

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA)

By Russell L. Bennett, Emily Fischbein, and Valencia Moss, Collaborative Solutions, Inc.

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

Year Started: Established in 1990; first allocations were made in 1992

Number of Persons/Households Served: Over 100,000 households receive HOPWA housing assistance and/or supportive services annually. This represents approximately one-fourth of the demonstrated needs.

Population Targeted: People living with HIV/AIDS who have low/moderate incomes and are experiencing housing instability

Funding: \$505 Million FY25; House request at \$519 Million FY26; Senate request at \$505 Million; presidential proposal to eliminate HOPWA funding in FY26

History and Purpose

The Housing Opportunities for Persons With AIDS (HOPWA) program was established under the "AIDS Housing Opportunities Act," part of the "Cranston-Gonzales National Affordable Housing Act of 1990," to provide housing assistance and related supportive services for low-income individuals living with HIV/AIDS and their families (U.S. Department of Housing and Urban Development [HUD], n.d.). More than three decades later, HIV/AIDS remains a significant public health concern in the United States. Housing instability is a critical barrier to HIV care. Studies estimate that between 400,000 and 500,000 people living with HIV in the United States need housing assistance, yet only about 28% of those in need receive it (HUD, n.d.; National AIDS Housing Coalition, 2023). The CDC's Medical Monitoring Project reports that four in ten households with HIV live at or below the poverty level,

and one in ten experienced homelessness in recent years (CDC, 2023).

Stable housing is more than shelter—it is a cornerstone of health for people living with HIV. Housing stability improves access to medical care, supports adherence to antiretroviral therapy, and leads to viral suppression, which prevents HIV transmission (CDC, 2023). Conversely, individuals experiencing homelessness or unstable housing are more likely to delay care and have poorer health outcomes (CDC, 2023). Research consistently shows that housing status is one of the strongest predictors of HIV health outcomes—more significant than mental health or substance use (National AIDS Housing Coalition, 2023).

HOPWA, administered by HUD, is the only federal program dedicated to addressing the housing needs of low-income people living with HIV/AIDS. It provides formula and competitive grants to states, local jurisdictions, and nonprofit organizations to deliver housing assistance and supportive services (HUD, n.d.). HOPWA funding helps communities develop comprehensive housing strategies, including leveraging mainstream housing programs such as Housing Choice Vouchers, Public Housing, and Continuum of Care initiatives (HUD, n.d.). HOPWA is not intended to be the sole payer of permanent housing. Instead, it serves as a bridge—connecting individuals with chronic infectious disease to long-term housing solutions that maximize health outcomes. For many households, short-term assistance with rent, mortgage, or utilities can prevent homelessness and support health improvement, while others may require more intensive supportive housing services (HUD, n.d.).

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. These strategies include advocating within the mainstream

housing programs of Choice Vouchers, the VA, Public Housing, other HUD Funding, and specific HIV Housing carve outs at the state and local level of existing housing programs. HOPWA is not intended as the payer of permanent housing but rather to connect those with chronic infectious disease with options for long-term solutions allowing maximum health outcomes.

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, 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 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. More recent Performance Profile data is unavailable.

HOPWA consists of two types of grants, a Formula and Competitive grant program. Under the Formula program, 90% of HOPWA funds are distributed to states and localities to serve in 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.

For FY25, HOPWA Formula grants totaling \$454.5 million were awarded to grantees within 130 eligible areas ([FY25 HUD CPD Allocations; https://tr.ee/qDrBZi](#)). These grantees represent 40 states, Washington D.C., and Puerto Rico. These formula funds can be used for a wide range of housing assistance, rental assistance,

short-term payments to prevent homelessness, costs for facility operations, support services, program planning, and development costs including acquisition, rehabilitation, and new construction of limited types of housing.

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. In FY25, HUD renewed almost \$28 million for 11 local programs to continue funding housing assistance and supportive services for eligible individuals and families. In FY24, HUD awarded the one-time Housing Interventions to End the HIV Epidemic (HINT) grant, which provided \$26 million to agencies to address the HIV epidemic through housing. Over recent years, HUD had 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

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 needs. Since FY17, HOPWA has seen consistent funding increases with \$356 million in FY17 to \$505 million in FY25.

However, FY26 HOPWA funding is in jeopardy. The White House is proposing to eliminate the grant and consolidate HOPWA funding into ESG funding. The Senate's FY26 budget request proposes \$505 million, level funding from current FY25 allocations, which is estimated to support 48 thousand low-income households living with HIV. The House of Representatives' budget request proposes \$519 million, just a small, but welcomes increased proposals over current funding.

Even at current funding levels, 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.

To ensure families are adequately served and unmet needs are addressed, the NHAHC is requesting a \$750 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. To learn more: [Take Action - National AIDS Housing Coalition \(https://nationalaidshousing.org/take-action/\)](https://nationalaidshousing.org/take-action/).

Forecast for 2026 and Beyond

If the HOPWA grant is sustained in FY26, there will still be changes among some Formula grantees based on the end of HOPWA Modernization, which adjusted the HOPWA funding formula. For example, some current municipal grantees and Balance of State grantees will lose their eligibility for a HOPWA allocation based on updated estimates of people living with HIV in those areas. People currently receiving services from those grantees will have to connect with the HOPWA program that will cover those areas or with alternative sources of housing assistance and services. Coordination for these HOPWA participants will be very important to keep them stably housed and cared for.

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 concerned. Even with advocates' success in ensuring 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.

Now it is a critically important time to stabilize 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 grant funding can result in shifts to the local formula allocations, and 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/>

U.S. Department of Housing and Urban Development. (n.d.). Awards and allocations. HUD Exchange. <https://www.hudexchange.info/grantees/allocations-awards/>

References

Centers for Disease Control and Prevention. (2023). Medical Monitoring Project: Annual report.

Centers for Disease Control and Prevention. (2024). HIV and AIDS trends and U.S. statistics overview.

National AIDS Housing Coalition. (2023). Housing and HIV: Research and policy brief.

U.S. Department of Housing and Urban Development. (n.d.). Housing Opportunities for Persons with AIDS (HOPWA) program overview.