new culture, lifestyle, food, climate, customs – all of which can be daunting. Furthermore, recent immigrants often find their job skills incompatible with the local job market.

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Whether new to the country or longer-term residents, people with limited English-language skills face barriers in accessing services and understanding important life transactions. This includes such things as comprehension of legal rights, how to qualify for and buy a home, communicating with health-care professionals, and more routine day-to-day activities. Linguistic isolation can be a critical barrier in emergencies. Almost 9% of the population in Ashland over 5 years of age spoke a language other than English in the home, and about one-third of them spoke English “less than well,” which implies some degree of difficulty. The predominant language reported was Spanish (46%), with 38% speaking “Other Indo-European Languages.”

The census identifies “linguistic isolation” as a case when no person in the household (14 years old and over) speaks only English, or speaks a non-English language and speaks English “very well.” In other words, all persons in the household 14 plus years old have at least some difficulty with English. In 2000, 203 people (or 1.2% of the population of Ashland) were considered linguistically isolated. This is a slightly lower percentage than the county as a whole (1.8%).

Households and Household Composition

The total number of households in Ashland increased by 25% between 1990 and 2000, compared to a 20% increase in the total population during the same period. Family households comprised just over one-half of the total Ashland households in 2000, which was a slight decline since 1990. There was an increase in the percent of non-family households between 1990 and 2000, reflected in the slightly higher percent of single-person households and small non-family households in 2000 compared to 1990. Consistent with the influx of retirees into Ashland, elderly single households rose by 40% between census years, comprising 11% of total households (equal to the County as a whole).

The split between family and non-family households was markedly different between Ashland and the County in 2000: Ashland shared nearly equal percentages of family (52%) and non-family households (48%), whereas the County was similar to the State, with about one-third non-family households and two-thirds family households. This probably reflects the large number of students who reside in Ashland.

**Table 4
Ashland Households 1990 and 2000**

Type of Household	1990		2000	
	Number	%	Number	%
Non-family households	2,968	43%	4,058	48%
Single	2,204	32%	2,839	33%
(Elderly Single)	(663)	(10%)	(931)	(11%)
Small (2-4 people)	751	11%	1,202	14%
Large (5+ people)	13	<1%	17	<1%
Family households	3,885	57%	4,479	52%
Small (2-4 people)	3,565	52%	4,140	48%
Large (5+ people)	320	5%	339	4%
Total households	6,853	100%	8,537	100%
Average household size	2.22		2.14	

Source: US Census.

Household size decreased slightly from 2.22 in 1990 to 2.14 in 2000. Nationally, the average household size has also been declining. Household sizes are becoming smaller for several reasons,

including smaller families, childless couples, single-parent households, and an increase in the number of “empty-nesters” as the baby boomers age. The average household size in the United States in 2000 was 2.59 persons per household. Ashland household size is substantially lower than the US average, the state (2.51 persons per household) and the county (2.48).

Group Quarters

Six percent of Ashland’s population in 2000 lived in group quarters – far above Jackson County and the state (each with 2%), largely attributable to student residences at the college. The group quarters population is split between institutionalized and non-institutionalized quarters. Among the institutionalized population, the highest is nursing homes at 8% (half that of the state). Seventy-two percent of the non-institutionalized population in Ashland lives in college dorms.

ECONOMY AND EMPLOYMENT

Employment Trends

Jackson County was rated by the Oregon Employment Department as the seventh most diverse county in the state for industry. It has created a strong wholesale and retail trade. In addition the art, entertainment, recreation, health care and social assistance, and accommodations and food services industries contribute to the diversity of the local economy.⁹

The Oregon Shakespeare Festival attracts more than 100,000 visitors annually. The festival itself employs 300 to 425 people each year, in addition to various tourist industry employment that results from the festival. An additional 250,000 people visit Ashland for other activities such as skiing at Mt. Ashland, shopping and sightseeing.¹⁰ The service industry now tops the employment list in Jackson County, followed by retail trade. Higher-paying manufacturing jobs have declined overall, comprising just 11% of total employment (timber now comprises less than half that). In 1999, the average annual salary for a job in the lumber and wood industry was \$45,390, versus one in retail trade, at \$23,167. The latter is far below the income needed for a family of four to afford rent for a 3-bedroom home in Ashland.

While unemployment rates decreased from 1990 to 2000, jobs added during that period were generally lower-paying service and retail positions. Between 1990 and 2000, the average wage and salary per employee increased in absolute dollars; however, when taking inflation into account using the CPI, the average annual pay actually decreased. While median family income and median household income increased during that time, they did not increase as rapidly as those of Oregon State or the nation. Due to the trend in lower-paying non-manufacturing jobs, a relative decrease in annual pay may be expected to continue in the area.

Major employers in Ashland are shown in Table 5. Southern Oregon University is the largest employer with 849 employees.

Table 5
Major Employers, City of Ashland

⁹ Oregon Employment Department, *Workforce Analysis*, 2004.

¹⁰ Ashland Chamber of Commerce.

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Employer	Employees
Southern Oregon University	849
Public Schools	401
Ashland Community Hospital	424
Oregon Shakespeare Festival	300-425
Ashland City Government	220
Pathway Enterprises	150
Pro Tool	83-125
Butler Ford	85*
Ashland Food Cooperative	112
Linda Vista Care	75
Albertson's	78
Windmill Inn of Ashland	58
Plexis Healthcare Systems	55
Cropper Medical	55
Safeway	50
Bi-Mart	39

*Also employs 20 part-time employees.

Source: City of Ashland Chamber of Commerce

The area is expected to continue to have strong population growth for the next ten years, which will result in increased employment in the retail and service sectors. Service industries are expected to account for almost one-half of the Rogue Valley's job growth between 2002 and 2012.¹¹ Because of its aging population, health services are projected to be the fastest growing of any sector, increasing by 32%. Trade industries are expected to add nearly one in three new jobs to the area. Construction and mining was the fastest growing industry over the past 10 years, growing by nearly 80 percent. However, in the next ten years this industry is expected to grow more slowly, at 15%. Manufacturing employment fell by 9% in the past ten years due to loss in lumber and wood products. However, other goods manufacturing is projected to grow slightly in the next ten years.¹²

Unemployment

Between 1990 and 2000, the unemployment rate in the Medford-Ashland Metropolitan Statistical Area (MSA) was consistently higher in each biennial period than the state. In 2002, however, the Medford-Ashland area had a lower unemployment rate than that of the state (7.1 and 7.5 respectively). This was still significantly higher than the national average of 5.8.¹³

Table 6
Unemployment Rates, 1990-2004 (Biennial)*

Location	Year						
	1990	1992	1994	1996	1998	2000	2002
Ashland-Medford MSA	6.7	8.5	6.7	8.2	7.1	5.3	7.1
State	5.6	7.6	5.4	5.9	5.6	4.9	7.5

*Not Seasonally Adjusted.

Source: Bureau of Labor Statistics.

¹¹ Note: this area includes Jackson and Josephine Counties.

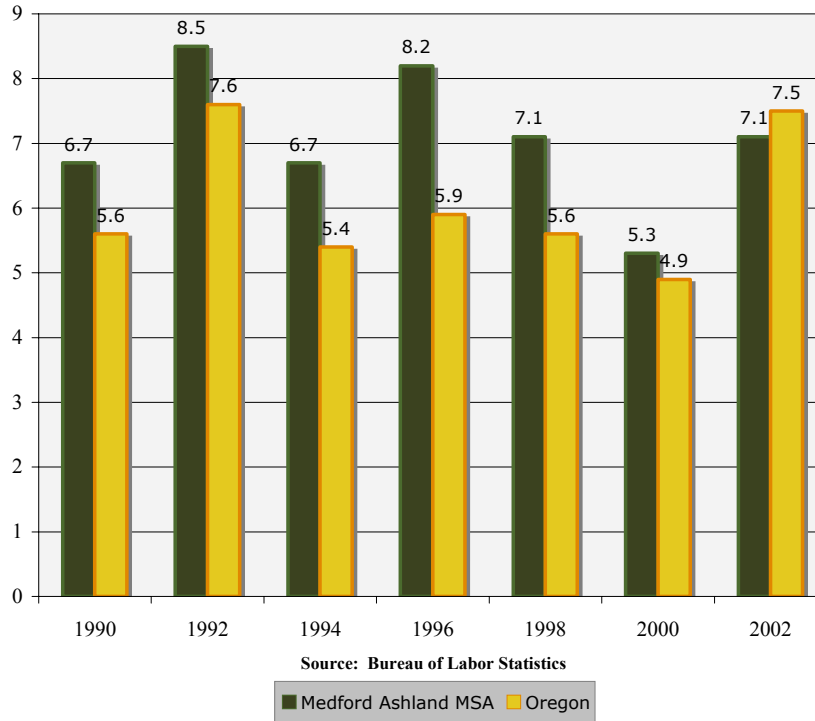
¹² Oregon Employment Department, *Workforce Analysis*, 2004.

¹³ Bureau of Labor Statistics.

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While higher than the national average, the Ashland-Medford area unemployment rate continued to average lower than that of the state for each month of 2004. As of December, the Medford-Ashland unemployment rate was 5.7%, versus 6.5% in Oregon and 5.1% in the US.¹⁴

Unemployment Rate, 1990-2002



Education and Workforce Development

**Table 7
Highest Education Levels, 2000
(Population Aged 25 Years and Older)**

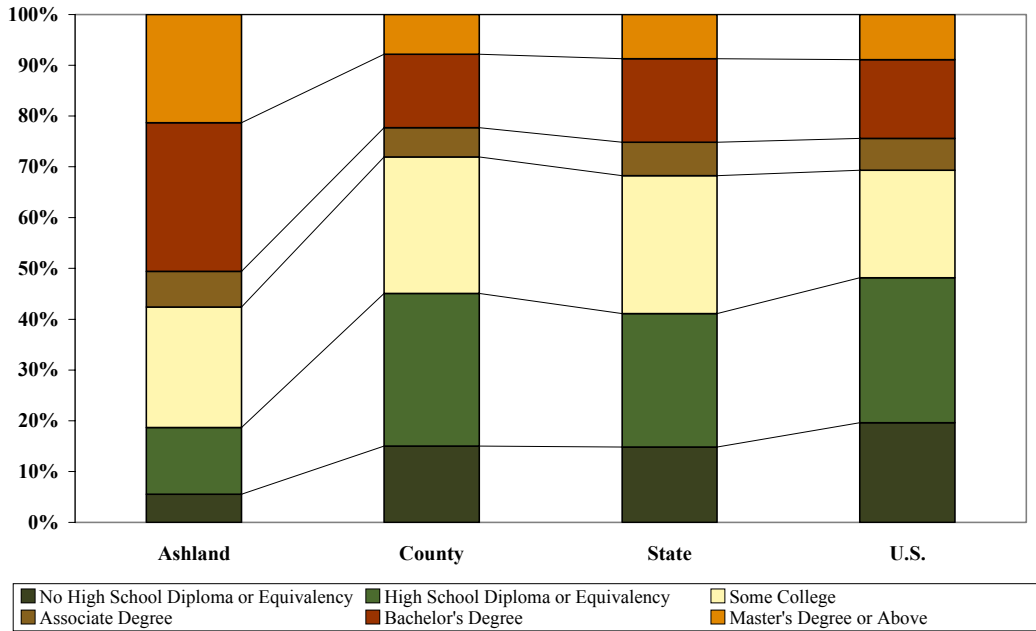
Highest Education Level Attained	Ashland	County	State	US
No high school diploma or equivalency	6%	15%	15%	20%
High school diploma or equivalency	13%	30%	26%	29%
Some college	24%	27%	27%	21%
Associate degree	7%	6%	7%	6%
Bachelor's degree	29%	15%	16%	16%
Master's degree or above	21%	8%	9%	9%

Source: US Census.

Ashland's population has an education level that is higher than the state. Over half the population of Ashland holds an associate college degree or higher, compared to just under one-third of the populations of both the county and the state.

¹⁴ Oregon Labor Market Information Statistics.

Highest Education Levels, 2000



According to the Bureau of Labor Statistics, education levels are proportional to both unemployment rate and median weekly earnings. While the unemployment rate in the U.S. for a high school dropout was 7.3% in 2001, it was 4.2% with a high school diploma, 2.5% with a bachelor’s degree, 2.1% with a master’s degree, and 1.1% with a doctoral degree.¹⁵ Furthermore, for all college degrees from an associate to doctoral, earnings exceed the median wage.¹⁶ In 1996, those without a high school diploma or equivalency earned 60% less than those with some college, and 120% less than those with a bachelor’s degree.¹⁷

However, Ashland has an unusually large income disparity, where despite its high level of education, 40% of Ashland’s population earns under \$25,000 per year. This could in part be due to the presence of the university and to a lesser extent, a larger senior population.

Table 8
Median Weekly Earnings, 1996,
by Level of Educational Attainment

Highest Education Level Attained	Median Weekly Earnings*
High school drop-out	\$317
High school graduate	\$443
Some college	\$504
Associates degree	\$556
Bachelor’s degree	\$697
Master’s degree	\$874
Doctoral degree	\$1,088

*Based on those 25 or more years of age who are

¹⁵ Bureau of Labor Statistics, 2001.

¹⁶ OLMIS. (1998). *The Value of a College Degree*.

¹⁷ Bureau of Labor Statistics, 1996.

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working full-time.
Source: Bureau of Labor Statistics.

Household Income

From 1989 to 1999, Ashland median household income rose by 39% (compared to 45% in the county and 50% in the state.) Both Ashland and Jackson County's median household income were substantially lower than the state and national median income in 1999. While some income measures shown in the table below for Ashland exceeded those in the county, most measures were below those in the nation as a whole. The one exception is median female earnings, which surpassed the county, state, and national averages. However, the number is still 20% less than the median male earnings in Ashland.

Table 9
Household and Family Income, 1999

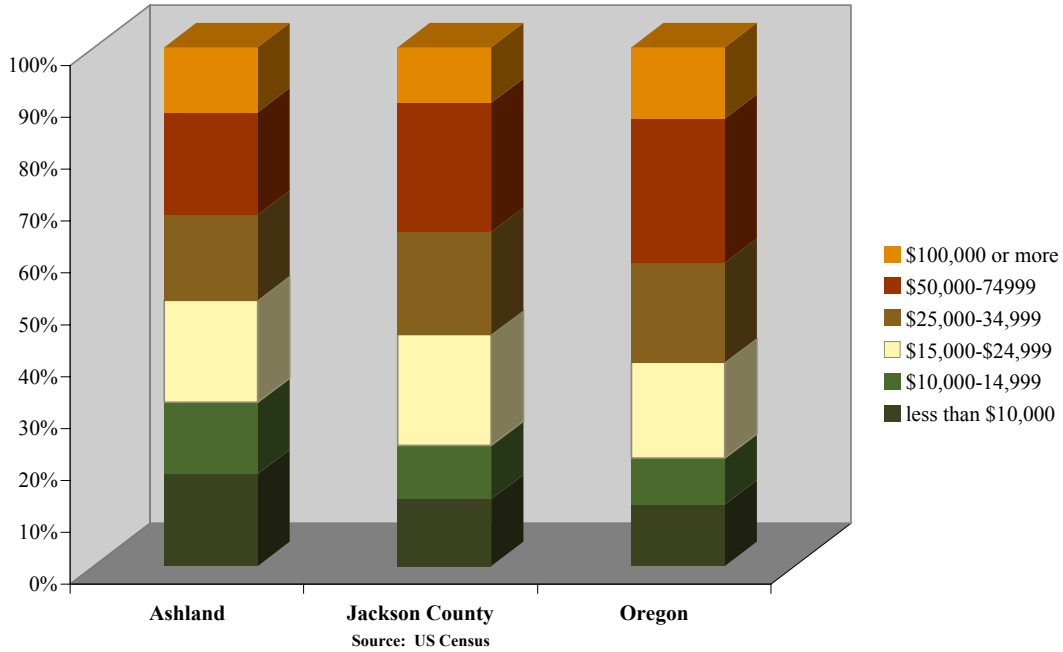
Income Measure	Ashland	County	State	US
Median household income	\$32,670	\$36,461	\$40,916	\$41,994
Per capita income	\$21,292	\$19,498	\$20,940	\$21,587
Median family income	\$49,647	\$43,675	\$48,680	\$50,046
Median earnings male*	\$36,825	\$32,720	\$36,588	\$37,057
Median earnings female*	\$30,632	\$23,690	\$26,980	\$27,194

*Working full-time, year-round.
Source: US Census.

Median family income in Ashland in 1999 was higher than median household income, which is generally the case. There are fewer families than households, many including more than one wage earner. (Households include single individuals living alone.)

Figure 3, found three pages forward, shows the 1999 median household income in Ashland by block group. Areas with lowest median household income are located in block groups 18.04, 19.01, 20.02 and 20.03.

Household Income Range, 1999



In Ashland, 40% of the population makes less than \$25,000 per year and 10% are in the top income bracket, making \$100,000 per year. In the state, 8% of the population makes \$100,000 or more, but only 29% make less than \$25,000 per year. Clearly there is a severe income disparity in Ashland.

Table 10
Median Household Income Range, 2000

Income Range	Ashland		County	State
	Number	%	%	%
Under \$15,000	684	24%	17%	15%
\$15,000 to \$24,999	488	15%	16%	13%
\$25,000 to \$34,999	496	13%	15%	14%
\$35,000 to \$49,999	633	13%	17%	18%
\$50,000 to \$74,999	982	15%	19%	20%
\$75,000 or more	1,295	19%	16%	20%

Source: US Census.

Median income for households with two or more races and other races householders was much lower in 1999 in Ashland than the median household income for all households (\$20,903 and \$22,159 compared to \$32,670). This exceeded the disparity at the state level, particularly for householders of two or more races (56% in Ashland, compared with 26% in the state).

Population Below Poverty

Table 11
Percent of Population Living in Poverty, 1999

Population Group	Ashland	County	State	US
Individuals	20%	13%	12%	12%
Individuals 18 or older	19%	11%	11%	11%
Individuals 65 and older	9%	7%	8%	10%
Families	13%	9%	8%	9%
Families with children <18	21%	15%	12%	14%
Families with children <5	36%	20%	17%	17%
Females alone with children <18	28%	37%	33%	34%
Females alone with children <5	66%	56%	47%	46%

Source: US Census.

Twenty percent of all individuals in Ashland were living in poverty in 1999, compared to 13% in the county, and 12% in the state and the nation. Thirteen percent of all families in Ashland were living in poverty. Families with children were more frequently living in poverty than families as a whole. Overall, households with children under five were most likely to live in poverty: 36% of families with children under five, and 66% of female households (with no husband present) with children under the age of 5 were living in poverty in 1999. Both numbers were considerably above the state and national averages, reflecting an area where considerable safety net services may be required to sustain this population. The percent of the population in Ashland living in poverty was higher than the county and the state, for all population groups excepting females alone with children under 18.

Figure 4, found two pages forward, shows percent of population in poverty by block group. Areas of highest concentrations of the households in poverty are in block groups 18.04, 19.01, 19.02 and 20.02.

Figure 3
Median Income by Census Block Group

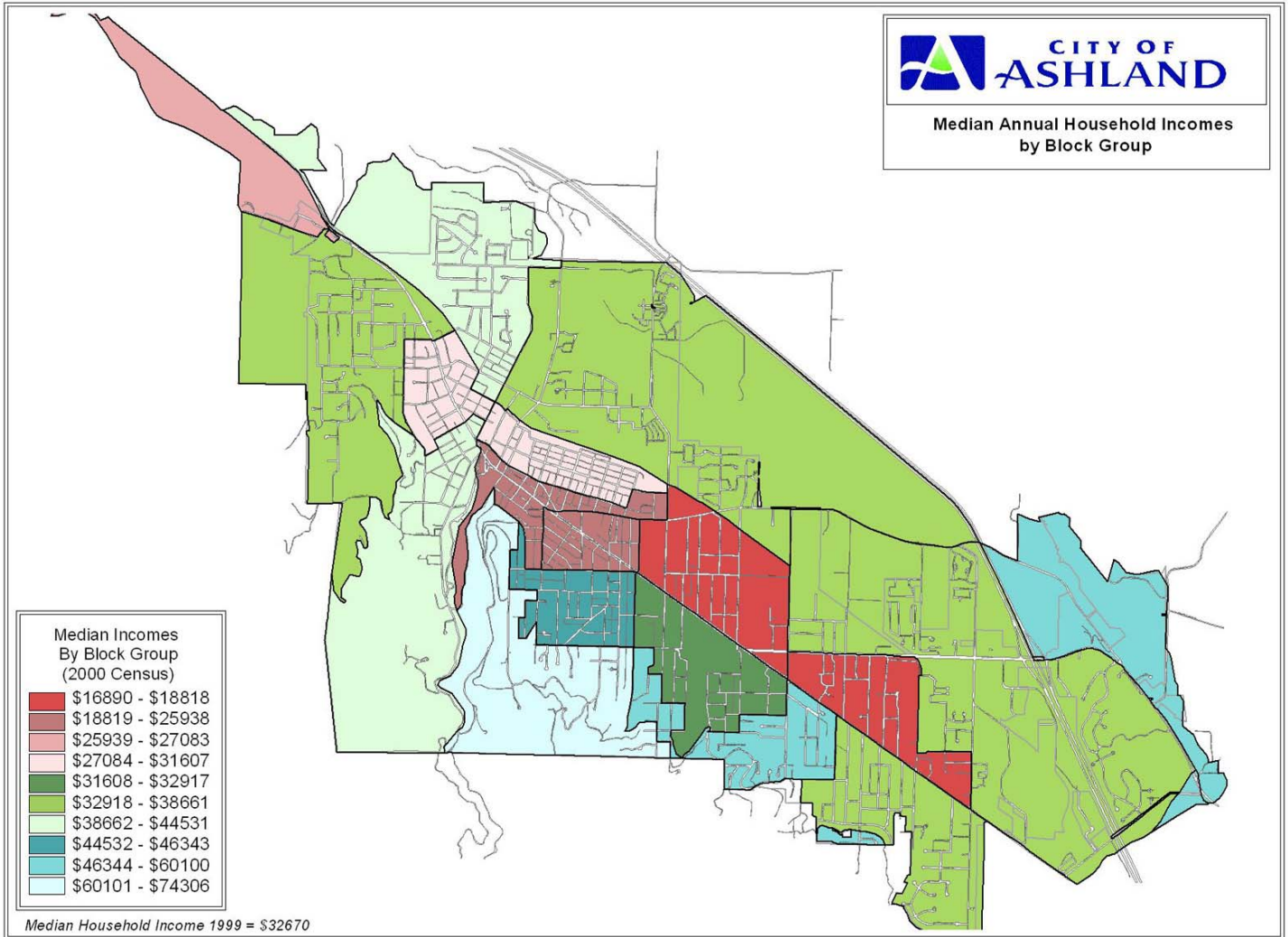


FIGURE 3 - 2005-2009 Comprehensive Plan

Figure 4
Percent of Population in Poverty by Census Block Group

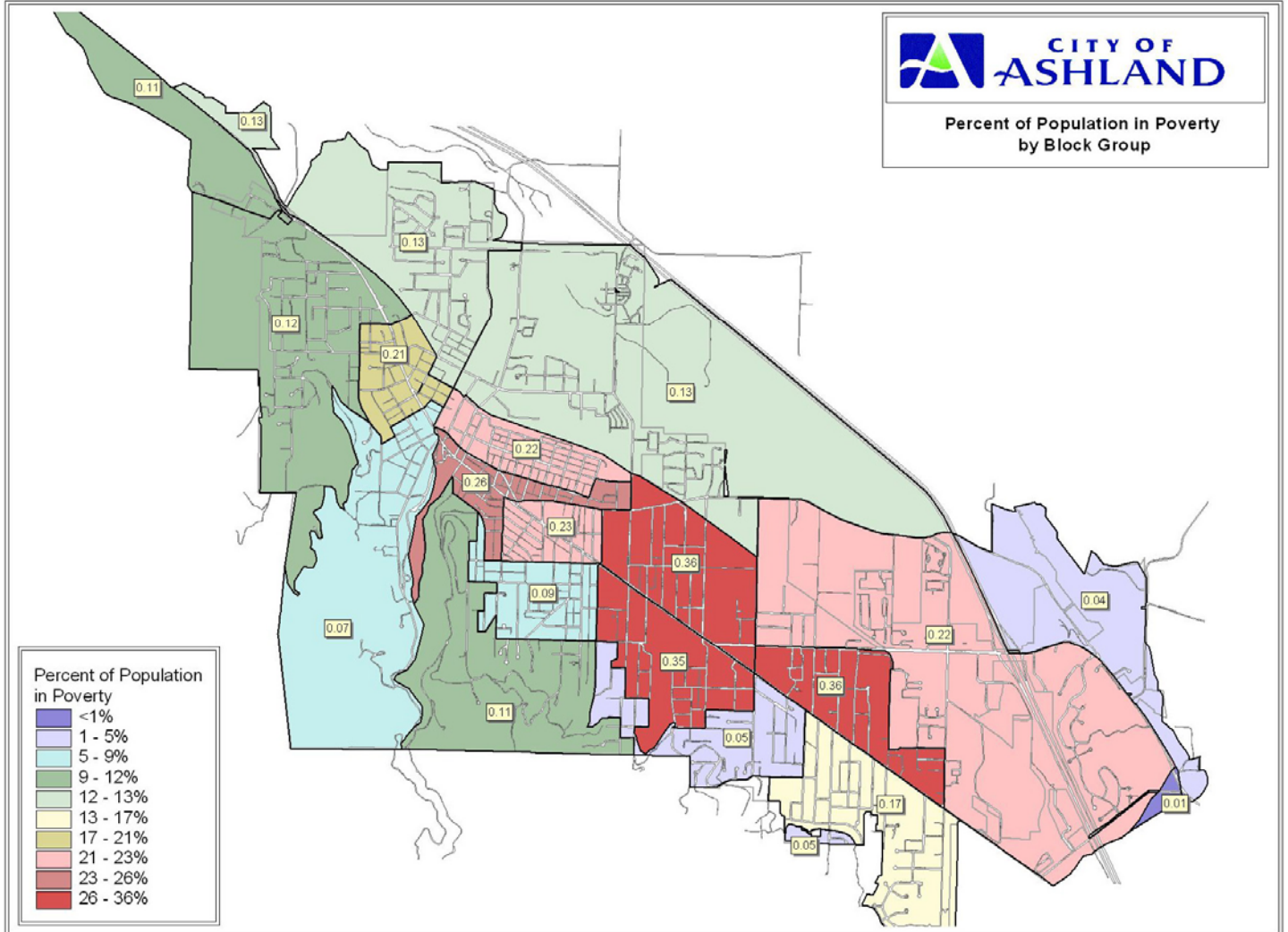


FIGURE 4 - 2005-2009 Comprehensive Plan

Low and Moderate Income Neighborhoods

For purposes of the Consolidated Plan, areas of lower-income concentration are defined as areas in which 51% or more of the households have incomes at or below 80% of HUD-defined area median income. Figure 5 on the following page shows the block groups in which the majority of households are low- or moderate-income. Block groups 18.04, 19.01, 20.02 and 20.03 contain the greatest number of low- and moderate-income households.

Other Indicators of Need

Students Eligible for Free and Reduced-Cost Lunches

The number of students eligible for free and reduced-cost lunches is a good indicator of need in neighborhoods. The percentage of elementary school students qualifying for free and reduced lunches in the 2003-2004 school year were: Walker (45%), Helman (40%), Lincoln (38%), and Bellview (23%).¹⁸

Students are eligible for free and reduced-cost lunches at the middle and high school levels also, but the percent eligible tends to be lower than in elementary school. This may be because catchment's areas are broader for these more regional schools. It may also be because students in higher grades are more reluctant to identify a need. Some students in need at earlier grades also may have dropped out of school before completing high school. These eligibility rates were: Ashland Middle School (28%) and Ashland High School (25%).

¹⁸ Oregon Department of Education, SFDA.

Figure 5
Percent Low and Moderate Income Households by Census Block Group

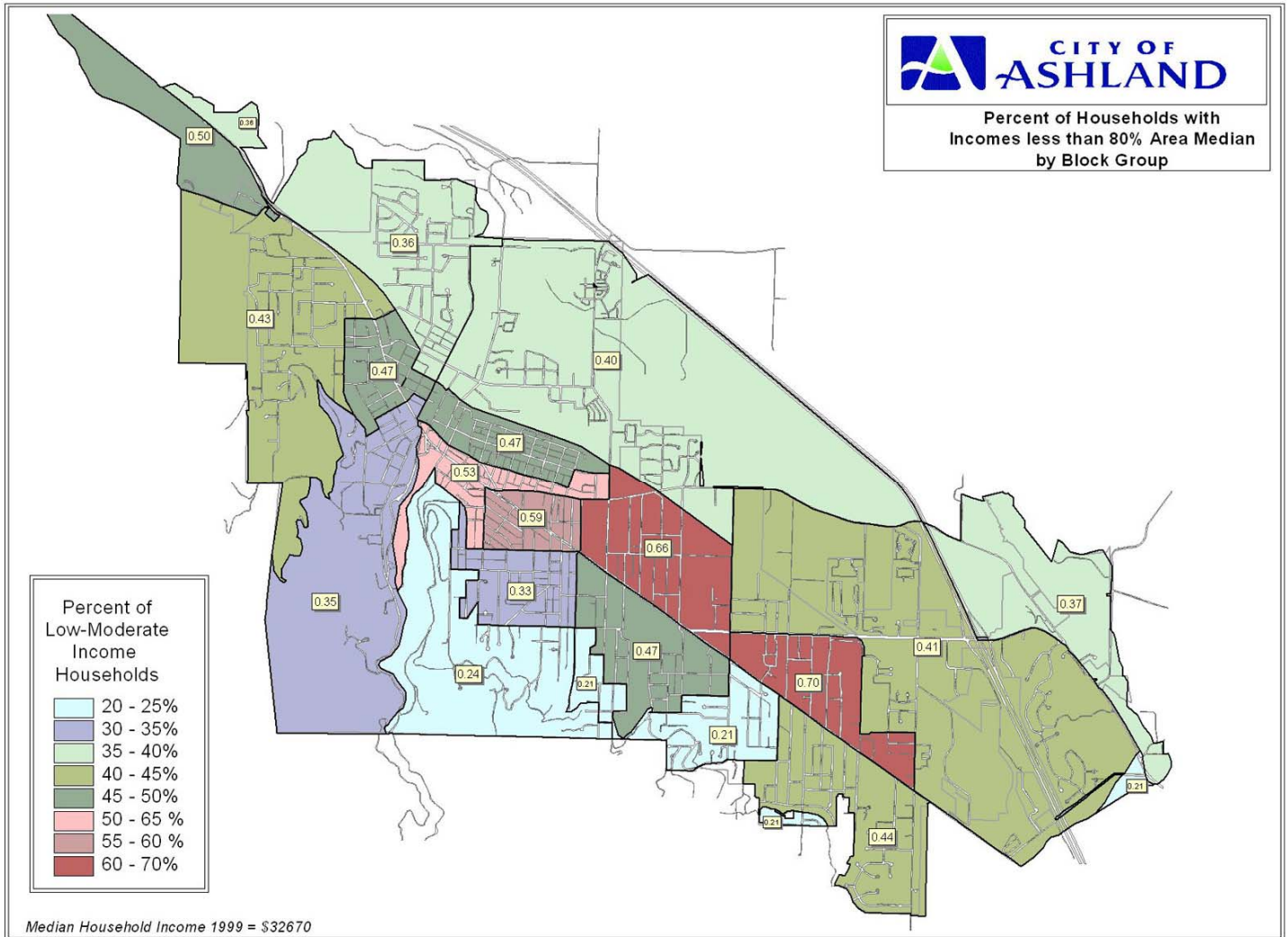


FIGURE 5 - 2005-2009 Comprehensive Plan

HOUSING NEEDS AND MARKET ANALYSIS

HOUSING TRENDS

Number of Units

The number of housing units in Ashland grew by 26% between 1990 and 2000, higher than the overall population increase of 20%. Several changes in the mix of housing types occurred over that 10-year period. The greatest net gain in number of units was in multifamily units – in particular, large (20 plus units) multifamily complexes grew by 151%.

Table 12
Ashland Housing Units 1990 and 2000

Type of Unit	1990		2000		Change 1990-2000
	Number	%	Number	%	
Single family	4,764	66%	5,919	65%	24%
Detached	4,519	63%	5,375	59%	19%
Attached	245	3%	544	6%	122%
Multifamily	2,171	30%	2,909	32%	34%
2 to 4 units	838	12%	1,099	12%	31%
5 to 19 units	1,006	14%	989	11%	-2%
20+ units	327	5%	821	9%	151%
Mobile homes	190	3%	225	3%	18%
Other*	70	1%	18	<1%	-74%
Total	7,195	100%	9,071	100%	26%

*These units include boats, RVs, vans and other more temporary housing types.

Source: US Census.

Note: Totals may not add due to rounding>

Overall, multifamily units grew by about 2%, to nearly one-third of all Ashland housing. This is approaching double that of the county as a whole, where just 19% of housing is multifamily units. At the same time, there is a greater share of single family housing and a substantially lower percentage of mobile homes in Ashland.

Table 13
Housing Type by Location, 2000

Type of Unit	Ashland	County	State
Single family	65%	66%	66%
MF (2 to 19 units)	23%	13%	15%
MF (20+ units)	9%	6%	8%
Mobile homes/other	3%	16%	11%

Source: US Census.

Mobile Homes

Mobile homes represented 2% of the total housing in 2000, down from 3% in 1990. Mobile homes can be one of the most affordable ownership options. At the same time, occupants are not guaranteed of space and are vulnerable to redevelopment and rezoning. It is not easy to obtain funding for renovation or purchase of mobile homes, which means they are increasingly threatened and sometimes in deteriorated and unsafe condition. Additionally in Ashland an existing mobile home park (Upper Pines) is located on high valued commercially zoned lands and thus there exists an economic disincentive to retaining its use as housing. This economic pressure was most recently evident in Ashland when the Lower Pines mobile home park residents were evicted so the site could be redeveloped commercially.

Planned Development

In recent years the City of Ashland has worked extensively to plan for the future development of undeveloped, or under developed areas. The North Mountain Neighborhood Plan is a transportation oriented development plan that incorporates low density, medium and high density residential, and commercial zonings across a large area north of Bear Creek and adjacent to N. Mountain Ave. This Plan adopted in 1997 continues to be built out as envisioned. Other master plans developed by the City of Ashland include the Railroad Property Master Plan (2001), the Tolman Creek Neighborhood Plan (1999) and the Phase II Downtown Plan (2001). These plans continue to be developed and have yet to be adopted. The Railroad Property Master Plan is a land use and transportation plan that was developed in for an area that is centrally located, within half of a mile of downtown Ashland and adjacent to Ashland's Historic Railroad District. Over half of the undeveloped commercially-zoned acreage in the plan area is owned by Union Pacific Railroad. Large portions of the property have recently come available for sale and commercially zoned land is in high demand. Portions of the Union Pacific property are contaminated, and are in the process of being cleaned-up according to a plan approved by the Oregon Department of Environmental Quality. In addition to a retail plaza and train station, the mixed-use area could include light industry and affordable housing.¹⁹

Currently the City has also seen applications for private developments for large areas that include either annexations or zone changes. Some such applications are pending but it is important to note that Ashland Land Use ordinance requires a percentage of residential units (15-35%) created through an annexation or zone change to be affordable. This ordinance is addressed in the pending applications and as such ensures that a mix of incomes will be present in the new neighborhoods developed in the future.

Housing Density

Figure 6 shows housing density in terms of units per acre mapped by census block. Ashland is predominantly composed of single family dwellings. New developments typically aim to maximize density for the zone. The highest residential density permitted is within the downtown core (60 units per acre) , followed by commercial zoning (30 units per acre) , High density Multi-family (20 units per acre), low density multifamily (13.5 units per acre), Suburban Residential (7.2 units per acre), single family 4.5 units to just 2 unit per acre in rural residential zones. The attached map (Fig. 6) does not reflect the actual density of development on individual properties but instead uses Census household counts across large block groups. No accommodation is made for roads, parks, schools, or environmentally sensitive lands. Additionally much of the land in a number of census block groups remains outside Ashland's City Limits and is developed as rural property

¹⁹ *Ashland Railroad Property Master Plan*, June 2001.

Figure 6
Housing Units per Acres by Block Group

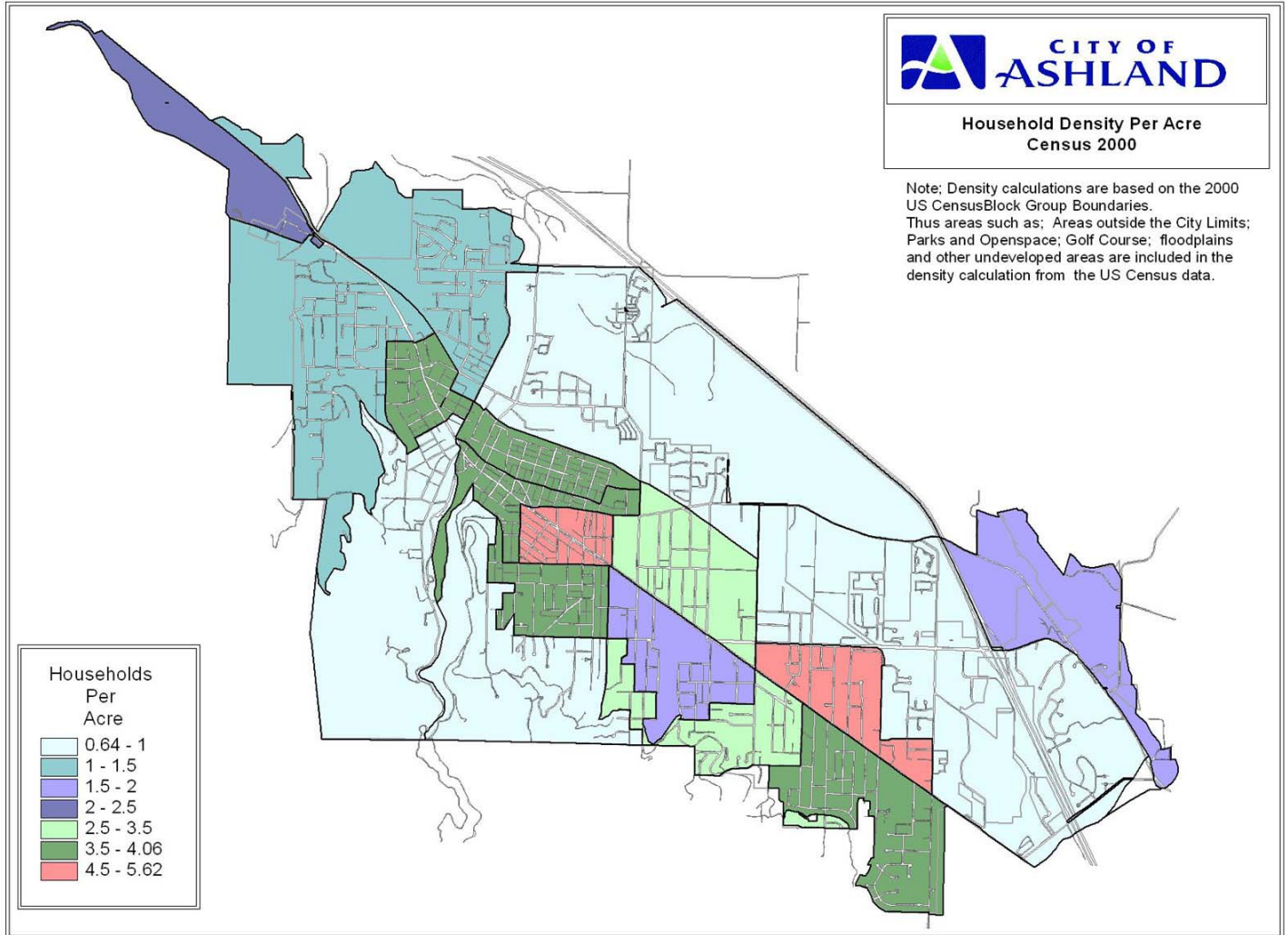


FIGURE 6- 2005-2009 Comprehensive Plan

HOUSING CONDITION

Age of Units

Units in Ashland are a little older than in Jackson County or Oregon in general. Fifteen percent of the housing in Ashland was built prior to 1940. The age of housing units is sometimes an indication of condition, depending on how well the units are maintained. On the other hand, well-maintained housing in older neighborhoods can be highly valued. Often centrally located, it can become prime property for redevelopment. Preservation of older units is one of the best strategies for preserving affordable housing. Ashland’s Railroad District, Downtown District, Skidmore Academy District and Hargadine District were added to the National Historic Registry in 1999 and 2000.²⁰ In addition to historic districts, there are a number of neighborhoods in which strategies to rehabilitate older housing could be implemented effectively.

**Table 14
Age of Housing Units, 2000**

Year Built	Ashland		County	State
	Number	%	%	%
Before 1940	1,385	15%	9%	13%
1940 to 1959	1,528	17%	15%	17%
1960 to 1979	2,840	31%	36%	35%
1980 to 2000*	3,318	37%	39%	34%
Total	9,071			

*March 2000.

Source: US Census.

Very little data is available to judge housing conditions in Ashland. Age of housing is an indicator of condition. Generally, as housing stock reaches 25 years, the need for rehabilitation, weatherization and major system upgrades increases. The high percentage of units approaching or exceeding the 25-year mark indicates that the condition of housing will become a more important issue for Ashland in the future. However, increasing values of Ashland real estate, specifically historic properties, and low interest rates in recent years as prompted a significant amount of reinvestment into improving housing conditions. The Railroad District is a key example of this trend given it had contained many dilapidated homes prior to 1980, and since has been substantially revitalized by private rehabilitation efforts.

In the 1995 Consolidated Plan, it was estimated that 1,575 housing units, or approximately 18% of the current housing stock, in Ashland were considered substandard, and 94% of those units were rented by low-income households. In 1983, the City received a CDBG Housing Grant and rehabilitated 88 homes through a loan program. Any house that had one of the following conditions was considered eligible for a rehabilitation loan: 1) no electric breaker boxes, but fuse boxes, 2) major plumbing problems, 3) major electrical problems, 4) major structural problems, and/or 5) no continuous foundation.

In 1997 a windshield survey was conducted by students at Southern Oregon University to assess the state of dilapidation of all housing units in Ashland. Although this survey indicated that

²⁰ Passport 2 Ashland, 2005.

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approximately 95% of Ashland's housing stock was in fair or good condition, the survey did not include detailed assessments of the electrical, plumbing, or structural conditions of each individual property. Survey participants merely examined the exterior of the homes for cracked foundations, missing or boarded windows, roof integrity, and other obvious signs of dilapidation visible from the exterior of the homes.

For purposes of this plan, a home is in substandard condition but suitable for rehabilitation if it lacks one or more significant habitability elements such as a complete kitchen, complete bathroom, etc. Substandard condition and not suitable for rehabilitation is defined as a dwelling unit that is in such poor condition that it is neither structurally or financially feasible to rehabilitate the home. Standard condition is defined as a dwelling unit containing a foundation with no major electric, plumbing, structural problems, or emergency repairs required (i.e. leaking roof) and containing all significant habitability elements (i.e. complete kitchen, complete bathroom, etc.).

Lead-based Paint and Lead Hazards

The Residential Lead-Based Paint Hazard Reduction Act of 1992 seeks to identify and mitigate sources of lead in the home. A high level of lead in the blood is particularly toxic to children aged 6 and younger. Childhood lead poisoning is the number one environmental health hazard facing American children. Lead can damage the central nervous system, cause mental retardation, convulsions and sometimes death. Even low levels of lead can result in lowered intelligence, reading and learning disabilities, decreased attention span, hyperactivity and aggressive behavior.

Children who live in homes with lead-based paint can become exposed by inadvertently swallowing lead contained in household dust. This is particularly a problem when houses are remodeled using practices such as scraping or sanding of old paint. Lead-based paint is not the only culprit. Lead has also been identified in many other sources, including some vinyl blinds, pottery, lead in water pipes, lead in dust brought into the home from work sites, some hobbies (like lead solder in stained glass work), and some herbal remedies.

The Centers for Disease Control and Prevention (CDC) recommends that children ages 1 and 2 be screened for lead poisoning. CDC also recommends that children 3 to 6 years of age should be tested for lead if they have not been tested before and receive services from public assistance programs; if they live in or regularly visit a building built before 1950; if they live in or visit a home built before 1978 that is being remodeled; or if they have a brother, sister, or playmate who has had lead poisoning.

In the 4-year period 2000 through 2003, 33,025 children under the age of 6 were tested in Oregon and 425 had confirmed elevated blood-lead levels. CDC provides funding for testing for children who are not eligible for Medicaid or who do not have private insurance. Most of the testing is performed by private physicians and clinics, at the request of parents. The Oregon Department of Human Services maintains a web site with instructions for lead testing, an indication of hazards, lists of resources and links to other sites.

The State of Oregon Lead Poisoning Prevention Program compiles data on testing statewide and results of those tests. Testing data are not tracked by location unless the children are Medicaid-eligible. Results that are confirmed positive for elevated blood-lead levels are tracked by location. The information is reported to the County health department for follow-up.

Earlier general testing found elevated blood-lead levels in Jackson County. In May, 1995, the Jackson County Health and Human Services Department completed a state-funded two and one-half year pilot program which tested the lead levels in approximately 380 children in the County. Blood-lead levels

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of between 10 and 19 are ‘reportable’, while levels greater than 20 are considered poisonous. Of the 380 children tested, 12 had levels above 10, and 5 had levels greater than 20.

The age of the housing unit is a leading indicator of the presence of lead-hazard, along with building maintenance. Lead was banned from residential paint in 1978. The 1999 national survey found that 67% of housing built before 1940 had significant LBP hazards. This declined to 51% of houses built between 1940 and 1959, 10% of houses built between 1960 and 1977 and just 1% after that.²¹ Based on those estimates, over 3,300 homes pose potential lead-based paint hazards in Ashland. However, the Clickner study also noted that there were regional differences in the probability of a hazard; the risk was more prevalent on the east coast (43%) than on the west coast (19%).

**Table 15
Potential Lead-Based Paint (LBP) Hazards in Ashland**

Date Built	Total Units	Potential Hazards	
		%	Number
Before 1940	1,385	67%	928
1940 to 1959	1,528	51%	779
1960 to 1979	2,840	10%	284
1980 to 2000	3,318	1%	33
Total	9,071		2,024

Source: US Census. Clickner, et al.

Using the above percentages of potential hazards by date of construction and then applying the CHAS tables (see Tables 26 and 27) percentages of low and moderate income households by tenure, it is estimated that 634 low and moderate income renter households and 218 low and moderate income owner households in Ashland are living in potential hazard.

The Housing Authority of Jackson County has a lead-based paint risk assessor and inspector on staff. “Working Safe with Lead” trainings have been provided to reduce the risk of hazards to the workers and releasing contaminated dust.

HOUSING TENURE

In 2000, 52% of the occupied housing in Ashland was owner-occupied. The overall percent of owner-occupied and renter-occupied units has decreased since 1970. There was a large decrease in the percent of owner-occupied units between 1970 and 1980, but the proportion has been relatively stable since then. Ashland had more renter-occupied units in 2000 than Jackson County (42% compared to 34%) or the whole of Oregon (36% percent renter-occupied).

**Table 16
Ashland Housing Tenure, 1970 - 2000**

Year	Renter-Occupied		Owner-Occupied		Total
	Number	%	Number	%	
1970	1,745	42%	2,379	58%	4,124

²¹ Clickner, R. et al. (2001). *National Survey of Lead and Allergens in Housing, Final Report, Volume 1: Analysis of Lead Hazards*. Report to Office of Lead Hazard Control, US Department of Housing and Urban Development.

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1980	2,754	47%	3,155	53%	5,909
1990	3,318	48%	3,535	52%	6,853
2000	4,081	48%	4,456	52%	8,537

Source: US Census.

Figure 8 on the following page shows the percent of renter-occupied units by block group in Ashland. While overall 42% of the units were renter-occupied in 2000, this varies by neighborhood. For example, 88% of the occupied housing units in block group 19.01 were renter-occupied, as were about two-thirds of the housing units in 20.02 and 18.04.

Tenure varies in Ashland by type of unit, type of household, household income, and other factors. For example, multifamily housing is usually built for the rental market, so substantially more multifamily than single-family units are renter-occupied. More single-family (detached and attached) units are owner-occupied – 73% of occupied single-family units in Ashland in 2000 were owner-occupied and 27% were renter-occupied.

More family households live in houses they own or are buying. More single individuals rent, except for the elderly, as is shown below. Household income is certainly a factor in ability to own a home. The median household income for owner-occupied units was \$53,060 and that for renter-occupied units just one third that amount at \$18,083.

**Table 17
Tenure by Household Type, Ashland 2000**

Type Household	Living in units they:	
	Owned	Rented
All households	52%	48%
Family households	68%	32%
Non-family households	35%	65%
Single individuals	39%	61%
Elderly (65+) singles	54%	46%
Average household size	2.30	1.98

Source: US Census.

Tenure by Race and Ethnicity of Householder

Tenure also varied in 2000 by race and ethnicity of the householder. As seen in Table 17, 52% of all households owned the house in which they were living at the time of the 2000 census. Owner-occupancy was higher for white (alone) householders (54% lived in housing they owned or were buying) than non-white (alone) householders (28% lived in housing they owned or were buying). Owner-occupancy also varied by ethnicity – just 29% of Hispanic householders owned the home in which they were living.

There was also quite a disparity in income, which contributes substantially to the ability to purchase a home. The median household income of households headed by a white (alone) householder in 1999 was \$33,815, compared to just \$20,625 for a household headed by an African-American/Black (alone) householder, \$11,892 for a household headed by an American Indian/Alaska Native (alone) householder, and \$32,768 for a household headed by an Hispanic householder (could be of any race). The median household income for a household headed by an Asian householder was above the overall median at \$50,089.

Figure 7
Percent Renter-Occupied Housing Units by Block Group

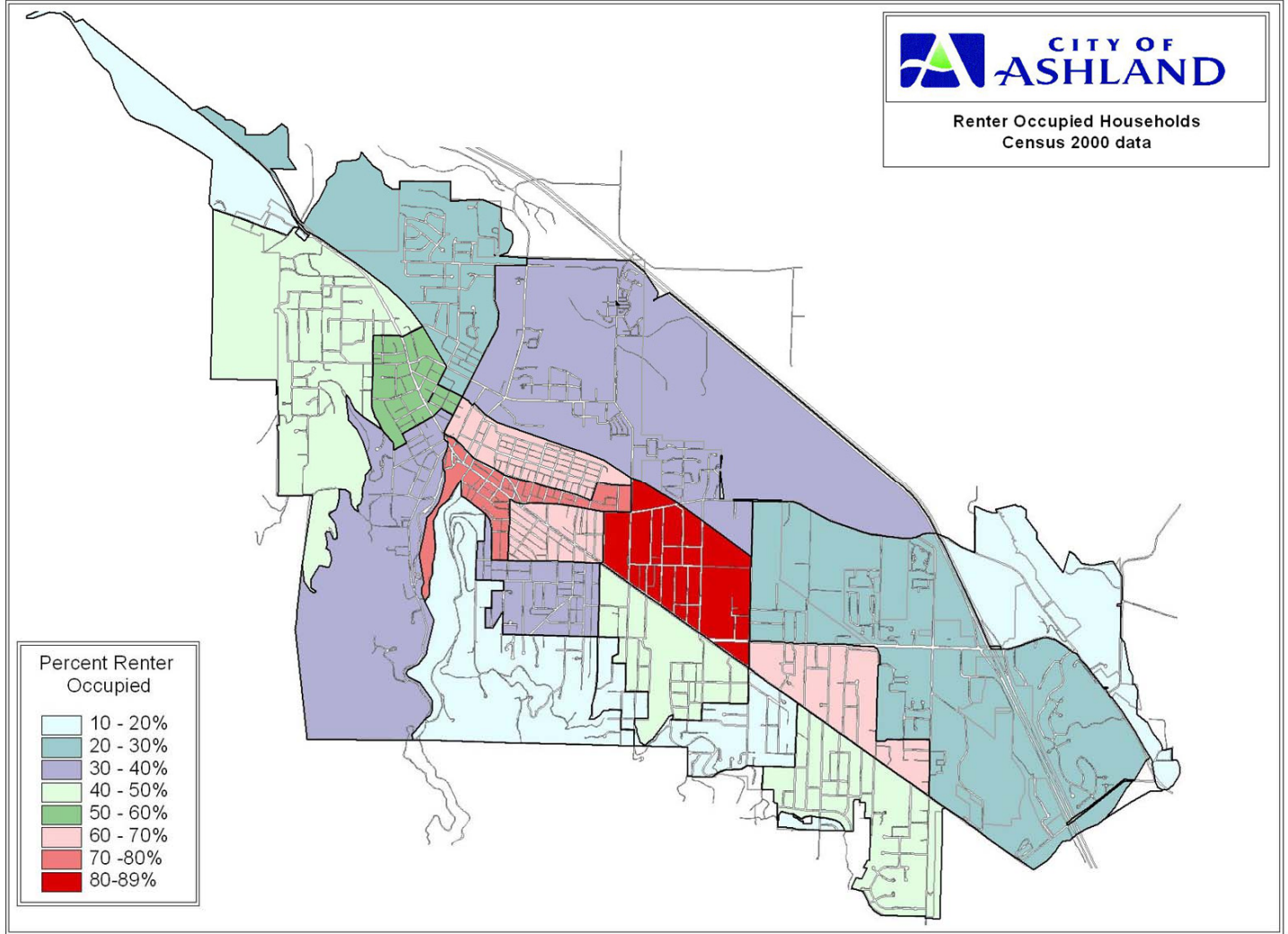


FIGURE 7 2005-2009 Comprehensive Plan

MARKET ANALYSIS

Housing Costs

As of the 2000 census, the median value of all owner-occupied housing in Ashland was \$188,400 – higher than the median value in Jackson County and higher than that of Oregon State. Monthly owner costs, with and without a mortgage, are shown below along with median household gross rent as of the census.

**Table 18
Housing Costs, 2000**

Type of Cost	Ashland	County	State
Median value owner-occupied	\$188,400	\$140,000	\$152,100
Median monthly owner costs			
With mortgage	\$1,193	\$1,006	\$1,125
Without mortgage	\$367	\$281	\$303
Median gross rent	\$582	\$597	\$620

Source: US Census.

Housing costs have been escalating steadily in Ashland and in Jackson County. The median owner value of houses in Jackson County in 1970 was \$62,488. The number doubled in the next ten years, to \$128,994 in 1980, and has been climbing since.²²

Housing Costs have continued to appreciate in the double digits in Ashland. In 2003 The Ashland median home cost was \$285,300 and in 2004 the median home in Ashland sold for \$334,500. This represents an appreciation of 17% in a single year. During this same period Jackson County as a whole saw a 18% increase in housing costs. Talent, Ashland's nearest neighbor, had the highest housing cost increase in the county with a 39% change. Currently median value homes in Talent are \$247,900. Eagle Point had the next highest increase of 33%, followed by East Medford (21%), Phoenix (20%), Central Point (17%) and West Medford (17%) . Thus the belief that Ashland's housing costs are going up disproportionately to the region are unfounded. The dramatic housing costs increases are occurring regionally although in terms of actual housing costs Jacksonville and Ashland remain approximately \$100,000 more expensive than neighboring communities.

Rental Costs and Vacancies

The median gross rent in 2000 was \$582, up 10% from the 1990 census. Recent low interest rates have made it possible for people who were paying high rents to buy – sometimes with the assistance of first-time homebuyer programs.

The 2000 census found the rental vacancy rate in Ashland was 4.7%. The 2001 *Ashland Railroad Property Master Plan* mentions the possibility of inclusion of affordable housing in the mixed-use area of the plan. The current low vacancy rates underscore the need to seriously consider affordable rental opportunities in housing planning.

²² HUD SOCDs, based on US Census data adjusted for 1999 dollars.

HOUSING AFFORDABILITY

The cost of housing is generally considered to be affordable when it equals no more than 30% of household income, including expenditures for utilities. Escalating housing and utilities costs have forced many households to pay considerably more for housing than is affordable or even feasible. While housing costs are increasing, income is not increasing at the same rate. The following cost comparison was prepared by HUD using the 2000 census. (All costs are adjusted to 1999 dollars.) The table reflects a major drop in values in the 1980s and early 1990s caused, in part, by the impact of Federal environmental policies on the logging industry. It also demonstrates the significant increases in housing values that most communities in Oregon experienced in the late 1990s.

Table 19
Median Income and Housing Costs, Ashland
(1999 Dollars)

Year	Median Income		Median Housing Measures	
	Household	Family	Gross Rent	Owner's Value
1970	\$16,669	\$37,692	\$421	\$62,488
1980	\$30,401	\$40,122	\$461	\$128,994
1990	\$31,680	\$43,246	\$510	\$140,087
2000	\$32,670	\$49,647	\$563	\$182,273
Change 1970-2000	96%	32%	34%	192%

Source: US Census, HUD.

From Table 20, it is evident that the increase in Ashland's median cost of housing between 1970 and 2000 exceeded median family and median household income during the same period. Median household income grew by 96%, median family income grew by 32%, median gross rent grew by 34% and the median owner's value (with considerable change) grew by 192%. While household income grew more than gross rent, it did not keep pace with the value of housing.

The following table shows the relationship between modest housing costs (Fair Market Rents set by HUD based on actual area housing costs) and the income required to afford that housing in the Medford-Ashland area. These estimates are prepared annually by the National Low Income Housing Coalition (NLIHC).

Table 20
Housing Costs and Income, Medford-Ashland Area

Housing/Income Factor	Number of Bedrooms				
	Zero	One	Two	Three	Four
Fair Market Rent (FMR)*	\$440	\$523	\$657	\$956	\$984
Income needed to afford	\$17,600	\$20,920	\$26,280	\$38,240	\$39,360
Hourly wage required to afford (working 40 hours/week)	\$8.46	\$10.06	\$12.63	\$18.38	\$18.92
Hours per week at minimum wage (\$7.05) in Oregon)	48	57	72	104	107

*HUD 2004 FMR.

Source: National Low Income Housing Coalition. (2004). *Out of Reach 2004: America's Housing Wage Climbs*.

The estimated annual income of renter households in the Medford-Ashland area in 2004 was \$28,584. If a household did earn that amount, it would have been able to afford a 2-bedroom unit (at 30% of

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their income) at a cost of \$714 – just a little more than the Fair Market Rent for that 2-bedroom unit. However, half of all renter households would not be able to afford this unit. A person earning minimum wage in Oregon would have to work 72 hours a week for the unit to be affordable. Even two members in the household working full-time at minimum wage would barely be able to afford the cost of the two-bedroom unit.

The National Low Income Housing Coalition determined the “housing wage” in the Medford-Ashland area to be \$12.63 an hour. This is the amount a full-time (40-hour per week) worker would have to earn to afford a 2-bedroom apartment at the area’s fair market rent. That is 179% of minimum wage.

The Area Median Income in the Medford-Ashland area in FY 2005 was \$52,100. Clearly, housing becomes less affordable as income falls. The following are designated low-income levels and the corresponding income for a family of four in relation to the 2005 AMI.

**Table 21
2005 Low Income Ranges and Affordable Housing Costs
Medford-Ashland Area**

Definition	Percent of AMI	Income Limit	Maximum Monthly Housing Costs
Extremely low income	to 30% of AMI	\$15,650	\$392
Very low income	to 50% of AMI	\$26,050	\$652
Other low income	to 80% of AMI	\$37,500	\$938

Notes: HUD estimated AMI (Area Median Income) for the Ashland/Ashland area was \$52,100 in 2005.
Source: HUDUSER, *HUD FY 2005 Income Limits*, February 2005.

Extremely low-income households (those with incomes at or below 30% of area median income) are hard-pressed to find housing they can afford, are more likely to live in unsuitable housing or in overcrowded conditions, and are at risk of homelessness. Meeting the cost of housing leaves little for child care, medical insurance or basic health care, adequate food, and other necessities.

Jobs have been shifting from goods production, with relatively higher wages, to service sector positions, with relative lower wages. For example, the average wage in Jackson County in 2003 for persons working in retail food and beverage stores (2,053 people) was \$20,491 a year. The average gas station wage was \$14,290, one of the lowest paying jobs. People working in nursing and residential care facilities earned on average, \$18,465 a year in the County. The average local government job (over 7,000 employees) paid \$32,698 a year.²³

Table 23 demonstrates how difficult it is for the lowest income households (those living in poverty) to budget for daily expenses. This was taken from an analysis of national costs and expenditures prepared by the Catholic Campaign for Human Development.²⁴ The budget starts with an annual income of \$18,810 per year – a national figure for a household of four living in poverty in 2004. As the table shows, families living in poverty have insufficient income to meet their daily living expenses.

²³ Oregon Labor Market Information System (OLMIS). *Jackson County 2003 Covered Employment and Wages Summary Report*.

²⁴ www.usccb.org/cchd, 2005.

Table 22
Budgeting for Poverty in the United States, 2004

Item	Source	Amount
Annual Income (for a family of 4 living in poverty)	US Census, <i>Current Population Survey, Annual Social and Economic Supplement</i> , 2004.	\$18,810
Rent	DOL, Bureau of Labor Statistics, <i>Consumer Expenditures Survey</i> , February 2004	-5,274 \$13,536
Utilities	DOL, Bureau of Labor Statistics, <i>Consumer Expenditures Survey</i> , February 2004	-2,350 \$11,186
Transportation	DOL, Bureau of Labor Statistics, <i>Consumer Expenditures Survey</i> , February 2004	-4,852 \$6,334
Food	DOL, Bureau of Labor Statistics, <i>Consumer Expenditures Survey</i> , February 2004 (assuming food stamps for the majority)	-4,815 \$1,519
Health Care	DOL, Bureau of Labor Statistics, <i>Consumer Expenditures Survey</i> , February 2004 (assumes health insurance through employer)	-793 \$726
Child Care	US Dept. of Agriculture, Center for Nutrition Policy and Promotion, <i>Expenditures on Children by Families</i> , April 2004 (assumes subsidy of ¾ of real cost)	-2,030 \$-1,304

Source: Catholic Campaign for Human Development, *Poverty USA*, 2004.

The expenditures noted above assume a substantial subsidy in the form of food stamps and child care as well as employer-paid health insurance. The list leaves out toiletries, school supplies, shoes, clothes, holiday gifts, education, life insurance, furnishings, recreation, cleaning supplies, entertainment, birthdays, and other expenses.

Affordability Mismatch

Comparing the cost of housing and the ability of households to meet the cost is one measure of mismatch in supply and demand. Another is the actual allocation of those units. Units are not generally allocated on the basis of need – even if units are rented or sold at a price affordable to low-income households, households with low incomes are not necessarily occupying the units.

Using the 2000 census, HUD provided an analysis of the availability of units priced within range of low-income households and compared that with the income of the occupants. Just under half of the rental units within the appropriate affordability range for extremely low-income households were actually occupied by households with incomes in that range in 2000: there were 400 rental units with rents affordable to households with incomes at or below 30% of Area Median Income. Of those units, 48% were occupied by households with incomes in that range. The remainder was occupied by households with higher incomes. Within the low- to moderate-income range, 69% of the units were occupied by households with the appropriate affordability range.

Far fewer owner-occupied units were actually available and occupied by households within the appropriate income ranges. There were no owner-occupied units valued within range of households with incomes at or below 30% of Area Median Income. There were just 220 units with values within range of households with earnings below 50% of AMI, and just 46% of those were actually occupied by households with incomes below 50% of AMI. The others were occupied by households with higher incomes.

**Table 23
Affordability Mismatch, Ashland 2000**

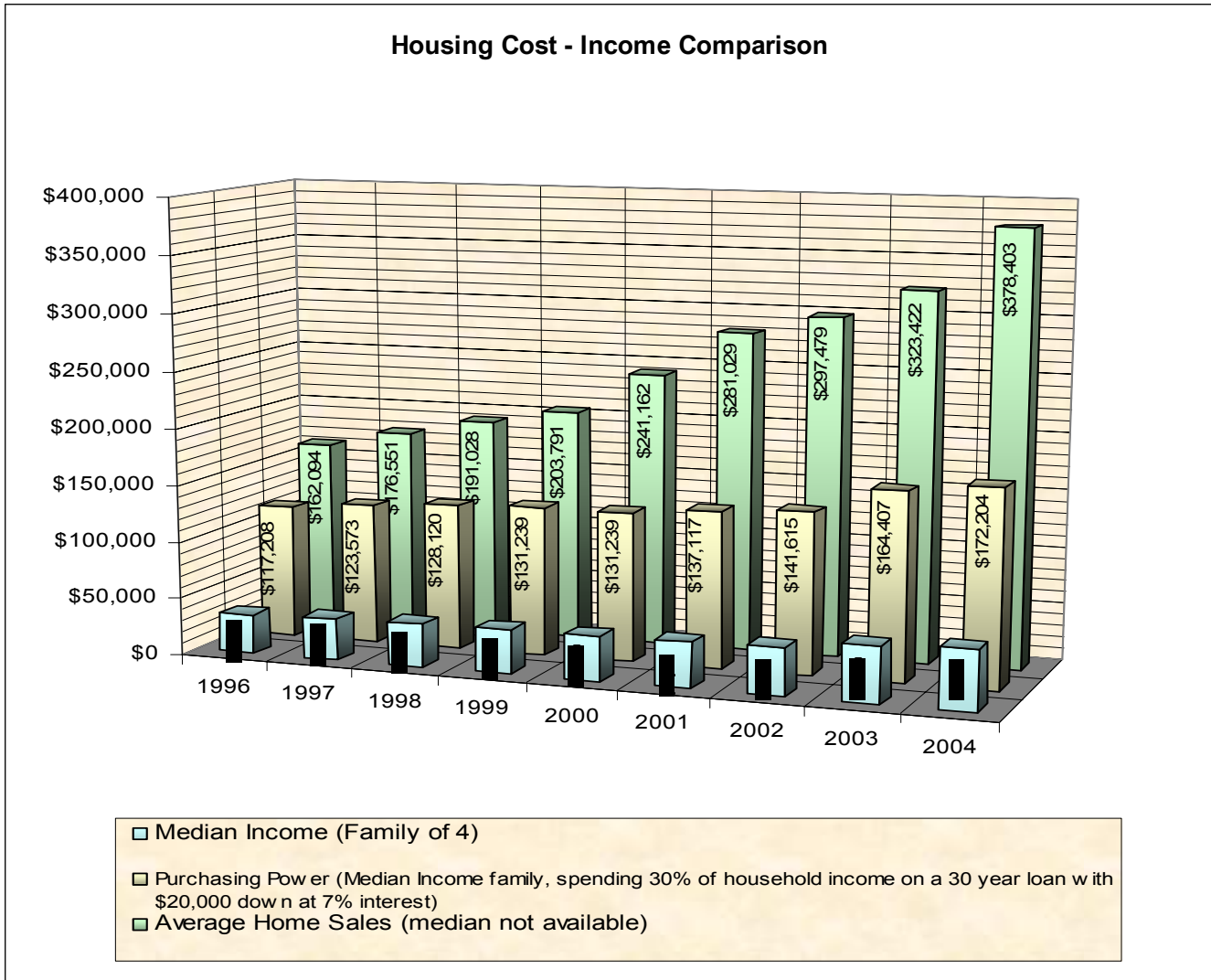
Housing Units by Affordability	Rentals	Owned*
Rent/price affordable at <30% AMI		
Units in price range	400	N/A
Occupants at <30% AMI	48%	N/A
Vacant units for rent/sale	14	N/A
Rent/price affordable at 31%-50% AMI		
Units in price range	659	220
Occupants at <30% AMI	69%	46%
Vacant units for rent/sale	73	0
Rent/price affordable at 51%-80% AMI		
Units in price range	2,305	96
Occupants at <30% AMI	69%	45%
Vacant units for rent/sale	84	0

*Includes units for sale.

Source: HUD 2000 CHAS data.

Figure 8 demonstrates that a household earning the median income (100%AMI) can not afford to purchase a market rate home in Ashland. Given the high cost of housing many households earning median income (and up to 140%AMI) chose to look for housing ownership opportunities in other communities or are over burdened by housing costs. The chart further demonstrates that the disparity between increases in housing cost and wages creates a larger and larger barrier to ownership for households at Median Income. Given the difficulty of households with median incomes or greater face in purchasing housing it is obviously extremely difficult for the low- and moderate-income household to meet the cost of housing in our community.

Figure 8
Housing Cost compared to Median Income



Average Home Sales Data provided by Roy Wright Appraisal Service;
 Median Income from the Department of Housing and Urban Development for the Medford- Ashland Metropolitan Service Area

Affordability and Persons with Disabilities

Among people at the lowest levels of household income are persons with disabilities who have only federal SSI income for support. “People with disabilities were priced out of every housing market area in the United States.”²⁵ In 2004, the most recent year that that housing costs for the disabled were studied, the SSI program provided just \$564 per month. The fair-market rate for a one-bedroom unit in the Medford-Ashland Metropolitan Statistical Area was \$561. It would have taken 93% of the monthly SSI benefit to rent a 1-bedroom apartment.

A significant proportion of the Ashland population is living with disabilities. The 2000 census found a total of 2,315 people aged 16 or older in Ashland with disabilities. That information is shown in Table 25 below.

Table 24
Persons with Disabilities, Ashland, 2000

Age	Male	Female	Total
16-20	117	123	240
21-64	530	542	1,072
65-74	144	102	246
75+	286	471	757
Total	1,077	1,238	2,315

Source: US Census.

BARRIERS TO AFFORDABLE HOUSING

Ashland has seen a gradual increase in population in recent years as people relocate to the area, attracted by the mild climate and quality of life – often for the purpose of retirement. This influx of people, many with equity from sales of homes in other areas of the country in hand, has contributed to the rise in price of both land and housing in Ashland. This pressure provides less incentive for development of affordable housing, either on the periphery or in central Ashland. Although infill development of existing established neighborhoods will continue in the coming years, much of the new affordable housing development opportunities are anticipated to be met by undeveloped properties either on the periphery brought into the city through annexations, or through zone change applications and residential components of commercial development. Specifically the unincorporated area south of East Main Street between Walker Ave and Tolman Creek Road will provide a significant amount of housing over the next 20 years. Additionally areas that are zoned for employment such as the Railroad Property and Croman Mill site will accommodate a considerable amount of mixed use development.

A number of impediments to affordable housing were identified as part of the Housing Needs Assessment. Following is a summary of the implications of housing trends in Ashland:

- *The number of affordable units in Ashland causes households to compete against each other for housing.* This has important implications for those households in the lowest income groups. These groups are less able to afford housing and as a result, less able to compete for housing. Moreover, households with higher incomes can choose to live in housing below what is considered the maximum amount affordable to them.

²⁵O'Hara. A. et al. (2003). *Priced Out in 2002*. Technical Assistance Collaborative, Inc. Boston, MA.

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- *Land zoned for multiple family is being used for single family units.* This is important because it reduces the amount of land available for higher density rental housing.
- *Housing costs are forcing Ashland workers to live in other communities.* People that live in communities other than the place they work are less likely to perceive a stake in the community. This has implications for many public services. It also increases the percentage of people that commute. Low-income households are less able to afford the transportation costs associated with commuting.
- *Land price appears to be a decreasing factor in total housing cost.* The ratio of permit value to land value has steadily decreased since 1990. In 1990, the ratio of permit value to land value was 1.42. This increased to 2.13 in 2001. Thus, while land is a factor in housing costs, other factors appear to have a greater influence on total housing cost than land alone. Land cost, however, is still a significant issue and is continuing to increase. The average assessed value of an existing vacant residential lot designated for single-family use in 2002 was about \$125,000, with a range between \$90,000 to \$600,000 depending on size and location.
- *Housing costs may be contributing to reductions in School enrollment.* While the data do not allow a direct correlation between school enrollment and housing cost, young families tend to have lower incomes than older families. The Census data underscore this trend: between 1990 and 2000, the number of persons aged 25 to 34 increased 4% and the number of persons aged 35 to 44 decreased 21%. During the same period, the number of persons between 45 and 54 increased more than 50%. In short, this implies that families are being forced to live in other communities. These demographic trends suggest school enrollments may decrease. Decreases in enrollments will lead to a corresponding decrease in school revenues since a portion of school revenues are allocated on a per student basis.
- *Housing costs may place greater demands on transportation systems and parking (i.e. with more people commuting).* Data from the 1990 Census indicate that one-third of Ashland residents worked in another community. While data from the 2000 Census on commute patterns are not yet available, it seems unlikely that this figure would decrease. As stated previously, the rapid increase in housing costs is making it difficult for many households to find affordable housing in Ashland.
- *Housing costs may limit economic development.* The location decisions businesses make are based on a variety of factors. Community characteristics such as schools and housing cost are among those factors. High housing costs may place Ashland at a competitive disadvantage to other communities in the region.

NEED FOR HOUSING ASSISTANCE

Renter Households with Problems

The following table shows renter households in Ashland by size and composition, by household income as a percent of median family income, and the percent of households in each category with housing problems. Housing problems are defined as a cost burden (paying over 30% of income for rent and utilities), overcrowding, and/or lack of complete kitchen and plumbing facilities. RVs and other impermanent quarters were excluded. Also shown is the percent of households paying 50% or more of family income for housing costs.

Table 25
Ashland Renter Households (2000) and Percent with Housing Problems

Household (HH) Income Level	Household Size and Composition				
	Elderly (1-2 people)	Small Related (2-4 people)	Large Related (5+ people)	All Others	Total Renters
HHs at 0% to 30% MFI	139	308	28	589	1,064
% with housing problems	49.6	72.4	100.0	89.9	76.5
% cost burden >30%	49.6	72.4	64.3	83.9	75.6
% cost burden >50%	46.8	69.8	64.3	78.1	71.2
HHs at 31% to 50% MFI	153	213	29	480	875
% with housing problems	73.9	88.3	100.0	75.0	78.9
% cost burden >30%	73.9	83.6	65.5	75.0	76.6
% cost burden >50%	62.1	32.4	0.0	38.5	39.9
HHs at 51% to 80% MFI	133	234	20	515	902
% with housing problems	77.4	70.1	50.0	55.3	62.3
% cost burden >30%	74.4	62.0	0.0	55.3	58.6
% cost burden >50%	37.6	8.5	0.0	8.7	12.7
HHs at 81% of more MFI	117	454	54	613	1,238
% with housing problems	18.8	10.8	7.4	8.6	10.3
% cost burden >30%	15.4	7.7	0.0	7.3	7.9
% cost burden >50%	12.0	0.0	0.0	0.0	1.1
Total Renter Households	542	1,209	131	2,197	4,079
% with housing problems	56.6	51.6	54.2	54.3	53.8
% cost burden >30%	55.2	48.1	28.2	53.9	51.5
% cost burden >50%	41.3	25.1	13.7	31.4	30.3

Notes: MFI is median family income. Housing problems include cost greater than 30% of income and/or overcrowding and/or without complete kitchen or plumbing facilities. Cost includes rent and utilities. Totals may vary slightly from census data.

Source: HUD 2000 CHAS tables.

Over half of all renter households in Ashland had housing problems, most because they were paying more than 30% of their income toward rent and utilities. The extent of households with housing problems increased markedly as family income decreased to less than 50% MFI – almost 80% of renter households with income levels below 50% MFI had housing problems. Over 3/4 of households

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in the lowest income level were paying more than 30% of their income for housing, and 71% were spending more than half of their income for rent and utilities.

Most severely burdened were large households (5 or more related people). They were also most likely to be overcrowded. While a factor for all households, the problem of overcrowding naturally increased with household size. Overcrowding persisted with larger households, even when the cost burden was alleviated. For example, 0% of large renter households with incomes at or greater than 81% of MFI had a 30% cost burden and yet 7.4% are shown with housing problems, which is mostly attributable to overcrowding.

Smaller households were also severely burdened. Half of all small households had household problems. The greatest burden was not in the lowest income category, however, but was in households with 51% to 80% MFI, where 88% had housing problems.

Elderly renters were most burdened at 51% to 80% MFI, and even at higher income levels, were still burdened by the cost of housing. Overall nearly 41% of elderly renter households are paying 50% or more of their income for housing costs. Housing costs that outpace incomes, especially fixed-incomes for the elderly, will result in an increased burden, which could jeopardize access to needed services and requirements of daily living.

Disproportionate Housing Problems by Race/Ethnicity – Renter Households

Racial and ethnic minority households are often more cost-burdened or more likely to experience other housing problems, including over-crowding or substandard conditions. For example, in Ashland, 100% of African-American/Black, non-Hispanic renter households with incomes below 80% of area median experienced housing problems, according to the HUD analysis (CHAS tables). This statement applies to a total of 60 households. With such small sample sizes, valid comparisons based on census data alone may not show the true extent of housing problems.

While the numbers of Hispanic households with housing problems in Ashland were higher than the general population, they followed similar patterns. In a sample size of 120 total households, all Hispanic renter households with incomes between 30% and 50% area median income had housing problems. However, only 71% of the lowest income households had housing problems.

Owner Households with Problems

**Table 26
Ashland Owner Households (2000) and Percent with Housing Problems**

Household (HH) Income Level	Household Size and Composition				
	Elderly (1-2 people)	Small Related (2-4 people)	Large Related (5+ people)	All Others	Total Owners
HHs at 0% to 30% MFI	103	35	10	68	216
% with housing problems	76.7	100.0	100.0	88.2	85.2
% cost burden >30%	76.7	100.0	100.0	88.2	85.2
% cost burden >50%	72.8	71.4	100.0	73.5	74.1
HHs at 31% to 50% MFI	125	75	0	70	270
% with housing problems	88.0	86.7	N/A	50.0	77.8
% cost burden >30%	88.0	86.7	N/A	50.0	77.8
% cost burden >50%	32.0	40.0	N/A	50.0	38.9
HHs at 51% to 80% MFI	219	175	20	78	492
% with housing problems	27.4	68.6	50.0	62.8	48.6
% cost burden >30%	27.4	68.6	50.0	50.0	46.5
% cost burden >50%	11.4	20.0	0.0	19.2	15.2
HHs at 81% of more MFI	1145	1580	188	560	3473
% with housing problems	7.9	17.4	28.2	24.1	15.9
% cost burden >30%	7.9	17.4	12.8	24.1	15.1
% cost burden >50%	0.0	5.1	2.1	5.4	3.3
Total Owner Households	1592	1865	218	776	4451
% with housing problems	21.3	26.5	33.5	36.0	26.6
% cost burden >30%	21.3	26.5	20.2	34.7	25.8
% cost burden >50%	8.8	9.1	6.4	16.8	10.2

Notes: MFI is median family income. Housing problems include cost greater than 30% of income and/or overcrowding and/or without complete kitchen or plumbing facilities. Cost includes mortgage payment, taxes, insurance and utilities. Totals may vary slightly from census data.
Source: HUD 2000 CHAS tables.

Fewer owner households have housing problems as defined by HUD in the CHAS tables, than do renter households (27% overall compared to 54% of renter households). With owner households, the percent with problems increases consistently as median family income decreases. The lowest income households are most burdened by cost, particularly family households.

Disproportionate Housing Problems by Race/Ethnicity – Owner Households

As with renter households, a greater percentage of racial and ethnic minority households are likely to experience housing problems. The numbers of low-income racial minority owner households was small. There were either no disparities noted in the CHAS analysis or the number of households was too small to permit calculation of differences.

The number of Hispanic owner households was somewhat larger and did permit some analysis of differences. A greater percentage of the total Hispanic owner households, at all income levels, had housing problems than owners as a whole in Ashland. All ten Hispanic owner households at or below

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30% of median family income had problems, and 21% of total Hispanic owners had housing problems.

Overcrowding

**Table 27
Overcrowded Conditions, 2000**

Persons per Room	Ashland		County	State
	Number	%		
1.00 or less	8,337	98%	95%	95%
1.01 – 1.50	105	1%	3%	2%
More than 1.50	110	1%	2%	2%

Source: US Census.

Another indication of housing problems is the extent of overcrowding. The 2000 census found 2% of the units in Ashland overcrowded as defined by the presence of more than one person per room. The indicators of overcrowding in Ashland were smaller than those in the county and the state, reflecting the smaller household size.

Housing Assistance Resources

Local, State, and Federal Leveraging

City of Ashland General Fund and Property Donation

To more effectively utilize Ashland’s limited CDBG allocation to address the housing needs of low-moderate income residents it is imperative that additional funds be leveraged with the CDBG awards. The City of Ashland has dedicated the expected proceeds from the sale of three City owned surplus properties to be directed toward affordable housing projects by funding Ashland Housing Trust Fund. Over the 5-year planning period the sale of these properties will provide approximately 1.5 million dollars toward the development of affordable housing opportunities within the City.

The City of Ashland has also identified the use of airspace above City owned parking lots as a valuable commodity to address our affordable housing needs over the planning period. Specifically a Request for Proposals has been issued and applications have been received to develop ten affordable housing units above a parking lot on Lithia Way. The remaining City parking lots will likely be made available in a similar fashion during the 5-year planning period. The donation of airspace to lower property acquisition costs is a valuable means of providing local leverage to meet the housing goals outlined in this Consolidated Plan.

To meet non-housing goals within the Consolidated Plan the City allocates approximately \$100,000 annually from its General Fund through Social Service Grants. Therefore through the 5-year planning period it is anticipated that up to 500,000 dollars of local funds will be directed toward programs that benefit low-moderate income residents. Typically the recipients of CDBG awards that provide direct client services will also apply for and receive an annual social service grant.

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State and Federal funds

The City of Ashland consistently supports CDBG applications that include leveraging of State and Federal Funds and will continue to do so through the 5-year planning period. Specifically applications that seek HOME funds, Low Income Housing Tax Credits, and Housing Trust Fund dollars from the State are encouraged through the selection criteria in the Request for CDBG applications.

The use of USDA Rural Development 502 low interest loans has been a valuable subsidy to households purchasing units funded in part with CDBG dollars within the City of Ashland. The households obtain fixed rate loans (30 year) to purchase homes and the reduced interest rate provided by the program functions to lower their monthly mortgage payment considerable. Each month households apply more money toward principle thereby reducing the overall housing costs. Ashland is likely unique among entitlement communities that can take advantage of this federal program in that our City's population, being less than 25,000 qualifies the City as rural and therefore eligible for the Rural Development program. Additionally The Rural Development Self-Help program has recently been implemented in Ashland with a two phase project to be completed during the program year. The Rogue Valley Community Development Corporation has undertaken the Self-Help program on property purchased with CDBG funds and received SHOP funding from USDA to assist in administering the program. Additionally RVCDC was awarded a Youth-Build grant to enlist the help of youth receiving construction trade training to contribute labor to the above mentioned project.

Similar to the Self-Help project noted above, the model of sweat equity is also being utilized in our area by Habitat for Humanity. They provide private 0% interest loans with a 20 year fixed payment period to households obtaining a habitat home. In Ashland, Habitat for Humanity is expected to complete two homes on property to be purchased with CDBG funds bringing donated labor and materials to leverage the CDBG contribution previously awarded. Ultimately through the 5 year planning period the City hopes to encourage Habitat for Humanity to increase its activity in Ashland.

With any affordable housing project a myriad of funding sources converge to make the project a reality. One such source has been, and will continue to be, construction loans from private financial institutions such as banks and credit unions. Affordable housing providers utilize such loans to pay for items typically not covered by other funding sources (such as construction of ownership housing). This private financing is repaid when the units are ultimately sold to the qualified low-income households and thus serves to bridge a gap in local, state, and federal funding. Banking institutions often benefit in meeting requirements set forth in the Community Reinvestment Act by providing such loans at below market rates to the affordable housing providers.

In 2005, for the first time the City submitted a request to the Federal government for a direct appropriation of 2 million dollars to develop 56 units of affordable housing. Working with congressional representatives the City hopes to be awarded an appropriation that will enable the City to use a \$2,000,000 federal appropriation, and partner with affordable housing providers to acquire nearly 3 acres of land. If awarded an appropriation the City would utilize these funds to meet the goal of creating affordable rental and ownership housing to benefit low and moderate income households. The City will continue to seek federal appropriations to meet the community needs outlined in this Consolidated Plan.

Housing Authority of Jackson County

The Housing Authority of Jackson County manages 15 units of public housing in Ashland, these units are scattered site, single family houses. There is no loss in public housing units anticipated, although the Housing Authority would like to convert the scattered site, single family units to tenant-based Section 8 vouchers in the future and use the proceeds to develop additional multifamily housing. The condition of units owned or managed by the Housing Authority is generally good.

The Housing Authority also manages Section 8 certificates and vouchers in Jackson County. There are currently approximately 230 Section 8 vouchers associated with Ashland addresses (out of 1415 vouchers in the County). There is currently little turnover with a waiting list exceeding 150 households. People are holding on to the vouchers, which adds to the time on the wait list for new applicants. There is very good acceptance of Section 8 vouchers among landlords in Ashland. However, the Housing Authority is having difficulty supporting the vouchers already issued and has a substantial waiting list period (3+ years) for new households to obtain assistance.

Southern Oregon Housing Resource Center

The Southern Oregon Housing Resource Center is a partnership consisting of the Housing Authority of Jackson County, ACCESS, Inc., and Jackson County. The Center is located in the offices of ACCESS, Inc. and meant to be a “one-stop-shopping-center” for housing information and assistance, including:

- Information on home improvement programs.
- Energy conservation information.
- First-time homebuyer information and training.
- Counseling on reverse mortgaging.
- Information on grants, loans, and down payment assistance.
- Advocacy and information to avoid delinquency and foreclosure for tenants, owners, and small property owners.

ACCESS, Inc.

ACCESS, Inc. has been designated a Community Development Organization (CDC) and a Community Housing Development Organization (CHDO), both of which result in eligibility to furnish low-interest HUD loans and other housing assistance. ACCESS, Inc. offers housing assistance in several ways:

- Administers the City of Ashland down-payment assistance and rental assistance loan programs.
- Subsidized rental properties (listed in section on special populations).
- ABC’s of Homebuying: State approved homeownership education curriculum is taught in both English and Spanish.
- Refundable Security Deposit Program helps low and moderate-income renters with the up-front costs of obtaining rental housing.
- Rental Subsidy Program, provides up to 6-months subsidy on rent for low and moderate-income households.
- Rental counseling and referrals (not restricted on the basis of income).

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- Home weatherization program, with priority for seniors and persons with disabilities for rental and owner-occupied units.

City of Ashland

Down Payment and Rental Assistance Programs

The City of Ashland provides direct housing assistance through the Down Payment and Rental Assistance Programs administered through the City of Ashland. The down payment assistance program provides qualified participants assistance with down payments, closing costs, and in some cases, renovation funds for the first time purchase of a residence in the City of Ashland. The maximum amount of assistance provided by this program is \$2,500 per household.

The down payment assistance is made in the form of short-term loans to qualified applicants. The maximum amount is \$2,500. The loan payments are deferred for five years, then amortized over ten years at a rate of five percent per annum. The participant(s) must be a first time home buyer, and the household income can not exceed 100 percent of the median income for Jackson County, Oregon. In addition, the participating household must not have liquid assets in excess of \$5,000, excluding any such asset used toward the purchase of the home (down payment and closing costs), nor have ownership in any other real property. The participant(s) must complete a home ownership program approved by the City of Ashland. The participant(s) must be a current resident of the City of Ashland, and must have resided, or worked in Ashland for a period not less than six months prior to the date of application. The dwelling must be located within the Ashland city limits.

The initial costs of rental housing in Ashland, including first and last month's rent and a security deposit, are barriers preventing some low-income residents from improving their living conditions. In May 1998, the Housing Commission began the Ashland Rental Assistance Program. The purpose of the Ashland Rental Assistance Program is to provide low- to moderate-income Ashland households with the up-front cost of obtaining rental housing. Rental assistance is made in the form of short-term loans to qualified applicants for use toward the first or last month's rent, security deposit and other move-in fees. The maximum amount is \$750 and the loan must be repaid in full within 15 months at a rate of five percent per annum. The participant(s) must be a resident of Ashland and must have resided, or worked in Ashland for a period not less than six months prior to the date of application for assistance. The household income of the participant(s) shall not exceed 100 percent of the median income level for Jackson County, Oregon.

Density Bonus and Deferred SDCs for Affordable Housing

The City currently provides a density bonus to developers who construct affordable rental and ownership units. The City also defers the system development charges for affordable rental and single family homes. This provides a subsidy range of between \$7,000-11,000 per new affordable unit. The deferred system development charges become a "sleeping second" mortgage and are only activated if the home is sold outside the program, or the rents exceed the maximum rent limit set by HUD. The program of System Development Fee deferrals and Density Bonus' for affordable housing units is ongoing.

Ashland Community Land Trust (ACLT)

The ACLT was established by the Ashland Housing Commission as an independent non-profit to assist low and moderate income households with affordable housing and retain a stock of affordable housing in perpetuity. The ACLT has acquired or developed 12 affordable units in Ashland since 1998 (8 rentals, 4 ownership). In the coming year ACLT is also scheduled to acquire property to build two affordable ownership units with a \$80,000 CDBG award reprogrammed in 2004 is looking for continued opportunities. They will continue to seek out opportunities to employ the land trust model to effectively create long term affordable housing for the community.

Rogue Valley Community Development Corporation (RVCDC)

The RVCDC was established in 1990 to assist low and moderate income households with affordable housing and to encourage economic and community development. The RVCDC has acquired, renovated and sold 12 single family homes in Ashland to date and is looking for continued opportunities. Additionally the RVCDC has received CDBG grant funds in 2001-2004 and acquired two parcels for the development of 15 ownership units through the USDA Self Help Program

Rogue Valley Habitat for Humanity

Habitat for Humanity/Rogue Valley develops single-family owner-occupied housing and town homes for low-income households using volunteers, contributions, and the “sweat equity” of prospective owners.

Other Homeownership Assistance

The Oregon Bond Residential Loan Program provides assistance for first-time homebuyers who qualify on the basis of income and purchase price. In addition City of Ashland is considered “rural” due to its small population. Thus low-moderate income households can also qualify for low interest loans through the US Department of Agriculture 502loan program.

HOMELESSNESS AND SPECIAL NEEDS

HOMELESSNESS

One of the most frustrating social issues of the past 20 years has been the growth in the number of persons losing their homes and falling into homelessness, particularly during a time of unprecedented prosperity in the United States. Homelessness was once thought to be just a big city issue, but increased housing costs, unemployment and cutbacks in many safety net programs have made homelessness evident in small communities such as Ashland and Medford. In the Ashland-Medford area, homelessness is a regional problem; and the two communities work through a county-wide Continuum of Care organization towards meeting the needs of the homeless in their communities.

Overview of Homelessness

Extent of Homelessness in Jackson County

The Jackson County Homeless Task Force estimated in spring 2004 that there are more than 800 homeless persons in the County. Slightly less than 100 families were identified among the homeless. Two-thirds of the county's homeless are single individuals: single men make up the largest segment; many others are youth who have left home for a wide variety of reasons. It is estimated that 10% to 20% of the homeless are the "chronic homeless" who have a pattern of cyclical homeless or have been homeless in and out of shelter for more than a year.

Causes of Homelessness

The underlying causes of homelessness are many; often an individual homeless person will experience multiple issues leading to their homelessness. A single event often catalyzes homelessness: an eviction, a release from jail or domestic violence. A recent national survey of homeless providers indicated the following four ranked, primary causes of homelessness:²⁶

1. Lack of affordable housing
2. Inadequate income
3. Substance abuse and/or mental illness
4. Domestic violence

In November 2003, the Jackson County Homeless Task Force conducted a survey of all homeless persons encountered during a one-week period. These homeless respondents gave similar reasons to those of the national providers:

1. Loss of income/employment
2. Substance abuse
3. Couldn't afford rent
4. Mental/emotional disorder

²⁶ Culhane, Dennis. (January 2002) "Public Service Reductions Associated with Placement of Homeless Persons with Severe Mental Illness in Supportive Housing", *Housing Policy Debate*, Vol. 13, Issue 1.

Cost of Homelessness

Recent national studies have highlighted the cost of homelessness.²⁷ There are both financial and social costs. Studies have demonstrated that homeless persons placed in supportive housing have significant reductions in the number and length of future hospitalizations and the length of incarceration. They also have shown that the cost of housing persons in permanent housing with supports is no more expensive than emergency and crisis services provided to homeless persons who are on the streets. The social costs of homelessness are also high. Children living in homeless families generally are found to have limited socialization skills and are frequent “failures” in the school system. As adults, they also are more likely to become homeless.

Homeless Needs

The needs of homeless persons also vary and are usually multiple. National data on the homeless reveal that about 35% to 40% of the homeless suffer from mental illness and approximately 30% have chronic substance abuse problems. Many of the homeless with these conditions require long-term housing with supportive services. Mental health counseling and substance abuse treatment and counseling are also necessary, as are housing and services for the victims of domestic violence. Case management services are needed by all homeless people to assure they are provided the services they require.

The Homeless Task Force has established several priority needs that they will seek to meet, including transitional housing and shelter, outreach services and shelter for youth, homelessness prevention, and permanent supportive housing for the disabled.

Homeless persons view their needs from a somewhat different perspective. The 2003 Jackson County survey of the homeless revealed the following needs ranked by order of most frequent response:

1. Employment
2. Affordable housing
3. Assistance with rental housing deposits
4. Alcohol and/or drug treatment
5. Transportation

Resources for the Homeless

To meet the needs of the homeless in the City of Ashland and the County, a wide variety of services and housing, operated by several non-profit agencies, has been developed over the years. As of summer 2004, there were 441 transitional and shelter beds in the county and another 330 permanent supportive housing beds for the disabled homeless. The following summarizes available housing resources (a complete list of facilities may be found in the Appendix):

²⁷ Ibid.

**Table 29
Housing Resources for the Homeless**

Housing Type	Beds for Singles	Beds for Families	Total Beds
Emergency shelter	142	31	173
Transitional housing	124	144	268
Permanent supportive housing	144	186	330

Both housing-based services and free-standing services are available to the homeless. Churches, non-profits and governmental agencies cooperate to provide an array of services. While there are not enough staff and services to meet the needs of the homeless, there are several agencies that provide case management services, life skills training, employment skills, substance abuse counseling, food, mental health counseling, and child care services.

While resources for the homeless are provided on a county-wide basis within the Continuum of Care, there currently are no homeless housing resources located in the City of Ashland.

Continuum of Care

The Continuum of Care organization, of the Jackson County Homeless Task Force, is a major community asset in planning for meeting the needs of the homeless and coordinating efforts in the community to make systems changes within the homeless provider community. The Homeless Task Force holds regularly-scheduled planning/coordinating meetings focused on finding resources and developing partnerships to fill gaps in a continuum of housing and services for the homeless. Membership includes non-profit homeless providers, governmental agencies, City government staff, faith-based organizations as well as private and homeless individuals. They utilize a Five-Year Strategic Continuum of Care Plan to serve as a guide to plan and implement new homeless projects and activities.

Interfaith Care Community of Ashland (ICCA)

The Interfaith Care Community of Ashland operates a homeless services center at 144 N. Second Street in Ashland. ICCA provides a place where homeless individuals and families can obtain food, shower, mail, and client services. When available ICCA will provide emergency housing vouchers and transitional foster homes for homeless families and individuals within Ashland. ICCA provides an ongoing program to assist individuals in finding permanent housing and employment through extensive client casework.

Community Meals

Weekly meals for the homeless are provided by two organizations; Uncle Foods Diner and Peace House. The City Community Center on Winburn Way hosts a community meal on Wednesdays sponsored by Uncle Foods Diner, and the United Methodist Church on North Main and Laurel Street provides the meeting space for the Peace House meal on Tuesdays. This meal averages 100 individuals served each week. These community meals provide an opportunity for homeless individuals to obtain needed nourishment. Additionally Peace House provides mentoring to nutritionally at risk individuals or families. Through their companion program Peace House introduces nutritionally at risk individuals (low income or homeless) to their gardens and gardening practices and aims to educate them about health and nutrition.

POPULATIONS WITH SPECIAL NEEDS

Frail Elderly

The frail elderly have significant service needs. While the extent of persons who are over 65 with severely debilitated health is not known, an indication of need is found in data on services received by seniors. In December 2004 a total of 954 seniors living in Jackson County were receiving Medicaid Long-Term Care services. An additional 1,226 receive other medical assistance.

Many seniors over 85 years of age are among the frail elderly. This population in Ashland is growing at a rate above the state rate. As of the 2000 census, there were 481 residents 85 years and older living in Ashland compared to only 184 in 1990, a 161% increase. This is considerably above the growth of 52% for the state as a whole. As retirees continue to move to the Ashland-Medford areas to live, the numbers will continue to grow at a high rate; and the need for supportive services will increase. Low-income, frail elderly residents are often isolated and in need of nutrition, basic services, health care and social activities.

Services and Assistance for the Frail Elderly

- The City of Ashland Senior Program operates a senior center located at 1699 Homes Avenue. provides a support system to the senior residents of Ashland, which enables them to remain independent members of the community. The Senior Program identifies the needs of the senior citizens and coordinates utility discount programs, meals, flu vaccinations, blood pressure screening and podiatry clinics, volunteer tax assistance and referrals, and recreational and educational activities. The Senior Program engages in a significant amount of outreach which includes assessments of individual needs and provides assistance to obtain services or goods necessary for the well being of individual seniors..
- ACCESS, Inc. Family and Senior Services Department provides a senior outreach program to assess the daily survival needs of senior and disabled individuals, and links them with agencies and community resources as appropriate. Other programs of assistance to the frail elderly are utility assistance, emergency food and rental assistance.
- Senior and Disability Services Program of the Rogue Valley Council of Governments provides state services for seniors and adults with disabilities. These services include: eligibility determinations and case management for Medicaid long term care (in-home, in community based settings and in nursing homes); Oregon Project Independence assistance for seniors who are not income-eligible for Medicaid; and Oregon Health Plan assistance with Medicare premiums, food stamps. Family care-giver support, abuse protection, medical transportation, and information and referral.
- The Rogue Valley Medical Center and Providence Hospital both offer in-home health services to the frail elderly.
- The Food and Friend Program delivers food to home-bound seniors and operates lunch time meal programs throughout the county.
- The Center for Non-Profit Legal Services operates a special legal assistance program for seniors.

Persons with Disabilities

The census found that there were 34,031 persons 5 years and older with disabilities living in Jackson County in 2000. Many are receiving a range of services. There were 708 people with developmental disabilities in the county who were receiving case management, residential care, employment services, transportation, family support and crisis services as of October 2004. There were also 2,824

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seniors and 1,591 persons with physical disabilities who received services in Jackson County, such as community care, in-home care services, nursing home care and services under the Older Americans Act and Project Independence.²⁸

Services and Assistance for Persons with Disabilities

Several organizations in the Ashland-Medford area provide housing and services for persons with disabilities:

- Living Opportunities, Inc. has 5 houses serving 29 developmentally disabled adults. The organization provides supportive services to 35 additional people who are living in apartments.
- Alternative Learning Services, Inc. has four 5-bed group homes. In addition, the organizations provide supportive services to 21 disabled persons living in apartments.
- Southern Oregon Training and Rehabilitation, and Alternative Services, Inc. have a 5-bed group home and serve an additional 6 persons living in apartments.
- The Arc of Jackson County has a HUD-subsidized independent living facility with 1-bedroom apartments for persons with developmental disabilities.
- Manor Community Services manages several senior housing complexes, including some for persons with disabilities.
- ACCESS, Inc. Family and Senior Services Department provides an outreach program to assess the daily survival needs of senior and disabled individuals, and links them with agencies and community resources as appropriate. The agency also provides Medicaid services to persons with disabilities. ACCESS, Inc. also operates four single family residences as transitional housing for persons living with psychiatric disabilities.
- Services for people with Developmental Disabilities are coordinated by Creative Supports, Inc.
- The Medford Disability Services Office provides people with disabilities between the ages of 18-64 with many of the services listed under the Senior Services Office above.
- Catalpa Shade, managed by ACCESS, Inc. provides supportive housing for 21 persons with brain injury and mobility-related injuries.
- Lions Cottage, owned by Lions Sight and Hearing and managed by ACCESS, INC. provides 4 units for elderly persons with disabilities.

Persons with Mental Illness

Mental illness ranges from mild and short-term depression to chronic, life-affecting conditions such as schizophrenia. The publicly-funded services focus on persons whose mental illness affects the ability to work and live in the community independently. Most persons with depression, anxiety and other mental illnesses that can be self-managed do not reside in institutions, as a major focus of publicly-funded mental health services is on stabilization and avoidance of institutionalization.

According to the Jackson County Health and Human Services Department, there are 3,180 persons with severe mental illness in the county. They have major mental illnesses, such as schizophrenia, bipolar disorders, and other organic brain disorders.

Services and Assistance for Persons with Mental Illness

Jackson County Mental Health offers case management, out-patient psychiatric services, mental health treatment, medication management and life skills training. The Department of Veterans Affairs provides outreach and case management services as well as out-patient and in-patient medical

²⁸ Oregon State Department of Health Services database.

and psychiatric services to veterans. Disability Advocates for Social and Independent Living (DASIL) provides crisis intervention services for persons with disabilities. DASIL also provides case management and rent payee services. ACCESS, Inc., in partnership with Jackson County Mental Health, is developing the 8-unit Woodrow Pines project for the chronically mentally ill.

Victims of Domestic Violence

Victims of domestic violence have significant immediate needs for shelter and crisis services, and ongoing needs for support to overcome the trauma they have experienced in order to move on with their lives. About 30% of the 16,000 Crisis Line calls involve requests for domestic violence housing or services. However, these calls represent only a fraction of the domestic violence calls, because referrals come through the Help Line and other sources throughout the county.

Services and Assistance for Victims of Domestic Violence

The Dunn House, which is operated by Community Works and located in the Ashland-Medford area, is the only shelter for battered women and their children. On average, up to 20 women and children are sheltered on a given night seeking refuge from domestic violence. Annually 700 women and their children are served.

Persons with HIV/AIDS

In 2002 , there were 15 reported cases of AIDS and 29 reported cases of HIV in Jackson County.²⁹ Persons living with HIV/AIDS vary in their needs for housing and housing-related services. The effects of HIV/AIDS range from loss or reduction of income to functional changes in ability to live independently due to declining health. A range of housing options is needed, including options that allow for in-home caregivers at certain points. Housing linked to mental health and chemical dependency case management is needed for persons who are dually or triply diagnosed – a growing portion of the HIV/AIDS population. Housing and care needs can extend to assisted living support such as in-home medical services, nursing services, and hospice care.

Services and Assistance for Persons with HIV/AIDS

OnTrack operates two homes for persons with HIV/AIDS. Fairfield Place is a 4-unit independent supportive housing, funded by CDBG and HOME funds, and an Elderly and Disabled loan. OnTrack also operates Alan's House, a home for persons with AIDS who are unable to live independently. In addition, State of Oregon Health Division utilizes funds from a Housing Opportunities for Persons with AIDS (HOPWA) grant, in partnership with five local agencies, provides tenant-based rental assistance as well as housing coordination and housing information services.

Substance Abuse

Substance abuse is implicated across a wide range of human service needs. It complicates treatment of mental health problems in persons who self-medicate with drugs and/or alcohol. It contributes to family conflict and dysfunction. It is frequently a factor in homelessness in both single transients and families in crisis.

The Southern Oregon Quality of Life Index notes that substance abuse is a pediatric disease: almost all substance abuse begins between the ages of 10 and 15 years. Substance abuse among teens is a

²⁹ Oregon State Department of Health Services database.

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significant factor in criminal behavior, employability and job retention. In a 2002 survey of Jackson County eighth graders, 24% reported they had used alcohol within the 30 days of the time they participated in a survey. In addition 12% of those surveyed reported using cigarettes and 14% reported using marijuana.³⁰

During 2002, a total of 4,775 Jackson County residents received detox, drug and alcohol treatment or assistance through drug/alcohol maintenance. The following are 2002 DHS estimates of the number of adults in Jackson County who abuse or depend on alcohol and/or illicit drugs:

- Alcohol and illicit drugs – 13.6% (19,072 adults)
- Alcohol alone – 6.9% (9,676 adults)
- Illicit drugs alone – 9.6% (13,463 adults)

Of illicit substances, the highest use is marijuana at 7.4%, followed by methamphetamines (3.8%), cocaine (2.5%), and hallucinogens (2%).

Services and Assistance for Persons with Substance Use/Abuse Issues

- 1) Rogue Valley Addiction Recovery Center: 23 beds for adults providing both residential treatment and outpatient treatment.
- 2) Rogue Valley Serenity Lane: 36 beds for adults, half of which are typically occupied.
- 3) Addiction/Recovery: A detox center
- 4) OnTrack:
 - West Main Apartments, a 6-plex with supportive services funded by CDBG and HOME funds and a state loan (OAHTC).
 - Franquente, a 10-unit congregate living facility with supportive services for chemically dependent fathers with their children; funded by HOME funds conventional loan and Oregon Housing Trust Funds.
 - Delta Waters, a 27-unit congregate living facility with supportive services for chemically dependent pregnant and parenting women with children. Funded through conventional loan, CDBG for rehabilitation, city general funds, and Oregon Housing Trust.
 - Grape Street, 8-units of transitional housing with supportive services for women in recovery; funded through the Oregon Housing Trust and a conventional loan.
 - Stevens Place, a tax credit project consisting of 51 one to four bedroom apartment units targeted to low and very low income families with 24 set aside for persons/families who could not meet tenancy requirement under normal criteria. A full time Family Advocate is on site..
 - Three buildings on long-term leases from the City of Medford for transitional housing for chemically dependent women.
 - Teen CIRT, an 8-unit residential treatment facility for chemically dependent adolescents.
 - Living On Track Project, 62 units are currently being developed of low income service enriched supportive apartment housing. These scattered site projects will also serve a mixed population of the fragile and vulnerable including persons with alcohol and drug related problems, developmental disabilities, psychiatric disability and domestic violence.

³⁰ Rogue Valley Civic League, et. al. (2003). *Southern Oregon Quality of Life Index*.

COMMUNITY DEVELOPMENT

PUBLIC FACILITIES AND SERVICES

The City's Five Year Capital Improvement Plan outlines the needs of the community in detail. It is important to note that although the City could utilize CDBG funds to support capital improvement projects benefiting low income residents, given the limited amount of CDBG funds available the City has instead opted to use these funds for other uses that will have a greater direct benefit than public facilities and services. Namely the provision of housing and services for homeless or populations with special needs. However when a specific affordable housing project requires public facility upgrades such as sidewalks, CDBG funds may be allocated in support of the housing project.

In years past CDBG funds were utilized to build new sidewalks in low-income neighborhoods, and to retrofit existing sidewalks with wheelchair accessible ramps. This work will continue under Ashland's five year Capital Improvement Plan only funded with General Funds in lieu of CDBG.

Specific projects to be undertaken are outlined within the City of Ashland Five Year Capital Improvement Plan and are listed in part on page 79 of this Consolidated Plan (Table 2B Community Development Needs 2005-2009)

CITIZEN PARTICIPATION PLAN

PUBLIC PARTICIPATION

Introduction

The City of Ashland has established a Public Participation Plan to provide opportunities for citizen involvement in the process of developing and implementing the Community Development Block Grant (CDBG) Program (and other programs administered by the U. S. Department of Housing and Urban Development-HUD) and the *City of Ashland Consolidated Plan*. This Public Participation Plan outlines when, where and how citizens can access information, review and comment on major community plans and comment on progress of funded activities. The primary planning document is the Consolidated Plan, which is developed every five years to serve as the guide for strategic actions to enhance the City's housing and community development assets. The other planning document is the Annual Action Plan which describes the specific actions and project activities the City will conduct during the year using the CDBG funds.

Encouraging Public Participation

The City of Ashland encourages the participation of all of its citizens in the development of plans and in reviewing progress in implementing the plan activities. The City is particularly interested in the involvement of low and moderate income households, including those in targeted neighborhoods, as they are the primary beneficiaries of the CDBG funds. Opportunities for involvement occur prior to and during the development of long range strategic plans and annual action plans as well as on an on-going basis during the implementation of activities described in those plans. These opportunities include:

- Participation at public hearings to discuss needs, progress on project activities and the amount of funds available for activities
- Participation in meetings with committees, Neighborhood Councils and Commissions involved in planning housing and community development activities
- Review and comments on proposed plans such as:
 - Public Participation Plan
 - Consolidated Plan
 - Annual Plans
 - Amendments to Plans
- Review and comment on Annual Performance Reports describing progress on project activities

The Public Participation Structure

The City has established the Ashland Housing Commission as the primary citizen body to advise the City Council on housing issues and the use of CDBG Funds plans. The Commission consists of 9 voting members, one of which is a City Council member, and is staffed by the Housing Program Specialist. All members are appointed by the Mayor and confirmed by the City Council. The Commission meets on a monthly basis serving as an informed link between the citizens and the Council. All Housing Commission meetings are open to the public and allow public comments on any item on the agenda or as general comments under the public forum portion of the meetings.

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CDBG Public Hearings are conducted at least four times a year. A Public Hearing will also be conducted to consider any substantial amendments in planned activities or funding allocations of the approved Consolidated Plan or Annual Action Plan. These hearings provide an opportunity for citizen input into planning for the use of CDBG funds, commenting on the award of CDBG funds, and disseminating information on the progress of on-going housing and community development activities.

Information on the times and places for these meetings and hearings may be obtained through the City of Ashland Community Development Department and are advertised in the local paper (Ashland Daily Tidings) and posted on the City Website.

Public Meetings and Hearings

During the development of the Consolidated Plan and Action Plans, City staff will meet with social service agencies and affordable housing providers to provide information on the uses of the CDBG funds and hear discussion on needs. In addition, the Ashland Housing Commission will meet to discuss the components of the plan including the needs assessment, the strategic plan and the Annual Action Plans. The Commission also reviews and recommends action to the Council on the Consolidated Plan, Annual Action Plan and any substantial amendments proposed to those plans. The Housing Commission shall also review the Consolidated Annual Performance Evaluation Report each year to examine the performance of the projects funded in whole or in part with CDBG funds. All oral and written comments will be considered in decisions on the CDBG Program and planning documents.

Purpose of the Public Hearings

A minimum of four Public Hearings will be held during the year to obtain the comment of citizens and representatives of public agencies, non-profit organizations and other interested parties. The Hearings provide opportunities to obtain the views of citizens on housing and community development needs, information on the amount of funds available and the purposes for which it can be used, discuss proposed activities and review of program performance over the previous year.

Action Plan Development hearing: The Ashland Housing Commission will hold a public hearing to review proposed applications for use of CDBG funds and recommend award allocations to the City Council. Testimony will be received regarding needs and how proposed projects best address the priorities of the Consolidated Plan.

CDBG Award Hearing: The City Council shall review CDBG project proposals on an annual basis at a public hearing, review the recommendations of the Housing Commission, and award CDBG funds to eligible projects that demonstrate the most effective use of CDBG funds to benefit extremely low, or low-moderate income residents. The sub-recipient selection by Council and award allocation(s) will be incorporated into the annual Action Plan.

Action Plan approval Hearing: The final public review of the Annual Action Plan at a public hearing will be before the Ashland Housing Commission to ensure consistency with the award allocation and the use of funds to address the goals outlined in the annual Action Plan.

Consolidated Annual Performance Evaluation Report (CAPER) Hearing: At the conclusion of each program year the CAPER will be presented at a public hearing before the Ashland Housing Commission to allow a public response to the activities undertaken in the prior year.

Location of Hearings

The Hearings will be located and timed to ensure maximum opportunities for citizens to participate. Hearing will be conducted in buildings that are accessible to persons with physical disabilities.

Expanding Opportunities for All to Participate at Hearings

The City encourages all citizens to participate. A special effort will be made to assure that low and moderate income persons, households in areas targeted for CDBG assistance, minorities, people who do not speak or understand English well and persons with disabilities are made aware of the Hearings and are able to fully participate in all stages of the planning process. Upon 72 hour notice, the City will provide public notices and summaries of information in other languages, will make reasonable efforts provide translators for non-English speaking persons at meetings and Hearings and will take steps to accommodate persons with disabilities needing assistance. To arrange for assistance, requests must be made to the City Administrator's Office at least 5 days prior to the scheduled meeting or Hearing.

Notification of Hearing Dates

Notices of Hearings will be published in the City Source, a direct mailing sent to all households within Ashland, and in the Ashland Daily Tidings at least 15 days prior to the meetings. Notices will be posted on the City website and will also be mailed or emailed to the Housing Authority of Jackson County to post for tenants of assisted and public housing residing in the City.

Opportunities to Comment on Draft Plans and Reports

There are number of opportunities to comment on draft plans and reports related to the Consolidated Plan. Prior to their submission to HUD, the City will consider fully all comments received on these plans within the timeframes identified below.

The Public Participation Plan

This *Public Participation Plan* outlines the steps the City will take to provide citizens with opportunities to provide input into the development of plans and to comment on performance of assisted activities. The public will be advised of the availability of the Public Participation Plan and any amendments to the Plan and is invited to provide comments. Comments may be sent in writing to the Housing Program Specialist within the Department of Community Development. A notice will be placed in the Ashland Daily Tidings and on the City Website (www.ashland.or.us) providing 30 days for the public to comment on the Plan. A copy of the Public Participation Plan may be obtained at the Community Development office at 51 Winburn Way, the City Administrator's office at 20 East Main or by calling 541-488-5305. TTY phone number 1-800-735-2900.

The Consolidated Plan (and Amendments)

The *City of Ashland Consolidated Plan* is a long-range strategic plan that assesses community needs, establishes priority objectives and outlines strategies the City will pursue over a 5 year period to improve the City's housing and community development assets principally benefiting low and moderate income persons. The public will be advised of the availability of the Consolidated Plan and amendments to the Plan and are invited to provide comments. Comments may be sent in writing to the Housing Program Specialist within the Department of Community Development at 51 Winburn Way or by email to goldmanb@ashland.or.us. A notice will be placed in the Ashland Daily Tidings providing 30 days for the public to comment. A copy of the Consolidated Plan may be obtained at the Community Development Office or by calling 541-488-5305. Copies will also be available at Ashland Public Library (410 Siskiyou Blvd.) and can be accessed at the City's website: www.ashland.or.us within the "Document Center", listed under "Affordable Housing Documents".

Annual Action Plans (and Amendments)

Each year between February and May the City is required to prepare an Annual Action Plan for submission to HUD. The plan outlines the programs and activities the City will undertake in the

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coming year to implement the strategies of the Consolidated Plan. The Annual Plans also describe how the CDBG funds will be used over the course of the year. The public will be advised of the availability of the draft Annual Plan and amendments to the Plan and are invited to provide comments. Comments may be sent in writing to the Housing Program Specialist within the Department of Community Development at 51 Winburn Way or by email to goldmanb@ashland.or.us. A notice will be placed in the Ashland Daily Tidings providing 30 days for the public to comment. A copy of the Consolidated Plan may be obtained at the Community Development Office (51 Winburn Way), at the City's website: www.ashland.or.us within the "Document Center", listed under "Affordable Housing Documents", or by calling 541-488-5305.

Annual Performance Reports

Each year in the July and August, the City prepares a description of how the CDBG funds were used over the past program year and describes progress on other non-funded activities of the Consolidated Plan. The public will be advised of the availability of the draft Consolidated Annual Evaluation Performance Report (CAPER) and are invited to provide comments. A notice will be placed in the Ashland Daily Tidings providing 15 days for the public to comment. A copy of the CAPER may be obtained at the Community Development Office (51 Winburn Way), at the City's website: www.ashland.or.us within the "Document Center", listed under "Affordable Housing Documents", or by calling 541-488-5305.

Amendments

Amendments to the Consolidated Plan or Annual Action plans may be necessary as conditions change. Amendments of a minor nature will be made as needed throughout the year. However, the public will be given an opportunity to comment on all substantial amendments to the plans following the process described above.

A "substantial" amendment to the Consolidated/Annual Plan is defined as:

- Projects with budgets of \$25,000 or more – An increase or decrease of more than 25% of the budgeted amount (unless the decrease is caused by a budget under run).
- Projects with budgets of less than \$25,000- An increase or decrease of more than 50% of the budgeted amount (unless the decrease is caused by a budget under run).
- A 25% reduction in the number of residential units to be provided.
- A 25% increase in the number of units provided for projects of five or more units.
- A change in the use of funds from one activity to another.
- A change of location for a project with no other changes in scope, does not constitute a substantial amendment.
- A change between affordable rental housing and affordable ownership housing does not constitute a substantial amendment

Access to Information and Availability of Plan Documents

The City will provide reasonable and timely access to citizens, public agencies and other interested parties of records and information on the Consolidated Plan (and previous Consolidated Plan documents) and the City's use of the funds under the programs covered by the Plan. In addition, the City will provide information to the public during the planning processes on proposed activities, the amount of assistance available, the range of activities that may be undertaken and estimates of the amount of funds that will benefit low- and moderate-income persons. Copies of the adopted Consolidated Plan and the Consolidated Annual Performance Evaluation Report are available upon request. Copies of the documents are available at Community Development Office (51 Winburn Way), or can be downloaded from the City's website: www.ashland.or.us within the "Document Center", listed under "Affordable Housing Documents", or by calling 541-488-5305.

Technical Assistance

The City will provide technical assistance to groups representing low- and moderate-income persons to assist them in understanding the requirements for developing proposals for funding assistance under the Consolidated Plan. Technical assistance may include referral to information sources, providing information on programs and activities, workshops, and one-one assistance.

Complaints and Grievances

Complaints concerning the CDBG Program, the Consolidated Plan, Annual Plan or Performance Report may be made to the to the Housing Program Specialist within the Department of Community Development at 51 Winburn Way or by email to goldmanb@ashland.or.us.. All complaints made in writing will be responded to in writing within 15 days. Persons not satisfied with the response may request in writing a review of the complaint by the Director of Community Development.

Anti-displacement Plans

(the Anti-displacement and Relocation plan below was adopted by the Ashland City Council on 11/4/2003)

The City of Ashland will replace all occupied and vacant occupiable low/moderate-income dwelling units demolished or converted to a use other than low/moderate-income housing in connection with an activity assisted with funds provided under the Housing and Community Development Act of 1974, as amended, as described in 24 CFR 570.606(c), Cranston-Gonzalez National Affordable Housing Act as described in 24 CFR 92.353(e), and 24 CFR 42.375.

All replacement housing will be provided within three years after the commencement of the demolition or conversion, or will be identified as having been created a maximum of 1 year prior to the demolition or conversion. Before entering into a contract committing the City of Ashland to provide funds, under the Housing and Community Development Act of 1974, for an activity that will directly result in demolition or conversion of low/moderate income housing the City of Ashland will provide public notice within a newspaper of general circulation and post a notice on the property upon which the demolition or conversion is proposed. Additionally the City of Ashland will submit to HUD the following information in writing:

1. A description of the proposed activity;
2. The location on a map and number of dwelling units by size (number of bedrooms) that will be demolished or converted to a use other than as low/moderate income dwelling units as a direct result of the assisted activities;
3. A time schedule for the commencement and completion demolition or conversion;
4. The location on a map and the number of dwelling units by size (number of bedrooms) that will be provided as replacement dwelling units. If such data are not available at the time of the general submission, the City of Ashland will identify the general location on an area map and the approximate number of dwelling units by size, and provide information identifying the specific location and number of dwelling units by size as soon as it is available;
5. The source of funding and a time schedule for the provision of the replacement dwelling units.
6. The basis for concluding that each replacement dwelling unit will remain a low/moderate-income dwelling unit for at least 10 years from the date of initial occupancy;

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7. Information demonstrating that any proposed replacement of dwelling units with smaller dwelling units (e.g., a 2-bedroom unit with two 1-bedroom units) is consistent with the housing needs of lower-income households in the jurisdiction.

The City of Ashland, Department of Community Development is responsible for tracking the replacement of housing and ensuring that it is provided within the required period.

The City of Ashland, Department of Community Development is responsible for ensuring requirements are met for notification and provision of relocation assistance, as described in §42.350, to any lower-income person displaced by the demolition of any dwelling unit or the conversion of a low/moderate-income dwelling unit to another use in connection with an assisted activity. Consistent with the goals and objectives of activities assisted under the under the Housing and Community Development Act, the City of Ashland will take the following steps to minimize the displacement of persons from their homes in conjunction with assisted activities:

1. Provide advisory services, including referrals to non-profit service providers, to any lower-income person displaced by the demolition of any dwelling unit or the conversion of a low/moderate-income dwelling unit.
2. Evaluate housing codes and rehabilitation standards in reinvestment areas to prevent their placing undue financial burden on long-established owners or tenants of multi-family buildings.
3. Require applicants for Community Development Block Grants involving relocation to submit a Tenant Relocation Plan, to include:
 - i. A tenant survey
 - ii. Relocation assistance costs and funding sources
4. Provide reasonable protections for tenants faced with conversion to a condominium or cooperative by requiring:
 - i. That current residents of rental units proposed for conversion to condominiums shall have first right of refusal to purchase the unit. (City of Ashland Ord 2624 S2, 1991)
 - ii. That condominium conversion of existing rental units demonstrate that at least 25% of the residential units are affordable for moderate income persons (City of Ashland Land Use Ordinance – 18.24.030 (J))
5. When feasible, stage rehabilitation of apartment units to allow tenants to remain in the building/complex during and after rehabilitation by working with empty units or buildings first.

FIVE YEAR STRATEGIES

The projects that CDBG funds can be spent on is somewhat restricted by the federal regulations. In addition to the requirement that 51% or more of the beneficiaries/clients of a project must qualify as low- or moderate-income, there is a list of “eligible” projects. For example, CDBG funds can be used to acquire vacant land or existing housing, but can not be used to for the construction of new housing. Another example of a requirement that restricts the manner in which the City of Ashland can allocate CDBG funds is that only up to 15% of the yearly allocation (approximately \$30,000 per year) can be spend on public services, sometimes referred to as soft costs. The spending priorities have been developed with the federal restrictions and the specific needs of the Ashland community in mind. Given the limited amount of Ashland’s annual entitlement (<\$250,000) the City can not address every Goal in any given program year. To utilize CDBG funds most effectively to address the highest priority needs, the City has limited the award of CDBG funds to one or two projects that provide housing to extremely low, low-moderate income, and special needs households, and no more than one annual projects addressing the Homeless or Special Needs goals outlined below. Thus the City anticipates primarily using Ashland’s allocation of CDBG funds to address Goals 1-6 as outlined below. The City will continue to utilize City General funds, and administrative support funded in part by the CDBG program, to address the remaining goals noted in this plan over the 5 year planning period..

The following are the City of Ashland goals for housing and community development for the next five years. For each area, goals are listed with strategies for achieving these goals. Also included are proposed accomplishments, time periods and amount of resources needed.

The priority use of funds to address Housing and Homeless needs is based on the needs identified in the previous section. The rankings of A, B, and C are intended to assist in directing CDBG funds to the greatest needs. In cases where there are competing projects for limited funds, the project(s) that are ranked the highest will be funded.

A: The City of Ashland plans to use CDBG funds for projects that meet these needs.

B: The City of Ashland may use CDBG for projects that meet these needs.

C: The City of Ashland does not plan to use CDBG funds for projects meeting these needs but will consider certifications of consistency for other entities which are applying for federal assistance to meet these needs. Additionally such needs may also be addressed by the City through the allocation of Economic Development and or Social Service Grants from the City General Fund.

Housing Goals

Goal 1: To increase the supply of affordable rental housing for extremely low-, low- and moderate-income families. Where possible, give funding priority to those projects that will provide benefits to residents with the lowest incomes.

- 1.1 Encourage the acquisition and construction of affordable rental housing (B).
- 1.2 Support the acquisition and development of affordable rental housing units through a sustainable program, which retains the units as affordable in perpetuity, such as a land trust (A*).
- 1.3 Support providers of public housing (C).

* The provision of rental housing best serves the community when such units are secured as affordable in perpetuity or for very long periods (60 years). For this reason the City will prioritize CDBG funds to those projects that retain affordability for the longest period. Support of the Land Trust model, and of Housing Authority projects, encourages long term affordability and thus maximizes the value of public subsidies.

Goal 2: To increase the homeownership opportunities for extremely low-, low- and moderate-income households. Where possible, give funding priority to those projects that will provide benefits to residents with the lowest incomes.

- 2.1 Encourage the acquisition and construction of affordable housing by private developers (B).
 - 2.2 Support acquisition and development of affordable ownership housing units through a sustainable program, which retains the units as affordable in perpetuity, such as a land trust (A*).
 - 2.3 Support home ownership through down payment and home ownership assistance (B).
- The provision of ownership housing best serves the community when such units are secured as affordable in perpetuity or for very long periods (60 years). For this reason the City will prioritize CDBG funds to those projects that retain affordability for the longest period. Support of the Land Trust model encourages long term affordability and thus maximizes the value of public subsidies. Although the equity limitations effectively reduce the wealth creation opportunities for owners, the units remain available to subsequent generations of occupants.
 - Given the high cost of housing in Ashland considerable subsidy would be necessary to provide ownership opportunities to households earning less than 30%AMI. In order to utilize funds most efficiently to provide for the greatest number of households the City anticipates the majority of new affordable ownership units will be targeted to households earning between 60% and 80%AMI. This is reflected in TABLE 2A on page 78.

Goal 3: To maintain the existing affordable housing supply. Where possible, give funding priority to those projects that will provide benefits to residents with the lowest incomes. Also, give funding priority to those programs which retain the units as affordable in perpetuity, or recapture the rehabilitation costs for further use in Ashland.

- 3.1 Retain existing affordable housing, rental and ownership, by supporting rehabilitation programs, which recapture the rehabilitation costs for further use in Ashland (B).

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- 3.2 Retain existing affordable housing, rental and ownership, by supporting rehabilitation programs using a sustainable program, which retains the units as affordable in perpetuity (B).

Ashland's overall housing stock is in good condition. The oldest units, typically needing the greatest repair, are within highly desirable neighborhoods and have high market values. For this reason such units have been rehabilitated in large part without public subsidy.

PERFORMANCE OUTCOME FOR HOUSING GOALS (1-3):

- Lower-income households are able to obtain or remain in decent, affordable housing.

PERFORMANCE MEASURES FOR HOUSING GOALS (1-3):

- Number of lower-income households with improved housing.
- Number of new for-purchase housing units affordable to, and occupied by, lower-income households.
- Number of new rental housing units affordable to, and occupied by, lower-income households.
- Number of low-income homebuyers that have purchased a home following homebuyer assistance classes including number of minority and female heads of households.
- Number of existing housing units that have been retained as affordable through deed restrictions recorded on the property.
- Number of housing units and occupied by lower-income households that have been rehabilitated

Homeless Goals

Goal 4: Support services for homelessness prevention and transition. Where possible, give funding priority to services that are part of a comprehensive approach that improves the living conditions of clients. Safety net services, or services that meet basic needs shall only be funded with CDBG dollars if it can be demonstrated that clients receiving those benefits are part of a program that will eventually help them obtain self-sufficiency.

- 4.1 Provide assistance to non-profit organizations that assist the homeless and those at risk of homelessness, provide transition assistance to the homeless, and help prevent homelessness (A).
- 4.2 Strengthen the capacity of the Jackson County Continuum of Care to plan activities reducing homelessness in the community. (B)
- 4.3 Support activities that expand service-enriched housing for the homeless and other special needs populations, including increased shelter, transitional and permanent supportive housing resources (B).

Goal 5: Encourage the development of emergency and transitional housing for homeless families with children and/or individuals.

- 5.1 Coordinate with local providers of homeless services to determine the number and type of units needed in Ashland. Work with service providers to define homeless housing project plans and financial needs (B).

PERFORMANCE OUTCOME FOR HOMELESS GOALS (4&5):

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- Improved conditions and assistance for homeless individuals and families to enable them to be self sufficient.

PERFORMANCE MEASURES FOR HOMELESS GOALS (4&5):

- Number of homeless, or households at risk of homelessness, that have received services designed to improve health, safety, and counseling.
- Number of homeless families or individuals that have been stabilized through emergency or transitional housing
- Number of homeless, or households at risk of homelessness, that have obtained permanent housing
- Increased capacity of the Jackson County Continuum of Care homeless task force to address homelessness on a regional level.

Special Populations

Goal 6: To support housing and supportive services for people with special needs. People with special needs include the elderly, the frail elderly, persons with developmental disabilities, persons with physical disabilities, persons with severe mental illness, persons with alcohol or other drug dependencies and persons with HIV/AIDS or related illnesses.

- 6.1 Encourage development of transitional and supportive housing for extremely low- and low-income special needs populations (B).
- 6.2 Provide assistance to non-profit organizations that provide support services for extremely low- and low-income special needs populations (B).

PERFORMANCE OUTCOME FOR SPECIAL NEEDS POPULATION GOAL (6):

- Improved conditions and assistance for special needs population to enable them to be self sustaining.

PERFORMANCE MEASURES FOR SPECIAL POPULATION GOALS:

- Number of individuals with special needs that have received services designed to improve health, safety, general welfare, and self reliance.
- Number of group homes or other supportive housing developed for the elderly, individuals with special needs.

Community Development Goals

Goal 7: To provide safe and convenient access to alternative transportation routes in extremely low-, low- and moderate-income neighborhoods.

- 7.1 Replace hazardous sidewalks in extremely low-, low- and moderate-income neighborhoods (C).
- 7.2 Construct new sidewalks on existing streets in extremely low-, low- and moderate-income neighborhoods (B).
- 7.3 Install wheel-chair ramps in existing sidewalks (B).

Goal 8: To make city facilities easier and safer to use for people with disabilities.

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8.1 Make accessibility improvements to city-owned facilities (B).

PERFORMANCE OUTCOME FOR COMMUNITY DEVELOPMENT GOALS (6):

- Low income neighborhoods that have improved pedestrian and wheelchair access and city facilities that are easier and safer to use for people with disabilities

PERFORMANCE MEASURES FOR COMMUNITY DEVELOPMENT GOALS (7&8):

- Linear feet of sidewalk completed in qualified low-income Census Block Groups
- Number of households benefiting from new or enhanced city sidewalks.
- Number of wheelchair ramps installed in existing sidewalks
- Number of individuals with physical or developmental disabilities provided access to new or repaired public facilities

Fair Housing

Goal 9: To affirmatively further fair housing.

9.1 Establish a local means for citizens to get specific information about fair housing, and report fair housing violations. Review current fair housing violation process, improve as needed. (B)

9.2 Develop and provide brochures and advertisements on how to file fair housing complaints (B).

9.3 Continue to support the activities of the Fair Housing Council of Oregon (B).

PERFORMANCE OUTCOME FOR FAIR HOUSING GOALS (6):

- Improved public access to information about housing discrimination and fair housing rights and responsibilities

PERFORMANCE MEASURES FOR COMMUNITY DEVELOPMENT GOALS (7&8):

- Number of existing or potential multifamily property owners provided with landlord responsibility materials relating to the Fair Housing Act.
- Number of educational opportunities provided to the Citizenry including seminars, television broadcasts and informational items within City publications sent as direct mail to all households in Ashland.
- Number of individuals assisted in reporting fair housing violations.

Lead Based Paint

Goal 10: Assure activities assisted by the City are conducted in compliance with state and federal laws that apply to lead-based paint hazards, and the information distributed about lead-based paint is in compliance with current state and federal laws.

10.1 Review practices used to evaluate and abate lead-based paint hazards in housing projects assisted with CDBG funds through the City (A).

10.2 Keep updated on state and federal laws that relate to lead-based paint (A).

PERFORMANCE MEASURES FOR LEAD BASED PAINT GOAL (10):

- Number of households assisted whose properties have had Lead Based Paint abated.

Anti-Poverty

Goal 11: To reduce the number of people living in poverty in the City of Ashland.

Goal 12: Promote and support activities in the community that improve or provide access to economic opportunities for extremely low- and low-income residents of Ashland.

- 12.1 Support organizations that provide job training and access to employment for extremely low- and low-income persons, homeless persons and persons with special needs (B).
- 12.2 Support programs that assist individuals living at or below the poverty level in building financial assets. (B)
- 12.3 Support affordable and flexible childcare services for extremely low-, low- and moderate-income Ashland residents.(C)

(Performance Outcomes and Measures Addressed under Housing Goals and Homeless Goals).

Barriers to Affordable Housing

Goal 13: Remain aware of the barriers to affordable housing in Ashland, and where it is within the City's ability, take steps to overcome such barriers.

- 13.1 Consider the potential impacts on housing affordability prior to enacting changes to requirements for residential development in the Ashland Land Use Ordinance (A).
- 13.2 Continue to reduce barriers to affordability forwarding Ashland Land Use Ordinance amendments to the City Council for consideration that promote the development or retention of affordable and workforce housing. (A)

PERFORMANCE OUTCOME FOR BARRIERS TO AFFORDABLE HOUSING GOAL(13):

- Creation of affordable housing units through incentives and regulatory requirements within the Ashland Land Use Ordinance

PERFORMANCE MEASURES FOR BARRIERS TO AFFORDABLE HOUSING GOAL(13):

- New city procedures and policies to streamline the development process for affordable housing.
- New ordinances or ordinance amendments to encourage the creation of affordable housing through density bonus provisions
- Adoption of resolutions or ordinance amendments that require units to be affordable based on a range of income levels.

Institutional Structure and Coordination

Goal 14: To provide institutional structure and intergovernmental cooperation.

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- 14.1 Continue to provide staff support to the City of Ashland Housing Commission (A).
- 14.2 Continue to work with the City of Medford, Jackson County and other jurisdictions to work on Housing affordability, Fair Housing, and homelessness on a regional, as well as local, basis. (A)
- 14.3 Continue participation in the Jackson County Continuum of Care Consortium and the Jackson County Housing Coalition.(A)

PERFORMANCE OUTCOME FOR INSTITUTIONAL COORDINATION GOAL(14):

- Coordinated regional approach to address low-income housing and service needs on a regional basis

PERFORMANCE MEASURES FOR INSTITUTIONAL COORDINATION GOAL(14):

- Intergovernmental agreement(s) to work with City of Medford, Jackson County and other jurisdictions to work on Housing affordability in a coordinated manner.
- Continuance of the Ashland Housing Commission and the Jackson County Housing Coalition.

APPENDIX

HUD REQUIRED TABLES

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CONSIDERATIONS IN ASSIGNING HOUSING PRIORITIES

The priorities found in the HUD Tables relating to Affordable Housing, Homeless and other Special Needs Populations were determined after considering several factors.

Table 1A Homeless and Special Needs Populations

The “Unmet Need/Gap” determinations for shelter, transitional housing and permanent supportive housing were developed by the Jackson County Housing Task Force based upon a review of resources and the needs identified in the survey of the homeless.

Table 1B Special Needs Populations

In general, special needs populations have been identified as a high priority population because of the significant difficulties faced by those populations in obtaining affordable housing in general and specifically the difficulty of finding affordable housing fitting their specific needs (and include accompanying services they need). Because of the limited income of victims and often the lack of marketable job skills, this population has a difficult time finding and obtaining affordable housing.

Persons with severe mental illness are among the least able to meet their needs or to compete affordable housing. Their general lack of employability keeps their income too low to obtain affordable housing.

Table 2A Priority Affordable Housing Needs

The primary objective of the City is to achieve the total goals indicated for affordable housing. The City does not intend to target assistance based upon unfulfilled goals for a specific category, but rather utilize available funding to support projects that address the general goals while meeting a readiness to proceed standard. Given Ashland’s small size and the limited number of affordable housing developers within the region, Ashland rarely has more than two projects proposed in a given CDBG program year to select from.

Generally, a high priority has been given to homeowners in the 31%-80% MFI range because of the significant affordability mismatch in Ashland and the rapidly rising cost of acquiring and maintaining owned housing. Goals for owners and potential owners for 0%-30% MFI households are low because it is not anticipated that many in this category will qualify for financing from local financial institutions and the City’s available resources are too limited to provide the deep subsidies necessary to provide units affordable at this range.

The Ashland area has seen very low vacancy rates impact the ability of renters to find affordable renter housing. Nearly half of the unregulated (market) units that would otherwise be affordable to households earning less than 30%AMI are occupied by higher income households. The student population from the University places additional competition for small units and reduces the vacancy rate for rentals citywide. As a consequence, households in the 0%-30% MFI category are in the greatest need for assistance. In addition, large families face additional other expenses and are often unable to obtain housing meeting their needs. Small families in the 51%-80% MFI category were given high priority because much of Ashland’s small families are with housing needs.

**Table 1A
Homeless and Special Needs Populations
Continuum of Care Housing Gaps Analysis Chart**

	Current Inventory in 2004	Under Development in 2004	Unmet Need/ Gap
--	----------------------------------	----------------------------------	------------------------

Individuals

Example	Emergency Shelter	100	40	26
Beds	Emergency Shelter	141	0	135
	Transitional Housing	144	0	356
	Permanent Supportive Housing	162	10	151
	Total	447	10	642

Persons in Families With Children

Beds	Emergency Shelter	32	0	44
	Transitional Housing	124	0	312
	Permanent Supportive Housing	168	0	241
	Total	324	0	597

Continuum of Care Homeless Population and Subpopulations Chart

Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Example:	75 (A)	125 (A)	105 (N)	305
1. Homeless Individuals	51 (N,E)	357(N)	178 (N)	586
2. Homeless Families with Children	81 (N,E)	5 (N)	10 (E)	94
2a. Persons in Homeless Families with Children	136 (N,E)	5 (N)	30(N,E)	
Total (lines 1 + 2a)	268	365	218	851
Part 2: Homeless Subpopulations	Sheltered		Unsheltered	Total
1. Chronically Homeless	Unknown			
2. Severely Mentally Ill	Unknown		<i>Optional for Unsheltered</i>	
3. Chronic Substance Abuse	20			50
4. Veterans	50			
5. Persons with HIV/AIDS	Unknown			
6. Victims of Domestic Violence	15			
7. Youth (Under 18 years of age)	618			
Code: (N)=Enumeration (E) = Estimate				

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Methods used to Collect Information for the Fundamental Components of the CoC System Housing Activity Chart, Housing Gaps Analysis and Homeless Population/Subpopulations Charts

1. Housing Activity Chart.

(a) Our CoC community's method for conducting an annual update of the emergency, transitional housing and permanent supportive current housing inventory in place and under development contained in the 2004 CoC competition, including the definition your community used for emergency shelter and transitional housing included various planning meeting with the HTF Core Group. A Committee Member was assigned the task of completing the study by taking last year's data, contacting all agencies to verify and update data, and determine whether additional revisions are needed. The data source included all emergency shelters and transitional housing providers in Jackson County. One person was in charge of this assignment and personally contacted each provider through email, telephone, and mail to ensure that everyone would be ready to report the data on the specific day identified. The survey was conducted for a one night point-in-time count. March 29, 2004 was the date the community selected for the 2004 the point-in-time.

EMERGENCY SHELTER: The Jackson County HTF definition of emergency shelter is any facility with the primary purpose of which is to provide temporary or transitional shelter for the homeless in general or for specific populations of the homeless.

TRANSITIONAL HOUSING: The Jackson County HTF definition of transitional housing is a facility that promotes and facilitates the movement of homeless individuals and families in the continuum towards permanent housing with a maximum stay of 24 months. This is temporary housing sometimes combined with supportive services that enable homeless individuals and families to live as independently as possible. The supportive services help promote residential stability, increased skill level and/or incomes, and greater self-determination. The services are sometimes provided by the managing agency and in some situations coordinated by the managing agency. This type of housing can be provided in one structure, or several structures on one site or multiple structures at scattered sites.

(b) The Jackson County HTF is currently planning for conducting an inventory for the 2005 CoC competition based upon a one day, point-in-time study in the last week of January 2005. We are currently in the planning stages and the HTF Core Work Group is working together to refine our data collection process. We will form a small committee that will be responsible for conducting the study and compiling the data.

2. Housing Gaps Analysis Chart.

It is difficult to accurately count homeless people in general, well enough in rural areas. Whereas in urban areas homelessness is visible and ever present, in rural communities the homeless are hidden. There is not a feasible way to count those individuals and families who are residing in campgrounds, cars, and abandoned buildings, under bridges, on the streets or squatting. Jackson County is very mountainous terrain covering more than 2,700 square miles. However, the HTF does coordinate with the Community Action Agency of Jackson County, ACCESS, Inc., to conduct several local studies to assess the needs of the homeless on an annual basis. These include the Gaps Analysis and the Homeless Survey which are conducted annually, and the One Night Shelter Count which takes place two times a year and is conducted statewide. The Gaps Analysis is a point in time survey of organizations that provide housing and supportive services to the homeless in Jackson County. The HTF Core Work Group mails out the Gaps Analysis chart to Jackson County homeless service providers each spring. The Gaps Analysis questionnaire is mailed along with directions for conducting the count and definitions of the various populations and subpopulations, housing components and supportive services. Then, volunteers from the HTF call and visit each of the

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homeless service providers to ask if they have questions or need assistance in completing the point-in-time analysis and conduct first hand surveys of the homeless. The Homeless Task Force then meets to review the data and to discuss results. The HTF basis for the community's determination for unmet needs are supported and substantiated by the surveys conducted and the reporting of availability accurately.

While each service provider uses a slightly different technique for completing this analysis, most rely on their intake and case management records for households accessing services, combined with the professional judgments of their staff who directly serve the homeless in our community on a daily basis. As a part of the 2004 Gaps Analysis we also conducted homeless surveys. Volunteers visited homeless service providers and personally conducted the surveys. Every effort is made to make this analysis as comprehensive as possible, but like all surveys this tool has its limitations. Namely, the difficulty of accurately counting homeless people in rural communities simply because of our size and terrain explained above and the difficulty of getting service providers to respond to the surveys in a comprehensive coordinated approach. However, we have chosen to continue this method because combined with information from the other two local studies we do (the Homeless Survey and the One Night Shelter Count) it does provide the most accurate data of the estimated need, available services, and gaps in our CoC. This is the Jackson County Homeless Task Force basis for determining the amount of unmet need for emergency shelter, transitional housing and permanent supportive housing for the homeless.

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**Table 1B
Special Needs (Non-Homeless) Populations**

SPECIAL SUBPOPULATIONS	NEEDS	Priority Need Level High, Medium, Low, No Such Need	Unmet Need	Dollars to Address Unmet Need (\$ in millions)	Goals
Elderly		M	235	\$14	1
Frail Elderly		M	50	\$2.4	1
Severe Mental Illness		M	70	\$3.5	0
Developmentally Disabled		H	15	\$.750	1
Physically Disabled		H	35	\$1.75	2
Persons w/ Alcohol/Other Addictions	Drug	M	100	\$5	0
Persons w/H IV/AIDS		L	5	\$.250	0
Other (Domestic Violence Victims)		M	15	\$.75	0
TOTAL					5

Elderly = over age 65 in Ashland = 2,826 less 481 (over age 85 in Ashland) = 2,345 X 10% in need = 235 unmet need
 Frail Elderly = over age 85 in Ashland = 481 X 20% in need = 100 unmet need
 Mentally ill = 3,180 in Jackson Co X 10.8% (Ashland % of Jackson Co population) = 343 X 20% in need = 70 unmet need
 Developmentally Disabled = 708 in Jackson Co X 10.8% (Ashland % of Jackson Co population) = 76 X 20% in need = 15 unmet need
 Physically Disabled = 1,591 in Jackson Co X 10.8% (Ashland % of Jackson Co population) = 172 X 20% in need = 35 unmet need
 AOD = 4,775 in Jackson Co X 10.8% (Ashland % of Jackson Co population) = 516 X 20% in need = 100 unmet need
 HIV/AIDS = Estimate of unmet need = 5
 Domestic Violence = 700 persons served by Dunn House annually in Jackson Co X 10.8% (Ashland % of Jackson Co population) = 76 X
 20% in need = 15 unmet need
 Dollars to address need are at \$50,000 per person subsidy .

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**Table 1C
Summary of Specific Homeless/Special Needs Objectives/Strategies**

Homeless Goals				
Objectives-Strategies	Specific Objectives/Strategies	Performance Measures	Expected Units	Actual Units
Goal 4	<i>Support services for homelessness prevention and transition. Where possible, give funding priority to services that are part of a comprehensive approach that improves the living conditions of clients. Safety net services, or services that meet basic needs shall only be funded with CDBG dollars if it can be demonstrated that clients receiving those benefits are part of a program that will eventually help them obtain self-sufficiency.</i>			
4.1	Provide assistance to non-profit organizations that assist the homeless and those at risk of homelessness, provide transition assistance to the homeless, and help prevent homelessness (A).	Number of homeless, or households at risk of homelessness, that have received services designed to improve health, safety, and counseling. Improved conditions and assistance for homeless individuals and families to enable them to be self sufficient.	Interim goal is 400 persons per year*	
4.2	Strengthen the capacity of the Jackson County Continuum of Care to plan activities reducing homelessness in the community. (B)	Continuation of JC COC with active activities to reduce homelessness	NA	
4.3	Support activities that expand service-enriched housing for the homeless and other special needs populations, including increased shelter, transitional and permanent supportive housing resources (B)	Number of homeless families or individuals that have been stabilized through emergency or transitional housing Number of homeless, or households at risk of homelessness, that have obtained permanent housing	Interim goal is 500 persons per year*	
* These goals are established for the Medford-Ashland & Jackson County Continuum of Care region. The goal s will be reviewed for modification when the Countywide Homeless Management Information System is fully operational.				
Goal 5	<i>Encourage the development of emergency and transitional housing for homeless families with children and/or individuals.</i>			
5.1	Coordinate with local providers of homeless services to determine the number and type of units needed in Ashland. Work with service providers to define homeless housing project plans and financial needs (B).	Increased capacity of local providers and CoC homeless task force to address homelessness on a regional level and define number and type of units needed in Ashland.	The goal s will be reviewed for modification when the Countywide Homeless Management Information System is fully operational.	

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Table 1C Continued

Special Populations				
Objectives-Strategies	Specific Objectives/Strategies	Performance Measure	Expected Units	Actual Units
Goal 6	To support housing and supportive services for people with special needs. People with special needs include the elderly, the frail elderly, persons with developmental disabilities, persons with physical disabilities, persons with severe mental illness, persons with alcohol or other drug dependencies and persons with HIV/AIDS or related illnesses.			
6.1	Encourage development of transitional and supportive housing for extremely low- and low-income special needs populations (B).	Number of individuals with special needs that have received services designed to improve health, safety, general welfare, and self reliance.	30	
6.2	Provide assistance to non-profit organizations that provide support services for extremely low- and low-income special needs populations (B).	Number of group homes or other supportive housing developed for the elderly, individuals with special needs.		

A: The City of Ashland plans to use CDBG funds for projects that meet these needs.

B: The City of Ashland may use CDBG for projects that meet these needs.

C: The City of Ashland does not plan to use CDBG funds for projects meeting these needs but will consider certifications of consistency for other entities which are applying for federal assistance to meet these needs. Additionally such needs may also be addressed by the City through the allocation of Economic Development and or Social Service Grants from the City General Fund.

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**Table 2A
Priority Needs Table**

PRIORITY HOUSING NEEDS (households)	Priority Need Level High, Medium, Low		UNMET Need*	GOALS	
Renter	Small Related	0-30%	H	299	5
		31-50%	H	199	5
		51-80%	H	228	15
	Large Related	0-30%	M	28	2
		31-50%	M	28	3
		51-80%	M	20	4
	Elderly	0-30%	H	124	1
		31-50%	H	138	1
		51-80%	M	127	5
	All Other	0-30%	H	576	4
		31-50%	H	475	5
		51-80%	M	492	5
	Owner	0-30%	M	1,245	0
		31-50%	H	1,090	5
51-80%		H	1,352	15	
Special Needs	0-80%	M	120	5	
Total Goals				80	
Total 215 Goals				80	
Total 215 Renter Goals				55	
Total 215 Owner Goals				25	

*Unmet Need data is derived from the HUD CHAS Tables

City of Ashland Consolidated Plan 2005-2009

**Table 2B
Community Development Needs 2005-2009**

Priority Community Development Needs	Need Level	Dollars provided to Address Unmet Need
Public Facility Needs		
Fire Station	Medium	\$3,400,000.00
Council Chambers Upgrade	Medium	\$375,000.00
Police Facilities	Medium	\$265,000.00
Homeless Shelters	Medium	less than \$100,000
General City Facility Upgrades	Medium	\$500,000.00
Infrastructure		
Water		
Water Supply	High	\$6,090,000.00
Water Distribution	High	\$4,755,000.00
Water Plant	High	\$1,070,000.00
Wastewater		
Wastewater Treatment	High	\$850,000.00
Wastewater Collection	High	\$1,310,000.00
Storm Drain		
Street Improvements	High	\$1,205,000.00
Sidewalks		
Electric Utilities	High	\$1,130,000.00
Electric	High	\$2,785,000.00
Telecommunications	Medium	\$250,000.00
Public Service Needs		
Senior Services		Low \$50,000
Handicapped Services		Low less than \$50,000
Youth Services		Low less than \$50,000
Transportation Services*		High \$1,250,000.00
Substance Abuse Services		Medium less than \$50,000
Health Services		Medium \$165,000.00
Lead Hazard Screening		Low less than \$50,000
Public Program Needs		
Senior Programs		Medium \$525,000.00
Youth Programs**		Low \$6,000,000.00
Economic Development		Low \$250,000.00
Total Estimated Dollars Needed through 2009		\$38,495,000.00

Source: City of Ashland 2005-06 Budget; 2006-2011 Capital Improvements Plan; Economic Development and Social Service Grant Programs

* City contribution to Rogue Valley Transportation District (RVTD) for free and expanded bus service within Ashland (annual \$250,000)

** Youth Activities Levy Fund (approx 2 million annually) expires in 2008 (Dollar amount does not include a potential extension)

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Table 2C

Summary of Specific Housing/Community Development Objectives/Strategies

Housing Goals				
Objectives-Strategies	Specific Objectives/Strategies	Performance Measures	Expected Units	Actual Units
Goal 1:	<i>To increase the supply of affordable rental housing for extremely low-, low- and moderate-income families. Where possible, give funding priority to those projects that will provide benefits to residents with the lowest incomes.</i>			
1.1	Encourage the acquisition and construction of affordable rental housing (B*)	Number of new rental housing units affordable to, and occupied by, lower-income households	5	
1.2	Support the acquisition and development of affordable rental housing units through a sustainable program, which retains the units as affordable in perpetuity, such as a land trust (A).	Number of existing or new housing units that have been secured as affordable through deed restrictions recorded on the property	50	
1.3	Support providers of public housing (C).	Support to be through technical assistance, letters of support, and no specific measures are proposed	n/a	
Goal 2:	<i>To increase the homeownership opportunities for extremely low-, low- and moderate-income households. Where possible, give funding priority to those projects that will provide benefits to residents with the lowest incomes.</i>			
2.1	Encourage the acquisition and construction of affordable housing by private developers (B).	Number of new for-purchase housing units created by private developers that are affordable to, and occupied by, lower-income households.	10	
2.2	Support acquisition and development of affordable ownership housing units through a sustainable program, which retains the units as affordable in perpetuity, such as a land trust (A).	Number of existing or new housing units that have been secured as affordable through deed restrictions recorded on the property	15	
2.3	Support home ownership through down payment and home ownership assistance (B).	Number of low-income homebuyers that have purchased a home utilizing down payment or other home-ownership assistance.	15	

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Goal 3:	<i>To maintain the existing affordable housing supply. Where possible, give funding priority to those projects that will provide benefits to residents with the lowest incomes. Also, give funding priority to those programs which retain the units as affordable in perpetuity, or recapture the rehabilitation costs for further use in Ashland.</i>			
3.1	Retain existing affordable housing, rental and ownership, by supporting rehabilitation programs, which recapture the rehabilitation costs for further use in Ashland (B).	Number of housing units and occupied by lower-income households that have been rehabilitated	5	
3.2	Retain existing affordable housing, rental and ownership, by supporting rehabilitation programs using a sustainable program, which retains the units as affordable in perpetuity (B).	Number of existing housing units that have been rehabilitated and retained as affordable through deed restrictions recorded on the property		
Community Development Goals				
Objectives-Strategies	Specific Objectives/Strategies	Performance Measures	Expected Units	Actual Units
Goal 7	<i>To provide safe and convenient access to alternative transportation routes in extremely low-, low- and moderate-income neighborhoods.</i>			
	Replace hazardous sidewalks in extremely low-, low- and moderate-income neighborhoods (C).	Number of households benefiting from new or enhanced city sidewalks.	100	
	Construct new sidewalks on existing streets in extremely low-, low- and moderate-income neighborhoods (B).	Linear feet of sidewalk completed in qualified low-income Census Block Groups	600	
	Install wheel-chair ramps in existing sidewalks (B).	Number of wheelchair ramps installed in existing sidewalks	10	
Goal 8	<i>To make city facilities easier and safer to use for people with disabilities.</i>			
	Make accessibility improvements to city-owned facilities (B).	Number of individuals with physical or developmental disabilities provided improved access to new or repaired public facilities	800	

A: The City of Ashland plans to use CDBG funds for projects that meet these needs.

B: The City of Ashland may use CDBG for projects that meet these needs.

C: The City of Ashland does not plan to use CDBG funds for projects meeting these needs but will consider certifications of consistency for other entities which are applying for federal assistance to meet these needs. Additionally such needs may also be addressed by the City through the allocation of Economic Development and or Social Service Grants from the City General Fund.

Summary of Comments from Key Informant Interviews

As part of the development of needs and strategies, several key community leaders were interviewed to obtain their views of needs in Ashland and their ideas of potential actions to meet those needs. A total of seven interviews conducted with 9 persons participating. The interviews revealed several common themes.

Unmet Needs

When asked to identify the greatest unmet needs for lower income persons in Ashland, all seven placed affordable housing as one of the top needs, the majority referring to rental housing. Several expressed an interest in increasing affordable housing in the downtown neighborhood.

Most responded that housing resources for the homeless was a significant unmet need. Transitional housing in particular was mentioned.

Many also indicated that a range of services for the homeless and special needs populations were needed, including living skills, substance abuse treatment, triage services, shelter services, mental health and dental services. The lack of services located in Ashland was indicated as was the problem of methamphetamines usage.

Populations with the Greatest Needs

When asked to identify the general categories of persons most in need in Ashland, almost all indicated the “working poor”. The working poor were defined as persons employed as fire fighters, retail clerks, maids, working students, etc. Three interviewees identified “young persons”, including young families and runaway youth, while women with children, seniors and persons with fixed incomes were also mentioned.

Actions to Meet Identified Needs

When asked to identify what priority actions they would pursue first to meet these needs, all seven suggested steps to increase affordable housing in the community. Providing land for affordable housing was mentioned by most interviewees. Expanding Urban Growth Boundaries was indicated by two and land set asides, land banking, financing land acquisition and obtaining air rights over parking were also mentioned. Others encouraged the development of new tax revenues, considering mixed use developments, co-housing and providing utilities assistance to the poor.

Providing assistance to the homeless was suggested by 3 persons, with creation of transitional housing and services for the homeless specifically mentioned.

Other steps indicated were the creation of new jobs through attraction of new businesses.

Barriers to Impacting the Needs

Respondents were asked to indicate any barriers that would need to be overcome in order to have a major impact on the needs. Community education, reduction of fees or regulations and the limited land availability were each mentioned by three of the interviewees as major barriers. Others specifically raised: political will, lack of general fund usage for housing, lengthy development processes, lack of control over ownership of underdeveloped land, urban growth boundary limitations, need for neighborhood associations/involvement, HUD regulations and the high cost of land.

Focus Group Meeting

On March 2nd, 2005 the City of Ashland held a Focus group meeting to discuss the findings presented in the Needs Assessment portion of the Draft Consolidated Plan. John Epler, of Epler and Associates presented the findings and facilitated discussion.

Present at the focus group meeting were:

Merry Hart, ACCESS Inc.

Henry DeGraaf, Habitat for Humanity

Matt Small, Ashland Housing Commission

Liz Peck, Ashland Housing Commission

Don Mackin, Ashland Housing Commission

Derek Severson, Ashland Planning Staff

Brandon Goldman, Ashland Housing Program Specialist.

Public Hearings

Three public hearings were held to provide the public, social service agencies, affordable housing providers, and appointed and elected officials to provide information on needs and comment on the Consolidated Plan update .

The Housing Commission held two public hearing on the needs analysis and the strategies for use of CDBG funds on March 30th, 4:00- 6:00 in the Community Development building, and on April 27th, 2005 at 4:00- 6:00 in the Community Development Building.

The City Council held a public Hearing on May 3rd, 2005 to receive public testimony and approved the Draft Consolidated Plan.

Public Notices

In the February edition of *City Source*, A City newsletter sent to every household in Ashland, an article was included on the Consolidated Plan Update process. This article contained a description of the CDBG program, past uses of the funds and an invitation to participate in the update process. The article included the time and location of the three scheduled public hearings (two before the Housing Commission and one before the City Council) and a request for written or email comments to be submitted at any time throughout the planning process.

An advertisement announcing the draft plan was published in the Ashland Daily Tidings April 2nd requesting comments be provided.

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**ASHLAND CONSOLIDATED PLAN KEY INFORMANT QUESTIONS:
JENNIFER HENDERSON, ASHLAND COMMUNITY LAND TRUST. 12/15/04**

The City of Ashland's Consolidated Plan is the city's five-year strategic plan for the use of federal funds under the Community Development Block Grant (CDBG) Program.

We are developing the needs and strategies statements for the Consolidated Plan and need your help in identifying key areas to focus on. We are interested in your input as to what you see as the most important housing, community, economic development and human service needs in Ashland. I'm going to ask about the City generally, whether specific populations have greater or specialized needs, and what specific neighborhoods need assistance.

1. What do you perceive as the greatest unmet needs for housing and human services among the City's low-income residents?

Affordable housing. Because of the huge cost of land in Ashland, even with \$200K in hand, it's almost impossible to buy a lot for more than 2 or 3 units of affordable housing. It's almost impossible to build affordable housing.

Lack of services for transitional housing and homeless shelters. Even ICCA is not open on the weekends; there are no services on the weekend.

Firemen, teachers, they make too much to qualify for subsidized housing, but too little to be able to buy in Ashland.

2. Are there particular groups or populations that have a greater need for housing or services than others?

The working poor really need help....people who are working full-time but can't afford to even rent in Ashland. Sub-standard housing may be available/affordable, but decent housing is not.

The homeless—there are no shelter services in Ashland. We take them to the shelters in Medford, but the two homeless populations are very different. We have homeless young people—runaways, throwaways, others—and Medford has older homeless.

3. Which neighborhoods do you feel need the most assistance?

There are no real neighborhoods in need in Ashland. The city is so gentrified. It used to be the railroad district in the 80s and 90s---now they are all \$400K homes in that area.

What are the primary needs (by neighborhood) in those neighborhoods including housing, community facilities, community infrastructure? **NA**

4. In your opinion, what are the top three priority areas the City should address in reference to the needs of your city? What would you tackle first?

- 1) *The City needs to address transitional housing needs for people who get kicked out of their homes. They get put in hotels now. There is no dignity in the services available to them now. If you need a roof over your head, there's nothing for you in Ashland. In the last housing needs analysis, we were short 800 units of affordable housing.*

- 2) *The city needs to name lands to be added into the Urban Growth Boundary. During the NowX2 process, the Planning Commission and City Council did not name any. [KH: You don't think that infill will provide enough land?] We looked at some of the infill lots they had identified, and they're not really buildable. They have swimming pools on them, etc. There is land zoned light industrial that could be turned into residential, but they won't do that.*

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- 3) *HUD needs to change its guidelines and restrictions about where you can and cannot build using CDBG funds. You can't build 1000 feet from a railroad and one runs right through Ashland. We need the flexibility to build in more places.*

5. What, if any, are the barriers to making an impact in those three areas? (If appropriate: What would be your suggested solutions?)

One of the biggest barriers to transitional housing and services is BANANAS—Build Absolutely Nothing Anywhere Near Anyone. There is a no growth, environmental, NIMBY mentality in Ashland. The Planning Commission denied a zoning change that would have allowed 12 units of co-housing because of the neighborhood uproar.

The barrier to adding land to the UGB is the same as above. The no growth mentality. People want to save their quaint little town. What they don't see is that Ashland is growing into a town where only wealthy old people can live.

The barrier to HUD changing its guidelines is HUD and BUSH.

6. What policies or initiatives are driving the human services agenda in the community?

Mike Morris, when he ran for City Council, said that the City needed to walk the talk about doing something about affordable housing. There's a lot of talk about supporting affordable housing, but when it comes down to doing things, people don't.

There's also the attitude I hear all the time---"I worked hard all my life to be able to live in Ashland. Those people don't deserve to live here."

7. What information or documents do you have that you could provide that would give us information on needs, goals and strategies in human services, housing or community development? Is there other information that other agencies may have that you might refer us to?

Deb Halliday's report that compared Medford and its outlying areas to Missoula, Montana. It showed how they were equal with re: the influx of wealth and the lack of services for lower-income people. I think the Rural Collaborative hired her. You could call Rich Rohde of Oregon Action for a copy of her report.

The other document would be SORCI's Quality of Life Index, 2003. Has lots of statistics on housing; pulled from the 2000 Census data. [SORCI closed its doors about a year ago. It was based at SOU.]

8. Additional comments

If Ashland is to continue to be an island of wealth, they need to find a way to collaborate with other communities better, so that our little CDBG funds can leverage more and be maximized.

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ASHLAND CONSOLIDATED PLAN KEY INFORMANT QUESTIONS: CINDY DYER, MANAGER, HOUSING AND COMMUNITY DEVELOPMENT, AND MERRY HART, COORDINATOR, ACCESS, 1/24/05

The City of Ashland's Consolidated Plan is the city's five-year strategic plan for the use of federal funds under the Community Development Block Grant (CDBG) Program.

We are developing the needs and strategies statements for the Consolidated Plan and need your help in identifying key areas to focus on. We are interested in your input as to what you see as the most important housing, community, economic development and human service needs in Ashland. I'm going to ask about the City generally, whether specific populations have greater or specialized needs, and what specific neighborhoods need assistance.

1. What do you perceive as the greatest unmet needs for housing and human services among the City's low income residents?

Cindy: Affordable housing for families is the biggest unmet need. People with children cannot buy homes here, so our schools are closing. The families I am talking about are teachers, police officers, firemen—regular public servants can't afford homes here. I don't work in the human services area much, so I really don't know. There are human service needs in Ashland, but I don't see them as unmet. We have lots of programs there—food, home energy assistance, etc.

Merry: Maybe a homeless shelter, but not a homeless camp. A homeless camp would mainly be single males; homeless women and children would not be safe or comfortable there. Real shelters are more secure for all populations.

3. Are there particular groups or populations that have a greater need for housing or services than others?

Anybody that is on a fixed income has problems living in Ashland. That could be someone who's disabled, has special needs, or is simply retired on social security—retirees. Affordability is the issue.

4. Which neighborhoods do you feel need the most assistance?

There are no special neighborhoods that need help the most. The city is a real hodge podge, due to the influx of money. Neighborhoods are all mixed up...you have shacks next to the historic homes that are being fixed up or have been fixed up.

What are the primary needs(by neighborhood) in those neighborhoods including housing, community facilities, community infrastructure?

NA, given the last response.

5. In your opinion, what are the top three priority areas the City should address in reference to the needs of your city? What would you tackle first?

Merry: The City should enlarge the Urban Growth Boundary. There is simply no land available. The Buildable Lands Inventory was done in such a way that it looks like there is much more land than there really is. If there is room on an existing developed lot for a mother-in-law unit, they count that as buildable, whether or not the owner wants to develop. The City doesn't really have a supply of land. They need to enlarge the UGB and identify the purpose for all those lands, along with the cost, etc.

Cindy: The City should do land banking. Maybe the City could use CDBG funds to acquire lands for affordable housing.

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Merry: Once the designated use for the Bed and Breakfast tax money sunsets, they could use that money to support affordable housing. Right now, it is used for Parks and Open Space. The city could also look at its current inventory of Open Space and see if it would be appropriate for it to use that for affordable housing. This might be easier to do, since it could be an internal process, not needing approval from the broader public.

We would both tackle the expansion of the UGB first, since this would have the greatest impact on the issue of affordability of homes.

6. What, if any, are the barriers to making an impact in those three areas? (If appropriate: What would be your suggested solutions?)

The biggest one is political will. People say they want one thing, but speculators want another—to make money. Money talks, so that's what happens. The second barrier is the lack of availability of appropriate sites and the financial resources to buy them. The third barrier is the time element, how long it takes to make these things happen, to buy land and develop it.

7. What policies or initiatives are driving the human services agenda in the community?

We're not part of the human services community per se, so we don't really know.

8. What information or documents do you have that you could provide that would give us information on needs, goals and strategies in human services, housing or community development? Is there other information that other agencies may have that you might refer us to?

We don't really have any documents that would help you.

Additional comments

The real issue in Ashland is "land, land, land"—finding land that you can afford and use for affordable housing. I worked with the Ashland Community Land Trust for 3 years looking for land and never found any.

In the last Consolidated Plan, the City said that all CDBG funds had to be used for housing per se and none for the staffing needed to plan and develop it. We would like to have those funds for staffing reinstated; we need to support the staff that develop these projects.

Ashland is seeing its schools close. Those schools have playgrounds and the City might be in a position to purchase those ball fields and transform them into land for affordable housing.

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ASHLAND CONSOLIDATED PLAN KEY INFORMANT QUESTIONS: KIM MILLER, ASHLAND HOUSING COMMISSIONER AND EXEC. DIRECTOR, OPTIONS 12/20/04

The City of Ashland's Consolidated Plan is the city's five-year strategic plan for the use of federal funds under the Community Development Block Grant (CDBG) Program.

We are developing the needs and strategies statements for the Consolidated Plan and need your help in identifying key areas to focus on. We are interested in your input as to what you see as the most important housing, community, economic development and human service needs in Ashland. I'm going to ask about the City generally, whether specific populations have greater or specialized needs, and what specific neighborhoods need assistance.

- What do you perceive as the greatest unmet needs for housing and human services among the City's low-income residents?

There are supposed to be 450 homeless people in Jackson County. We could provide more services to them, short of providing a camp/Dignity Village like Portland. The ICCA helps the homeless, but they have a huge funding problem. Very underfunded.

Affordable housing of all types is needed for "line staff professionals", for firemen, for the middle class. When the City hired its new City Administer, they discussed whether they should provide a housing allowance—the man makes \$100k a year!

Schools are closing, we have fewer young families and kids...it troubles me. We are losing the diversity that has made Ashland the great place it is to live.

- Are there particular groups or populations that have a greater need for housing or services than others?

The lower the income, the more difficult it is to live in Ashland. In Ashland, the middle class is included in the low-income category. They qualify for subsidized housing.

- Which neighborhoods do you feel need the most assistance?

I don't see any real neighborhoods needing assistance. In Ashland, it's not an issue of neighborhoods.

- What are the primary needs (by neighborhood) in those neighborhoods including housing, community facilities, and community infrastructure?

NA.

- In your opinion, what are the top three priority areas the City should address in reference to the needs of your city? What would you tackle first?

The City Planning Commission just denied a request to allow co-housing—eleven townhouses, people agreeing to use less space than others do. And the Planning Commission crumbled to NIMBYism..all the people who turned out to protest that it would create too much traffic, create a neighborhood within their neighborhood. I would like to see co-housing in Ashland.

The City is moving towards not allowing people to purchase parcels zoned for multifamily units and convert them to single family parcels. The City needs to continue along these lines.

I would like to see a lot of mixed use—apartments built above stores—all along the main downtown streets in Ashland.

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The city should look at selling air rights over all city parking lots, so that building can take place there.

- What, if any, are the barriers to making an impact in those three areas? (If appropriate: What would be your suggested solutions?)

1. *Ignorance and a lack of education about where the community is going. Residents don't understand how a lack of affordable housing affects everything—population structure, traffic, etc.*
2. *There's no barrier to this.*
3. *Maybe some zoning regulations, but I am not sure...*
4. *It's a new concept. People are concerned about long-term ownership.*

- What policies or initiatives are driving the human services agenda in the community?

Ashland doesn't really have services available in town, except for ICCA and the DHS office. Medford is the real place to go for services. They have Head Start, etc. The social service community connects at a regional level and they center in Medford.

- What information or documents do you have that you could provide that would give us information on needs, goals and strategies in human services, housing or community development? Is there other information that other agencies may have that you might refer us to?

See the 5-day series "Faces of Poverty in Ashland" that was in the Tidings this Fall. [John: If you go to www.dailytidings.com and put Poverty Ashland into the search engine, you can access these articles. KH]

- Additional comments

Ten years ago, studies said to land bank. If we had done it then, we would be in much better shape.

People in Ashland don't really want affordable housing.

Right now, the B & B tax is pumped back into Oregon Shakespeare Festival. Other places use those taxes to provide services. Our Meals Tax goes only to parks. I would like to see it go to social services.

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ASHLAND CONSOLIDATED PLAN KEY INFORMANT QUESTIONS: Sharon Schreiber, ICCA (Interfaith Care Community of Ashland)12/07/04

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We are developing the needs and strategies statements for the Consolidated Plan and need your help in identifying key areas to focus on. We are interested in your input as to what you see as the most important housing, community, economic development and human service needs in Ashland. I'm going to ask about the City generally, whether specific populations have greater or specialized needs, and what specific neighborhoods need assistance.

- What do you perceive as the greatest unmet needs for housing and human services among the City's low income residents?

Transitional low-income housing is the biggest need. Low-income people only have to lose one paycheck and they are on the streets. Their extended family members, who are also renting, can't take them into their homes because landlords don't allow extra people to room in apartments. Once people are on the streets, it typically takes 3-5 years to get into a home again. Having a home is pivotal to everything else in a person's life. You can't get your life together without a home. We also need a psychological program to help people learn coping skills that goes along with the transitional housing. Most of our clients are in recovery from some substance; they need long-term help to stay clean over the long haul. And I don't mean emergency shelter—transitional housing needs to be for 3-6 months at least. And you have to triage who you help. People have to be willing to change.

- Are there particular groups or populations that have a greater need for housing or services than others?

People with mental health problems needs the most help, especially young people/couples with children, young families. I am not talking about the chronically homeless with mental health problems; they need help, but we really need to focus on the young families that are coming out of a drug culture. It's hard for them to cope.

- Which neighborhoods do you feel need the most assistance?

The Railroad district in Ashland was always the neediest, but now poor people can't live there because it has been improved so much. No particular neighborhood comes to mind.

- What are the primary needs(by neighborhood) in those neighborhoods including housing, community facilities, community infrastructure?

Again, no particular neighborhood needs help, especially.

- In your opinion, what are the top three priority areas the City should address in reference to the needs of your city? What would you tackle first?

*1) Transitional low-income housing;
2) assistance to pay utility bills;
3) expanded mental health services;
4) dental care—that's a huge need that is not being met.
Even Clinica del Valle requires a \$20 copay at the door. Shelter and Mental Health come first.*

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- What, if any, are the barriers to making an impact in those three areas? (If appropriate: What would be your suggested solutions?)

We need to be real clear about the difference between transitional housing and a program for the homeless. There is a wide gap between the people served by those two kinds of programs. People need to understand that.

One of the barriers is that people in Ashland think that their community ends with city limits. The Homeless coalition said it well: "Just because a person doesn't have an address doesn't mean he's not part of the community in other ways."

People in Ashland have to stop accusing us of "enabling" and of "giving a free ride".

The federal government has abdicated all responsibility for helping people and given it back to churches and communities. We need to do it together or we'll all go down the tubes. We need to develop neighborhood associations or block associations of people who care for each other.

- What policies or initiatives are driving the human services agenda in the community?

People from California are driving the agenda. There's a mind set of idealism but no practicality. They are talking about a homeless camp in the Ashland area, but have they looked at what has happened across the county with camps like that. Do they think that the city won't have to pay for it, one way or the other?

Ashland is complacent that what is happening in Jackson County and the world will not affect them. Methamphetamine absolutely destroyed West Medford; there's a lot of meth in Ashland, but people there think that the problem comes from outside the community.

- What information or documents do you have that you could provide that would give us information on needs, goals and strategies in human services, housing or community development? Is there other information that other agencies may have that you might refer us to?

No. I don't gauge much by statistics and reports. I gauge things by what I see on a daily basis.

- Additional comments

When Ashland distributes its CDBG funds, it needs to look at the smaller programs and at the fact that they often turn out more services than the larger agencies. I hope that Ashland doesn't fund just one big project. There are a lot of small programs that need to be recognized.

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ASHLAND CONSOLIDATED PLAN KEY INFORMANT QUESTIONS: Ron Demele, Rogue Valley Community Development Corporation (RVCDC)12/07/04

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- What do you perceive as the greatest unmet needs for housing and human services among the City's low income residents?

The first is home-ownership for low-income people; the second is dealing with the homelessness problem. Re: home-ownership, the schools are closing because so few young families with children can afford to live there. Re: homelessness, it is a seasonal thing that peaks in summer. Ashland focuses a lot on attracting people; it has a moral and social responsibility to take care of everybody who comes. That includes the homeless; they are sleeping all over the place.

- Are there particular groups or populations that have a greater need for housing or services than others?

I don't know. We don't serve particular groups. I think there's a lack of cultural diversity in Ashland. There is an invisible Hispanic work force that buses into town in the morning to work as maids and dishwashers and then bus out in the evening. In the past, we talked about having low-income rental units in the downtown core, so people could work and live here.

- Which neighborhoods do you feel need the most assistance?

The old town core is fine; it's the "tail" of the city that goes out towards the airport that needs some work. There are fewer parks, poorer census tracts out there. There aren't as many sidewalks. Clay Street is one area that needs work. There is no real ghetto-ization in Ashland, except for students. The homeless people come off the Interstate in the south end of town.

- What are the primary needs(by neighborhood) in those neighborhoods including housing, community facilities, community infrastructure?

Affordable housing is the biggest problem Ashland has. Forty-two percent of Ashland households qualify for the use of CDBG funds.

- In your opinion, what are the top three priority areas the City should address in reference to the needs of your city? What would you tackle first?

*The City has to stop developing the city in a way that excludes low-income people from buying into the city. The city has not been successful at encouraging the private sector to develop more affordable housing. It should encourage the non-profit sector to do so. The actual process of developing affordable housing is very difficult....there are so many fees and expensive professional reports to be submitted. The city should be flexible in dealing with non-profits that are developing affordable housing.
The second one is homelessness. It's becoming more of an issue*

- What, if any, are the barriers to making an impact in those three areas? (If appropriate: What would be your suggested solutions?)

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The biggest barrier to dealing with the homeless problem is the City's lack of will to use local funds to match CDBG funds. Ashland has plenty of money, but doesn't want to use it to solve problems. Ashland could solve its problems. They have the brain power and they're small enough to move quickly. The city needs to plan for how CDBG funds will work with other local funds to make an impact.

The biggest barrier to creating adequate affordable housing is the difficulty non-profits have getting through the development process.

- What policies or initiatives are driving the human services agenda in the community?

I can't comment on the social services agenda--not in that business.

- What information or documents do you have that you could provide that would give us information on needs, goals and strategies in human services, housing or community development? Is there other information that other agencies may have that you might refer us to?

[Ron provided a copy of a pamphlet entitled "Home on the Range", by Rural Collaboration, which speaks about housing needs in 6 Western States. There's no specific info regarding Ashland, Jackson County contained in the general pamphlet]

- Additional comments

We're very fortunate to have received funds from Ashland for the past two years (about \$700K).

One thing that would facilitate the creation of affordable housing is greater cooperation between the Planning Dept. and City Administration in Ashland. If Admin would tell the Planning Dept. to facilitate our work, it would really help.

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**ASHLAND CONSOLIDATED PLAN KEY INFORMANT QUESTIONS:
JASON ELZY, PROJECT DEVELOPER, HOUSING AUTHORITY OF JACKSON COUNTY.
12/08/04**

The City of Ashland's Consolidated Plan is the city's five-year strategic plan for the use of federal funds under the Community Development Block Grant (CDBG) Program.

We are developing the needs and strategies statements for the Consolidated Plan and need your help in identifying key areas to focus on. We are interested in your input as to what you see as the most important housing, community, economic development and human service needs in Ashland. I'm going to ask about the City generally, whether specific populations have greater or specialized needs, and what specific neighborhoods need assistance.

1. What do you perceive as the greatest unmet needs for housing and human services among the City's low income residents?

The lack of affordable rentals and affordable homes for ownership. I don't know about social service needs. By affordable, we mean that the cost doesn't exceed thirty percent of family income. The problem is caused by rising land and property costs in Ashland and the fact that wages and salaries are not rising.

2. Are there particular groups or populations that have a greater need for housing or services than others?

There are unmet housing needs for working college students. They live in the greater area but go to school in Ashland. Students have to live elsewhere and commute to the university. The same goes for people working service jobs in Ashland. They can't rent or buy in Ashland.

3. Which neighborhoods do you feel need the most assistance?

That's a tough question. The lower parts of the city, as compared to the hillsides, have always been less affluent. I would like to see more affordable housing downtown. It makes sense for it to be downtown where there are public transportation and services.

4. What are the primary needs (by neighborhood) in those neighborhoods including housing, community facilities, community infrastructure?

There aren't specific neighborhoods with specific needs. We need affordable housing all over the community. We don't do projects in Ashland because the land prices are so high and there is not a lot of multi-family zoning.

5. In your opinion, what are the top three priority areas the City should address in reference to the needs of your city? What would you tackle first?

The first is to identify and set aside land for the development of affordable housing.

The second is to promote funding of the development or preservation of affordable housing using CDBG funds for land purchase or infrastructure development.

The third area is to defer the System Development Charges on projects without charging a high interest rate.

6. What, if any, are the barriers to making an impact in those three areas? (If appropriate: What would be your suggested solutions?)

The lack of land zoned for multi-family is a real barrier. The lack of affordable land is another one. And the lack of funding is the final biggest barrier. The City needs to give local funds to support projects.

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7. What policies or initiatives are driving the human services agenda in the community?

I really don't know about social services.

8. What information or documents do you have that you could provide that would give us information on needs, goals and strategies in human services, housing or community development? Is there other information that other agencies may have that you might refer us to?

Jason said the waiting list for Section 8 housing. It is 3.5 years long in Ashland.

9. Additional comments

CDBG funds can and should be used for preservation and rehabilitation of affordable housing, rather than just new developments. They can also be used to fund home repair programs. Ashland tends to fund just one large project. They should consider funding the smaller projects, too.

City of Ashland Consolidated Plan 2005-2009

**ASHLAND CONSOLIDATED PLAN KEY INFORMANT QUESTIONS:
KATE JACKSON, CITY COUNCILOR. 12/17/04**

The City of Ashland's Consolidated Plan is city's five-year strategic plan for the use of federal funds under the Community Development Block Grant (CDBG) Program.

We are developing the needs and strategies statements for the Consolidated Plan and need your help in identifying key areas to focus on. We're interested in your input as to what you see as the most important housing, community, economic development and human service needs in Ashland. I'm going to ask about the City generally, whether specific populations have greater or specialized needs, and what specific neighborhoods need assistance.

- What do you perceive as the greatest unmet needs for housing and human services among the City's low-income residents?

Housing needs....affordable housing. What we need now is not much different from the 2000 plan. We need affordable rentals for individuals, families, and larger families. The reason they are not being built is the cost of insurance for contractors building multi-family dwellings.

I'm basing my answer to this question on what was told to us at a Study Session by Sharon Schreiber of ICCA. She says that transitional housing for women, children is most important. For people who are just out of work and would otherwise find themselves homeless. This is not meant as a facility for the homeless.

- Are there particular groups or populations that have a greater need for housing or services than others?

We have high levels of poverty in Ashland. That group grows as the economy suffers. Anybody below 80% of median income needs housing. The Housing Needs Analysis on the website breaks it down. Typically, the poor means the working poor.

- Which neighborhoods do you feel need the most assistance?

It's not whole neighborhoods that need help. There are little pockets. The area with the Takelma housing project in it, at the end of the railroad district, near Mountain and B. Then the Pines Trailer park at Walker, Siskiyou and Ashland. And then the area called Jackson Well Springs, where there are 15 old trailers, along Hwy 99. And around Garfield, there are rentals with Hispanic renters in them.

What are the primary needs (by neighborhood) in those neighborhoods including housing, community facilities, and community infrastructure?

Takelma—there's a lack of maintenance and upkeep. The Pines Trailer Park—those are old units and I would guess that their sanitation systems need repair. Those trailers are substandard, just like at the Springs location.

- What economic development projects would benefit the City and at the same time improve economic opportunity for low-income residents?

Looking at what [business/work] we can bring in to Ashland that is not too big and can provide work to help low-income people—put it in the Croman site [old mill site that is now zoned light industrial.]

The Chamber has an economic sustainability project that might help.

- In your opinion, what are the top three priority areas the City should address in reference to the needs of your city? What would you tackle first?

Making available affordable rental housing, affordable single family homes, and care for the seniors in our community. Senior issues are magnified in Ashland because their children can't afford to live

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here. [She is not sure what needs they have exactly, but senses that seniors need help. They are isolated and dispersed throughout the city.]

- What, if any, are the barriers to making an impact in those three areas?

The cost of land and housing is the biggest barrier to affordable housing. The concentration of the ownership of undeveloped and underdeveloped land inside City limits is another barrier. The skyrocketing value of homes. Every time they turn over, the price goes up. (If appropriate: What would be your suggested solutions?)

Using Housing Trust Fund monies, from federal or state programs—there should be more of it.

Real Estate Transfer Tax—it's a fee for every real estate transaction. The taxes are put into creating affordable housing. That tax is illegal in Oregon, but used in many other states in the nation.

- Additional comments:

I support the change to supporting fewer projects with our CDBG funds each year. The overhead associated with the CDBGs is so high...it takes a lot of time. We only get about \$20K per year and that's enough to pay for a part-time administrator.

Public Hearing Minutes

Minutes have been edited to only provide the Agenda item excerpts relating to the CDBG program

**CITY OF
ASHLAND**
ASHLAND HOUSING COMMISSION
MINUTES
MARCH 30, 2005

CALL TO ORDER & APPROVAL OF MINUTES

Chair Matt Small called the meeting to order at 4:05 p.m. at the Community Development and Engineering Services building in the Siskiyou Room located at 51 Winburn Way, Ashland, OR 97520.

Commissioners Present:	Matt Small, Chair Fay Weisler Don Mackin (left the meeting at 4:50 p.m.) Amy Korth
Absent Members:	Liz Peck Alice Hardesty Kim Miller Carol Voisin
Council Liaison:	Cate Hartzell (arrived at 4:50 p.m.)
SOU Liaison:	None
Staff Present:	Brandon Goldman, Housing Specialist Sue Yates, Executive Secretary

Small announced a change in the order of the agenda. The Request for Proposals will be heard near the end of the meeting. He will recuse himself from that hearing due to a conflict of interest.

APPROVAL OF MINUTES – The minutes of the January 26, 2005 regular meeting, February 23, 2005 regular meeting and the March 8, 2005 meeting were approved.

NEW BUSINESS

CONSOLIDATED PLAN NEEDS ASSESSMENT

Goldman reported that the Consolidated Plan directs how the City uses the CDBG funds to address the needs of low and moderate income households within the City. (Note: The City's allocation has dropped ten percent.) The City hired a consultant, John Epler and Associates to undertake this task. A focus group meeting was held and the general consensus was that the priorities currently established addressing the needs have not changed since the last Consolidated Plan update in 2002. In order of priority, those needs included: 1) Housing for rentals, 2) housing for low and moderate income ownership, 3) rehabilitation, and 4) homelessness. Public Works would like the use of CDBG funds for sidewalks to be considered by the Commission when evaluating needs.

Tonight's meeting is a requirement of the Dept. of Housing and Urban Development to provide an opportunity for the public to express where they see the highest needs are for the CDBG funds to be spent and those needs considered by the Commission prior to adopting strategies. At the meeting of April 27, 2005, the Commission will look at strategies and make a recommendation of allocation of funds to the Council. The Council will review the Consolidated Plan on May 3, 2005. (Note: The Consolidated Plan and Action Plan are available online on the City's website or by e-mail.)

Weisler said she would like to hear from the homeless community for possible allocation of CDBG funds for social services. Goldman said the money can only be used for direct client services. Small suggested letting the social service agencies know about the next meeting if they wish to comment.

Public Hearing

An unidentified gentleman in the audience said there is a need for funds for the homeless.

