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Improving HUD-VASH Utilization Under Changing Income Eligibility Requirements



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About This Report

The U.S. Department of Housing and Urban Development (HUD) and the U.S. Department of Veterans Affairs (VA) established the Housing and Urban Development–VA Supportive Housing (HUD-VASH) program in 1992. It provides rental assistance paired with supportive services to veterans. Although formal evidence is limited, widespread reports suggest that counting service-connected disability benefits as income has historically excluded many of the most vulnerable veterans from accessing the HUD-VASH program. In August 2024, new federal regulations removed service-connected disability compensation from income considerations and expanded income eligibility limits.

In this report, we examine trends over time in HUD-VASH voucher utilization, service-connected disability income, homelessness, and housing affordability in key geographic areas to determine whether supply and demand for the program are aligned and, if not, where gaps emerge. To our knowledge, this is the first study to investigate how income-related policy changes are affecting the implementation of HUD-VASH—a program that has helped cut veteran homelessness roughly in half nationally. In July 2026, these regulations were codified into law.

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Summary

The U.S. Department of Housing and Urban Development (HUD) and the U.S. Department of Veterans Affairs (VA) established the Housing and Urban Development–VA Supportive Housing (HUD-VASH) program in 1992. It provides rental assistance paired with supportive services to veterans. Although formal evidence is limited, widespread reports suggest that counting service-connected disability benefits as income has historically excluded many of the most vulnerable veterans from accessing the HUD-VASH program. In August 2024, new federal regulations removed service-connected disability compensation from income considerations and expanded income eligibility limits. In July 2026, these regulations were codified into law.

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Key Findings

- In 2021 and 2024, the HUD-VASH program rules changed to broaden access by raising the income ceiling for veterans.
- Despite expanding eligibility, voucher utilization rates did not increase significantly after the 2021 policy change.
- In practice, most veterans referred to HUD-VASH have little or no income, so expanded eligibility had a limited effect on actual lease-up rates or staff workload.
- Veterans with higher Veterans Affairs disability compensation (VADC) may still receive little or no rental subsidy, even if they meet 2024 eligibility criteria. Their VADC counts against the subsidy and reduces its practical value.
- Effective utilization of HUD-VASH vouchers is hindered by insufficient VA referrals, high VA case manager caseloads, and administrative barriers that contribute to high attrition rates among participants.
- Rising rents and low vacancy rates are also major obstacles to voucher utilization—HUD-VASH subsidies often lag market prices.

Contents

About This Report iii
Summary v
Figures and Tables ix

Improving HUD-VASH Utilization Under Changing Income Eligibility Requirements 1
Introduction 1
Research Aims 2
Data and Methods 3
Insights from PHA Staff on Income-Eligibility Changes 4
Quantitative Insights on HUD-VASH Eligibility and Use 11
Conclusions and Recommendations 15

APPENDIXES
A. Interviews, Analyses, and HUD-VASH Operational Findings from the PHA Interviews 21
B. Quantitative Data and Methodology 27
C. Regression Results 39

Abbreviations 45
Glossary 47
References 49

Figures and Tables

Figures

1. Incremental Change in HUD-VASH Eligibility as a Result of Policy Changes 12
2. Incremental Policy-Related Change in HUD-VASH Eligibility of Veterans Living Alone 13
3. Average PHA-Monthly HUD-VASH Utilization Rate and Annual Veteran Homelessness Estimates, 2012–2022 15

B.1. HUD-VASH Units Available and Leased over Time 29
B.2. Point-in-Time Comparison of HUD-VASH and All HUD Program Voucher Utilization Rates 30

Tables

1. Illustrative Quotes from PHA Staff Interviews 5
2. Effects of the September 2021 Policy Change on HUD-VASH Utilization Rates 14

A.1. HUD-VASH Operational Findings from PHA Interviews 25

B.1. Number of Veterans and Nonveterans with Zero and Non-Zero Residual Income 31
B.2. Summary Values for the Residual Income Variable, by Veteran Status 32
B.3. Summary Values for the Residual Income Variable, by Veteran Disability Rating 32
B.4. PUMAs, by Link Status to FMR Area 34
B.5. Example of Calculating AMI When a PUMA Links to Multiple Non-Metro FMR Areas 34
B.6. Example AMI Calculation for a PUMA That Links to Both Metro and Non-Metro FMR Areas 35
B.7. Example of Consolidating FMR Areas for Bristol County, Massachusetts 35
B.8. ACS Sample, by Uniqueness of PUMA Matched to HUD Section 8 FMR Areas 36
B.9. Example of Resulting Weights from Overlaying PHA and PUMA Shapefiles 37
B.10. Example of Resulting Weights from Overlaying PHA Service Area and CoC Shapefiles 38

C.1. Regression Results Predicting HUD-VASH Utilization Rates After the September 2021 Policy Change 40
C.2. Supplemental Regression Results Correcting for Survey Selection Bias to Predict HUD-VASH Utilization Rates After September 2021 Policy Change 42
C.3. Supplemental Regression Results Using Balanced Panel to Predict HUD-VASH Utilization Rates After the September 2021 Policy Change 43

Improving HUD-VASH Utilization Under Changing Income Eligibility Requirements

"The reason they won't house me is because I make too much money."
—Deavin Sussom[1]

The U.S. Department of Housing and Urban Development (HUD) and the U.S. Department of Veterans Affairs (VA) established the Housing and Urban Development–VA Supportive Housing (HUD-VASH) program in 1992. It provides veterans experiencing chronic health conditions and homelessness with rental subsidies from HUD paired with VA-supported case management and clinical services. Since the program's national expansion in 2008, HUD has issued more than 118,000 HUD-VASH vouchers to public housing agencies (PHAs), which partner with local VA offices to issue these vouchers to income-eligible veteran applicants (HUD, 2026b). HUD-VASH is widely credited with reducing veteran homelessness by about half: from 73,367 veterans in 2009 to 32,495 veterans in 2025 (HUD, 2026a, p. 50).

Introduction

Historically, PHAs included Veterans Affairs disability compensation (VADC) in income calculations to determine which veteran applicants were income-eligible to receive a housing voucher. VADC is a wage-loss insurance program designed to compensate veterans for average earnings lost as a result of service-connected disabilities rather than a means-tested benefit based on individual financial need. As a result, some veterans who receive large VADC benefits have been ineligible for HUD-VASH because their disability payments placed them above the program's income limits.

In response to advocacy from veterans and service organizations, HUD introduced some eligibility flexibility in September 2021 that allowed PHAs to voluntarily change their rules, so that veterans with incomes up to 80 percent of the area median income (AMI) could qualify for HUD-VASH, an increase from the previous 50-percent threshold. Then, in August 2024, HUD formally revised its policy to (1) exclude VADC from income calculations for program eligibility and (2) permanently raise the income threshold to 80 percent of AMI (HUD, 2024). These changes were intended to expand access to HUD-VASH for veterans.

In this report, we examine whether these policy changes have increased demand for HUD-VASH and changed PHAs' program operations. To our knowledge, this is the first

[1] Deavin Sussom, a veteran experiencing homelessness in Los Angeles, is quoted in Flores and Gerda (2023).

study to investigate how income-related policy changes have affected HUD-VASH utilization. Such policy changes often face implementation challenges, including the need to train staff on revised criteria, manage surges in applications from newly eligible veterans, and adjust local workflows and systems to support expanded eligibility.

HUD-VASH *voucher utilization*, the percentage of a PHA's total statutory voucher allocation used by participants to lease housing units at a certain point in time, is a critical metric in determining the effective use of federal funds to resolve veteran homelessness. Local PHAs must maintain specific utilization thresholds to retain their current allocations and secure future funding. Voucher utilization depends on eligibility criteria, the volume of vouchers jointly issued by VA and PHAs, and veterans' ability to navigate the private rental market successfully. Utilization rates vary widely by locality and over time: For example, among 35 large PHAs that had more than 600 vouchers allocated to them in 2023, utilization rates averaged between 51 and 94 percent.

The need for HUD-VASH evidence is particularly pressing given ongoing efforts to further expand program eligibility. In July 2026, the 21st Century ROAD to Housing Act (Pub. L. 119-101, 2026) codified the exclusion of VADC from HUD-VASH income calculations and extends similar exclusions to certain non–service-connected disability and pension benefits. As this area of law and policy continues to evolve, evidence on the effects of income exclusions will be essential for informing future legislative and administrative decisions.

Research Aims

This study had the following research aims:

- Examine trends over time in the number of veterans eligible under the updated federal regulations.
- Identify how many awarded HUD-VASH vouchers were utilized before and after changes in the federal regulations.
- Examine programmatic challenges and potential solutions to improved HUD-VASH utilization in areas with high numbers of veterans and vouchers.

We designed this research to help policymakers charged with determining the HUD-VASH budget, the HUD Special Programs Office that provides local HUD-VASH allocation authority, and local PHA and VA program staff who administer HUD-VASH vouchers understand the impact of increasing eligibility criteria on voucher utilization. We used a mixed-methods approach, combining interviews with HUD-VASH implementation experts at PHAs and an analysis of data from HUD and the American Community Survey (ACS) to examine changes in HUD-VASH utilization over time.

Data and Methods

We used a mixed-methods approach to examine how changes to HUD-VASH income eligibility affect program operations, veteran eligibility, and voucher utilization. We combined qualitative interviews with PHA staff and quantitative analyses of administrative and survey data. The qualitative findings informed the focus and interpretation of the quantitative analyses.

Qualitative Analyses

We conducted eight semistructured interviews with PHA staff between October 2025 and February 2026. Using purposive and theoretical sampling, we selected PHAs with large HUD-VASH programs, geographic distribution, and variation in utilization rates. Interview topics included demand for HUD-VASH vouchers, referral and lease-up processes,[2] and the operational effects of the 2024 income-eligibility changes. Interviews were conducted virtually and analyzed using the Framework Method to identify key themes (Gale et al., 2013). We also sought participation from VA Homeless Services staff, but participation was limited; therefore, the qualitative findings reflect PHA staff perspectives only. We encourage readers interested in knowing more about our interview protocol and findings to review Appendix A.

Quantitative Analyses

The quantitative analyses drew on several data sources: monthly HUD-VASH utilization data from HUD (undated-d), ACS microdata obtained through IPUMS USA (undated), HUD income limit and fair market rent (FMR) data (HUD, 2023a; HUD, 2019), and Continuum of Care (CoC) homelessness data (HUD, undated-a). We used these data to estimate the share of veterans potentially eligible for HUD-VASH under different income rules and to examine trends in voucher utilization over time. Because PHAs are not standard geographic units, we linked ACS- and homelessness-based measures to PHAs using geographic crosswalks based on PHA service areas, public use microdata areas (PUMAs), and CoCs.

To assess whether the September 2021 policy change was associated with changes in HUD-VASH utilization, we estimated multivariate difference-in-differences models comparing average monthly utilization rates before implementation (September 2018 through September 2019) and after implementation (September 2021 through September 2022). The key independent variable captured the predicted percentage-point increase in the share of single veterans living alone who would be income-eligible for HUD-VASH under an 80 percent of AMI threshold rather than a 50 percent of AMI threshold. Models also included controls for local rental market conditions, veteran homelessness, and PHA size. We focused on the 2021 policy change because interview findings suggested that many large PHAs had

[2] *Lease-up process* refers to the sequence of steps that moves a veteran experiencing homelessness from receiving a housing voucher to successfully signing a lease and moving into a home.

already adopted the higher income threshold before the August 2024 rule change, and insufficient post-2024 data were available to assess the impact of that later policy quantitatively. We describe these methods in detail in Appendix B and provide the regression results in Appendix C.

Insights from PHA Staff on Income-Eligibility Changes

In this section, we discuss interview findings that offer insight into how changes to veteran income eligibility affected program operations and shaped HUD-VASH voucher utilization. See Table 1 for illustrative quotes. We include additional insights into HUD-VASH program operations that are not directly related to utilization or changes in income eligibility in Appendix A.

Higher Income Thresholds in 2024 Had Little Effect at Most PHAs, Which Had Already Adapted Their HUD-VASH Operations in 2021

Interviews with staff from multiple PHAs suggest that the August 2024 policy change, which aimed to expand HUD-VASH voucher eligibility, had only a limited impact on referral volume or staff workload at their sites. Many PHAs had already adjusted their program rules to an 80-percent threshold before the federal policy revision, either in response to previous HUD guidance provided in September 2021 or through administrative plan updates (HUD, 2021). As a result, the formal change in 2024 did not require most PHAs that we interviewed to alter their referral practices or result in a significant increase in applications or workload. PHAs implemented mandatory staff training to ensure a clear understanding of the eligibility criteria, but the overall operational impact was minimal.

Staff identified two main reasons for the limited effects of the policy change. First, most veterans referred to the HUD-VASH program have little or no income. As a result, increasing the income eligibility limit had little effect on the population that PHAs typically serve. Second, while the policy change allowed some veterans with VADC to qualify, HUD factors this payment back in when calculating the portion of rent and utilities that veterans are responsible for (typically 30 percent of their monthly income, but it may be as high as 40 percent).[3] This often results in these veterans receiving either minimal or no housing subsidies. Consequently, expanding eligibility can increase application processing for staff but not necessarily lead to more veterans successfully leasing-up with HUD-VASH support. This disconnect also introduces the potential for frustration among applicants, some of whom may complete the process only to find that they do not qualify for meaningful assistance.

[3] A veteran's income contribution is determined by the local PHA and participant choice. See HUD (undated-b) for details.

TABLE 1

Illustrative Quotes from PHA Staff Interviews

Theme	Subtheme	Illustrative Quotes
Changes to HUD-VASH income requirements	Limited impact of August 2024 policy	". . . we basically reviewed [the 2024 policy change] and determined that it didn't require any change to our existing eligibility practices. Our income standards have aligned with the expanded 80% AMI threshold. So as a result, we just continue to process baseline and determine eligibility, but we haven't seen any changes in referrals with that since we are already at the 80% AMI." (Site 7)
		"Normally they don't have income, to be honest, when they come in our program, so they do qualify." (Site 4)
	Policy change does not change rental portion calculation	"We have to count that income in the calculations that we do to determine what their rent is. So, we don't disregard it totally forever. We just disregard it in the very beginning to see if they're eligible. . . . It could come to pass that some veterans actually get very little in subsidy because the tenant pays 30% of their income towards rent." (Site 2)
		"It's resulted in more applications where we do the eligibility work, but then it does not result in the lease-up. So it is, yeah, unfortunately, wasted work for us or wasted labor. . . . That's been a false hope for the vet as well to go through the process thinking you're gonna get assistance, only to, you know, ultimately find out that you're responsible for all the rent anyway because of the income level." (Site 3)
Voucher utilization	Program referrals	"We've never been to capacity, and our numbers (the leasing numbers) never seem to coordinate quite right with the VA numbers. So, in our world, in the voucher world, in order to lease one voucher, technically you probably have to issue five. That has not really transpired to the VA side. It's always a one for one for them, so it has not really kept up." (Site 4)
		"We don't make the decisions on the vouchers being issued. It's all via referrals. So, we send them [VA] a weekly report. Like, you know, with the voucher activity [such as] leasing activities and how many vouchers are available, and they [VA] can refer veterans over when there [are] vouchers available." (Site 5)

Table 1—Continued

Theme	Subtheme	Illustrative Quotes
	Program retention	"They [veterans using a HUD-VASH voucher] have to complete an annual review . . . and sometimes they don't. And the VA case manager helps them with that. And if they don't help them and the veteran doesn't do it, the [PHA] terminates their assistance on the program. So, then they become homeless again. So then they cycle through. And then the VA may refer them again later. But it's a total waste of everyone's time and energy, including the veterans, to have to go through that process." (Site 2)
		"Once we provide that key, are they being connected to those critical services [such as] mental health and counseling? And you know the medical, just all of that, we believe those things are key [because] it's not just about giving somebody a key, but it's making sure that they have those critical services to kind of stabilize them, right? And so those are the kind of questions we ask of the VA. I know that they have advised us that they have a lot of turnover and that the caseloads are extremely high and those are the kind of things that's impacting the individual, which then impacts housing or it looks like the housing is turning over." (Site 6)
		". . . trends [are] something that frankly took a long time to get the VA on board with. And what I mean by that is, you know, we have the data of . . . how many people attrition off of a voucher in a given year, and we fully baked that into our assumptions and referral targets that we need across all of our SPV [Special Purpose Voucher] program. So not just [HUD-]VASH, and we may have 300 unused vouchers, and I'm just putting numbers out there. We may have 300 unused vouchers, and we know we're gonna have 50 that are gonna potentially become available based off of historical data. So, we're gonna increase that by 50, and that has taken a minute for the VA to get their arms fully around that." (Site 7)
	Market conditions and funding shortfalls	"And we recently stopped issuing vouchers so we could create space for the EHVs—which was supposed to be a ten-year program, but we recently learned it would end in 2026, so we have around 5,400 households using EHVs that we are trying to absorb." (Site 1)
		"The main pain points or decision places that we have to do quickly is (1) once we get the referral, issue the voucher quickly, and then (2) once the veteran finds a unit and we get the paperwork back from the landlord, [work] with the landlord to inspect the unit and negotiate the rent quickly too, because the market is difficult, it's expensive, and it's low vacancy rate and so we don't wanna lose any landlord who agreed to participate with us." (Site 2)
		". . . the cost of housing is outpacing what the funding is that HUD is giving PHAs." (Site 7)
		"I think probably our biggest challenge across the state, and again, not just with [HUD-]VASH, but with any voucher, is just that the availability of and affordability of rental housing is just really challenging." (Site 8)

Table 1—Continued

Theme	Subtheme	Illustrative Quotes
PHA-VA program partnership	Program coordination	"So we have what we call veterans stand downs. . . . And literally, it would be our team going to the VA and kind of doing a one-stop session where we'll see veterans who are referred [and] have them complete the application. If we can determine their eligibility right then and there, then we would go ahead and issue them the voucher just to expedite the process. On the housing side, we've done a lot of different things to help expedite that process." (Site 3)
		"I think . . . the great thing about the communication flow between our PHA and our local VA is that it's happening at all levels of the day-to-day operations, right? So, the people on the ground doing the work all the way up to the [upper management] level are coordinating and meeting regularly, but everything always comes back to staff capacity at the VA, right? And those are the things that we as a PHA can't necessarily control." (Site 7)
		"But we had [what] they called a HUD-VASH boot camp . . . [where] HUD representatives came in and VA representatives. And we hosted it at [our PHA], but you know we had many PHAs from around the state come in, and they really drove home a lot of the points about, you know, things like criminal screening and all the different things that are different about [HUD-]VASH vouchers. . . . they just kept drilling down into, like, these are veterans. Their experiences are special. They're different. They have a different set of challenges than, you know, other parts of the population, and so we need to, you know, give more grace and let people back on the program." (Site 8)
	Staffing constraints	"[T]he VA also needs case managers to not only do the intake and get new people on the program but [also] on the back end to keep them in the program over time. And that's been a challenge." (Site 2)
		"VA staffing challenges [have] played a part, including, you know, vacancies, turnover, and high caseloads [that] have, at times, affected our referral timelines." (Site 7)

SOURCE: Features quotes from the transcripts of eight semistructured interviews that we conducted with PHA staff between October 2025 and February 2026. We identified themes and subthemes by using the Framework Method (Gale et al., 2013). See Appendix A for details about these PHA interviews and additional findings.

Overall, the change to income eligibility requirements did not significantly alter program operations or increase housing placements for veterans through HUD-VASH. This is primarily because most PHAs were already operating under similar income-eligibility thresholds and because the mechanics of rental calculations limited the practical impact of broader eligibility.

VA Referral Gaps, Retention Challenges, and Market Conditions Shape HUD-VASH Voucher Utilization

VA Referral Shortfalls Limit Voucher Utilization

PHA staff shared that they work closely with local VA partners, who play a key role in driving voucher utilization by referring eligible veterans to the HUD-VASH program when a

voucher becomes available. While PHAs determine the income eligibility of applicants, effective program utilization depends on receiving adequate referrals from VA. PHA staff frequently cited inadequate referral numbers as a major barrier to maximizing utilization, and PHAs described ongoing efforts to communicate their referral needs to VA counterparts. In some cases, although referral rates had improved in recent months, they still fell short of the volume needed to completely fill the available HUD-VASH slots.

PHA staff emphasized that their role is largely administrative, issuing vouchers in direct response to VA referrals. They identified challenges with this process, including VA's "one-for-one" approach to referrals, in which one veteran is referred for each available voucher rather than referring multiple veterans for each available voucher to account for attrition. This mismatch often produced lower-than-expected lease-up rates and voucher underutilization.

However, some PHAs also shared strategies that they used to improve or expedite the referral process. In certain jurisdictions, PHAs received referrals not only from VA but also from VA-contracted partners, such as nonprofits and municipal veteran service agencies. These partnerships sometimes increased referral volumes and supported compliance and case management functions. Another PHA described specialized trainings (e.g., HUD-VASH "boot camps") that convened both VA and PHA staff to align practices and clarify program requirements. These sessions emphasized unique needs and experiences and introduced guidance on eligibility, criminal screening, and trauma-informed programming to support effective implementation and ensure more-equitable access and program retention among veteran households.

Administrative Barriers and Insufficient Case Management Drive Attrition

PHA staff reported that both successful referrals and ongoing veteran retention in the HUD-VASH program influence voucher utilization rates. Maintaining housing assistance is not guaranteed by initial eligibility or placement; many veterans struggle to meet program requirements and to navigate the annual recertification process needed to sustain their vouchers. Across PHAs, interviewees identified retention as a persistent challenge, noting that some veterans self-terminate from the program or lose assistance because of such administrative barriers as failing to complete required paperwork or misunderstanding participant obligations. While VA is tasked with providing case management to HUD-VASH voucher holders, PHA staff frequently attributed retention difficulties, in part, to insufficient or inconsistent case management, often caused by VA understaffing and high caseloads. Inadequate support can leave veterans unprepared to fulfill program requirements, leading to preventable exits from HUD-VASH, unnecessary cycling in and out of the program, and ultimately, an increased risk of homelessness.

Several PHAs shared recommendations to help improve housing retention for HUD-VASH voucher holders, including changes to case management and program planning. One PHA said that their agency was part of the Collaborative Case Management (CCM) initiative, which allows PHAs to work with a *designated service provider* (i.e., a vetted community-based service organization) that provides case management to up to

15 percent of a PHA's HUD-VASH voucher holders, rather than relying on VA to provide case management. One interviewee shared that the CCM initiative had improved access to supportive services and recommended increasing the CCM cap above 15 percent. Another PHA described the importance of incorporating retention and attrition trends into planning. Data on voucher turnover can inform referral targets and program management, but some PHAs reported that data-driven decisionmaking has taken some time to be fully integrated into VA practices. Improvements in the ability of VA to anticipate attrition and adjust referral practices accordingly were seen as critical to increasing long-term housing stability and optimal utilization of HUD-VASH resources.

Rising Rents and Funding Shortfalls Hinder Voucher Utilization

Beyond internal program operations, such as referrals and retention, PHA staff highlighted several factors outside their control that significantly affect HUD-VASH voucher utilization, principally local rental market conditions and federal funding levels.

PHA staff described operating in highly competitive housing markets with low rental vacancy rates and rising rents. These conditions reduce the number of units available to voucher holders and, in some cases, limit the program's effectiveness, even for veterans who enter with some income. Staff reported that HUD-VASH voucher values often lag escalating market rents, narrowing options for veterans and making it harder to secure units without incurring high rent burdens. The competitive rental landscape can also reduce landlord engagement, further exacerbating the challenge of finding available, affordable housing for veterans.

PHAs also expressed concern over budget shortfalls and the misalignment between federal funding allocations and local housing costs. Agencies noted that periodic funding constraints have limited the number of vouchers they can issue or sustain, creating added pressure in markets where costs are rising rapidly. Interviewees shared that HUD-VASH budgets have not kept pace with these rising costs, and some PHAs cited the need to pause issuing vouchers or absorb clients from other expiring HUD programs, such as Emergency Housing Vouchers (EHVs), as additional operational challenges. These funding issues can destabilize utilization rates and affect the continuity of services for veterans.

In response, many PHAs have prioritized process efficiency by expediting key steps, such as voucher issuance, eligibility determination, and landlord engagement. Staff described implementing quick turnaround "stand down" events and streamlined workflows to match veterans to housing opportunities as quickly as possible, recognizing that delays could result in lost units or disengaged landlords. Despite such adaptations, PHA staff stressed that persistent external pressures, including the combined effects of high rents, limited vacancies, and uncertain funding, continue to shape voucher utilization outcomes in ways not fully within an agency's control.

Strong PHA-VA Collaboration Is Essential but Is Limited by VA Staffing Shortages

Partnerships between PHAs and their local VA offices play a central role in shaping the local implementation of policy changes, including adjustments to veteran income eligibility. Effective collaboration enables PHAs to adapt administrative processes, communicate emerging requirements, and ensure that both staff and veterans are informed about shifting program criteria. These partnerships also support essential communication about operations and challenges, which directly affects referral flow, eligibility practice alignment, and ultimately, HUD-VASH voucher utilization. PHA staff discussed key factors shaping PHA and VA collaboration, including program coordination and staffing constraints.

Regular PHA-VA Coordination Enables Smoother Referrals and Problem-Solving

Across sites, PHA staff described ongoing communication at multiple organizational levels, including regular meetings, shared data, and such joint events as in-person lease-up sessions (stand downs). These activities facilitate smoother referral processes, timely intervention to prevent terminations, and collaborative problem-solving around complex cases. Strong partnerships enable PHAs and VA to adapt to policy changes, align operations, and address veterans' specialized needs, supporting both program utilization and long-term housing stability. One PHA also highlighted the role of training in supporting HUD-VASH partnership and coordination, describing boot camp sessions that their PHA held. These sessions help PHA and VA staff understand policy requirements, align on criminal screening and recertification processes, and develop a trauma-informed approach suited to the veteran population. Such collaborative training fosters common understanding and reinforces the importance of flexibility and persistence in assisting veterans with unique and sometimes complex housing barriers.

VA Staffing Shortages Delay Referrals and Undermine Case Management

While robust coordination is a key asset, staffing capacity within VA remains a limiting factor for program performance, according to PHA staff. Many PHAs noted that increases in available HUD-VASH vouchers are not always matched with additional resources or personnel within local VA offices. According to PHAs, high turnover, staff vacancies, and large caseloads among VA staff can delay referrals and impair the effectiveness of ongoing case management. These challenges reduce the likelihood that veterans will be continuously supported through enrollment, recertification, and retention, which can lead to avoidable program terminations and lower voucher utilization rates. PHAs emphasized that while they are committed to maximizing the program's impact, solutions to VA staffing constraints often require support and action beyond their direct influence.

Most Interviewed PHAs Had Already Adapted Their Operations in 2021

Our interviews confirmed that many PHAs had already adopted more-flexible eligibility rules, allowing for higher incomes, since the September 2021 policy change. Therefore, to better understand how income eligibility changes may have affected HUD-VASH voucher utilization, we also examined trends following the September 2021 policy change. Once more time has passed since the August 2024 policy change that provided additional flexibility regarding VADC allowances, we will update our analyses to include more-recent data. In the next section, we share these trends in HUD-VASH voucher utilization, considering important characteristics within communities.

Quantitative Insights on HUD-VASH Eligibility and Use

Most of the Increase in HUD-VASH Eligibility Results from the Higher AMI Threshold, While Excluding VADC Mainly Affects Veterans with Higher Disability Ratings

Raising the Income Threshold from 50 to 80 Percent of AMI Largely Explains the Increase in HUD-VASH Eligibility

Originally, the HUD-VASH program required veterans to earn at or below 50 percent of AMI to be eligible for a voucher. We learned from interviewed PHA staff that in September 2021, HUD released guidance allowing flexibility to serve veterans at or below 80 percent of AMI (HUD, 2021), which many of the interviewed PHAs had reported adopting. Further guidance was issued in August 2024, making the 80 percent of AMI threshold mandatory, with the added condition that income from VADC should be excluded when determining income eligibility (HUD, 2024).

Figure 1 shows how this policy change affected the share of veterans who would be income-eligible for HUD-VASH. The largest increase in eligibility comes from raising the income threshold from 50 percent to 80 percent of AMI. This pattern holds across veteran disability-rating groups.

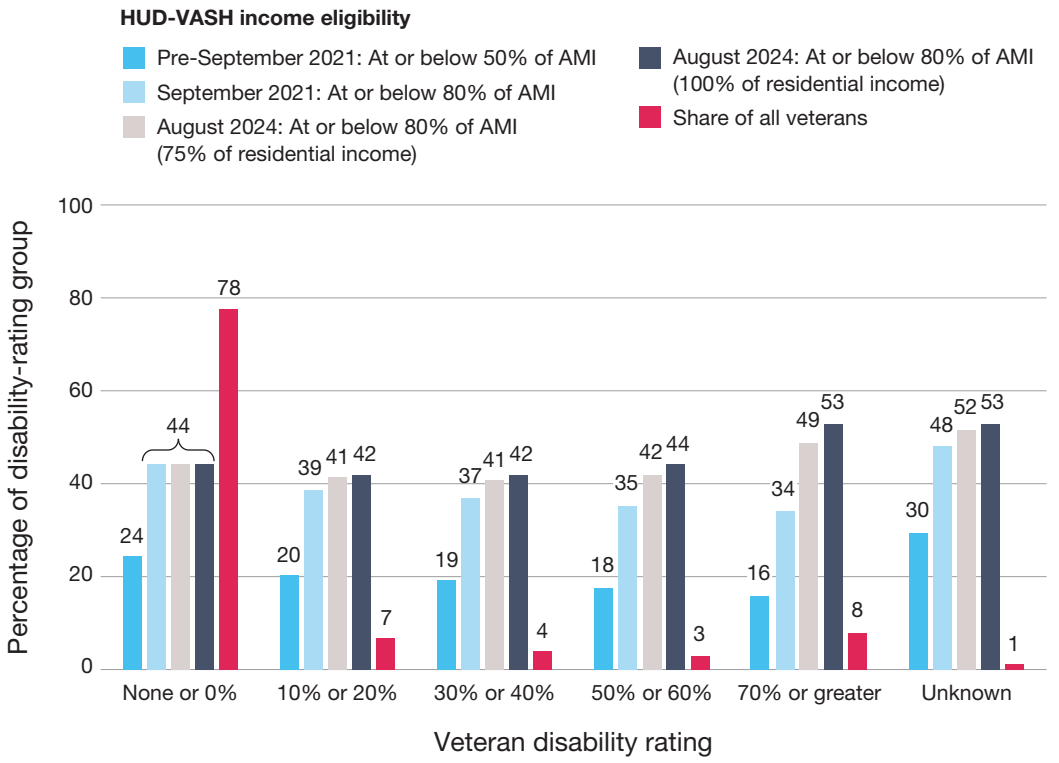
Excluding VADC from Income Matters Most for Veterans with Higher Disability Ratings

Excluding VADC from income further increases eligibility, but its effects are concentrated among veterans with higher disability ratings. For veterans with a disability rating of 70 percent or more, excluding VADC accounts for roughly half of the total increase in eligibility. By contrast, most veterans are unaffected by this provision because they have no disability rating or a 0 percent disability rating and, therefore, do not receive VADC. As Figure 1 shows, more than 70 percent of veterans fall into these groups.

Because the ACS does not directly measure VADC, it may be underreported in the ACS data. Thus, we estimated eligibility changes using both the full residual income measure and a reduced measure equal to 75 percent of residual income. The substantive pattern of results was unchanged.

FIGURE 1

Incremental Change in HUD-VASH Eligibility as a Result of Policy Changes



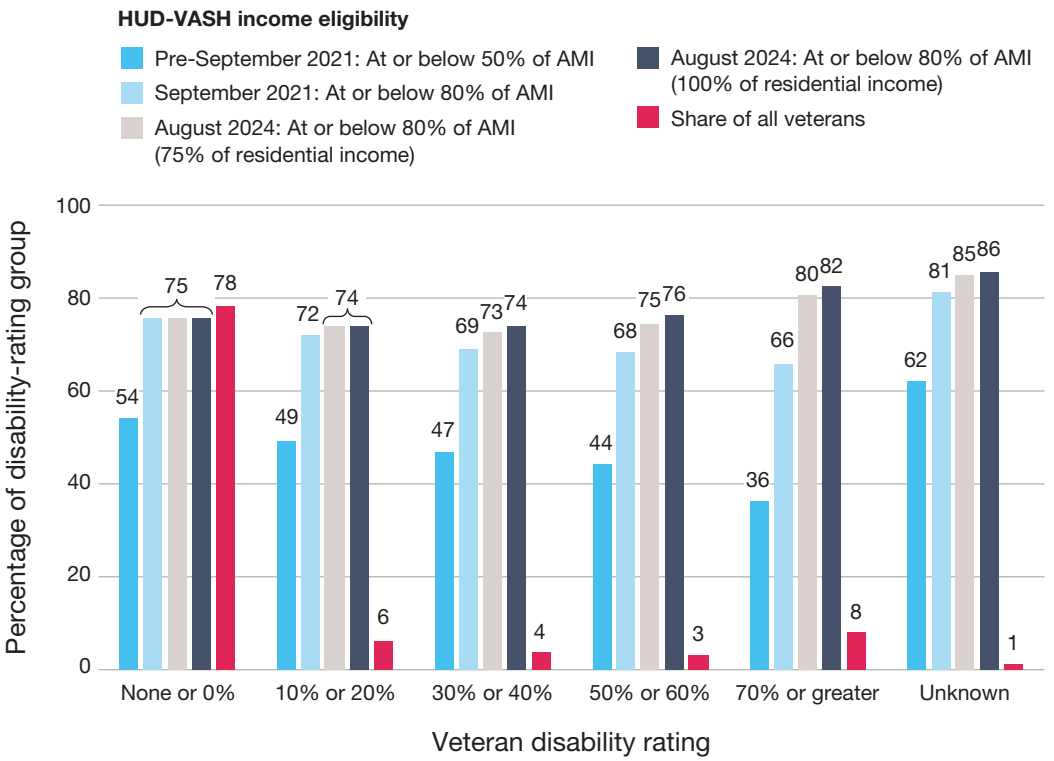
SOURCES: Authors' analysis of HUD Section 8 AMI data (HUD, 2023a) and ACS data (Ruggles et al., 2025).
NOTE: *Residual income* in the ACS includes VA payments, unemployment compensation, child support, and alimony. See Appendix B for an analysis of this variable for veterans and nonveterans.

Single Veterans Living Alone Have Higher Baseline Eligibility, but the Effects of Policy Changes on Their Eligibility Are Similar to Those for the Full Veteran Population

A 2021 study found that more than 80 percent of veterans who had ever experienced homelessness were *single*—that is, never married, divorced, separated, or widowed (Kertesz et al., 2021). To better approximate this population using ACS data, we recalculated HUD-VASH eligibility for single veterans living alone, as shown in Figure 2. Compared with the full veteran population, single veterans living alone start from a higher baseline level of income eligibility, likely because they do not have income from additional household members. The overall pattern is otherwise similar to that shown in Figure 1: Most of the increase in eligibility comes from raising the income threshold from 50 percent to 80 percent of AMI, while excluding VADC matters most for veterans with higher disability ratings.

FIGURE 2

Incremental Policy-Related Change in HUD-VASH Eligibility of Veterans Living Alone



SOURCES: Authors' analysis of HUD income limit data (HUD, 2023a) and ACS data (Ruggles et al., 2025).
NOTE: *Residual income* in the ACS includes VA payments, unemployment compensation, child support, and alimony. See Appendix B for an analysis of this variable for veterans and nonveterans.

HUD-VASH Utilization Did Not Increase After the 2021 Policy Change and Appears More Constrained by Rental Market Conditions Than by Income Rules

We Found No Evidence That the September 2021 Income-Eligibility Change Increased HUD-VASH Utilization

This part of the analysis focuses on HUD-VASH utilization rates before and after the September 2021 policy change giving PHAs more flexibility regarding the income-eligibility threshold (up to 80 percent of AMI, inclusive of VADC). We prioritized the September 2021 policy because of sufficient post-implementation data, and our interviews indicated that PHAs with large HUD-VASH allocations may have been already exercising this option as of September 2021. We found no evidence of such a relationship. Across model specifications, the estimated association between the policy change and utilization rate remains small and statistically insignificant.

As Table 2 shows, average utilization rates were very similar before and after the policy change, suggesting that expanding income eligibility from 50 percent to 80 percent of AMI did not, on its own, increase voucher utilization.

HUD-VASH Utilization Has Trended Downward Since 2018

As of 2024, nearly 116,000 HUD-VASH vouchers had been issued to local PHAs based on capacity and need (HUD, undated-d). Since 2018, average monthly utilization rates for each PHA (*PHA-monthly*) HUD-VASH utilization rates have trended downward, despite some fluctuation, as shown in Figure 3. This finding aligns with the seemingly concurrent decrease in demand for housing vouchers, as the number of veterans experiencing homelessness has fallen for more than a decade.

Rental Market Conditions Appear More Strongly Associated with Utilization Than the Policy Change

We do not find a statistically meaningful relationship between the September 2021 policy change and HUD-VASH utilization. Regression results are consistent across model specifications (see Appendix C). This pattern provides consistent evidence that expanding income eligibility from 50 percent to 80 percent of AMI did not produce measurable increases in utilization rates.

By contrast, local rental market conditions appear more strongly related to utilization rates. Higher FMRs are consistently associated with lower HUD-VASH utilization rates, suggesting that PHAs in more-expensive rental markets face greater difficulty in finding units to lease with available vouchers. This finding is consistent with our interview findings, in which PHA staff identified rising rents as a major barrier to lease-up. We also observed a negative association between the number of veterans experiencing homelessness and utilization rates in the simpler models, although that relationship weakens after we add additional controls.

TABLE 2

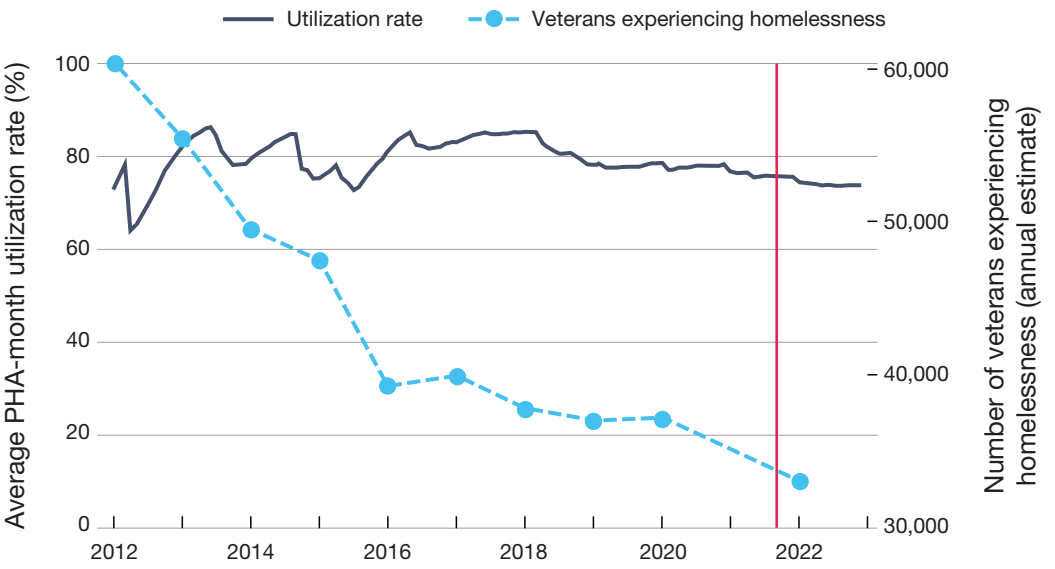
Effects of the September 2021 Policy Change on HUD-VASH Utilization Rates

Variable	September 2018–September 2019 Mean (SD)	September 2021–September 2022 Mean (SD)
HUD-VASH utilization rate	72.80 (24.29)	72.34 (18.18)
Percentage point policy change in 2019	26.23 (13.78)	26.05 (13.90)
Total veteran homeless population in 2019	178.67 (367.17)	184.75 (394.75)
Two-bedroom FMR in 2019 (thousands)	1.09 (0.40)	1.08 (0.40)
Rental vacancy rate in 2019	6.31 (3.17)	6.35 (3.16)
Number of PHAs	626	694

NOTE: The number of PHAs differs before and after the September 2021 policy change because of differences in data availability. See summary statistics for regression model 5 in Appendix C. SD = standard deviation.

FIGURE 3

Average PHA-Monthly HUD-VASH Utilization Rate and Annual Veteran Homelessness Estimates, 2012–2022



SOURCES: Authors' analysis of HUD-VASH voucher utilization data (HUD, undated-d) and Annual Homelessness Assessment Report data (de Sousa and Henry, 2024).

NOTE: The vertical red line indicates when the September 2021 policy change went into effect, which allowed PHAs to use an income threshold of 80 percent of AMI to determine program eligibility. Because of the coronavirus disease 2019 (COVID-19) pandemic, there were no estimates of unsheltered veterans in 2021, so we exclude that data point from the figure. Veteran homelessness continues to trend downward after 2022. Subsequent point-in-time estimates are as follows: 35,574 (2023), 32,882 (2024), and 32,495 (2025) (HUD, 2026a).

Rental vacancy rates are positively associated with utilization, but the estimates are not statistically significant in the model that includes all explanatory variables.

Across regression models, higher FMRs are consistently associated with lower utilization rates, while the estimated effect of the September 2021 policy change remains small and statistically insignificant. This pattern aligns with the interview findings, in which PHA staff described rising rents, tight rental markets, and limited landlord participation as key barriers to lease-up. Utilization also tends to be higher among larger PHAs than among smaller PHAs.

Conclusions and Recommendations

In this section, we summarize our main conclusions and offer recommendations to improve HUD-VASH utilization. Although expanded income eligibility increased the share of veterans who could qualify for HUD-VASH, it did not measurably increase utilization. The

results point instead to referral, case management, and housing market barriers as key areas for action.

Expanded Income Eligibility Did Not Increase HUD-VASH Utilization

Our regression analysis examined the impact of giving PHAs the flexibility to increase the AMI threshold from 50 to 80 percent. We found that this change did not significantly raise HUD-VASH voucher utilization rates. As we learned from PHA staff interviews, many veterans referred to HUD-VASH have little or no income, which limits the practical impact of the broadened eligibility criteria.

Interviews Suggest That PHAs May Have Already Adopted the Higher Income Threshold Before the 2024 Policy Change

If so, then this would explain why the anticipated surge in applications and referrals did not materialize. This finding indicates that increased income eligibility had a limited effect on referral volume and staff workload and often frustrated veterans who learned that even though their VADC was not considered as income for program eligibility, it was still counted when calculating rental payments. While the 2021 and 2024 policy changes aimed to improve accessibility, they did not significantly shift the program's operational dynamics, because many PHAs were already using the AMI threshold in these policies to determine income eligibility of program applicants.

Effective HUD-VASH Utilization Is Heavily Reliant on Collaboration Between PHAs and Local VA Offices

Inadequate VA referral rates and VA case management staffing constraints were key barriers to maximizing program effectiveness according to PHA staff. A March 2026 U.S. Government Accountability Office (GAO) report found similar results: Severe case manager shortages led to paused or delayed HUD-VASH referrals, sharply reduced supportive services for HUD-VASH participants, and community friction over whether PHAs should apply for newly funded vouchers (GAO, 2026). We learned from PHA staff that veterans struggle to meet program requirements, leading to high attrition rates and an increased risk of homelessness. PHAs reported that improving communication and coordination with VA partners is essential to enhance voucher utilization and to support veteran retention in the program.

The Flexibility to Increase Income Eligibility May Have Significantly Expanded the Number of Veterans Eligible for HUD-VASH

Specifically, the transition from a 50 percent of AMI threshold to an 80 percent of AMI threshold allowed a larger share of veterans to qualify for assistance. Following the policy changes in 2021 and 2024, eligibility increased notably, particularly among veterans with higher disability ratings, with approximately 50 percent of the increase attributed to excluding VADC from income calculations. This adjustment has created opportunities for many veterans who previously could not access the program.

Rental Market Conditions Appear to Constrain Utilization More Than Income Eligibility Rules

PHAs in higher rent markets had lower utilization rates; rising rents made it harder for veterans to use their vouchers. GAO (2026) reinforces this finding, noting that the average monthly housing subsidy paid by PHAs jumped 34.9 percent between 2020 and 2024 because of escalating market rents. This rapid cost inflation has severely restricted landlords' willingness to participate in HUD-VASH and extended search timelines up to a full year, frequently causing vouchers to expire before housing can be secured.

Future Research Should Track HUD-VASH Utilization Following the 2024 VADC Exclusion Policy as More Data Become Available

Once sufficient post-policy data accumulate, researchers could explore strategies to enhance program effectiveness, particularly by improving PHA-VA coordination, strengthening case management services, and ensuring eligible veterans receive the support needed to maintain housing stability.

Study Limitations

Readers should consider several limitations when interpreting these findings. First, estimating HUD-VASH eligibility using ACS data is inherently constrained, because the ACS does not capture unhoused populations. Because veterans experiencing homelessness are the primary target of HUD-VASH, this omission is likely to underestimate the true size of the eligible veteran population. However, this approach remains a valid proxy for evaluating policy-driven eligibility changes for two reasons: (1) existing literature indicates that service-connected disability ratings do not significantly differ between housed and unhoused veterans (Tsai, Doran, and Rosenheck, 2013) and (2) VADC frequently serves as a protective factor against homelessness (Anderson et al., 2023). Additionally, our interview findings primarily reflect the perspectives of PHA staff, with no input from VA representatives because of challenges in obtaining their participation, which may result in a biased understanding of the program's implementation and barriers. Moreover, our interviews were conducted with eight large PHAs, and findings may not be representative, especially of smaller PHAs and those in rural communities. Also, the lack of statistically significant results could indicate that PHAs chose not to exercise the flexibility granted them in 2021 to expand income eligibility. Finally, researchers need more post–August 2024 data to fully explore the impact of the VADC exclusion on HUD-VASH utilization.

Recommendations

Drawing from our findings, we identified three priority areas for improving HUD-VASH utilization. We tailor each of the following recommendations to our study's evidence, grounded in relevant literature, and directed to the agency or entity best positioned to act.

- VA and HUD should take steps to enhance PHA-VA coordination and referral systems. Early studies of HUD-VASH demonstrated that effective coordination among PHAs, VA offices, and community partners is essential to maximize voucher utilization (GAO, 2012; U.S. Interagency Council on Homelessness, 2012). The National Alliance to End Homelessness (2023) further supports the importance of coordinated entry systems and regular communication among service providers to increase housing placement and program utilization. Drawing from this information, and the need to improve VA and PHA collaboration, we recommend the following:
  - Create real-time, shared dashboards for PHAs and VA offices that track voucher availability, referrals, lease-ups, and program attrition to improve transparency and responsiveness.
  - Support monthly meetings and cross-training initiatives for PHA and VA staff to align their practices and workflow processes.

However, the above recommendation will be effective only with sufficient available staff to implement these changes, which leads to our next recommendation:

- Strengthen VA case management capacity and retention support (with congressional funding support, as needed). VA case manager shortages and heavy caseloads are critical barriers to effective referrals, ongoing support, and program retention. Veterans lose assistance because of administrative barriers and insufficient case management, leading to their cycling in and out of homelessness. We offer the following steps to improve administrative capacity and support:
  - Local VAs should prioritize the hiring and retention of VA case management staff to reduce caseloads and improve veteran support.
  - VA should expand the CCM initiative to increase the percentage of veterans who can receive case management from designated service providers in regions with persistent VA staffing shortages.
  - VA should simplify annual recertification and paperwork requirements for veterans who participate in HUD-VASH to reduce attrition caused by procedural barriers.

To further reduce barriers to HUD-VASH participation among income-eligible veterans, we recommend the following:

- Improve communication about program eligibility and rental calculation policies. Veterans and PHA staff are frustrated by the disconnect between eligibility rules and actual housing subsidies provided, especially to those veterans who receive higher VADC. While such interventions as simplified communication and prepopulated forms have increased take-up in other government assistance programs (e.g., Supplemental Nutrition Assistance Program [SNAP], Supplemental Security Income [SSI], and Free Application for Federal Student Aid [FAFSA]) (Armour, 2018; Barr and Turner, 2018; Giannella et al., 2024; Hemmeter et al., 2025), the unique circumstances of veterans

at risk of or experiencing homelessness—such as lack of a regular mailing address—require in-person, integrated outreach. Additionally, research suggests that service fairs and direct engagement are effective approaches for this population (Cusack and Montgomery, 2018). Based on this information and our findings, we recommend that VA, HUD, and PHAs consider the following:

- Create standardized, plain-language materials for veterans and staff explaining eligibility, rent calculation, and what to expect from the program.
- Deliver information through integrated service fairs and in-person events where PHA staff coordinate service provision at the same location and time, rather than relying on mailers or digital-only outreach.

In summary, while policy changes have expanded eligibility for HUD-VASH, their impact on utilization and veteran outcomes has been modest. Addressing the challenges to improving HUD-VASH utilization will require coordinated action across federal, state, and local agencies, as well as ongoing investment in case management, interagency collaboration, and affordable housing. Implementing the recommendations above will help ensure that HUD-VASH continues to be a cornerstone in the fight to end veteran homelessness.

APPENDIX A

Interviews, Analyses, and HUD-VASH Operational Findings from the PHA Interviews

In this appendix, we provide more detail on our interviews with PHA staff and analyses, then summarize interview findings that show how HUD-VASH programs operate in their jurisdiction. Table A.1 provides illustrative quotes organized by operational section.

Approach: Interviews and Analyses

We used a theoretical sampling strategy (Robinson, 2014) to conduct eight interviews with PHA staff between October 2025 and February 2026 to learn whether and how the 2024 policy change regarding income eligibility modified how their agency administered HUD-VASH vouchers. First, we used purposive sampling to design our outreach, aiming to collect a sample of agencies that managed more than 500 HUD-VASH vouchers because these agencies would likely be most affected by the policy change. More than 750 PHAs manage HUD-VASH vouchers, and about 35–45 PHAs manage allocations of more than 500 vouchers. Next, we selected PHAs in states with large veteran populations (600,000 or more). Finally, we recruited PHAs that represented various geographic areas in the United States (e.g., Northeast, South, Mid-Atlantic, Midwest, and Western regions). We also sought to include PHAs with relatively high and low utilization rates to add diversity from an outcomes perspective to our study sample.

As the PHA interviews progressed, we learned that local VA Homeless Services teams manage much of the HUD-VASH voucher screening and allocation process. We sought to include VA Homeless Services staff as interview participants. However, VA staff from only one office accepted our invitation to participate. In most cases, we never heard back from the recipients of our email invitations, and in a couple of cases, VA staff indicated that they did not have permission to participate in our study. Because our qualitative sample lacks the VA perspective, our results reflect only PHA perspectives, which we have noted in our discussion of study limitations.

Interview protocols included open-ended questions about how the PHA assesses demand for HUD-VASH vouchers, the processes for issuing HUD-VASH vouchers and the leasing process, and how the 2024 policy change affected HUD-VASH program implementation. The interviews were semistructured to facilitate flexibility and comparability across interviews.

Interviews lasted an average of 45 minutes and were completed remotely, using an online videoconferencing platform. Two members of the research team attended each interview: One led the discussion, and the other took notes. Most interviews occurred with more than one PHA staff member participating, including staff from different roles, experiences, and perspectives. Participation was primarily coordinated and determined by the PHAs that we recruited. Interviews were audio-recorded to support notetaking and transcription. However, one PHA did not consent to having the interview recorded, and we took notes by hand in that case.

We analyzed interview data using the Framework Method (Gale et al., 2013), which provides a structured, transparent approach to organizing and interpreting qualitative data. We began by developing an analytic matrix based on a priori themes drawn from interview protocols and study goals. The matrix also included columns to capture key contextual characteristics of each PHA, including location, voucher utilization rate, number of vouchers issued (program size), and size of the state-level veteran population. Each row corresponded to a single interview. After reviewing each transcript, interviewers entered summary notes and illustrative quotations into the matrix. As we analyzed the interview data, we added columns to reflect new themes as they emerged. The resulting dataset supported both deductive analysis, guided by topics in the interview protocol, and the inductive exploration of novel findings arising organically from participant accounts. We organize interview findings regarding the operational themes in the subsequent sections.

Program Structure and Staffing

PHAs described varied organizational approaches for managing HUD-VASH program activities. Most commonly, staff are assigned specifically to HUD-VASH and work exclusively on managing these vouchers, allowing focused expertise and continuity of service for veterans. In some agencies, HUD-VASH staff are also responsible for special-purpose voucher programs, such as EHVs or Family Unification Program vouchers, to maximize cross-program learning and efficiency. Occasionally, PHAs organize staff by function. Separate teams are dedicated to voucher issuance, recertification, and inspection, which supports operational efficiency and clarity of roles. Some PHAs supplement internal resources by contracting with external service providers to carry out core program functions, particularly in areas where specialized knowledge or additional capacity is needed, such as client engagement.

Voucher Flexibility and Project-Based Options

HUD-VASH program rules enable PHAs to convert a portion of their tenant-based vouchers to project-based vouchers (PBVs), which are tied to particular properties rather than

individual tenants. Agencies often weigh the advantages of PBVs, including greater housing stability for residents and alignment with local development activity, against federal limitations that cap PBV conversion at 30 percent of the overall tenant-based allocation. Decisionmaking around PBV conversion is shaped both by the needs of the local veteran population and by the availability of properties. Some PHAs reported that the PBV cap limits their ability to fully leverage local housing development and recommended excluding HUD-VASH vouchers from this cap to allow greater flexibility. On the other hand, PHAs in areas of lower demand did not see the cap as a meaningful limitation, indicating that PBV conversions tend to be driven by local market opportunities and need.

Voucher Issuance and Tenant Briefings

Voucher issuance is a central operational component of PHAs. After conducting an initial screening and eligibility determination, PHAs brief veterans on information about program requirements, lease-up procedures, and their rights and responsibilities. The briefing format varies by agency; some PHAs opt for larger group sessions or fairs, while others prioritize individual or small group briefings. Many agencies offer both in-person and remote briefings to accommodate tenant preferences and logistical realities, particularly in the post-COVID-19 pandemic environment. PHAs cited flexibility in the briefing process as an important strategy for expediting voucher allocation and ensuring that veterans receive timely and accessible support as they begin their housing search.

Landlord Incentives

PHAs employ a variety of landlord incentive strategies to increase landlord participation and retention in the HUD-VASH program. Incentives may include signing bonuses for new landlords, security deposit assistance, and guarantees covering damages beyond the deposit. The variety and frequency of incentives are often shaped by available administrative funding and may be scaled back or suspended in periods of budget shortfall. Agencies observed that landlord incentives can significantly improve voucher utilization, particularly in high-cost or competitive rental markets, but sustaining these incentives requires reliable funding and administrative resources.

Housing Navigation Services

Housing search assistance, which helps veterans identify and secure available units, is an important feature of the HUD-VASH program. While this service is the responsibility of VA staff, PHAs frequently supplement VA resources by helping veterans with the housing navigation process through internal teams or partnerships with external service providers. These efforts are driven by a recognition that VA capacity can be constrained and that veterans may need additional help navigating complex housing markets. Agencies described how housing navigation teams engage landlords directly, hold units for eligible veterans, and collabo-

rate with VA case managers, ensuring that veterans have access to the support and advocacy needed to successfully obtain housing.

Search Time and Flexibility

The time allotted to voucher holders to search for suitable housing varies by PHA, with some agencies providing up to 180 days (and options to extend under reasonable accommodation), while others offer search periods of 90 to 120 days. Extensions are available for veterans facing medical or logistical barriers in recognition of the difficulty of finding affordable units in challenging rental markets. Staff reported that many veterans use the full search period because of market constraints, and PHAs routinely grant extensions to support successful lease-ups.

Operational Best Practices

PHAs highlighted several effective operational practices that enhance program efficiency and veteran outcomes. Tenant self-certification for annual recertification, which was introduced during the COVID-19 pandemic, helps expedite the process by reducing paperwork and administrative burden. Universal application systems and streamlined portability procedures across neighboring PHAs facilitate transitions for veterans who move within regional VA service areas. For PBVs, some PHAs require property providers to screen candidates before the PHA's eligibility review to align with more-stringent local property standards and improve lease-up outcomes. Inspections ahead of official lease-ups (referred to as "pre-inspections") expedite the process and help ensure move-in housing quality, although PHA staff cautioned that unit conditions must be regularly monitored. Together, these best practices support PHAs' ability to operate efficiently, respond to changing needs, and provide veterans with improved access and retention in the HUD-VASH program.

TABLE A.1

HUD-VASH Operational Findings from PHA Interviews

Theme	Illustrative Quotes
Program structure and staffing	"Our program is split by function, not by voucher type, so one of my colleagues who is leading voucher recertification [does] that for all housing voucher holders, not just HUD-VASH." (Site 1)
	"We have one office which handles special programs and handles HUD-VASH. I think there's about 30 or so people working in that program, maybe 35 [full-time employees] just work on the HUD-VASH tenant-based component and also the project-based component. So that's the supervisors and the caseload staff." (Site 2)
Voucher flexibility and project-based options	"So, the allocations that we get from HUD are for whatever purpose. We want to use them primarily [for] tenant- based [allocation]; we can carve out of it a certain number to use as project-based. It's covered by another rule that HUD has that we can only administer—we have a cap on how much project-based [vouchers] we can do—it's 30% of the overall tenant-based allocation." (Site 2)
	"Another thing they could do is, if there isn't that [option to increase the HUD-VASH PBV cap] or if it's going to take more advocacy, to allow that flexibility for the PBV cap in general. If it's easier (or if it's something that can be realized sooner, [or] perhaps not, since we're speaking about [HUD-]VASH specifically), maybe have us exclude [HUD-]VASH from that cap because, right now, [HUD-]VASH is not necessarily excluded from that cap, so it would help if they would exclude [HUD-]VASH." (Site 3)
Voucher issuance and tenant briefings	"We do try to brief them [prospective voucher users] fairly quickly. We have briefings, like, every two weeks we have them, so we're constantly issuing out the vouchers to them. . . . I do remember us having at least five to six fairs last year." (Site 7)
	"I know sometimes they do virtual briefings; I think a lot of times. You know, there [are] a lot of times the veteran will be in the office at the VA as well. There might be situations where they're doing, like, small group briefings. If there are a few [veterans] at a time that are ready for the briefing, but it's, I mean, they really do whatever. You know, if the veteran communicates best through the case manager, they can do that; if it's passed by phone . . . for the most part, it's done electronically." (Site 8)
Landlord incentives	"We were offering owner incentives to the general population, but we stopped it. We issued around 2,800 vouchers last year, and we had to stop the incentives because [they're] paid out through our admin fees and we could no longer afford [them] . . . it has improved our utilization rate, but we ran out of funding." (Site 1)
	"So, we do have incentives for landlords to participate in the program. The VA helps with some; we in the county help with other perks. We can provide the security deposit to the landlord. There is also a signing bonus if the landlord agrees to rent to the veteran in this case. They're also guarantees to the landlord that if the tenant vacates, having caused damages, we can pay for some of those beyond the security deposit. Those are the primary incentives we have for landlords. So that's what is offered." (Site 2)
Housing navigation services	"VA, also beyond doing just compiling the application packet and referring it to us, they're supposed to also provide housing search assistance to the veteran to help them find a unit. But what we have found over time is they don't have the resources to do that real[ly] well. So, we pitch in at times where we can." (Site 2)
	"[T]he case manager is supposed to be that navigator, and we are assuming that's who's helping them in the community. We have our own internal housing navigator that really helps other program participants that are elderly or disabled." (Site 4)

Table A.1—Continued

Theme	Illustrative Quotes
Search time and flexibility	"We offer a 180-day search period, plus an option to extend 60 days, if needed. If there is a reasonable accommodation, we can extend further. The normal search time for most PHAs is 90 days, so we have a longer search time." (Site 1)
	"Initially, I believe we give 120 days with extensions up to . . . 365 [days], yeah, and then after 365 [days], we'll approve extensions based on reasonable accommodation." (Site 3)
Operational best practices	"So we have a really good process, and we coordinate it with [a nearby PHA] because we partner very closely with our neighboring jurisdictions and so we do a universal application. So . . . , because they're working with the same VA system, in case the veteran wants to port or . . . go to [other nearby PHAs], we make it an easier process." (Site 7)
	"[W]e are also able to do a little bit of, like, pre-inspections, which we don't do for other parts of the program. So that way a unit can be inspected before, you know, it just kind of speeds up that process a little bit more. But we do have to be careful with that too. Just because some areas [or] things happen really quickly to units, and we want to make sure that they're still in good condition by the time the veteran gets there, so that is something that can be done as well." (Site 8)

SOURCE: Features quotes from the transcripts of eight semistructured interviews that we conducted with PHA staff between October 2025 and February 2026. We identified themes and subthemes by using the Framework Method (Gale et al., 2013).

APPENDIX B

Quantitative Data and Methodology

Methodology: Estimating Whether the 2021 Income Policy Change Affected Utilization

Our quantitative analysis focuses on HUD-VASH utilization rates before and after the September 2021 policy change that provided more flexibility regarding income eligibility (i.e., increasing the income eligibility threshold from 50 percent of AMI to 80 percent of AMI, inclusive of VADC). We prioritize the September 2021 policy because we have sufficient post-implementation data, and our interviews indicated that many large PHAs were exercising this eligibility option as of September 2021.[1] We conducted multivariate regression analysis to control for other factors that may influence HUD-VASH utilization rates. Our main hypothesis posits that increasing the income eligibility threshold from 50 to 80 percent of AMI lessens restrictions on PHAs, allowing them to offer vouchers to potentially more veterans and, in turn, increasing utilization rates. Because utilization rates are a primary performance metric used to evaluate PHAs, any opportunity to improve these rates serves as a strong incentive for PHAs to enhance their performance.

To test this hypothesis, we calculated average monthly utilization rates for each PHA (i.e., PHA-monthly) in the year after the policy's implementation (September 2021 through September 2022) compared with pre-COVID-19 pandemic baseline rates (September 2018 through September 2019). We chose this period rather than one that includes 2020 to avoid any negative biases that the COVID-19 pandemic could have introduced. We aggregated to average PHA-monthly levels because HUD-VASH voucher allocations are recalculated each calendar year, so averaging this out controls for this seasonality.

To develop a credible proxy measure for differential exposure to the September 2021 policy change, we used ACS data to calculate the difference in the share of income-eligible, housed single veterans at 50 and 80 percent of AMI in 2019, including VADC, as follows:

$$PercentagePointPolicyChange_{PHA,\,2019} = Percent\ Eligible\ Single\ Veterans\ Living\ Alone\ at\ 80\%\ AMI_{PHA,2019} - Percent\ Eligible\ Single\ Veterans\ Living\ Alone\ at\ 50\%\ AMI_{PHA,2019}. \quad \text{(B.1)}$$

[1] We conducted interviews with only eight PHAs; therefore, the percentage of PHAs exercising the flexibility to expand income eligibility from 50 to 80 percent of AMI in September 2021 may not be representative of the larger population of PHAs.

We calculated the percentage of income-eligible, single veterans living alone as the number of single veterans living alone in a PHA who make less than or equal to 50 percent (80 percent) of AMI divided by the total number of single veterans living alone in that PHA's service area. By applying the inclusion criteria from the September 2021 policy change (that is, the shift to an 80-percent threshold) to 2019 data on the population, we generated a measure of potential treatment intensity that we posit may capture causal aspects of how the (future) change in the share of income-eligible, single veterans correlates with HUD-VASH utilization rates after implementation of the policy change.

We then used this to estimate a two-period difference-in-differences model with a continuous treatment effect. The regression equation, estimated using ordinary least squares, is as follows:

$$\begin{aligned} VASHUtilizationRate_{PHA,t} = {} & \beta_0 + \beta_1 PostImplementation_t + \\ & \beta_2 PercentagePointPolicyChange_{PHA,2019} + \beta_3 (PostImplementation_t * \\ & PercentagePointPolicyChange_{PHA.2019}) + \gamma LocalRentalMarket_{PHA,2019} + \\ & \delta PHACharacteristics_{PHA,2019} + \varepsilon_{PHA,t}, \end{aligned} \tag{B.2}$$

where $VASHUtilizationRate_{PHA,t}$ is the average PHA-monthly HUD-VASH utilization rate for the pre-COVID-19 baseline period (t = September 2018–September 2019) and the year after the policy went into effect (t = September 2021–September 2022). $PostImplementation_t$ is a binary variable that indicates before and after the September 2021 policy implementation. $PercentagePointPolicyChange_{PHA,2019}$ is the continuous exposure measured using Equation B.1. These two variables are interacted to generate the difference-in-differences estimate. $LocalRentalMarket_{PHA,2019}$ is a matrix of time-invariant local controls that may affect HUD-VASH utilization. More specifically, this matrix includes the FMR for a two-bedroom apartment and the 2019 rental vacancy rate. These covariates are intended to control for economic factors that may affect the effectiveness of HUD-VASH vouchers on lease-up rates, as learned from the qualitative data. For instance, the higher the rent, the greater the cost to PHAs, conditional on veteran income staying constant (i.e., vouchers cover housing expenses after the veteran contributes 30 percent of their income toward rent). Moreover, the lower the rental vacancy rate, the fewer options available to veterans to obtain housing, making it more challenging to use a voucher (Ellen, O'Regan, and Strochak, 2025).

Finally, $PHACharacteristics_{PHA,2019}$ is an additional matrix of time-invariant controls other than economic factors. These include the number of veterans experiencing homelessness in a PHA's service area in 2019 and the overall size of a PHA, as measured by the quartile of the number of all vouchers available in the pre-implementation period, not just HUD-VASH vouchers. Broadly, these controls are intended to account for the expected demand for HUD-VASH vouchers, as well the PHA's overall effectiveness. Regarding overall PHA size, larger PHAs typically have higher HUD-VASH utilization rates. In the sample pre-implementation period, PHAs in the largest quartile have an average HUD-VASH utilization rate of 84.1 percent (SD of 8.6 percent), while PHAs in the lowest quartile have an average

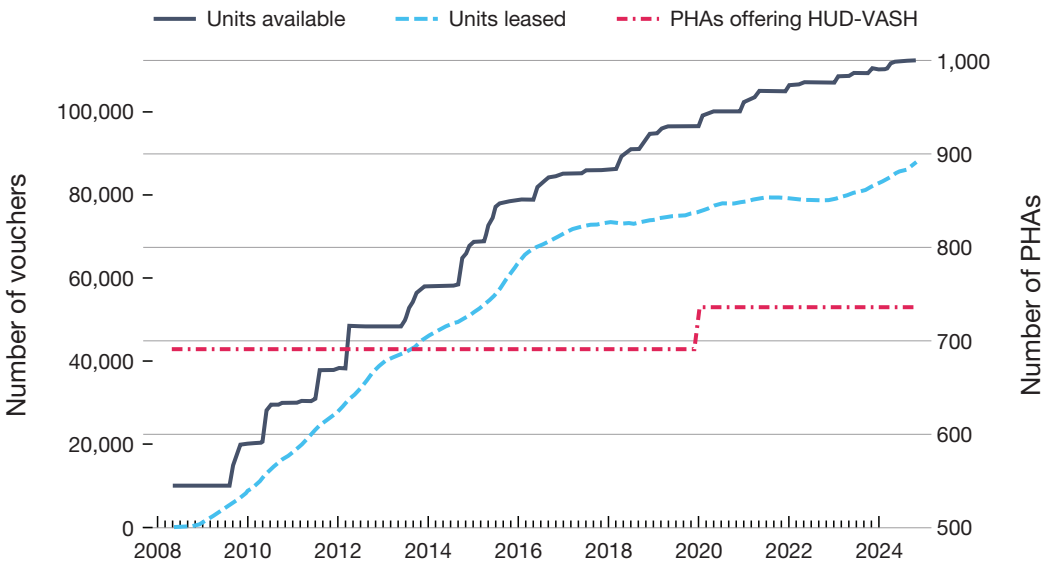
HUD-VASH utilization rate of 65.5 percent (SD of 26.2 percent). PHAs in the second and third quartiles have average HUD-VASH utilization rates of 72.2 and 73.4 percent, respectively.

HUD-VASH Voucher Utilization Rates

The outcome of interest for this analysis is the HUD-VASH voucher utilization rate, which we used to measure program success. We obtained HUD data for PHA-monthly voucher utilization rates, which we calculated as the number of units leased by voucher divided by the number of units available each month per allocated vouchers. The data span the national scale-up of the HUD-VASH program in May 2008, when Congress authorized the program's first major appropriation through November 2024. Figure B.1 presents the total number of HUD-VASH units allocated and leased over the program's history. At the outset, 691 PHAs granted HUD-VASH vouchers, increasing to 735 PHAs by the end of the sample period (737 unique PHAs). It is important to note that this number is out of more than 3,000 PHAs (HUD, undated-c).

Figure B.2 displays box-and-whisker plots for HUD-VASH utilization rates at certain points in time relevant for this analysis, compared with utilization rates for all HUD program vouchers. August 2021 and July 2024 represent the months before the implementation of the two relevant policy changes discussed in this report, while we chose August 2019 as a reference point two years before the September 2021 policy change. The distribution of

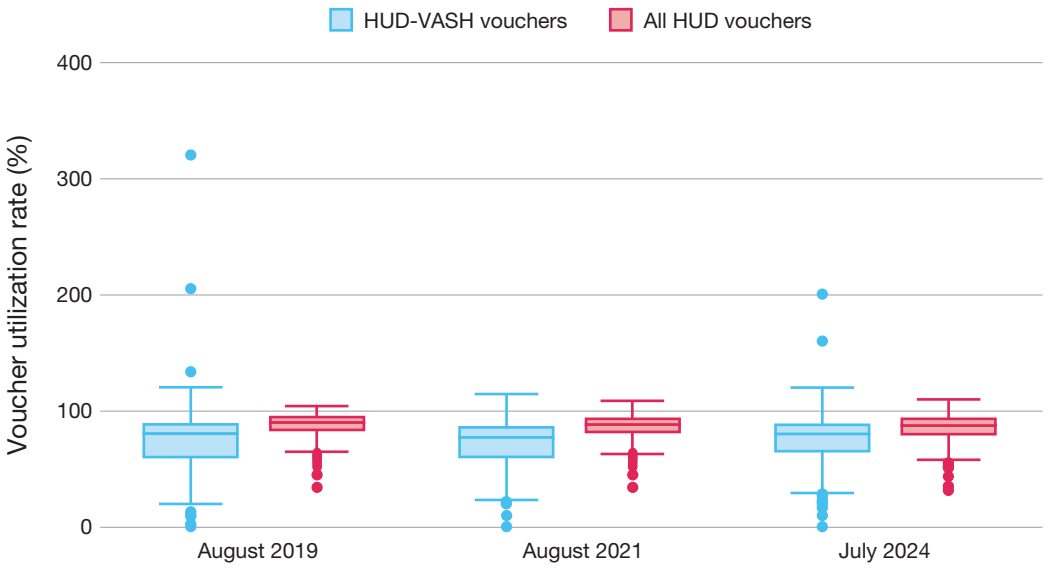
FIGURE B.1
HUD-VASH Units Available and Leased over Time



SOURCE: Authors' analysis of historical HUD-VASH data provided by HUD to the authors.

FIGURE B.2

Point-in-Time Comparison of HUD-VASH and All HUD Program Voucher Utilization Rates



SOURCE: Authors' analysis of historical HUD-VASH data provided by HUD to the authors.
NOTE: Utilization rate is calculated as the number of voucher units leased divided by the number of voucher units available multiplied by 100.

HUD-VASH utilization rates appears relatively stable over time as evidenced by consistent medians and quartiles, though the averages are likely to differ as there is clear variation in the presence of outliers from period to period. Moreover, the HUD-VASH utilization rate is more variable than total voucher utilization rates, with a smaller median. The reader will note that it is possible for PHAs to overissue vouchers and so have utilization rates greater than 100 percent (Finkel et al., 2003).

American Community Survey

The ACS is an annual household survey of approximately 3.5 million addresses that collects detailed socioeconomic and demographic data about the U.S. population (U.S. Census Bureau, 2024). The individual-level data are available from IPUMS (Ruggles et al., 2025). We downloaded ACS data covering the five-year period of 2015–2019, where individuals (N = 15,947,624) and households are pooled across multiple years to increase statistical precision, particularly for smaller geographic units, such as counties. The data are weighted to represent the U.S. population in 2019, with all monetary variables adjusted to 2019 dollars.

We mainly used ACS data to calculate the share of income-eligible veterans for the HUD-VASH program before and after the September 2021 and August 2024 policy changes. The ACS collects data on all individuals present in the household at the time of the survey. Therefore, households may include non-family members. Using the ACS's detailed family and subfamily relationship variables, we could restrict our sample to individuals who belong to the primary family unit in the household, including subfamily units (i.e., multigenerational households). This is an important step because it ensures that income from non-permanent family members does not affect our determination of HUD-VASH eligibility. This resulted in a dataset of 14,295,108 individuals.

In addition to household relationship variables, the ACS includes detailed data on income by source (e.g., wage/salary income, income from Social Security, and income from benefit programs). However, most importantly for our analysis, the ACS does not specifically collect data on income from VA benefit programs, such as VADC or GI Bill benefits. However, two potentially relevant ACS questions may capture data on veteran benefits: Question 43g asks respondents about their "retirement income, pensions, survivor or disability income," capturing "income from a previous employer or union, or any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b), or other accounts specifically designated for retirement," not including Social Security (U.S. Census Bureau, undated, p. 18). Question 43h asks about income from any other source, such as "Veterans' (VA) payments, unemployment compensation, child support or alimony" (U.S. Census Bureau, undated, p. 18), which we will hereafter refer to as *residual income*.

When responding to the ACS, veterans and their spouses may perceive these retirement income–related questions as ambiguous. This could be because they may receive disability and survivor payments from the VA. However, because of the explicit mention of "VA payments" in Question 43h, we can reasonably assume that this variable includes income from *all* VA benefits, including disability and survivor payments. This assumption is supported by the data. As shown in Table B.1, the share of veterans with a disability that has a non-zero value for this residual income measure is greater than the share of nonveterans and veterans with a nonmonetary disability rating (i.e., ineligible to receive VADC).

TABLE B.1
Number of Veterans and Nonveterans with Zero and Non-Zero Residual Income

Veteran Status	Zero Residual Income	Non-Zero Residual Income
Nonveterans	10,288,972 (77.1%)	3,049,800 (22.9%)
Veterans with a nonmonetary disability rating	687,230 (92.1%)	58,813 (7.9%)
Veterans with a monetary disability rating	62,455 (29.7%)	147,838 (70.3%)

SOURCE: Authors' analysis of ACS data (Ruggles et al., 2025).

NOTE: Veterans with a nonmonetary disability rating have either no disability rating or a 0% disability rating.

Moreover, the average value for residual income is greater for veterans with a monetary disability rating, as shown in Table B.2. Recent research has suggested that VADC is underreported in the ACS data, as well as the number of veterans in the 70–100 percent disability category (Armour, Gadwah-Meaden, and Stevens, 2026). To avoid overrepresenting VADC in the other income variable, we multiplied the residual income variable by 75 percent. For the regression analyses, we considered only the September 2021 policy change, which means that our analysis focused on the effect of expanding income eligibility from 50 percent of AMI to 80 percent of AMI, inclusive of VADC.

Also important is how the ACS collects data on veteran status and VA service–connected disability ratings. Service-connected disability ratings, which range from 0 to 100 percent, are categorized into seven groups: no disability rating (i.e., veterans that are not disabled), 0 percent, 10 or 20 percent, 30 or 40 percent, 50 or 60 percent, 70 percent or higher, and has a disability rating that is not reported (hereafter referred to as *unknown*). The service-connected disability rating is intended to capture a veteran's employability and lost civilian earnings potential because of their disability (Buddin and Han, 2012). Veterans with higher disability ratings receive greater VADC. This is evident by the data presented in Table B.3.

TABLE B.2
Summary Values for the Residual Income Variable, by Veteran Status

Veteran Status	Average	Minimum	Median	99th Percentile	Maximum	*N*
Nonveterans	$496	$0	$0	$14,489	$99,079	13,338,772
Veterans with a nonmonetary disability rating	$1,298	$0	$0	$37,661	$93,864	746,043
Veterans with a monetary disability rating	$10,411	$0	$3,200	$68,000	$90,735	210,293

SOURCE: Authors' analysis of ACS data (Ruggles et al., 2025).

NOTE: Data are not multiplied by 75 percent for this table.

TABLE B.3
Summary Values for the Residual Income Variable, by Veteran Disability Rating

Veteran Disability Rating Level	Average	Minimum	Median	99th Percentile	Maximum	*N*
10 or 20 percent	$3,070	$0	$1,527	$40,725	$89,693	64,962
30 or 40 percent	$5,785	$0	$5,114	$44,000	$87,360	35,611
50 or 60 percent	$9,950	$0	$11,000	$52,942	$88,487	28,293
70 percent or greater	$19,894	$0	$18,773	$72,286	$90,735	73,467
Unknown	$5,120	$0	$0	$47,975	$84,164	7,960

SOURCE: Authors' analysis of ACS data (Ruggles et al., 2025).

NOTE: We use *unknown* to characterize veterans with a disability rating at an unreported level. Data are not multiplied by 75 percent for this table.

HUD Income Limits

HUD (2023a) publishes income limits (i.e., the AMI threshold) used in the determination of eligibility for both the Housing Choice Voucher housing program and HUD-VASH. The income limits for fiscal year 2019 are based on family incomes from two years prior and are available at the county level (HUD, 2023b). For our analysis, we considered how the policy change in income eligibility from at or below 50 percent of AMI (prior to September 2021) to at or below 80 percent of AMI (after September 2021) may be associated with HUD-VASH voucher utilization.

The HUD-VASH voucher value is tied to local housing market conditions. More specifically, PHAs generally issue vouchers that are valued at no more than 90–110 percent of the local FMR estimate (in 2021, this limit was extended up to 120 percent). FMR represents the gross rent (shelter costs plus utilities) required to obtain a standard-quality private housing unit within a specific metropolitan or rural market. Each county is associated with an FMR area, which is a subset of either a metropolitan statistical area (MSA) or a non-metro county. In 2019, there were 2,598 FMR areas across 389 MSAs and 1,974 non-metro counties (out of 2,363 counties total). About 94 percent of the time, MSAs or non-metro counties contain only one FMR area.[2] The New York-Newark-Jersey City (NY-NJ-NJ) MSA has the greatest number of FMR areas, with nine.

While the individual-level ACS data do not identify FMR areas, we can determine whether each individual resides in an MSA and, if so, the associated MSA code.[3] We also can determine the state and PUMA in which each individual lives.[4] This enables us, after some assumptions, to merge on HUD's Section 8 AMIs for analysis. More specifically, by crosswalking PUMAs to counties in the ACS data and then using either known MSAs or the metropolitan indicator code in the ACS, we were able to link a large share of the ACS microdata to specific FMR areas. This facilitated our analysis of the changes in income eligibility at the PHA-level because we could calculate each PHA's income-eligible veteran population.

Using 2010 boundaries, 1,732 of 2,380 PUMAs match to a unique county. This is the best-case scenario given that it requires no assumptions when matching to Section 8 FMR areas. The remaining 648 PUMAs that match to two or more counties require further refinement. There are a couple of scenarios that these PUMAs can fall into. First, the matched counties all fall within the same MSA, but this accounts for only 144 PUMAs (22.2 percent). The remaining 77.9 percent of PUMAs are split between more than one FMR area, with 39 (7.7 percent) belonging to only metro FMR areas, 190 (37.6 percent) belonging to only non-metro

[2] Non-metro counties only ever have one FMR area.

[3] IPUMS USA (undated) estimates MSAs; therefore, the 2013 data are subject to error, which we accept as a part of our analysis.

[4] PUMAs are the smallest geographic unit that is identifiable in the ACS microdata. These are distinct areas of at least 100,000 people and are used to ensure data confidentiality.

FMRs, and 276 (54.7 percent) split between at least one metro and one non-metro FMR area. Table B.4 displays the count of PUMAs by our ability to link them to an FMR area.

Because the ACS data have variables for both MSA and PUMA for metro FMR area residents, we can preserve each unique combination of these variables to obtain the appropriate AMI. For non-metro FMR area residents, the ACS data assign a common code of zero. Therefore, we could not identify the specific FMR area for those individuals. In these cases, we assigned to those PUMAs the maximum AMIs from the associated non-metro FMR areas. Table B.5 displays an example of this. PUMA 0100400, located in Alabama, links to two non-metro FMR areas, DeKalb County and Jackson County. Using the maximum AMI across these two FMR areas, all individuals in the ACS data who live in PUMA 0100400 would have an AMI of $50,100 (or, if we use the minimum, $43,000).

TABLE B.4
PUMAs, by Link Status to FMR Area

Link Status	Count	Percentage of Total
Total PUMAs	2,380	100.0
PUMAs that link to a unique county	1,732	72.8
PUMAs that link to two or more counties	648	27.2
PUMAs that link to a single MSA	143	22.2
PUMAs that link to multiple MSAs	505	77.9
PUMAs that link to only metro FMR areas	39	7.7
PUMAs that link to only non-metro FMR areas	190	37.6
PUMAs that link to both metro and non-metro FMR areas	276	54.7

SOURCE: Authors' analysis of HUD Section 8 AMI data (HUD, 2023a) and ACS data (Ruggles et al., 2025).

NOTE: Percentage of total for indented PUMA characteristics are relative to the previous count of MSAs. For example, the 39 PUMAs that link to only metro FMR areas (row 6) are equal to 7.7 percent of the 505 PUMAs that link to multiple MSAs.

TABLE B.5
Example of Calculating AMI When a PUMA Links to Multiple Non-Metro FMR Areas

FMR Area	2019 AMI
DeKalb County, AL	$43,000
Jackson County, AL	$50,100
AMI for PUMA if assigning minimum AIM	$43,000
AMI for PUMA if assigning maximum AIM	$50,100

SOURCE: Authors' analysis of HUD Section 8 AMI data (HUD, 2023a) and ACS data (Ruggles et al., 2025).

If, for example, an individual lives in a PUMA that links to both metro and non-metro FMR areas, then that individual's AMI would depend on their MSA or metro FMR area status. See Table B.6 for an example using PUMA 0101400. If an individual was flagged as living in a metro FMR area, we linked them to the associated PUMA-MSA combination to arrive at the appropriate AMI. If, however, an individual was flagged as living in a non-metro FMR area, we performed a similar calculation to that shown in Table B.4 and assigned a singular AMI value for the non-metro PUMA residents.

There are a few caveats. Firstly, there are 23 counties (spread across Connecticut, Hawaii, Maine, Massachusetts, New Hampshire, New York, Oklahoma, and Rhode Island) that have two or more FMR areas. We could not analyze more granularly than the whole county in these cases, so we assigned the maximum AMI across all FMR areas to the entire county (see Table B.7 for an example). Secondly, one MSA in the ACS data (Kalamazoo-Portage, Michigan) appears to have an inconsistent PUMA in the ACS data when compared with the

TABLE B.6

Example AMI Calculation for a PUMA That Links to Both Metro and Non-Metro FMR Areas

FMR Area	2019 AMI
Lamar County, AL (non-metro)	$45,200
Fayette County, AL (non-metro)	$49,500
Marion County, AL (non-metro)	$47,300
Walker County, AL (metro)	$50,600
AMI for non-metro PUMA residents if assigning minimum AMI	$45,200
AMI for non-metro PUMA residents if assigning maximum AMI	$49,500

SOURCE: Authors' analysis of HUD Section 8 AMI data (HUD, 2023a) and ACS data (Ruggles et al., 2025).

TABLE B.7

Example of Consolidating FMR Areas for Bristol County, Massachusetts

FMR Area	Town or City	2019 AMI
New Bedford, MA	Acushnet	$75,700
Providence, RI–Fall River, MA	Attleboro	$81,900
Taunton-Mansfield-Norton, MA	Berkley	$106,500
Easton-Raynham, MA	Easton	$117,900
AMI for Bristol County if assigning minimum AMI		$75,700
AMI for Bristol County if assigning maximum AMI		$117,900

SOURCE: Authors' analysis of HUD Section 8 AMIs and ACS data (Ruggles et al., 2025).

NOTE: All FMR areas shown in this example are metropolitan.

county-to-PUMA crosswalk. For this case, we manually recoded the PUMA and associated county in the county-to-PUMA crosswalk to match the assigned MSA and PUMA in the ACS data (7,281 cases out of 14 million–plus records in the 2023 five-year ACS dataset, or less than one-tenth of 1 percent). Finally, less than 1 percent of individuals in the ACS data are flagged as living in a metropolitan area but do not have an MSA code (like individuals living in non-metro FMR areas, their MSA variable is coded as a zero) (Ruggles et al., 2025). For these cases, as with individuals living in non-metro FMR areas, we assigned the maximum AMI across all metro FMR areas that link to their PUMA.

ACS Analytic Sample After Linking with HUD FMR Areas

With PUMAs successfully linked to HUD Section 8 FMR areas, we could identify the appropriate AMI for each person in the ACS dataset. Table B.8 displays the count and share of records in the ACS dataset by PUMA–FMR area matching success. Table B.8 shows that for approximately 84 percent of records in the ACS dataset, the AMI has been determined via a unique match to an FMR area based solely on the PUMA. Approximately 15 percent of records are based on nonunique PUMAs, but they are successfully linked by matching them to the combination of PUMA and identified metropolitan area in the ACS dataset. Finally, less than 1 percent of records in the ACS dataset appear to have an inconsistency in which their associated PUMA does not uniquely match to a single MSA and individuals are indicated as living in a metropolitan area but have an invalid MSA code. For these cases, we assume that such individuals are indeed metropolitan area residents and assign the maximum AMI across MSAs associated with their PUMA.

Public Housing Agencies

PHAs are not standard geographic units, so HUD created a geographic dataset to reflect estimated service areas for PHAs (HUD, 2025). Tauber, Ellen, and O'Regan, (2024) shows that HUD's procedure for assigning PHAs to more-standard geographic units (e.g., coun-

TABLE B.8
ACS Sample, by Uniqueness of PUMA Matched to HUD Section 8 FMR Areas

PUMA–FMR Area Link Status	Count	Percentage of Total
ACS records linked to unique PUMAs	11,979,934	83.8%
ACS records linked to nonunique PUMAs	2,198,564	15.4%
ACS records with last effort because of mismatched metro indicator with unidentified MSA variable	116,610	0.8%

SOURCE: Authors' analysis of HUD Section 8 AMI data (HUD, 2023a) and ACS data (Ruggles et al., 2025).

NOTE: *Last effort* refers to those cases in which we assigned records matching to multiple MSAs to the MSA with the highest AMI and assigned records with an invalid MSA code to the FMR area with the highest AMI.

ties) tends to underestimate a PHA's full service area. The authors developed a data-oriented approach to better reflect true service areas for PHAs. However, we proceeded with HUD's estimated service areas (because of their accessibility) as a first approximation to evaluate how the HUD-VASH income eligibility change affected utilization rates.

Because of the nonstandard geographic nature of PHAs, we created a geographic crosswalk that links PHAs to their associated PUMAs. To do this, we overlaid the shapefile for each estimated PHA service area with a 2010 PUMA shapefile. We calculated the share of the overlapping area for each PHA and the intersecting PUMAs, which enabled us to calculate a weighted share of veterans who meet the AMI thresholds for HUD-VASH eligibility before and after the September 21 policy change. We used R statistical software version 4.6.0, specifically the "sf" package (version 1.1.1), to calculate overlapping geographic areas (Pebesma, 2018; Pebesma and Bivand, 2023).

Table B.9 presents an example of the area weights for the St. Louis Housing Authority. It also shows an example of how we calculated the total number of single veterans living in the PHA service area, which involves multiplying the percentage of area overlay by the number of single veterans in each PUMA. We then summed across the associated PUMAs.

Applying this weighting approach to counts of income-eligible veterans before and after the HUD-VASH policy change enabled us to calculate the share of income-eligible veterans for the entire PHA service area.

TABLE B.9
Example of Resulting Weights from Overlaying PHA and PUMA Shapefiles

		Count of Single Veterans Living Alone	
2010 PUMA Code	Percentage of PHA Area	ACS Weighted	PHA Area Weighted
1701105	0.01%	261	0.020
1701205	0.13%	106	0.134
2901801	0.03%	457	0.117
2901803	0.01%	87	0.006
2901805	0.01%	82	0.006
2901807	0.00%	324	0.015
2901901	51.64%	590	304.678
2901902	48.18%	486	234.160
Total	**100.00%**	**2,393**	**539.136**

SOURCE: Authors' analysis of estimated PHA service area and 2010 PUMA shapefiles (HUD, 2025; Schroeder et al., 2026).

NOTE: This example draws from PUMA codes starting with 17 (in Illinois) and 29 (in Missouri), which are located within the St. Louis Housing Authority's service area. The "ACS Weighted" counts of single veterans were already weighted in the ACS dataset to reflect the total number of single veterans living in the PUMA.

Continuum of Care

Established in 2009 as part of the McKinney-Vento Homeless Assistance Act, a CoC is a regional planning body dedicated to coordinating housing and social services for individuals experiencing homelessness. CoC boundaries are based on jurisdictional boundaries and funding distribution rules determined by HUD. Boundaries often align with established city or county lines, but they can also cover an entire state or a group of rural counties.

Similar to creating a PUMA-to-PHA service area crosswalk, we created a CoC-to-PHA service area crosswalk. We did this to control for veteran homelessness in subsequent regression analyses. Shapefiles for CoCs are available from HUD (undated-a). We overlaid CoCs on PHA service areas to calculate the overlap between the two geographic units. We then calculated each CoC's share of the total area for each PHA and used that as a weight to calculate the counts of sheltered and unsheltered veterans within each PHA service area. Table B.10 displays an example of this calculation for the St. Louis Housing Authority in 2024.

TABLE B.10

Example of Resulting Weights from Overlaying PHA Service Area and CoC Shapefiles

2019 CoC Number–Name	Percentage of PHA Area	Count of Sheltered and Unsheltered Veterans	
		Unweighted	PHA Area Weighted
IL-504–Madison County CoC	0.01%	3	0.000
IL-508–East St. Louis, Belleville/St. Clair County CoC	0.01%	27	0.002
MO-500–St. Louis County CoC	0.05%	21	0.011
MO-501–St. Louis City CoC	99.93%	141	140.902
Total	**100.00%**	**192**	**140.916**

SOURCE: Authors' analysis of estimated PHA service area and CoC shapefiles (HUD, 2025; HUD, undated-a; Tauber, Ellen, and O'Regan, 2024).

NOTE: This example uses CoCs located within the St. Louis Housing Authority's service area.

APPENDIX C

Regression Results

Table C.1 displays the main regression results, starting with a regression of the difference-in-differences components without any additional controls. These are the HUD-VASH utilization rates on the percentage point change in the eligible population, the indicator for post–September 2021 policy change, and the interaction of the two, the last of which is the difference-in-differences term. We then ran successive regressions, adding controls for specific local market characteristics, such as the rent for a two-bedroom apartment, rental vacancy rates, and the size of the population of veterans experiencing homelessness. We iteratively added variables until we arrived at the full model specification presented in column 6 of Table C.1. This iterative approach provides two potentially useful clues about the model. First, it shows how sensitive the results on the main effect and interaction coefficients are to these controls. Second, it shows whether the main effect and interaction terms become meaningfully more precise after the addition of other factors that we hypothesized may influence HUD-VASH utilization rates.

In model 1, with just the main effect and interaction term (post-policy implementation x percentage point change in 2019 eligible population), although the coefficient is positive, we do not find a statistically meaningful relationship between a PHA's predicted share of eligible veterans (i.e., single veterans living alone) and its utilization rate after the September 2021 policy went into effect. This relationship (or lack thereof) holds for all additional iterations (2–6) while maintaining roughly consistent values and statistical precision. This result provides consistent evidence that there are no significant changes in HUD-VASH utilization rates with a more-flexible HUD-VASH eligibility policy, which enabled PHAs to increase the eligibility threshold from 50 to 80 percent of AMI following the September 2021 guidance.

Model 2 adds a control for the number of veterans experiencing homelessness in the PHA service area in 2019. The association of the number of veterans experiencing homelessness with HUD-VASH voucher utilization is negative and statistically significant. This implies that PHAs with larger veteran homeless populations in 2019 had lower utilization rates. However, as additional controls are added to the model, this relationship is attenuated (iterations 3–6). Interestingly, the FMR for a two-bedroom apartment appears to exhibit the strongest statistical relationship with PHA utilization rates, indicating that as rental prices rise, utilization rates fall, a finding that corroborates the qualitative data. The coefficients in regression model results 3, 5, and 6 are consistently negative, with stable statistical precision across models. This association implies that local rental rates, particularly rising rents, make

TABLE C.1

Regression Results Predicting HUD-VASH Utilization Rates After the September 2021 Policy Change

	Model Beta Coefficient (SE)					
Variable	1	2	3	4	5	6
Post-September 2021 policy implementation	–2.4906 (2.8343)	–2.4182 (2.8348)	–2.4958 (2.8137)	–2.4080 (2.8324)	–2.4787 (2.8161)	–0.7511 (2.7145)
Percentage point change in 2019 eligible population	0.0080 (0.0699)	0.0097 (0.0699)	–0.0028 (0.0691)	0.0090 (0.0702)	–0.0018 (0.0695)	0.0019 (0.0697)
Post-policy implementation x percentage point change in 2019 eligible population	0.0779 (0.0866)	0.0759 (0.0866)	0.0779 (0.0859)	0.0748 (0.0869)	0.0768 (0.0862)	0.0457 (0.0827)
Total veteran homeless population in 2019		–0.0035* (0.0017)	–0.0022 (0.0018)	–0.0030 (0.0017)	–0.0019 (0.0018)	–0.0023 (0.0018)
Two-bedroom FMR in 2019 (thousands)			–4.6368** (1.7284)		–4.0529* (1.7595)	–6.1430*** (1.7531)
Rental vacancy rate in 2019				0.4122* (0.1870)	0.2928 (0.1842)	0.3506 (0.1808)
PHA size quartile in 2019 (baseline = 3rd quartile)						
1st quartile						–8.0373*** (1.7392)
2nd quartile						–1.7927 (1.7360)
4th quartile						4.4838*** (1.2101)
Constant	72.5883*** (2.3187)	73.1779*** (2.3233)	78.2987*** (2.8190)	70.4916*** (2.8140)	75.7460*** (3.4048)	78.6231*** (3.2708)
Observations (*N*)	1,320	1,320	1,320	1,320	1,320	1,311
R-squared	0.0018	0.0058	0.0126	0.0095	0.0144	0.0561

NOTE: SE = (robust) standard error. Statistical significance is shown as follows: *** = $p < 0.01$; ** = $p < 0.05$; and * = $p < 0.10$. See Table C.2 for regression results that correct for survey selection bias and Table C.3 for regression results with balanced panels and fixed-effects specification. The total veteran homeless population in 2019 is a time-invariant measure of the number of sheltered plus unsheltered veterans in a PHA service area. Rental vacancy rate in 2019 is the percentage of rental units available that are vacant. PHA size quartiles are categorized as follows: 0–25 (1st), 25–50 (2nd), 50–75 (3rd, baseline), and 75–100 (4th); quartile is based on the number of all HUD housing program vouchers, not just HUD-VASH vouchers, available in the pre-implementation period (September 2018–September 2019).

it more challenging for PHAs to achieve high utilization rates. Finally, we find a positive association between the availability of rental units and utilization rates, but the results are not statistically significant.

As robustness and sensitivity checks, we reestimated regression results using a small bias-corrected sample and a balanced panel. The results from these reestimated regressions are largely consistent with the main regression results in Table C.1 and, in fact, show a statistically significant, positive association between rental vacancy rates and HUD-VASH utilization rates. The interpretation of the main policy variables is unchanged from the main specification.

Table C.2 presents regression results for the main model specification, with a subset of PHAs that contains a sufficient sample of ACS survey data. More specifically, the data are a subset of PHAs for which each associated PUMA has at least eight single veterans surveyed. These supplemental regressions are intended to address potential small-sample bias in the ACS dataset. The results in Table C.2 are consistent with our main regression results. Mainly, we cannot conclude that the predicted change in the eligible single veteran population is associated with HUD-VASH utilization rates post–September 2021. Moreover, the regressions provide consistent, stronger evidence for a negative association between rental prices and HUD-VASH utilization. Unlike the main regression results, the bias-corrected sample indicates a significant, positive association between PHA service areas with high rental vacancy rates and HUD-VASH utilization rates. This finding suggests that areas with lower demand for rentable units provide better housing opportunities for potential tenants using HUD-VASH vouchers, even after controlling for FMRs.

Table C.3 presents supplemental regressions using a balanced panel of PHAs for both the full (Table C.1) and bias-corrected (Table C.2) samples, as well as a PHA fixed-effects specification. The results in Table C.3 are generally consistent with the main regression results. Notably, unlike the main results using the full unbalanced sample, the results with the full balanced panel (column 1) show a statistically significant, positive association between rental vacancy rates and HUD-VASH utilization rates. Similar to the other results, the fixed-effects specification shows a positive coefficient after the September 2021 policy change, but this estimated effect is not statistically significant. All together, the regression results suggest that HUD-VASH utilization rates are more responsive to local rental market characteristics than to voucher demand.

TABLE C.2

Supplemental Regression Results Correcting for Survey Selection Bias to Predict HUD-VASH Utilization Rates After September 2021 Policy Change

	Model Beta Coefficient (SE)					
Variable	**1**	**2**	**3**	**4**	**5**	**6**
Post-September 2021 policy implementation	–2.2147 (4.0076)	–2.2253 (4.0133)	–2.2728 (3.9843)	–2.1600 (4.0164)	–2.2091 (3.9905)	–1.4897 (3.8516)
Percentage point change in 2019 eligible population	–0.0241 (0.0883)	–0.0195 (0.0886)	0.0107 (0.0916)	–0.0122 (0.0910)	0.0162 (0.0930)	0.0253 (0.0913)
Post-policy implementation x percentage point change in 2019 eligible population	0.0979 (0.1195)	0.0983 (0.1197)	0.0983 (0.1185)	0.0960 (0.1212)	0.0961 (0.1199)	0.0923 (0.1163)
Total veteran homeless population in 2019		–0.0039 (0.0058)	–0.0033 (0.0059)	–0.0009 (0.0061)	–0.0005 (0.0062)	–0.0009 (0.0057)
Two-bedroom FMR in 2019 (thousands)			–7.7923 (4.2906)		–7.4343 (4.2534)	–10.1662* (4.2300)
Rental vacancy rate in 2019				0.4483 (0.2410)	0.4219 (0.2305)	0.4949* (0.2276)
PHA size quartile in 2019 (baseline = 3rd quartile)						
1st quartile						–8.3718*** (2.2125)
2nd quartile						–3.8122 (1.9938)
4th quartile						5.2153** (1.7771)
Constant	72.7851*** (2.9355)	73.1242*** (3.0120)	79.4538*** (4.4066)	69.3005*** (4.0278)	75.5646*** (5.0231)	80.2197*** (4.8921)
Observations (*N*)	589	589	589	589	589	586
R-squared	0.0016	0.0021	0.0102	0.0085	0.0159	0.0668

NOTE: SE = (robust) standard error. Statistical significance is shown as follows: *** = $p < 0.01$; ** = $p < 0.05$; and * = $p < 0.10$. The sample requires each PUMA associated with a PHA to have at least eight single veterans before aggregating data to the PHA level. This attempts to control for selection bias in PHA service areas with few surveyed veterans. PHA size quartiles are categorized as follows: 0–25 (1st), 25–50 (2nd), 50–75 (3rd, baseline), and 75–100 (4th); quartile is based on the number of all HUD housing program vouchers, not just HUD-VASH vouchers, available in the pre-implementation period (September 2018–September 2019).

TABLE C.3

Supplemental Regression Results Using Balanced Panel to Predict HUD-VASH Utilization Rates After the September 2021 Policy Change

	Model Beta Coefficient (SE)					
Variable	**1**	**2**	**3**	**4**	**5**	**6**
Post-September 2021 policy implementation	0.2421 (2.7122)	1.5580 (0.9664)	0.2421 (2.3566)	0.2475 (3.8745)	2.0861 (1.3455)	0.2475 (2.9913)
Percentage point change in 2019 eligible population	0.0019 (0.0700)			0.0294 (0.0917)		
Post-policy implementation x percentage point change in 2019 eligible population	0.0502 (0.0827)		0.0502 (0.0705)	0.0675 (0.1171)		0.0675 (0.0926)
Total veteran homeless population in 2019	–0.0025 (0.0020)			–0.0004 (0.0058)		
Two-bedroom FMR in 2019 (thousands)	–5.6339** (1.7689)			–10.5233* (4.2893)		
Rental vacancy rate in 2019	0.4841** (0.1829)			0.5656* (0.2318)		
PHA size quartile in 2019 (baseline = 3rd quartile)						
1st quartile	-6.3261*** (1.7790)			–7.1902** (2.2483)		
2nd quartile	–1.4518 (1.7901)			–3.8906 (2.0289)		
4th quartile	4.5859*** (1.2127)			5.3587** (1.7740)		
Constant	76.7720*** (3.2712)	72.7993*** (0.6834)	72.7993*** (0.6836)	79.5121*** (4.9180)	72.1282*** (0.9514)	72.1282*** (0.9523)
Observations (*N*)	1,252	1,252	1,252	560	560	560
R-squared	0.0510	0.6535	0.6537	0.0665	0.6745	0.6751
PHA fixed-effects	No	Yes	Yes	No	Yes	Yes
Full sample vs. sample with bias correction	Full	Full	Full	Bias-corrected	Bias-corrected	Bias-corrected

NOTE: SE = (robust) standard error. Statistical significance is shown as follows: *** = $p < 0.01$; ** = $p < 0.05$; and * = $p < 0.10$. The sample requires each PUMA associated with a PHA to have at least eight single veterans before aggregating data to the PHA level. This attempts to control for selection bias in PHA service areas with few surveyed veterans. PHA size quartiles are categorized as follows: 0–25 (1st), 25–50 (2nd), 50–75 (3rd, baseline), and 75–100 (4th); quartile is based on the number of all HUD housing program vouchers, not just HUD-VASH vouchers, available in the pre-implementation period (September 2018–September 2019).

Abbreviations

ACS	American Community Survey
AMI	area median income
CCM	Collaborative Case Management
CoC	Continuum of Care
COVID-19	coronavirus disease 2019
EHV	Emergency Housing Voucher
FMR	fair market rent
GAO	U.S. Government Accountability Office
HUD	U.S. Department of Housing and Urban Development
HUD-VASH	Housing and Urban Development–VA Supportive Housing
MSA	metropolitan statistical area
PBV	project-based voucher
PHA	public housing agency
PUMA	public use microdata area
SD	standard deviation
SE	standard error
VA	U.S. Department of Veterans Affairs
VADC	Veterans Affairs disability compensation

Glossary

American Community Survey: An ongoing nationwide survey administered by the U.S. Census that provides detailed social, economic, housing, and demographic data.

Administrative plan: A required, legal document that establishes a PHA's policies for operating its programming.

Area median income: A measure used by HUD to determine the income level at which half of the households in a region earn more and half earn less. This metric is calculated annually by HUD to reflect local economic conditions and household sizes. As of 2026, a veteran's household income may not exceed 80 percent of local AMI to be eligible for the HUD-VASH program.

Continuum of Care: A regional planning body that coordinates housing and services funding by HUD for families and individuals experiencing homelessness. As of 2026, there are 387 active CoC areas across U.S. states, districts, and territories.

Emergency Housing Voucher: This was a temporary federal initiative designed to rapidly house individuals and families as part of the American Rescue Plan Act (ARPA) (Pub. L. 117-2, 2021). While Congress has authorized funding to remain available through September 2030, in March 2025, HUD announced that it would be sunsetting the program in 2026. The exact stop date is dependent on local spending levels at each PHA.

Fair market rent: An annual estimate used by HUD of *gross rent* (shelter cost + utilities) required to obtain standard-quality private housing within a specific metropolitan or rural area. FMR sets limits on the dollar value that the HUD-VASH program will allocate for a housing voucher (i.e., payment standard). PHAs must set this standard between 90 percent and 110 percent of the local FMR estimate.

Department of Housing and Urban Development–VA Supportive Housing program: A federal initiative to reduce veteran homelessness that pairs housing vouchers issued by HUD with supportive services from VA. VA is responsible for screening applicants on the basis of their veteran status and referring them to local PHAs to determine income eligibility for voucher issuance.

IPUMS: Organization that provides high-precision samples of the U.S. decennial censuses and ACS data.

Lease-up rate: The percentage of housing vouchers allocated to a PHA (whose number is set by HUD) that veterans are using to lease units (typically in a month or year) (Rice, 2019).

Metropolitan statistical area: A geographic region defined by the U.S. Office of Management and Budget that contains a core urban area of at least 50,000 inhabitants, plus adjacent counties with strong economic and social ties to that core.

Public housing agency: A local government agency that administers federal public housing and rental assistance programs. Slightly more than 730 PHAs are federally approved to administer HUD-VASH vouchers; there is at least one in every state. Most HUD-VASH vouchers are managed by a few dozen medium-to-large PHAs.

Public use microdata area: A nonoverlapping statistical geographic unit defined by the U.S. Census Bureau that contains a population of at least 100,000 inhabitants.

U.S. Department of Veterans Affairs: The federal department responsible for providing health, education, disability, funerary, and financial benefits earned by veterans of the U.S. armed forces.

Veterans Affairs disability compensation: A monthly, tax-free monetary benefit paid to military veterans who developed an illness or injury during their service or had an existing condition worsen because of their service.

Voucher issuance: When a PHA provides a rental subsidy voucher to a veteran who is eligible to participate in the HUD-VASH program.

Voucher utilization: The proportion of a PHA's total allotment of housing vouchers that are actively being used to lease rental housing units.

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The U.S. Department of Housing and Urban Development (HUD) and the U.S. Department of Veterans Affairs (VA) established the Housing and Urban Development–VA Supportive Housing (HUD-VASH) program in 1992. It provides rental assistance paired with supportive services to veterans. Although formal evidence is limited, widespread reports suggest that counting service-connected disability benefits as income has historically excluded many of the most vulnerable veterans from accessing the HUD-VASH program. In August 2024, new federal regulations removed service-connected disability compensation from income considerations and expanded income eligibility limits.

In this report, the authors examine trends over time in HUD-VASH voucher utilization, service-connected disability income, homelessness, and housing affordability in key geographic areas to determine whether supply and demand for the program are aligned and, if not, where gaps emerge. This is the first study to investigate how income-related policy changes are affecting the implementation of HUD-VASH—a program that has helped cut veteran homelessness roughly in half nationally.

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