

Housing Opportunities for Persons with AIDS (HOPWA)

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Administering Agency: Office of HIV/AIDS Housing (OHH) in HUD’s Office of Community Planning and Development (CPD)

Year Started: 1990

Number of Persons/Households Served: Over 100,000 households receive HOPWA housing assistance and/or supportive services annually

Population Targeted: Low-income people with HIV/AIDS and their families

Funding: \$499 Million FY23; \$505 Million FY24 (Requested)

The Housing Opportunities for Persons with AIDS (HOPWA) Program provides funding to eligible jurisdictions to address the housing needs of persons living with HIV/AIDS and their families.

HISTORY AND PURPOSE

HOPWA was created by the “AIDS Housing Opportunities Act,” a part of the “Cranston-Gonzales National Affordable Housing Act” of 1990, to provide housing assistance and related supportive services for low-income people living with HIV/AIDS and their families.

There is a perception in America that the HIV/AIDS epidemic is under control, but HIV/AIDS remains an active crisis. According to the Centers for Disease Control and Prevention (CDC), there are around 35,000 new HIV infections each year. At the same time, there are more than 1.2 million people living with HIV/AIDS in the United States, and 13% are unaware of their HIV status ([Centers for Disease Control and Prevention \(CDC\), 2022](#)). It is estimated between 400,000 – 500,000 individuals living with HIV/AIDS experience housing instability.

For people living with HIV/AIDS, housing is healthcare. For low-income people struggling

to manage their HIV/AIDS care, housing is an essential cornerstone of health and stability. The CDC reports that people with HIV experiencing homelessness are also more likely to delay entering HIV care and have reduced access to regular HIV care. Further, stable housing promotes HIV prevention ([U.S. Center for Disease Control and Prevention, 2022](#)). The CDC reports through the Medical Monitoring Project, 4 in 10 households with HIV live at or below the poverty level and 1 in 10 households experienced homelessness ([Centers for Disease Control and Prevention \(CDC\), 2020](#)). Half of all people living with HIV/AIDS are estimated to need housing assistance at some point during their illness. Stable housing, like the housing provided by HOPWA, leads to better health outcomes, including viral suppression, for those living with HIV/AIDS. An individual who is virally suppressed cannot transmit the HIV virus to another person, thereby ensuring the health of their entire community. For many low-income individuals and families, short-term assistance with rent, mortgage, or utility costs will provide the support necessary to remain in stable housing and thus support health improvement, while other households may need more intensive housing supportive services to support health improvement.

The HOPWA Program is designed to provide housing assistance and related supportive services for low-income people living with HIV/AIDS and their families. The program also facilitates community efforts to develop comprehensive strategies to address HIV/AIDS housing needs and assists communities with creating housing strategies to prevent individuals from becoming homeless or unstably housed.

PROGRAM SUMMARY

As a supportive housing program, HOPWA helps ensure that people living with HIV/AIDS can

access and maintain adherence to necessary medical care and other services by assisting them with obtaining and maintaining stable housing and related support services.

Eligibility for HOPWA assistance is limited to low-income individuals with HIV/AIDS and their families. As reported in the 2021-2022 National HOPWA Performance Profile ([HUD, 2020](#)) most individuals receiving HOPWA housing assistance (83%) are extremely low-income, earning 30% of the area median income (AMI) or less. Of the 1,005 homeless individuals newly receiving HOPWA during FY22, 7% were veterans and 62% were chronically homeless. Ninety-four percent of HOPWA households have a housing plan, and 94% have had contact with a primary care provider during the past year. Of the households served by HOPWA supportive housing programs, 98% maintained housing stability during the year.

HOPWA consists of two grant-making programs a formula and competitive grant program. Under the formula program, 90% of HOPWA funds are distributed to states and localities to serve the metropolitan area in which they are located. The formula for this distribution is based on population size and the number of people living with HIV/AIDS in the metropolitan area as confirmed by the CDC, as well as poverty rates and housing costs.

During the 2023 program year, HOPWA formula grants totaling \$449.1 million were awarded to grantees within 143 eligible areas ([HUD, Community Planning and Development Formula Program Allocations for FY 2023, 2023](#)). These grantees represent 40 states, Washington D.C., and Puerto Rico. These formula funds can be used for a wide range of housing, social services, program planning, and development costs including but not limited to the acquisition, rehabilitation, or new construction of housing units, costs for facility operations, rental assistance, and short-term payments to prevent homelessness.

The other 10% of HOPWA funds are eligible for distribution through a competitive process

to states and localities that do not qualify for a formula allocation or to states, localities, or nonprofit organizations that propose projects of national significance. During FY23, HUD renewed almost \$30 million for 26 local programs in 18 states to fund permanent housing strategies ([HUD Awards Nearly \\$30 Million to Local HIV/AIDS Housing Programs, 2023](#)). Over recent years, HUD has also released one time funding through the Special Projects of National Significance Program. As an example, HUD funded the Fight AIDS Initiative awarding \$41 million to 20 local governments and non-profit organizations.

FUNDING

HOPWA remains sorely underfunded relative to the immense need for safe housing for persons with HIV/AIDS. The National HIV/AIDS Housing Coalition (NHAHC) estimates that at current funding levels, the HOPWA Program can only meet a fraction of the housing needs of persons living with HIV/AIDS. Since 2016, through the advocacy efforts of NLIHC, NHAHC, and other advocates, HOPWA Program appropriation has been increased to aid communities in addressing unmet housing need. Since FY17, HOPWA has seen consistent funding increases with \$356 million in FY17 to \$455 million in FY23.

The White House's FY24 budget request includes a \$6 million increase to the program (\$505 million), which is estimated to support 48 thousand low-income households living with HIV ([HUD, 2024](#)). To ensure families are adequately served and unmet needs are addressed, the NHAHC is requesting a \$600 million appropriation for the program. If approved by Congress, the increase would help to address unmet housing needs of nearly half a million individuals and families living with HIV/AIDS.

FORECAST FOR 2024 AND BEYOND

Without sustained increases in HOPWA funding, many jurisdictions will lose funding and potentially housing units as they address rising housing costs and on-going unmet housing

needs. Without regular increases, the potential for housing displacement or even homelessness among persons living with HIV/AIDS is real. Even with the success of advocates to ensure increases to the program over the last few years, each year poses new and significant challenges. National advocates, including the NHAHC, continue to advocate for increased funding for the HOPWA Program to ensure that new dollars are available to preserve existing housing units and to expand housing efforts to improve access to care and improvements in health outcomes among persons living with HIV/AIDS.

Upcoming fiscal years are critically important to stabilizing local housing programs, and HIV housing providers should join advocacy efforts to continue to ensure the availability of housing resources and continued increases in HOPWA funding. Additionally, local advocates and providers should work with their local jurisdictions to plan comprehensive housing strategies and maximize the use of the HOPWA resources to end the epidemic. Decreases in program funding can result in shifts to the local allocations determined by the formula, thus on-going advocacy is critically important to ensuring housing continuums remain stable and connected to necessary health and support services to support households in achieving optimal health. Housing is a critical intervention to end the HIV epidemic, and the HOPWA Program continues to be the foundation for a system of care that links healthcare and an array of other affordable housing and services.

FOR MORE INFORMATION

National HIV & AIDS Housing Technical Assistance and Capacity Building, Collaborative Solutions 205-939-0411, www.collaborative-solutions.net.

National HIV & AIDS Housing Advocacy, National HIV/AIDS Housing Coalition (NHAHC), 202-377-0333, www.nationalaidshousing.org.

Information: Housing Opportunities for Persons with AIDS (HOPWA), HUD Exchange, <https://www.hudexchange.info/programs/hopwa/>.