



Aging Well in Place in Montgomery County, Maryland

*Expanding Housing Affordability, Accessibility,
and Availability for Older Adults*

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RESEARCH REPORT

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Executive Summary

The United States is approaching a historic demographic milestone. Within the next decade, older adults will outnumber children for the first time in American history. Montgomery County is aging even faster than the nation as a whole. Between 2011 and 2024, the share of county households headed by someone age 65 or older climbed from 21.1 percent to 28.2 percent, and the share is still rising. Yet the housing market is failing to keep pace.

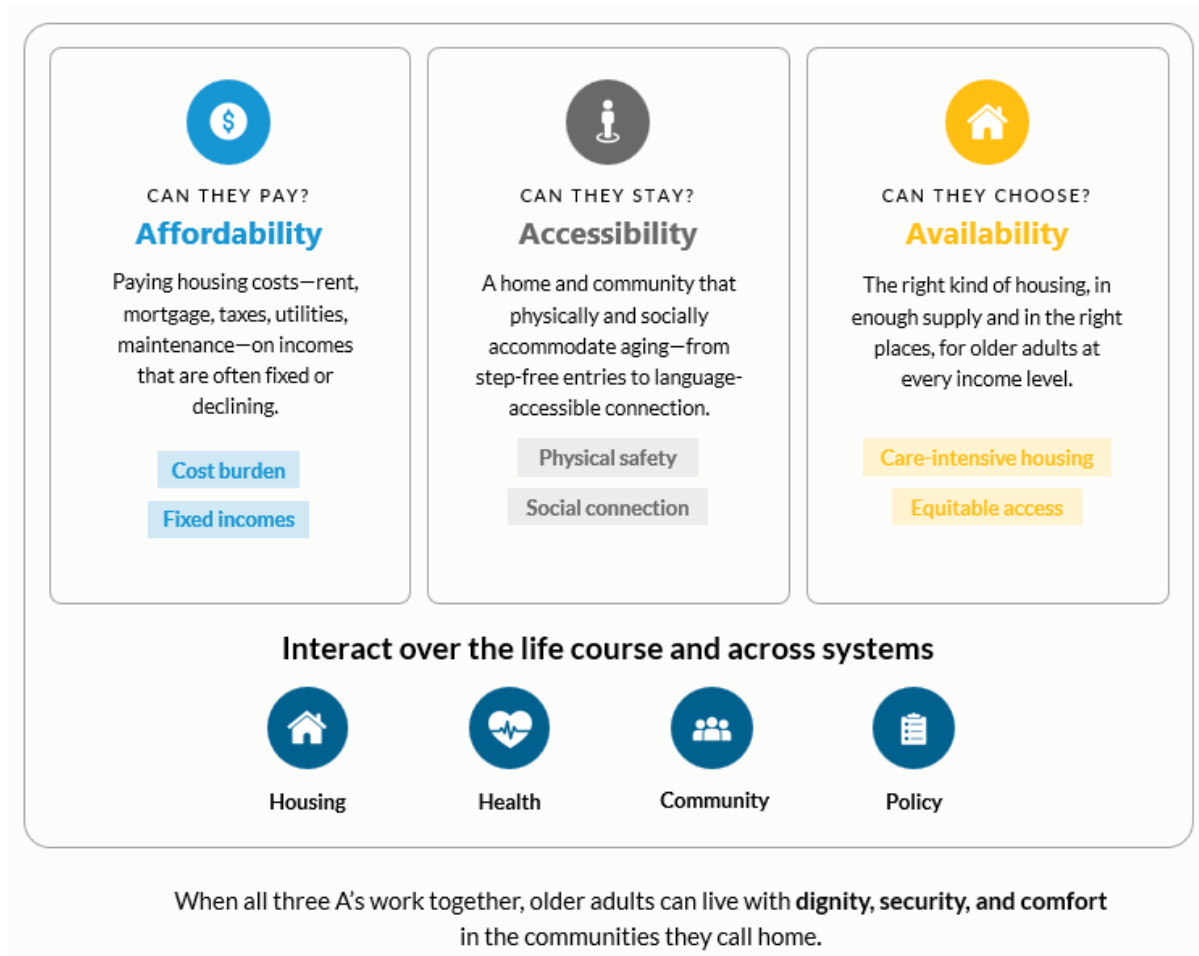
Housing costs are rising faster than fixed incomes can absorb, most homes were never built to accommodate physical decline, and the supply of affordable, care-supportive senior housing has not kept pace with demand. Without action, growing numbers of older adults risk being trapped in homes they cannot afford to maintain, being forced to live in unsafe conditions, or being pushed into homelessness. The decisions Montgomery County makes this decade will determine whether older residents can not only age in place but age well in place.

The Three A's: A Framework for Housing Stability in Later Life

This report examines older adult housing stability through three interlocking dimensions. A gap in any one of them can undermine an older adult's ability to remain safely and stably housed, which is why Montgomery County needs to act on all three at once. Affordability is whether older adults can cover housing costs—rent, mortgage, taxes, utilities, and upkeep—on incomes that are often fixed or shrinking. Accessibility is whether a home and community can physically and socially accommodate aging in place, from grab bars and no-step entries to language access and social connection. Availability is whether enough of the right housing—from independent living to assisted living to nursing care—exists at a price older adults can afford, in the places they already live.

FIGURE ES.1

The Three A's Framework for Housing Stability in Later Life



These dimensions are interdependent. A home can be affordable but physically unsafe, accessible but unavailable in a resident's community, or available but priced out of reach. Montgomery County has real strengths across all three but also real, measurable gaps, detailed below.

What We Found

Profile of the Older Adult Population in Montgomery County

- Montgomery County is growing older and has one of the largest shares of older adults in the DC area. Twenty-eight percent of local households are headed by someone age 65 or older, up

from 21.1 percent in 2011, higher than Prince George's, Howard, and Frederick Counties and the nation overall.

- **Older adults cluster in distinct pockets shaped by housing development and income.** Leisure World has among the highest concentrations of older residents in the county. Nearly 48 percent of county households earn above 120 percent of the area median income (AMI), versus 28.8 percent in Prince George's County.
- **Incomes generally decrease with age, with more than half of households ages 75 and older having low and moderate incomes.** The low- and moderate-income (LMI) share rises from 29 percent for households ages 55 to 64, 39 percent for households ages 65 to 74, 48 percent for households ages 75 to 84, and 59 percent for households ages 85 and older.
- **Most older adults age in place as homeowners, but many carry mortgage debt into retirement.** More than 80 percent of households ages 65 to 84 own their home. Roughly 30 percent of households ages 75 to 84 still carry an unpaid mortgage.
- **More older adults live alone as they age, raising the stakes for social support and accessible housing.** About 38.5 percent of households ages 75 to 84 live alone, rising to 51.9 percent among households ages 85 and older. Female-headed households rise from 54 percent to nearly 61 percent over the same span.
- **Disabilities become increasingly common as people age.** Twenty-one percent of households ages 75 to 84 live with a disability. That share jumps to 57 percent for households 85 and older (38 percent have an activity-limiting disability, and 19 percent have a self-care disability).
- **Montgomery County is more racially and ethnically diverse than the nation and most neighboring counties.** Forty percent of county households are headed by a person of color (15.5 percent Black, 8.4 percent Latino, and 12.8 percent Asian). Eight to 10 percent of older households are linguistically isolated.

Affordability: Rising Costs, Fixed Incomes, and the Households Fall Through the Gaps

- **Older LMI renters are most severely cost burdened, with rising rents, fixed incomes, and growing housing instability.** About 63.5 percent of renters ages 65 and older earn below 80 percent of the AMI. Among LMI renters, 75 percent are cost burdened (paying more than 30

percent of their income on housing), and 57 percent are severely cost burdened (paying more than half their income on housing).

- **Cost-burdened older homeowners are squeezed by rising taxes, utilities, and fees or are stuck in too-large homes.** Forty-six percent of LMI homeowners with a mortgage are severely cost burdened. Nearly 85 percent of condo or townhome listings now carry condo or homeowners' association fees versus 33.4 percent of single-family homes, with fees up 25 percent nationally since 2019.
- **Asset-rich and cash-poor households navigate the long-term care gap.** A middle-income homeowner's home equity (\$475,000 median value) covers as little as 2.8 years of nursing home care or up to 6.6 years of independent living, and no scenario remains viable much past age 84.
- **Senior homelessness is rising, unseen, and underserved.** Montgomery County saw a 32 percent rise in homelessness from 2024 to 2025, the largest increase in the region. Thirty-three percent of homeless adults without children in the DC region are ages 55 and older.

Accessibility: When Home No Longer Fits and Community Feels Out of Reach

- **The housing stock was not built for aging populations, and the gap is worst at the oldest ages.** About 12.9 percent of households ages 85 and older with a disability live in inadequate housing versus 2.9 percent of households ages 75 to 84. More than 40 percent of homeowners must climb stairs just to enter their home.
- **Renters face inaccessible conditions they cannot fix.** LMI renters face higher rates of inadequate housing (10 percent), cold winters (10 percent), and hot summers (13 percent) than owners. One in three renters ages 65 and older have an activity-limiting disability versus 15 percent of homeowners.
- **Home modifications are reactive, expensive, and out of reach for most homeowners.** Just about 5 percent of homeowners ages 65 to 84 made an accessibility renovation in the past two years. That share sharply rises to 12 percent for those ages 85 and older, often triggered by a health crisis rather than planned in advance. The typical cost of such a renovation exceeds the liquid assets most families have on hand.

Aging in place or isolating in place. Social isolation compounds physical barriers, raising the risk of dementia and broader health decline, and language barriers make it harder still for immigrant

and non-English-speaking older adults to get help. The county's 25 active Villages served 8,360 residents in 2025, but coverage remains uneven.

Availability: The Right Housing for Every Stage of Life Is Not Always Within Reach

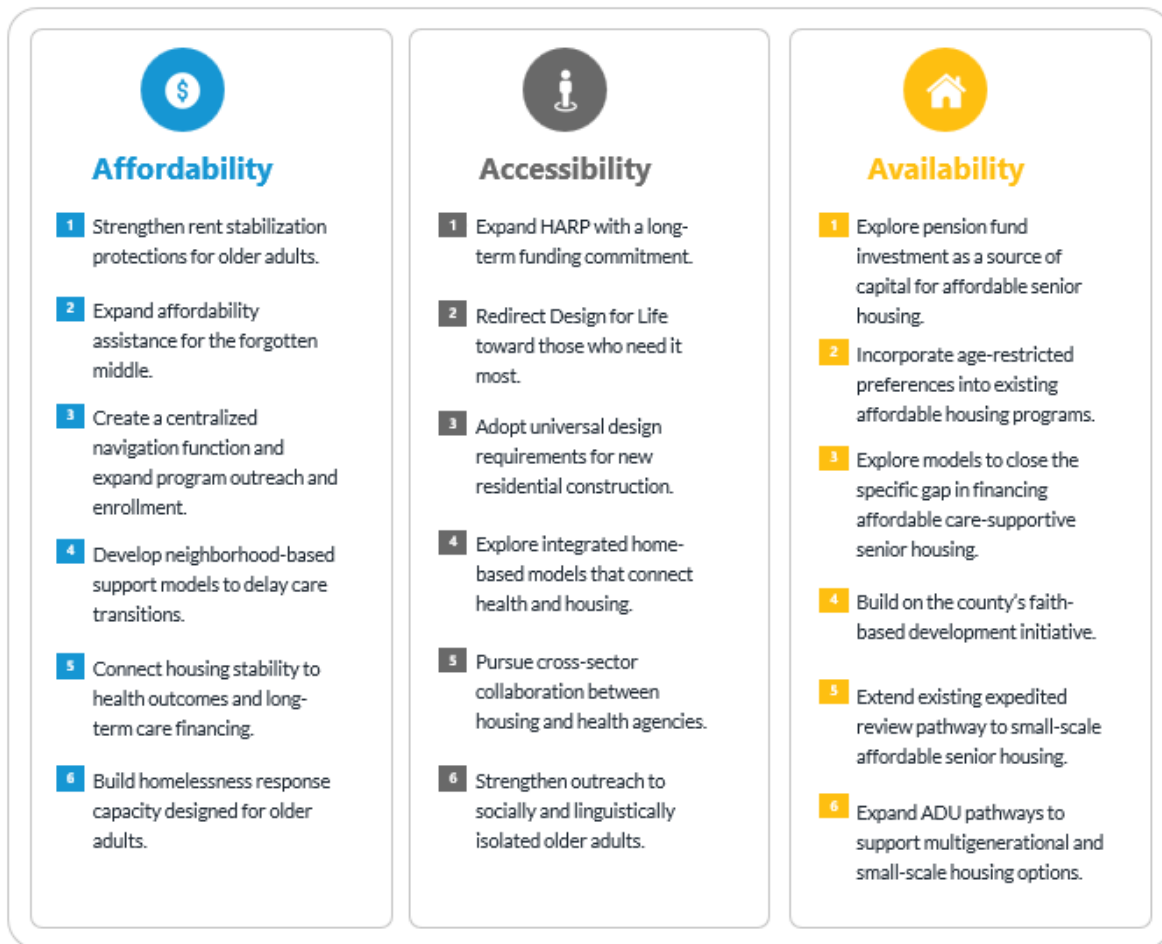
- **The current landscape of age-restricted housing.** About 27,274 age-restricted housing units and beds exist countywide. The two largest categories are subsidized independent living (6,548 units, or 24 percent of total supply) and active-adult homeownership (6,310 units, or 23 percent), which together account for nearly half of all age-restricted supply.
- **Care-intensive senior housing concentrates in high-income, majority-white neighborhoods.** Continuing care retirement communities have no presence in LMI neighborhoods and are 61 percent concentrated in majority-white neighborhoods (versus 36 percent of households 55 and older). Just 12 percent of assisted living facilities are in LMI neighborhoods, compared with 22 percent of all households ages 55 and older.
- **The affordability paradox.** Even when affordable senior housing gets built, affordability remains elusive for many residents (a paradox rooted in the fact that senior housing bundles rent with care services), and “affordable” typically refers only to the rent portion of that bundle.

The Policy Playbook: Turning Evidence into Action

There is no one-size-fits-all solution. Housing stability in later life requires action across affordability, accessibility, and availability at once and collaboration at every level, from federal financing and state regulation to county investment and the housing-health partnerships the most effective interventions depend on. This report translates evidence into action, organized around the same three A's. For each dimension, it summarizes the county's existing policy landscape, identifies the most pressing gaps, and proposes targeted recommendations, drawing on peer-jurisdiction models where relevant. The playbook below previews them.

FIGURE ES.2

The Policy Playbook for Housing Stability in Later Life



Each recommendation closes a specific gap in **affordability, accessibility, or availability**—together, they turn the three A's from diagnosis into action.

1. Introduction

The United States is experiencing a historic demographic shift. Within the next decade, older adults will outnumber children for the first time in American history, a milestone driven by the baby boomers (born 1946 to 1964) moving through retirement age.¹ Montgomery County, Maryland, is aging even faster than the nation. More than one in four households are now headed by someone age 65 or older, a share that has grown steadily for more than a decade and will continue to rise, reshaping demand for housing, health care, transportation, and social services.

Yet the housing market is failing to keep pace.² As older adults move onto fixed incomes and their health needs grow more complex, many find themselves not aging well in place but stuck in place.³ Nearly one in three older households in Montgomery County are cost burdened, spending more than 30 percent of their monthly income on housing. Among renters ages 65 and older, more than half spend more than 50 percent of their income on rent and utilities. At the same time, 30 percent of county residents ages 65 and older have a disability that limits basic activities, such as walking, doing errands, or concentrating, yet most live in homes not built to accommodate those needs, and many lack the financial resources to make the modifications required to age with comfort and dignity. For those who need to transition to senior or retirement housing, the options are even more limited. The supply of affordable, age-friendly housing is deeply inadequate, particularly for low-income households who cannot access market-rate facilities.

Without policy changes, large numbers of older homeowners risk becoming trapped in deteriorating homes they can no longer afford to maintain or risk exhausting their savings to cover escalating housing costs. Older renters face even greater precarity, given the chronic shortage of affordable assisted rental housing, with disproportionate impacts on low-income households and older adults of color. The growing number of older adults experiencing homelessness makes the need for action urgent.⁴ Without timely and actionable solutions, policymakers, planners, and communities risk being caught off guard by a crisis that is already here.

Updating the Evidence Base

The last time Montgomery County conducted a comprehensive housing needs assessment for older adults was 2018 (Montgomery County Planning Department 2018). Much has changed since then. The COVID-19 pandemic delivered a significant shock to the housing system, slowing construction

pipelines, deepening social isolation among older adults, and widening the gap between housing costs and fixed incomes. Since then, housing costs have surged, placing affordable housing further out of reach for older adults on fixed incomes. A 2025 statewide housing needs assessment found that Maryland's shortage of affordable homes for extremely low-income households has grown from 85,000 to 132,000 since 2020 and that senior renters across the state face a cost burden rate of 55 percent, higher than among the overall renter population (Finio et al. 2025). Recognizing the urgency at the county level, the Montgomery County Commission on Aging in 2024 convened a public forum on "Reimagining Housing for Older People," bringing together county officials, advocates, and researchers—including early findings from this study—to document the crisis and chart a path forward (Montgomery County Commission on Aging 2024). This report builds on that momentum, providing the comprehensive, data-driven foundation the county needs to act.

Drawing on data from the 2024 American Community Survey, the 2023 American Housing Survey, the 2022 Survey of Consumer Finances, and county-provided property records on age-restricted housing facilities, this study updates and extends the county's understanding of who its older residents are, where they live, and what their housing challenges look like today.

Listening to Montgomery County

Data alone cannot capture the full picture. Behind every statistic is a resident with a broken furnace and no savings to repair it, a renter watching rent rise faster than their Social Security check, or a recently widowed retiree living alone in a home with stairs she can no longer safely climb.

To complement the quantitative analysis, this research employed a mixed-methods approach that paired data analysis with structured community engagement. We worked with a seven-member advisory group representing four county partners central to older adult housing: the Department of Housing and Community Affairs, the Planning Department, the Commission on Aging, and the Department of Health and Human Services' Aging and Disability Services Unit. Drawing on their networks and expertise, we designed and facilitated five community engagement sessions: four virtual listening sessions with older residents, service providers, housing developers, and policy stakeholders and one in-person focus group convened with state and county policymakers. Sessions were structured to identify barriers, identify service gaps, and explore potential solutions from those closest to the challenge.

Direct quotes from residents, service providers, developers, and policymakers are placed alongside quantitative findings in this report to illuminate lived experiences on the ground. This community work was guided by the Urban Institute’s Community-Engaged and Participatory Methods Toolkit and supported by this advisory group, whose members are acknowledged at the front of this report.⁵

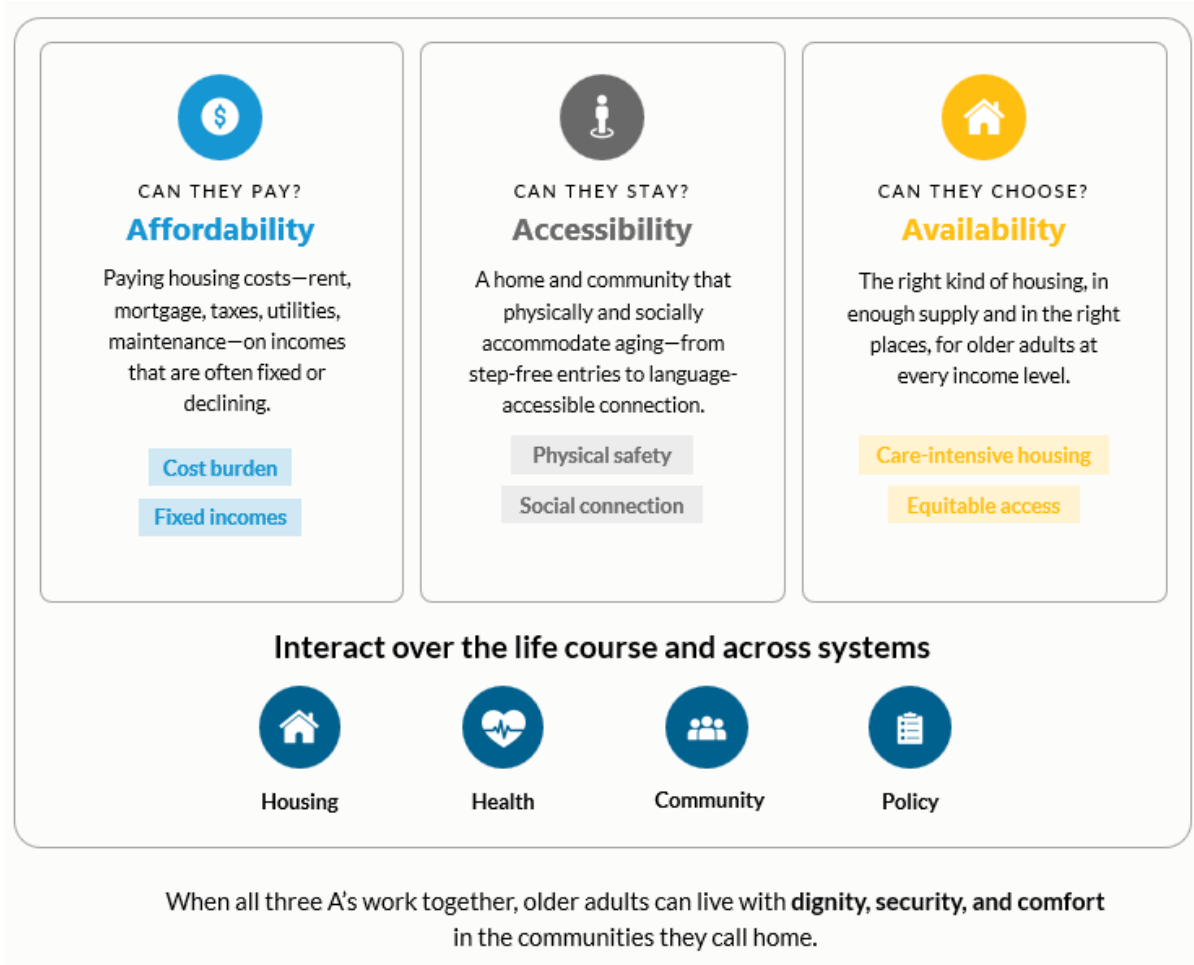
A Framework for Understanding Senior Housing: The Three A’s

The housing challenges facing older adults in Montgomery County are varied. Understanding why so many older adults find themselves stuck in place—and what it would take to change that—requires examining three interconnected dimensions of housing need that together determine whether an older adult can remain stably housed as they age: affordability, accessibility, and availability.

- **Affordability** captures whether older adults can pay their housing costs—including rent, mortgage payments, property taxes, utilities, and home maintenance—on incomes that are often fixed or declining. It encompasses housing cost burden, instability, and displacement risk.
- **Accessibility** captures whether housing can physically and socially accommodate aging in place. Physical accessibility means having a home that remains safe and functional as mobility declines—a home with, for example, no-step entries, grab bars, wider doorways, and adequate heating and cooling systems. Social accessibility encompasses the linguistic, cultural, and community connections that allow older adults, especially immigrants and residents of color, to remain informed, supported, and engaged.
- **Availability** captures whether the right kinds of housing exist in sufficient quantities and in the right places—from independent living to assisted living to nursing facilities—distributed equitably across income levels and by race or ethnicity, with a pipeline of new affordable units that can meet growing demand.

FIGURE 1.1

The Three A's Framework for Housing Stability in Later Life



These three dimensions are interdependent. A home may be affordable but physically inaccessible; housing options may be available, but unaffordable for low- and moderate-income (LMI) renters; and accessible care facilities may exist but be concentrated far from a resident's community and support networks. Addressing senior housing stability requires attending to all three simultaneously.

This framework anchors not only this report but a growing body of work on senior housing challenges nationally. The three A's provide a durable, transferable lens for assessing housing needs and designing policy responses in jurisdictions across the country as residents age.

What This Report Covers

The chapters that follow move from context to analysis to action. Chapter 2 provides a profile of Montgomery County's aging residents, including size, diversity, geography, and housing circumstances. Chapters 3, 4, and 5 examine affordability, accessibility, and availability. Each chapter opens with the nature and scale of the challenge, examines who is most affected, and shares what we heard from residents and stakeholders. Chapter 6 draws on all of this to present a policy playbook, a set of actionable strategies organized around the three A's. The chapter also reviews the existing policy landscape, identifies gaps, and connects the county's most pressing housing challenges to near-term and long-term policy solutions.

2. Profile of the Older Adult Population in Montgomery County

Montgomery County is aging faster than most of its peer jurisdictions. Understanding who older adults in the county are, where they live, and what economic circumstances they face is the essential first step toward building a housing system that works for them. This chapter presents a statistical portrait of the county's older population, a community that is diverse and generally prosperous yet home to a significant share of residents whose housing security is far more fragile than the county's headline wealth figures might suggest.

Montgomery County Is Growing Older and Has One of the Largest Shares of Older Adults in the DC Area

Montgomery County has seen a striking demographic shift over the past decade. In 2011, 21.1 percent of households were headed by someone 65 or older. By 2024, that share had climbed to 28.2 percent (figure 2.1). Growth was not evenly distributed across age groups. The largest increase came from the 65-to-74 cohort, which grew from 10.5 percent of all households in 2011 to 15.8 percent in 2024, a reflection of the baby boomer generation moving into retirement. Meanwhile, the share of households headed by someone ages 18 to 54 shrank from 59.4 percent to 52.5 percent.

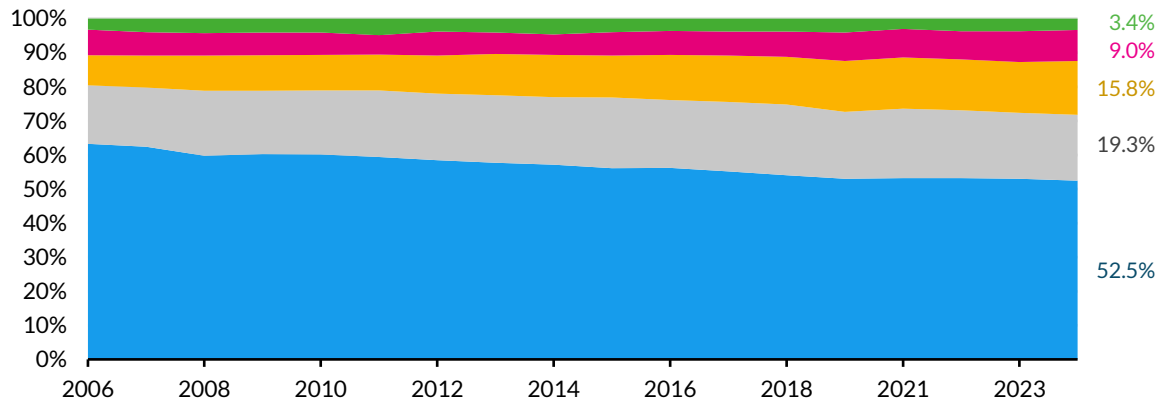
Compared with selected neighboring jurisdictions and with the nation as a whole, Montgomery County has an older population profile (figure 2.2). With 28.2 percent of households headed by someone 65 or older, the county exceeds comparable shares in its peer jurisdictions in Maryland, including Prince George's County, Howard County, and Frederick County, and in the nation overall.

FIGURE 2.1

Distribution of Montgomery County Households, by Age

■ 18–54 ■ 55–64 ■ 65–74 ■ 75–84 ■ ≥ 85

Household head age distribution



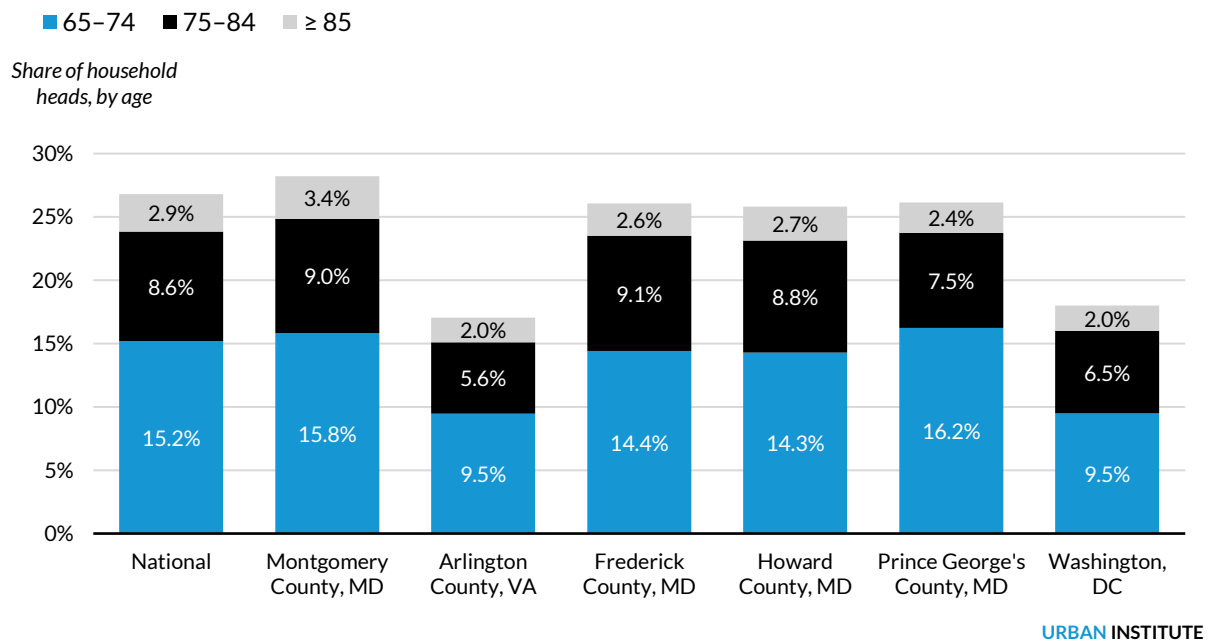
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Sources: 2006–24 American Community Survey data and Urban Institute calculations.

Notes: Data for 2020 are not used because of data validity concerns for survey information collected during the COVID-19 pandemic. The figure shows only households in Montgomery County, Maryland.

FIGURE 2.2

Comparison of Households Ages 65 and Older Between Montgomery County and Neighboring Areas



Sources: 2020–24 five-year American Community Survey data and Urban Institute calculations.

Older Adults Cluster in Distinct Pockets Shaped by Housing Development and Income

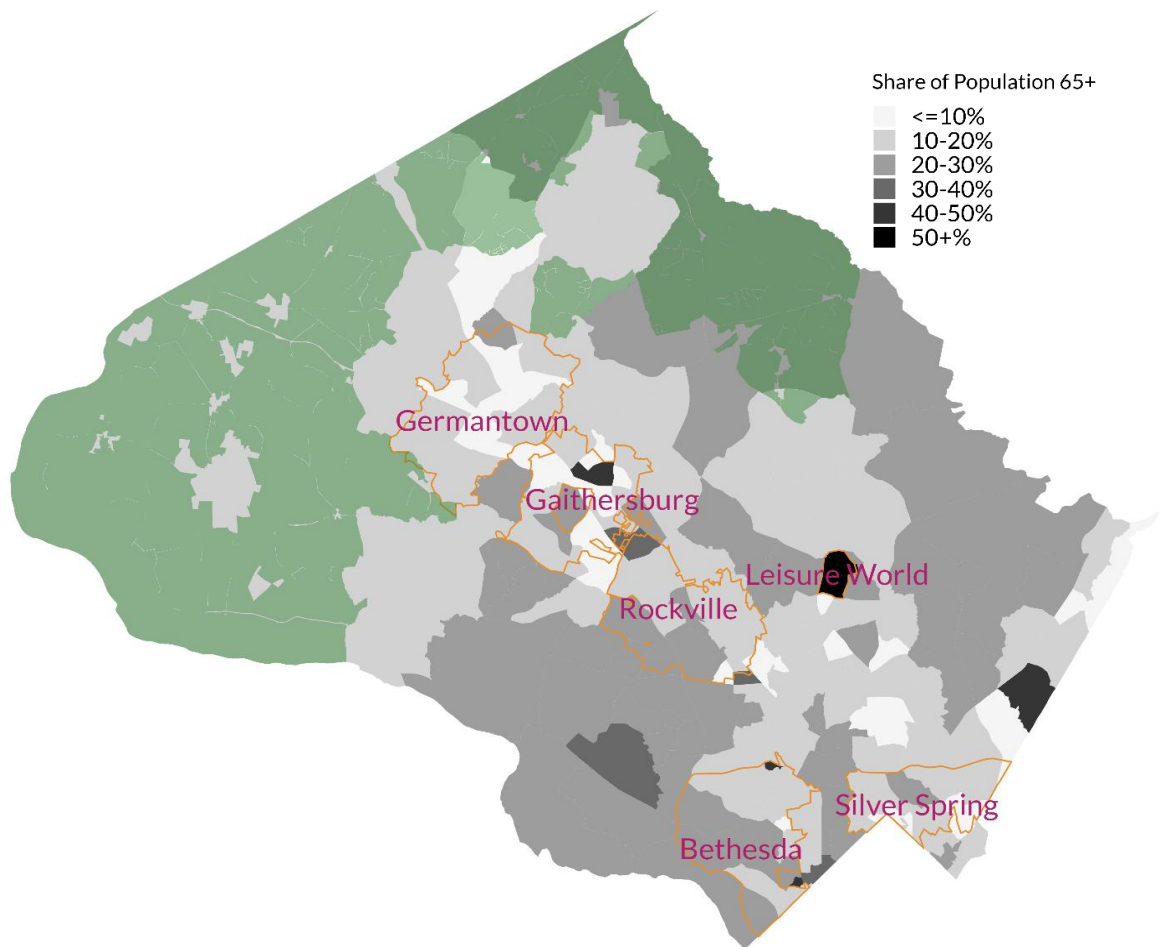
The older population is not distributed evenly across the county (figure 2.3). Geographic concentrations of older residents reflect both the county's history of age-restricted housing development and the underlying income and neighborhood patterns that shape who can afford to live where (figure 2.5).

The most prominent concentration of older adults is in Leisure World, an unincorporated census-designated place east of Rockville that was purpose-built to serve residents ages 55 and older. With its large stock of age-restricted housing, Leisure World has among the highest shares of older residents in the county. Beyond Leisure World, other concentrations of older adults coincide with major age-restricted communities, including Riderwood in Silver Spring and Asbury Methodist Village in Gaithersburg. Additional concentrations are visible in parts of the central and southern corridor—including areas of Rockville, Bethesda, and Silver Spring—as well as in northern communities such as Gaithersburg and Germantown.

Montgomery County is among Maryland's wealthiest jurisdictions. Nearly 48 percent have incomes above 120 percent of the DC metropolitan area median income, compared with 28.8 percent in Prince George's County (figure 2.4). Within the county, however, incomes vary considerably by community (figure 2.5). Census tracts in Bethesda and Silver Spring have substantially higher median incomes than those in Germantown and Gaithersburg to the north and west. Even within Leisure World, a large share of residents lives with low and moderate incomes. Montgomery County is prosperous, but poverty and housing vulnerability are present, concentrated in the communities and age groups that most depend on a well-functioning housing system.

FIGURE 2.3

Montgomery County Census Tracts, by Older Share of the Population



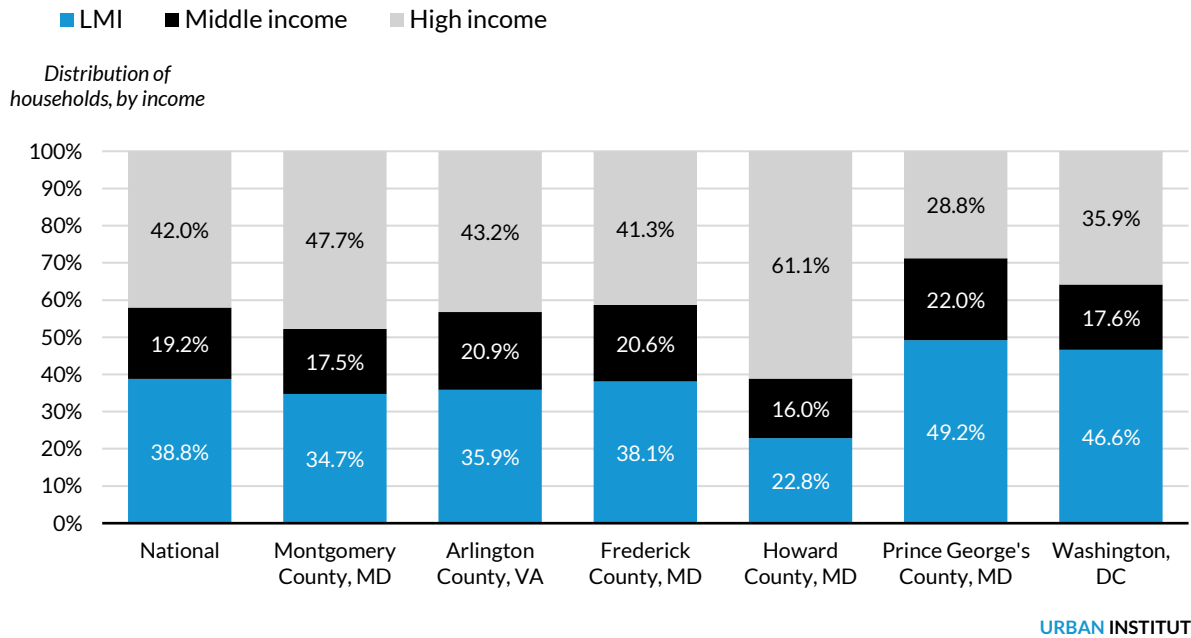
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Sources: 2020–24 five-year American Community Survey data and Urban Institute calculations.

Note: Green shading indicates the Montgomery County Agricultural Reserve.

FIGURE 2.4

Comparison of Households, by Income, Between Montgomery County and Neighboring Areas

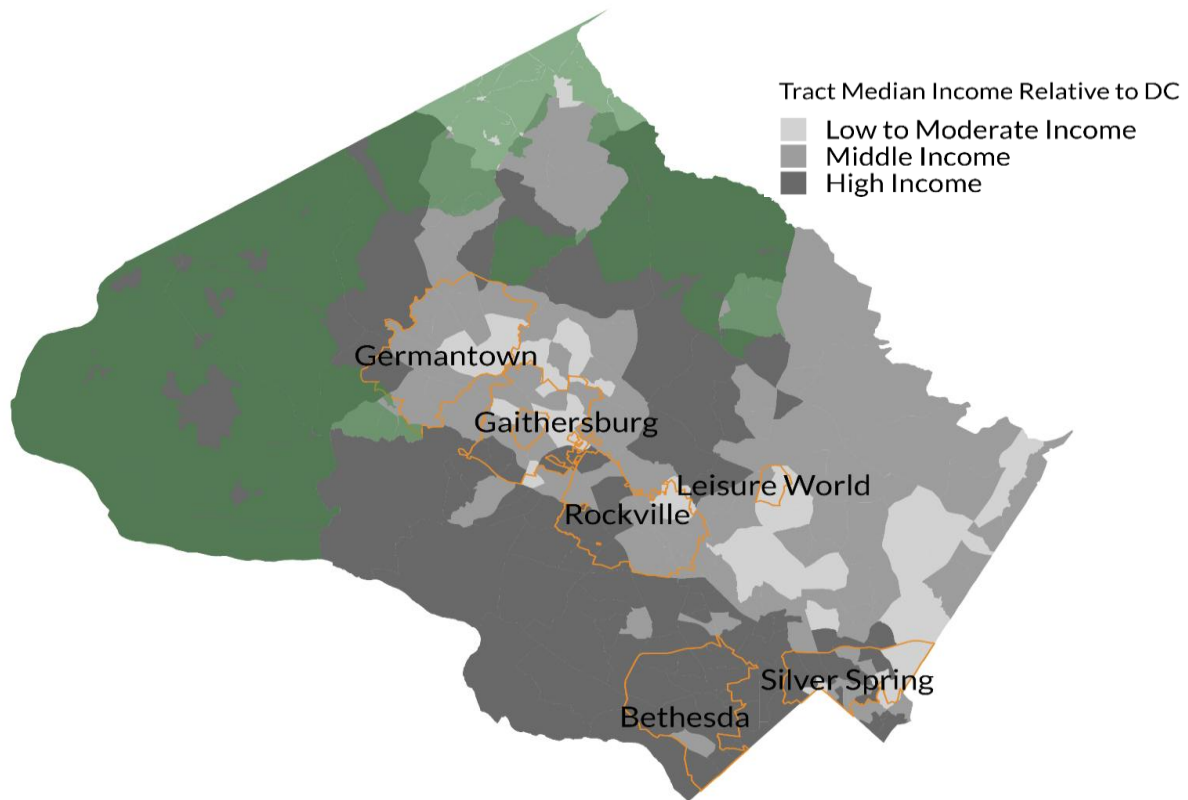


Sources: 2020–24 five-year American Community Survey data and Urban Institute calculations.

Notes: LMI = low and moderate income. Income categories are relative to the area median income (AMI) in the Washington, DC, metropolitan area. LMI is up to 80 percent of the AMI, middle income is 80 to 120 percent of the AMI, and high income is greater than 120 percent of the AMI.

FIGURE 2.5

Montgomery County Census Tracts, by Income, Relative to the Washington, DC, Metropolitan Area Median



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Sources: 2020–24 five-year American Community Survey data and Urban Institute calculations.

Note: Green shading indicates the Montgomery County Agricultural Reserve.

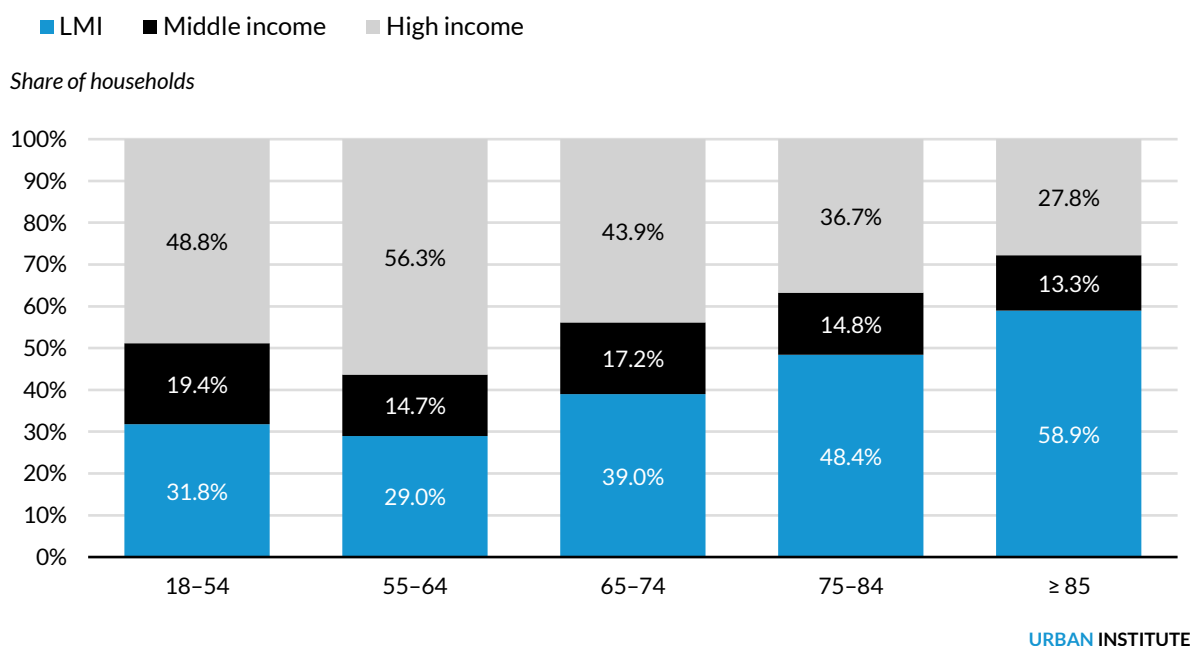
Incomes Generally Decrease with Age, with More Than Half of Households Ages 75 and Older Having Low and Moderate Incomes

Income declines steadily as Montgomery County residents grow older. Among households approaching retirement (those headed by someone age 55 to 64), 29 percent are low to moderate income. That share rises to 39 percent for households ages 65 to 74, 48 percent for those ages 75 to 84, and 59 percent for those ages 85 and older (figure 2.6).

The transition into retirement marks a clear inflection point. Once households move from employment income to fixed Social Security and retirement benefits, their financial footing shifts, and housing costs do not adjust to match.

FIGURE 2.6

Montgomery County Household Income Distribution, by Householder Age



Sources: 2020–24 five-year American Community Survey data and Urban Institute calculations.

Notes: LMI = low and moderate income. The figure shows only households in Montgomery County, Maryland. Income categories are relative to the area median income (AMI) in the Washington, DC, metropolitan area. LMI is up to 80 percent of the AMI, middle income is 80 to 120 percent of the AMI, and high income is greater than 120 percent of the AMI.

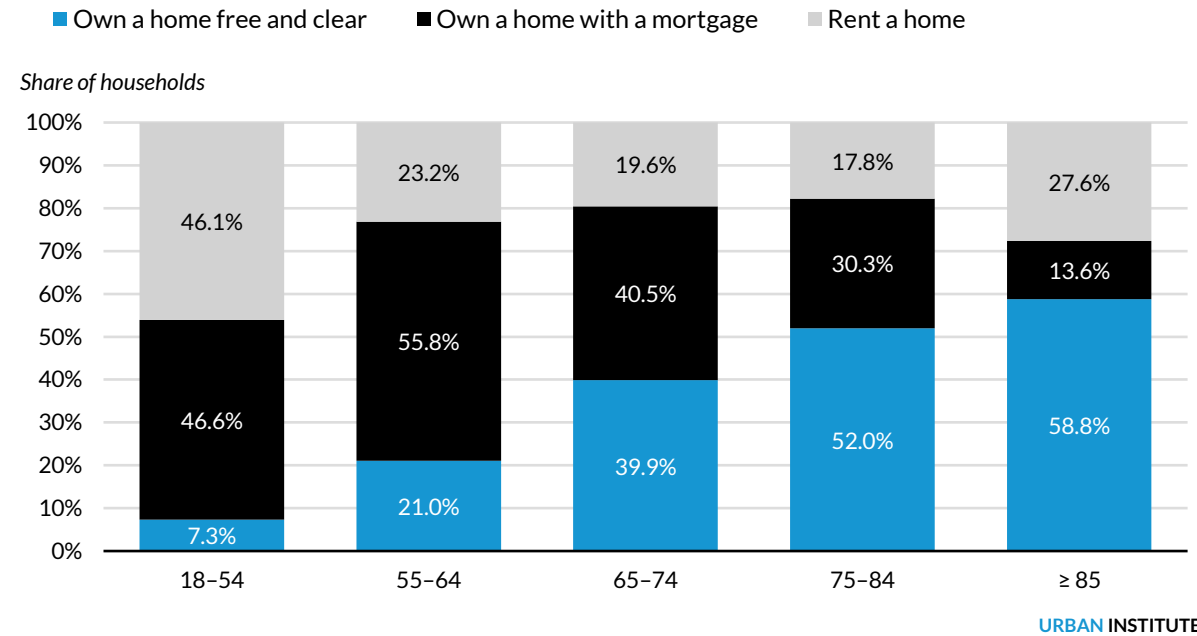
Most Older Adults Age in Place as Homeowners, but Many Carry Mortgage Debt into Retirement

Older adults in Montgomery County are predominantly homeowners. More than 80 percent of households headed by someone age 65 to 84 own their home, and even among those 85 and older, homeownership rates remain above 70 percent (figure 2.7). For most older adults, aging in place as a homeowner is a preference and the lived reality.

That stability, however, is not universal. Roughly 30 percent of households ages 75 to 84 still carry an unpaid mortgage, meaning a significant share of older adults are making housing payments well into

retirement on fixed incomes. And although rentership falls to its lowest point among 75-to-84-year-olds at 17.8 percent, it rises again to 27.6 percent for households ages 85 and older. This late-life return to renting reflects a range of circumstances. Some households transition out of homeownership because mounting care needs or maintenance burdens make staying in place difficult, while others make a deliberate move into independent or assisted living as their support needs grow and their home equity gives them the means to do so. Either way, the rising share of renters signals that ages 85 and older are pivotal years for housing decisions.

FIGURE 2.7
Montgomery County Housing Tenure, by Householder Age



Sources: 2024 American Community Survey and Urban Institute calculations.

Note: The figure shows only households in Montgomery County, Maryland.

More Older Adults Live Alone as They Age, Raising the Stakes for Social Support and Accessible Housing

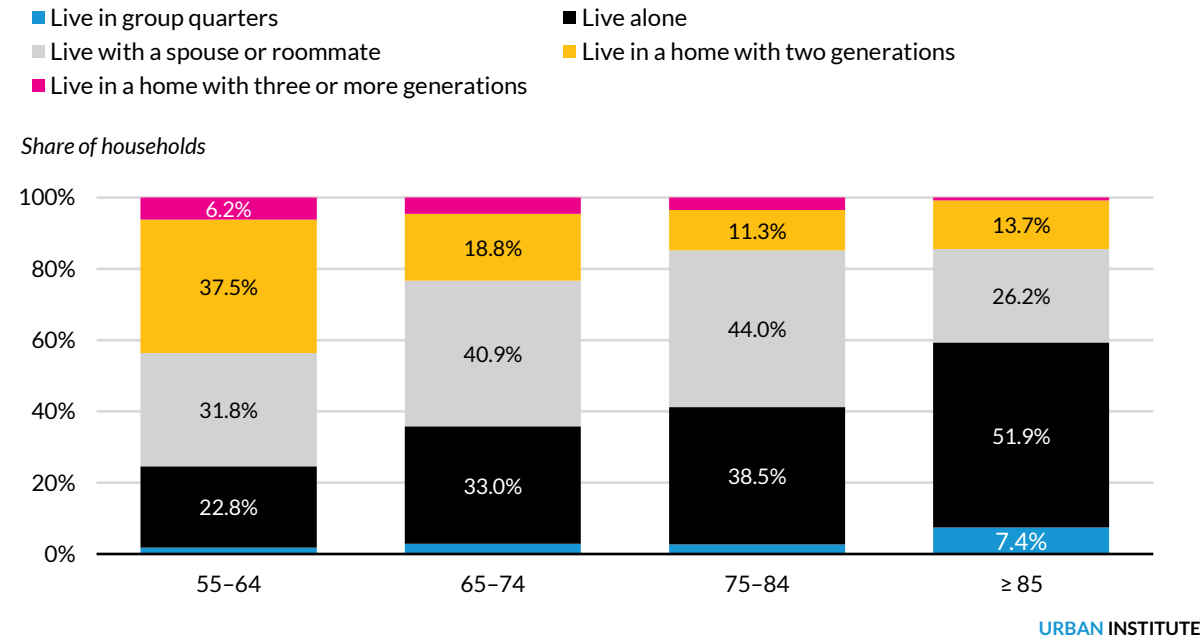
Living alone becomes significantly more common as people age. Among households headed by someone age 75 to 84, 38.5 percent live alone. That share rises to 51.9 percent among people ages 85 and older (figure 2.8). The driving force is family transition. As spouses pass away, the share living with a partner or roommate drops from 44 percent to 26 percent. This shift is also reflected in the rising share of

female-headed households, from 54 percent at ages 75 to 84 to nearly 61 percent at ages 85 and older. For nearly half the county’s oldest residents, living at home is a solo experience. This raises both the need for social connection and the importance of housing that is safe and accessible without relying on another person’s help.

Not all older adults live alone. The share living in two-generation households rises to 13.7 percent at ages 85 and older, largely reflecting arrangements in which an adult child moves in with their senior parents to provide in-home care. An additional 7.4 percent live in group quarters, such as nursing homes, assisted living facilities, or other communal settings. For these households, family or institutional care becomes the primary support structure.

Housing policy must account for the full range of circumstances, from older adults living alone to those depending on family caregivers or transitioning into residential care. These diverse living arrangements reflect the evolving care and housing needs of older adults and highlight the importance of a housing system that can support different stages of aging.

FIGURE 2.8
Montgomery County Family and Living Arrangements, by Householder Age



Sources: 2024 American Community Survey and Urban Institute calculations.

Note: The figure shows only households in Montgomery County, Maryland.

Disabilities Become Increasingly Common as People Age

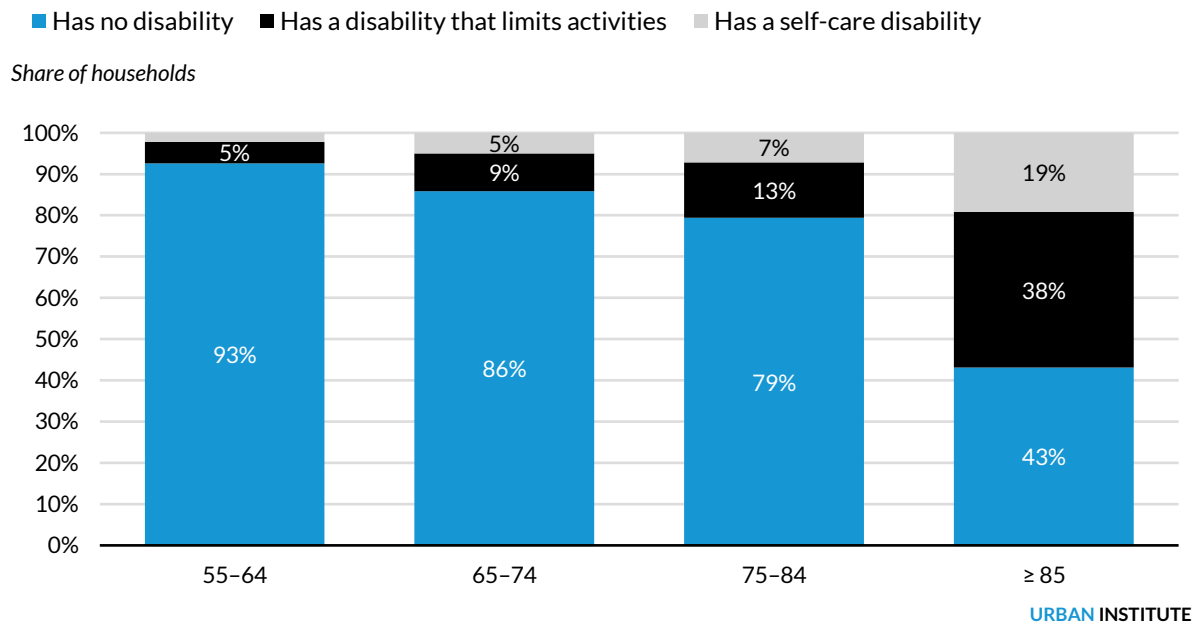
Many older adults live alone and live with a disability. As physical and cognitive limitations grow more common with age, the absence of another person in the household means there is no one nearby to help.

Disability becomes more common as people age. Among households headed by someone age 75 to 84, 21 percent live with some form of disability. At ages 85 and older, that share jumps to 57 percent, with 38 percent living with a disability that limits daily activities such as walking, concentrating, or remembering and 19 percent living with a self-care disability that makes tasks such as bathing or dressing difficult without assistance (figure 2.9). Because these estimates are based on self-reported survey responses, they likely understate the true prevalence of disability, particularly cognitive impairments such as dementia.

These conditions directly shape what kind of housing a person needs to age in place safely. A home that works at age 65 may become a hazard by age 85. The gap between what most homes offer and what older residents need at different stages of life increases the need for more accessible homes.

FIGURE 2.9

Disability, by Age, in Montgomery County



Sources: 2024 American Community Survey and Urban Institute calculations.

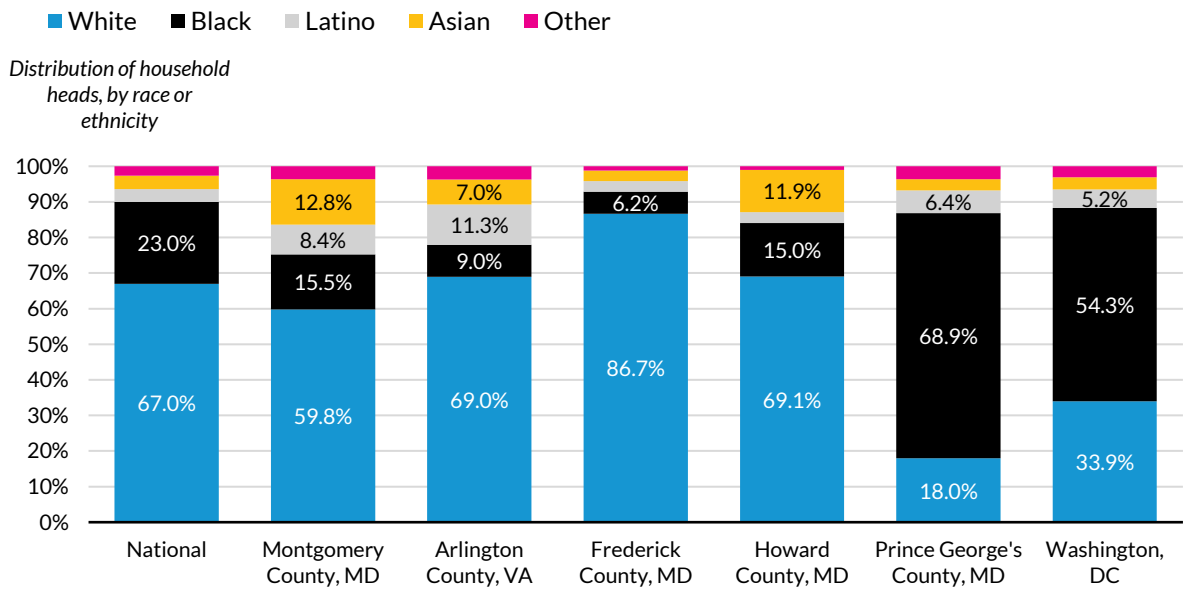
Notes: The figure shows only households in Montgomery County, Maryland. A disability that limits activities is an ambulatory, mental, or mobility disability lasting more than six months that limits activities such as walking, concentrating, remembering, or doing activities outside the house (this excludes vision and hearing impairments). People who have difficulty doing necessary self-care tasks, such as bathing or dressing, are classified as having a self-care disability, which is a subset of the group with a disability that limits activities.

Montgomery Is More Racially and Ethnically Diverse Than the Nation and Most Neighboring Counties

Montgomery County has a higher share of households of color than the nation and most neighboring counties (figure 2.10). Forty percent of the county's households are headed by a person of color: 15.5 percent are Black, 8.4 percent are Latino, and 12.8 percent are Asian. Among older households, 8 to 10 percent are linguistically isolated, meaning no one at least 14 years old in the household speaks English fluently. This diversity has direct implications for housing policy, as programs, services, and outreach designed primarily for English-speaking residents will miss a meaningful share of older adults who need them most. Helping the county's older population requires multilingual and culturally responsive approaches.

FIGURE 2.10

Household Heads, by Race or Ethnicity



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Sources: 2024 American Community Survey data and Urban Institute calculations.

Taken together, the profile that emerges from this chapter is both a portrait of strength and a map of vulnerability. Montgomery County's older population is large, growing, and racially and ethnically diverse, with deep roots in their homes and communities and a shared desire to age well in place. But income declines sharply with age, leaving most residents ages 75 and older with low or moderate incomes. More older adults live alone as they age, increasingly as women navigating widowhood, with rising disability and limited ability to rely on another person's help. And the geography of aging is uneven, with income, housing options, and access to services varying considerably across the county's communities. These are the conditions that determine whether housing is affordable, accessible, and available for Montgomery County's older adults. The next three chapters explore each of those dimensions.

3. Affordability: Rising Costs, Fixed Incomes, and the Households Falling Through the Gaps

For older adults in Montgomery County, housing affordability is a slow squeeze. Income declines steadily with age. By ages 75 and older, nearly half of all households are low to moderate income, living on Social Security and retirement benefits that do not rise with the cost of housing (figure 2.6). At the same time, rents have surged in the postpandemic years,⁶ property taxes⁷ and utility bills⁸ have climbed, and the cost of transitioning to assisted living or long-term care⁹ remains out of reach for most middle- and low-income households. The result is a growing share of older adults for whom the housing they occupy—whether they rent or own—is consuming an unsustainable portion of their income.

This chapter examines affordability across tenure groups and income levels. Renters carry the heaviest burden, particularly those with low to moderate incomes facing rising rents and the threat of displacement. Homeowners face different but equally real pressures, from property taxes and utilities to mortgage debt carried into retirement and homes that cost more to maintain than owners' fixed incomes allow. Bridging both groups is the forgotten middle, households that earn too much to qualify for assistance but too little to absorb rising costs or to afford private long-term care. And for a growing number of older adults, the affordability crisis has reached its most acute expression: homelessness.

Older LMI Renters Are Most Severely Cost Burdened, with Rising Rents, Fixed Incomes, and Growing Housing Instability

Older renters are far more likely than older homeowners to have low to moderate incomes. Nearly two-thirds of renters ages 65 and older (63.5 percent) earn below 80 percent of the area median income, compared with roughly 40 percent of older homeowners, whether mortgaged or free and clear (figure 3.1). That income gap translates directly into housing cost pressure. Among LMI renters, three-quarters are cost burdened, spending more than 30 percent of their income on rent, and 57 percent are severely cost burdened, spending more than half their income on housing alone (figure 3.2). For a household living on Social Security, that leaves almost nothing for food, medication, or unexpected emergencies.

The driving force behind this burden is a structural mismatch. Rents in Montgomery County have climbed sharply in the postpandemic years, while older renters' incomes, which are often anchored to fixed retirement benefits, have not kept pace. Montgomery County's rent stabilization ordinance limits annual rent increases to the annual change in the Consumer Price Index (CPI) plus 3 percentage points, up to a maximum of 6 percent. As of July 1, 2026, the allowable increase is 5.2 percent.¹⁰ The cap has significant carve-outs. Properties less than 23 years old¹¹ and units owned by small landlords¹² owning two or fewer units are exempt, leaving a substantial share of the rental stock unprotected. But even for renters covered by the cap, a 5.2 percent annual increase compounds quickly into unmanageable territory on a fixed income. For those who fall behind on rent, the consequences are severe: eviction, displacement from long-established communities, and, for a growing number, homelessness. The Metropolitan Washington 2026 Point-in-Time homelessness data show that older adults were among the fastest-growing segments of the homeless population in 2025 and 2026 (Kenney and Chapman 2026). These risks are compounded by the fraying of the broader federal safety net. Cuts to Medicaid, the Supplemental Nutrition Assistance Program, and other support programs¹³ mean that older adults already stretched thin by housing costs face simultaneous threats to their health care and food security. Housing instability, food insecurity, and health insecurity are all compounded together, deepening the affordability crisis for older adults in Montgomery County.

“We’re seeing renters seeking stability. People are destabilized by rising rents, threat of eviction, fear of being destabilized because of the pressure of the markets on landlords.”

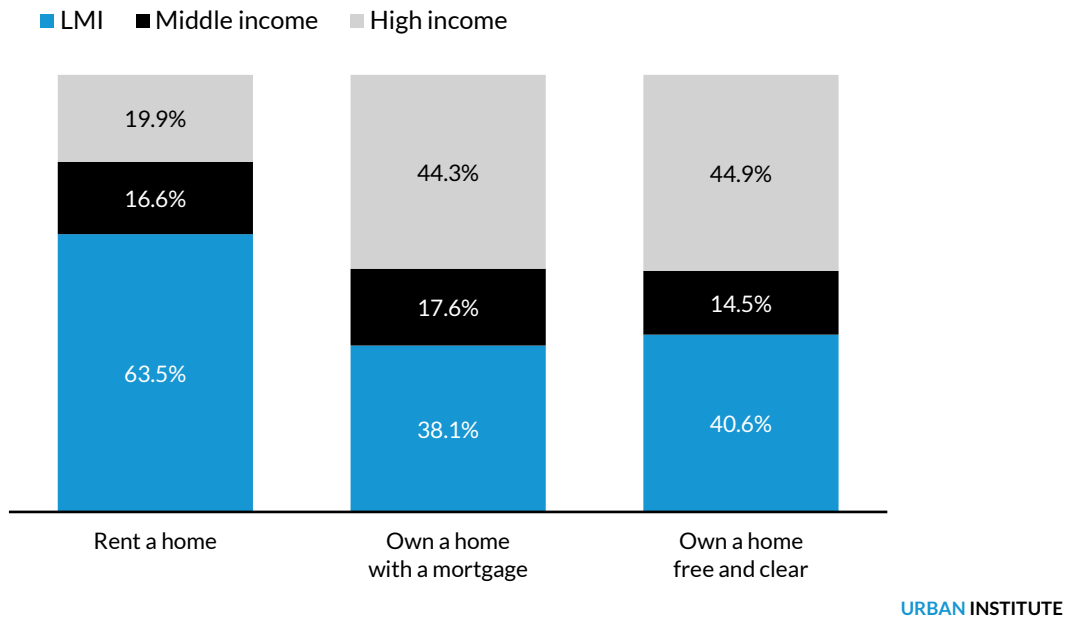
—Housing advocate

“Seniors’ incomes don’t rise 6 percent¹⁴ every year, so how do we keep them stable and not vulnerable to the threat of eviction?”

—Policy stakeholder

FIGURE 3.1

Income Distribution, by Tenure, for Households Ages 65 and Older in Montgomery County

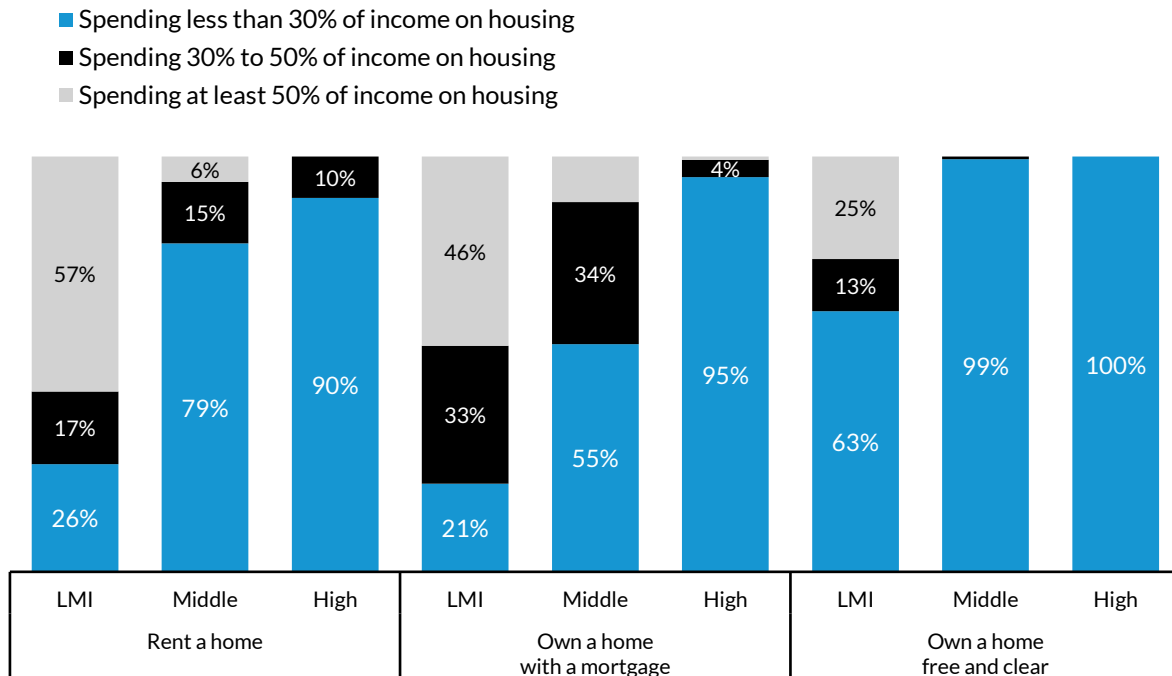


Sources: 2020–24 five-year American Community Survey data and Urban Institute calculations.

Notes: Income categories are relative to the area median income (AMI) in the Washington, DC, metropolitan area. LMI is up to 80 percent of the AMI, middle income is 80 to 120 percent of the AMI, and high income is greater than 120 percent of the AMI. The figure shows only households headed by someone age 65 or older in Montgomery County, Maryland.

FIGURE 3.2

Housing Cost Burdens, by Income and Tenure, of Households Ages 65 and Older in Montgomery County



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Sources: 2020–24 five-year American Community Survey data and Urban Institute calculations.

Notes: Income categories are relative to the area median income (AMI) in the Washington, DC, metropolitan area. LMI is up to 80 percent of the AMI, middle income is 80 to 120 percent of the AMI, and high income is greater than 120 percent of the AMI. The figure shows only households headed by someone age 65 or older in Montgomery County, Maryland.

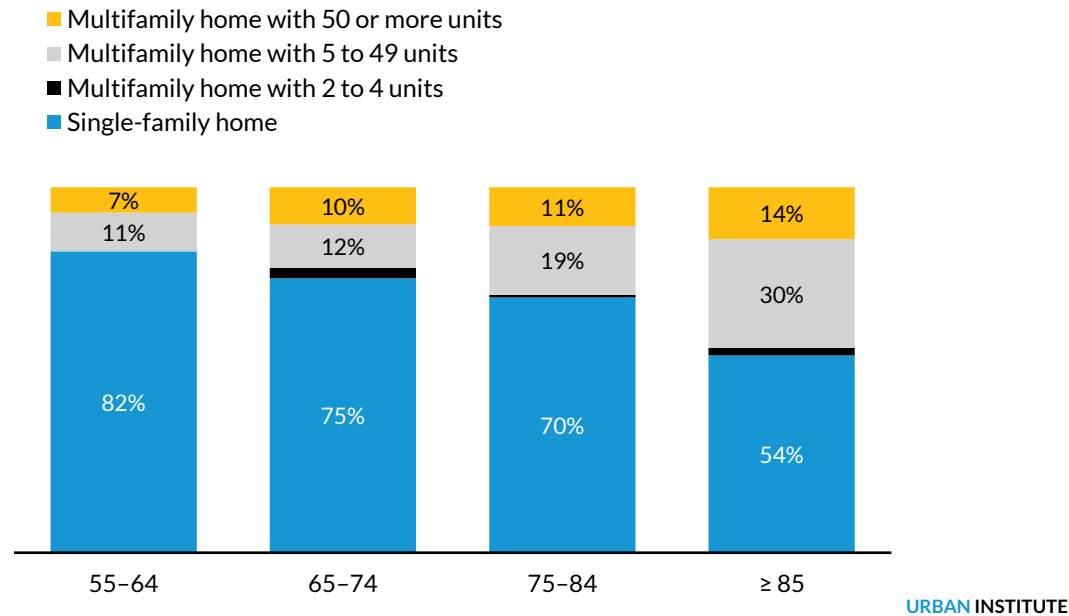
Cost-Burdened Older Homeowners Are Squeezed by Rising Taxes, Utilities, and Fees or Are Stuck in Too-Large Homes

Homeownership is often treated as a shield against housing insecurity because housing costs generally change less often and by smaller amounts for homeowners than for renters. But sustaining homeownership to age in place comes with substantial costs, including mortgages, maintenance, property taxes, and insurance. Among LMI homeowners ages 65 and older who carry a mortgage, 46 percent are severely cost burdened and nearly 8 in 10 are cost burdened overall (figure 3.2). Even homeowners who have paid off their mortgages are not insulated: 38 percent of LMI homeowners with no mortgage debt and ages 65 and older remain cost burdened, weighed down by property taxes,

homeowner’s insurance, and maintenance costs that accumulate regardless of whether a mortgage payment is due. For longtime homeowners with significant home equity but modest cash flow, delinquent taxes can become a compounding debt burden that ultimately jeopardizes the home itself.

Beyond the cost of staying in their homes, many older homeowners face a deeper mismatch. They are aging in place but in homes too large for their current needs. Across older age groups, most cost-burdened homeowners continue to live in single-family homes—75 percent of those ages 65 to 74, 70 percent of those ages 75 to 84, and 54 percent of those ages 85 and older (figure 3.3), even as most in these age groups are living alone or as a couple (figure 2.8). These are one- and two-person households carrying the property taxes, insurance, utilities, and maintenance costs of a home built for a different household and a different stage of life. The cost of staying often exceeds what their incomes can sustain, yet the financial and logistical barriers to transitioning to a smaller, right-size home keep many from making the move.

FIGURE 3.3
Property Type for Cost-Burdened Homeowners in Montgomery County, by Household Age



Sources: 2024 American Community Survey data and Urban Institute calculations.

As homeowners age, a growing share transition out of single-family homes into condominiums, but this shift does not necessarily ease the cost burden. Among cost-burdened homeowners ages 85 and older, 44 percent now live in multifamily buildings (figure 3.3). Condominiums and other multifamily

homeownership properties often come with condominium (association) fees or homeowners' association (HOA) fees that have risen sharply in recent years—84.8 percent of condo and townhome listings now carry such fees, compared with just 33.4 percent of single-family homes. Nationally, the median monthly fees have climbed 25 percent since 2019, from \$108 to \$135 per month in 2025.¹⁵ In Maryland, 37.7 percent of owned households paid condo or HOA fees in 2024, well above the national share of roughly 25 percent.¹⁶ For older adults who fall behind on these payments, the consequences can be severe. Unpaid fees can trigger liens and, in some cases, foreclosure.

“I moved to my current house when we had three children, we now have none at home.... Our property tax went up 30 percent this year, and there’s no way we can sell our house for what they say it’s worth. Finding something more affordable is near impossible.”

—Local resident

“There are folks who have been homeowners for a long time, and if they don’t pay their taxes and HOA fees, their debt can be sold and lead to foreclosure.”

—Service provider

The Forgotten Middle: Asset-Rich and Cash-Poor Households Navigating the Long-Term Care Gap

The affordability crisis does not fall only on the lowest-income households. A distinct and often overlooked group, the forgotten middle, sits just above the eligibility thresholds for most public assistance programs. These households earn too much to qualify for subsidized housing or support services and earn too little to absorb rising housing costs, fund home modifications, or afford private long-term care. This gap is consequential at the intersection of housing and health.

Disability becomes increasingly common as older adults age (figure 2.9), often triggering the need for in-home support or a transition to a long-term care facility. The cost of long-term care is prohibitive for many households. For LMI households, Medicaid can cover a portion of these costs through home and community-based services. Middle-income households often have assets and incomes just above Medicaid eligibility thresholds. But their wealth is largely tied up in their homes,¹⁷ and they lack the liquidity to absorb long-term market-rate care costs out of pocket. For many in the forgotten middle, home equity is the primary, and sometimes only, resource available to fund care.

Table 3.1 illustrates this bind for a homeowner at age 80 through two back-of-envelope scenarios. In scenario 1, the homeowner sells their property and uses the proceeds to pay for a long-term care facility, including assisted living, independent living, or a nursing home. In scenario 2, the homeowner remains in place and draws on home equity through a home equity conversion mortgage (HECM)¹⁸ to fund in-home care. We consider an option viable only if it covers at least five years, based on Maryland's life expectancy of 84 years¹⁹ and the observed jump in disability prevalence around age 80.²⁰

The findings are concerning. For middle-income homeowners with a median home value of \$475,000, only modestly above the \$400,000 LMI median, only two options clear the five-year threshold: selling to move into independent living (6.6 years) and using a HECM to cover adult day health care (6.8 years). Nonmedical in-home care at 20 hours per week barely clears the bar (5.2 years). More intensive options such as assisted living and nursing homes exhaust middle-income home equity in 4.0 and 2.8 years, respectively. For LMI homeowners, the picture is starker. Only independent living (5.6 years) and HECM-funded adult day care (5.7 years) remain viable, both offering less intensive care than what many people will eventually need. And critically, if an older adult lives beyond age 84 by more than three years, no scenario remains financially sustainable, leaving households with depleted equity and no remaining cushion.

For older homeowners who might consider selling, capital gains taxes pose an additional barrier. Decades of appreciation in a high-cost county such as Montgomery County frequently push sale proceeds well above the federal exclusion, significantly reducing what homeowners actually net—and with it, their ability to fund a move into alternative housing.

TABLE 3.1

Years of Long-Term Care Covered by Home Equity, by Income

	LMI	Middle income	High income
Median household income	\$48,360	\$119,000	\$233,800
Median home value	\$400,000	\$475,000	\$750,000
Scenario 1: Sell home and move to a long-term care facility			
Estimated sale revenue	\$356,000	\$422,750	\$667,500
Years in assisted living (\$8,725 / month)	3.4	4.0	6.4
Years in nursing home (\$12,805 / month)	2.3	2.8	4.3
Years in independent living (\$5,306 / month)	5.6	6.6	10.5
Scenario 2: Age in place using a HECM			
Cash available from a HECM at age 80	\$162,453	\$194,570	\$312,330
Years with nonmedical care (20 hours / week at \$35 / hour)	4.3	5.2	8.3
Years with nonmedical care (44 hours / week at \$35 / hour)	2.0	2.4	3.8
Adult day health care (\$2,383 / month)	5.7	6.8	10.9

Source: Urban Institute calculations using the following sources: Median home values are from the 2024 American Community Survey. Costs of long-term care for the greater Washington area are from “Calculate the Cost of Long-Term Care Near You,” CareScout, accessed July 10, 2026, <https://www.carescout.com/cost-of-care>. Cost of independent living in Montgomery County comes from “Independent Living,” A Place for Mom, accessed July 10, 2026, <https://www.aplaceformom.com/independent-living/maryland/montgomery-county>.

Notes: HECM = home equity conversion mortgage; LMI = low and moderate income. Income and property values are based on those for Montgomery County homeowners ages 75 to 85 who own their homes free and clear. We assume 11 percent selling costs, as estimated by the Zillow Home Sale Proceeds Calculator, and no capital gains taxes.

The margin was already thin, and it is narrowing further. Medicaid-funded home and community-based services have historically served as the safety net for long-term care among low-income households. But cuts to federal Medicaid spending under the One Big Beautiful Bill Act are expected to significantly reduce home and community-based services funding.²¹ This would place even greater pressure on home equity as a bridge to care for a group of older adults who are asset rich on paper but face a narrowing path to aging with stability and dignity. This makes home equity and the tools to access it more important than ever.

For older homeowners who wish to age in place, products such as HECMs can serve as a meaningful bridge by converting illiquid home equity into resources that fund care, extend independence, and defer institutionalization. But this bridge is not equally accessible. Research shows that HECM applicants of color face higher denial rates than white applicants (Zhu et al. 2023). Given Montgomery County’s racial and ethnic diversity, ensuring equitable access, fair underwriting, and strong consumer protections against predatory lending will be critical to making home equity a viable path for the county’s full aging population, not just those best positioned to navigate a complex financial system.

“I have some residents who have \$50 above the income threshold to qualify them for subsidized services. That’s the population I think about. Where do they go?”

—Housing developer

“It’s almost as if people have to become poor, 40 percent below the poverty level, to qualify, and they can’t have a good quality of life if they want housing they can afford.”

—Housing developer

“The purpose is to spend down and access care, which has real equity issues. Not just for those who don’t have equity or don’t have care but those who have managed to accrue equity. The missing middle is the vast majority. More and more people are struggling this way.”

—Policy stakeholder

From Cost Burden to Crisis: Senior Homelessness Is Rising, Unseen, and Underserved

For many older adults in Montgomery County, the affordability pressures described in this chapter do not end with cost burden but displacement. According to the 2025 Point-in-Time Homelessness in Metropolitan Washington Report, Montgomery County recorded the largest increase in people experiencing homelessness of any jurisdiction in the region from 2024 to 2025, a 32 percent rise in a single year (Kenney and Chapman 2026). Across the Washington region, older adults account for a significant and growing share of people without stable housing: 33 percent of adults without children experiencing homelessness were older than 55. Nationally, the older homeless population is expected to continue growing, driven by decades of rising housing costs, income stagnation, and the aging of the baby boomer generation (Culhane et al., n.d.).

There are many pathways into homelessness for older adults, and they often intersect. Rising rents erode the thin margins of low-income older renters living on fixed incomes. When rent increases outpace Social Security cost-of-living adjustments, as they have in recent years, even a small shock—a medical expense, a lost roommate, a landlord who converts a unit—can be destabilizing. For homeowners, property tax delinquency is a less visible but real risk. These structural pressures often compound and become increasingly difficult to navigate. Many older adults are unaware of the tax

credits, rental assistance programs, and housing supports they may qualify for. When complex application processes and limited outreach leave eligible households unreached, the result can be homelessness from failure to connect people to resources in time.

Montgomery County operates a network of homelessness support services, including programs run through the Montgomery County Coalition for the Homeless, which served 1,710 people in 2025.²² Yet a significant data gap clouds the full picture. Available program data do not allow researchers to determine how many older adults are served across county programs and nonprofit services. What the data do show through shelter counts and service provider caseloads is that the scale of need is rising and the existing infrastructure was not built to absorb it. As the county's older renter population grows and federal safety net programs face further cuts, ensuring that older adults at risk of homelessness can be identified, counted, and connected to help is itself an urgent policy priority.

“Largest and growing number of people in homeless shelters are seniors.”

—Policy stakeholder

“Seniors paying all of their money into rent, families sending them \$100 to \$200 a month so they can buy food.”

—Housing advocate

“Each individual application is too complex for a large swath of people—seniors, disabled, etc. On top of that, the universe of applications is another problem. There are structures in place, but they are small scale. Navigation needs to be a default.”

—Housing advocate

“We don’t have one place to go to ask questions, to learn how to navigate the world of subsidized housing.”

—Policy stakeholder

4. Accessibility: When Home No Longer Fits and Community Feels Out of Reach

For older adults, home is where daily life happens, where identity is rooted, and, for most homeowners, where most wealth is stored. Yet disability grows sharply with age. As health status changes, so do the demands placed on housing, but most homes in Montgomery County were not designed to meet them.

This chapter examines accessibility across two dimensions. Physical accessibility captures whether a home can safely and functionally accommodate aging in place. Barriers include stairs that become impassable, bathrooms too narrow for mobility aids, or structural conditions that pose hazards. Social accessibility captures whether an older adult can remain connected to the people, services, and communities that sustain well-being. This includes how connected homeowners are to family or community support, how often they feel isolated, and if outreach about programs and policies are reaching them. Both dimensions are essential to healthy aging in place, and both are underserved for a growing share of Montgomery County's older residents.

The Housing Stock Was Not Built for Aging Populations, and the Gap Is Worst at the Oldest Ages

The housing challenges older adults face are not only financial. Even a home that is affordable can be physically mismatched with occupants' evolving health needs if they have too many stairs, narrow doorways, or a bathroom that becomes hazardous as balance declines. For older adults with disabilities, the consequences of this mismatch show up directly in their home's physical condition.

Across all age groups, households with a disability that limits activities are more likely to live in inadequate housing—units moderately or severely deficient across utilities, structural integrity, and pest conditions—than households without disabilities (figure 4.1). The share of household heads with a disability increases from 13 percent at ages 55 to 84 to 57 percent at ages 85 and older (figure 2.9). This rapid escalation in health needs is paired with a significant rise in inadequate housing: 12.9 percent of households ages 85 and older with a disability live in inadequate conditions, compared with just 2.9 percent of those ages 75 to 84. The oldest and most physically vulnerable residents are also the most

likely to be living in homes that fail basic adequacy standards. This analysis draws on the American Housing Survey, which covers the greater Washington metropolitan area rather than Montgomery County specifically.

But measures of inadequate housing capture only the most acute end of the accessibility spectrum. For many older adults, the more immediate and pervasive barriers are entry steps, uncomfortably cold winters, and uncomfortably hot summers (table 4.1). These conditions make a technically “adequate” home difficult or unsafe to live in as health declines. Among homeowners, entry steps are the dominant concern: 40 percent of LMI homeowners and 44 percent of high-income homeowners must climb stairs to enter their residence. Stairs can make moving around the home difficult and dangerous for older adults with mobility challenges (Jacobs 2016). Thermal discomfort, though less severe for homeowners, still affects meaningful shares of homeowners. Five to 6 percent of LMI homeowners report being uncomfortably cold in winter or hot in summer. Renters face these conditions at higher rates, and the critical difference between the comfort of renters versus homeowners is that renters have little power to change these circumstances. That double barrier for renters is the focus of the next section.

“This requires more than just staying in the house. You need a home that is structurally sound, accessible, energy efficient, and affordable to maintain. You need to be able to navigate your bathroom, stairs, keep your home warm and cool.”

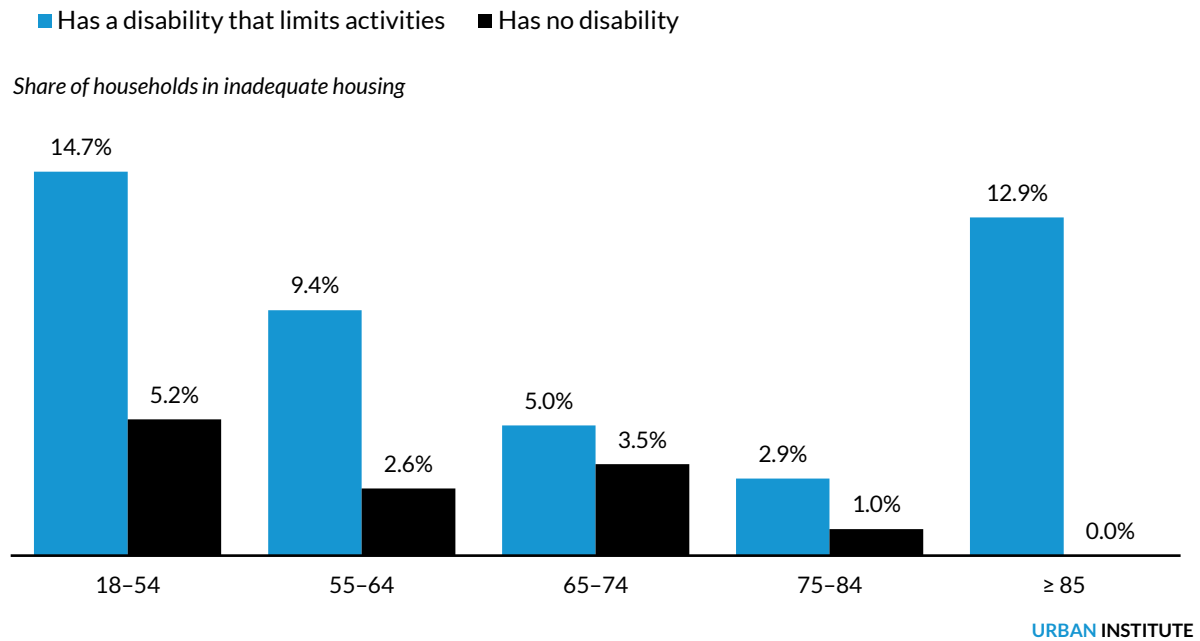
—Service provider

“There is a need for all sorts of configurations of universal design. I live in the southeast corner of MoCo. We don’t need to downsize since we never upsized. Our home isn’t terribly accessible. It has steps, a partially finished basement. Steps into the first floor.”

—Local resident

FIGURE 4.1

Housing Inadequacy, by Householder Disability and Age, in the Washington, DC, Metropolitan Area



Source: 2023 American Housing Survey and Urban Institute calculations.

Notes: Results are for households in the Washington-Arlington-Alexandria, DC-VA-MD-WV, Core-Based Statistical Area. For the American Housing Survey, the authors classified household heads as having a disability that limits activities if they report difficulty doing errands, difficulty walking, or difficulty completing self-care tasks. Inadequate housing indicates that the unit is moderately or severely inadequate for living based on a combination of features, including utilities, pests, and structural issues.

TABLE 4.1

Housing Adequacy for Households Ages 65 and Older in the Washington, DC, Metropolitan Area

Income	Tenure	Is inadequate housing	Is uncomfortably cold	Is uncomfortably hot	Has entry steps
LMI	Own	2%	5%	6%	40%
LMI	Rent	10%	10%	13%	30%
Middle income	Own	0%	3%	6%	34%
Middle income	Rent	9%	10%	17%	37%
High income	Own	2%	6%	7%	44%
High income	Rent	0%	7%	14%	27%

Sources: 2023 American Housing Survey and Urban Institute calculations.

Notes: LMI = low and moderate income. Results are for households with a household head at least 65 years old in the Washington-Arlington-Alexandria, DC-VA-MD-WV, Core-Based Statistical Area. Inadequate housing indicates that the unit is moderately or severely inadequate for living based on a combination of features, including utilities, pests, and structural issues. Uncomfortably cold indicates units that were uncomfortably cold for 24 hours or more last winter. Uncomfortably hot indicates units that were uncomfortably hot for 24 hours or more last summer. Entry steps indicate that residents must use stairs to enter the residence.

Renters Face Inaccessible Conditions They Cannot Fix

The accessibility challenges documented in table 4.1 are more common for renters. LMI renters experience higher rates of inadequate housing (10 percent), uncomfortably cold winters (10 percent), and uncomfortably hot summers (13 percent). Middle-income renters are not far behind: 9 percent live in inadequate housing, and 10 percent experience dangerous winter cold.

These thermal conditions are an affordability problem in disguise. Older adults on fixed incomes who cannot absorb rising utility costs may forgo adequate heating in winter or cooling in summer, making thermal discomfort a direct consequence of the cost pressures described in chapter 3.

The structural position renters occupy plays a significant role in housing accessibility. An older homeowner facing entry steps or a drafty home can apply for a modification grant, pursue a repair program, or invest in their own property. A renter has no such recourse. Accessibility improvements require landlord action. But landlords, particularly small or individual owners, face no regulatory obligation to make units more accessible for aging tenants. Without incentives or requirements to retrofit their stock, most landlords will not. The result is a population of older renters who are physically stuck in housing that no longer fits their bodies and a system that offers them no path to change it.

This dynamic falls hardest on those with the fewest options. Older LMI renters are less likely to be able to move to more accessible units, more likely to be living in older buildings with deferred maintenance, and more likely to be navigating these conditions while managing a disability and living alone. Even when they want to relocate, finding an accessible unit can be difficult because there is no centralized source of information on accessibility features across the county's housing stock. One in three renters ages 65 and older have a disability that limits activities or ability for self-care, but only 15 percent of homeowners at the same age have similar disabilities.²³ More than 60 percent of renters ages 65 and older live alone, compared with 13 percent of homeowners.²⁴ For older renters, an inaccessible home is a daily safety risk and an accelerant of the care needs described in chapter 3.

“There is a lot of need for renters. There’s nothing in our code requiring accessible [Moderately Priced Dwelling Units]. That is something [Department of Housing and Community Affairs] should look at—can we fold in accessibility with affordability.”

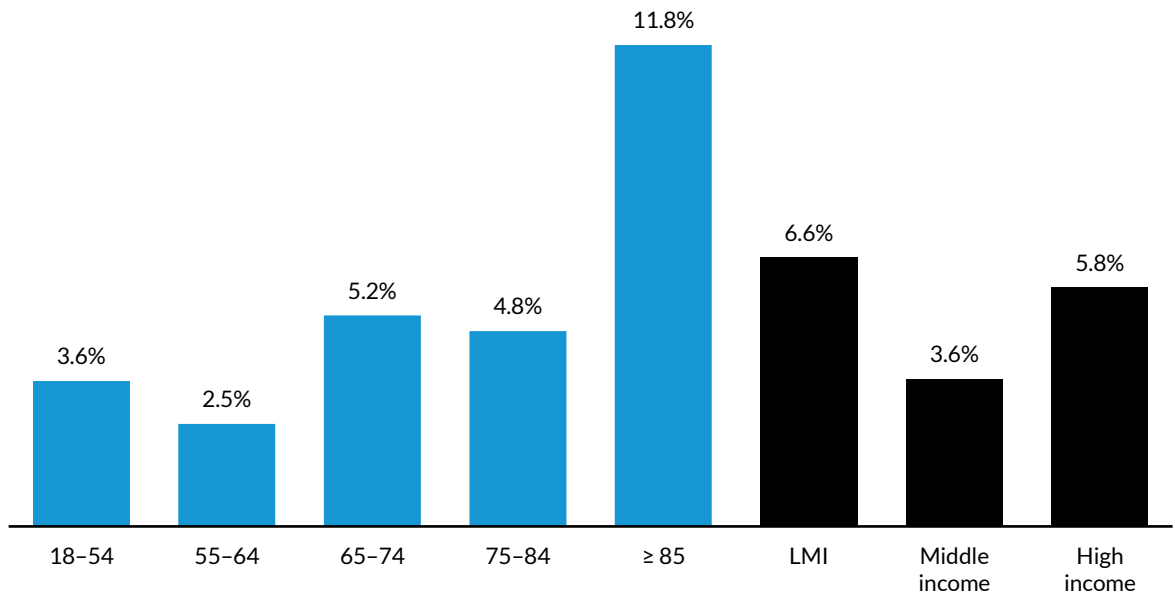
—Policy stakeholder

Home Modifications Are Reactive, Expensive, and Out of Reach for Most Homeowners

Aging in place rarely happens without intervention. As disability emerges and mobility declines, home features that once existed without a second thought—steps at the front door, a tub requiring a high step-over, narrow doorways—begin to pose hazards. Yet as one local resident put it plainly, “How do you put in a ramp? Does anyone do that in advance? I don’t think so. It’s disability, falls, or frailty that becomes a trigger. People have to quickly adapt their home or move.” The data bear this out. Among homeowners in the Washington metropolitan area, just 4 to 5 percent of those ages 65 to 84 made an accessibility renovation (i.e., home improvements to accommodate physical limitations) in the past two years (figure 4.2). That share nearly triples to 12 percent at ages 85 and older, mirroring the sharp rise in disability that limits both daily activities and self-care at the oldest ages. Modifications to accommodate physical limitations happen late, when crisis compels them, rather than proactively, when older adults may have more financial flexibility.

FIGURE 4.2

Share of Homeowners Who Made Accessibility Renovations to Their Property in the Past Two Years, in the Washington, DC, Metropolitan Area



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Sources: 2023 American Housing Survey and Urban Institute calculations.

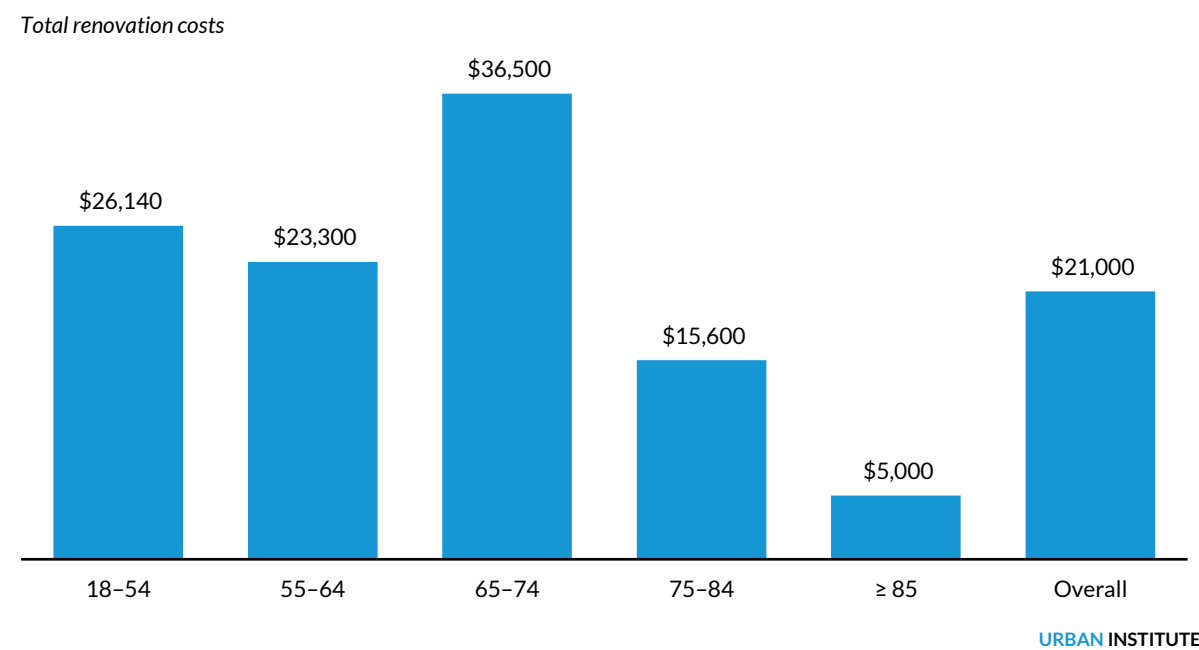
Notes: LMI = low and moderate income. Results are for households in the Washington-Arlington-Alexandria, DC-VA-MD-WV, Core-Based Statistical Area. Renovations were made within two years of the survey. The accessibility renovation survey question is as follows: Did you do any of these home improvements to make your home more accessible for people with physical limitations, such as people using a wheelchair or a walker?

LMI homeowners ages 65 and older made accessibility renovations at a higher rate (7 percent) than middle-income households (4 percent). This is not because they face less financial pressure but likely for two reinforcing reasons. Low-income homeowners are more likely than others to live in housing that fails basic adequacy standards, creating urgent repair needs, and they are more likely to qualify for the income-targeted grant and repair programs that help offset costs. Middle-income households, in contrast, earn too much to qualify for most subsidized programs yet often lack the liquid assets to fund renovations on their own. This is a familiar dynamic for the forgotten middle.

Among homeowners who did make an accessibility improvement in the past two years, the median total renovation cost was \$36,500 for those ages 65 to 74, the highest of any age group (figure 4.3). This cohort skews toward proactive early-retirement renovators—that is, people who are recently retired and still in relatively good health modifying their homes before disability forces the issue. As health declines and financial capacity narrows, renovation scope shrinks. Median costs fall to \$15,600 at ages

75 to 84 and to just \$5,000 at ages 85 and older. Smaller modifications at older ages are not a sign of less need; they are a sign of fewer resources.

FIGURE 4.3
Median Renovation Costs, by Age, for Homeowners Who Made Accessibility Improvements in the Past Two Years



Sources: 2023 American Housing Survey and Urban Institute calculations.
Notes: Results are for households in the Washington-Arlington-Alexandria, DC-VA-MD-WV, Core-Based Statistical Area. Renovations were made within two years of the survey. Costs are total renovation costs for the past two years and may include costs of other projects, in addition to accessibility improvements.

Comparing renovation costs against liquid assets makes the financial bind concrete (table 4.2). Households ages 65 to 74—those most likely to undertake large-scale modifications—hold a median of \$19,299 in liquid assets, less than the \$36,500 median renovation cost for their age group. For households ages 75 and older, median liquid assets of \$14,062 barely cover the \$15,600 median renovation cost for 75-to-84-year-olds, and that assumes those savings face no other competing claims. For older adults already managing rising health care costs, housing expenses, and food insecurity, a home modification can mean choosing between structural safety and financial stability. For many, the choice is simply to wait until a fall or a health crisis forces action, by which point options have narrowed and costs have compounded.

Even a home that has been modified often is not enough on its own. Many older adults also need ongoing help with daily tasks, from occasional light assistance to more sustained personal care. As table

3.1 shows, this kind of support is itself expensive. And unlike a modification, this is a recurring cost that compounds for as long as someone remains at home. The market for it is also structurally mismatched to lighter needs, as agencies bear similar administrative and travel costs for a two-hour visit as an eight-hour one. That pricing structure squeezes out exactly the older adults who need only a few hours of help—taking out the trash, light cleaning, a safety check-in—rather than comprehensive daily care.

“You can quantify the amount it takes to do repairs—grab bars, doorways, ramps—and it’s expensive. The cost burden to modify your home is prohibitive for low-income homeowners.”

—Service provider

“Health care and medical expenses increase as we get older. Do I pay for my medication or make repairs?”

—Local resident

TABLE 4.2

Median Household Liquid Assets, by Age

Householder age	Liquid assets
Younger than 35	\$5,470
35 to 44	\$7,819
45 to 54	\$9,319
55 to 64	\$9,516
65 to 74	\$19,299
75 or older	\$14,062

Sources: 2022 Survey of Consumer Finances and Urban Institute calculations.

Note: Liquid assets include transaction accounts and certificates of deposit.

Aging in Place or Isolating in Place: Transportation, Language, and Social Connection

Physical accessibility is necessary but not sufficient for aging in place. A home can be structurally sound, free of barriers, and thermally comfortable and still leave its occupant isolated. Social isolation is a serious and underrecognized health risk. According to the National Academies of Sciences, Engineering, and Medicine, social isolation among older adults is associated with a 50 percent increased risk of dementia, a 29 percent increased risk of heart disease, and a 32 percent increased risk of stroke (National Academies 2020). According to an AARP survey, one-third of adults ages 45 and older report feeling lonely.²⁵ More than half of households ages 85 and older live alone, and the convergence of living

alone, declining mobility, and disability at the oldest ages makes social connection increasingly difficult to maintain without intentional support.

Transportation is a key enabler of that connection. Although Montgomery County has transit infrastructure along its eastern corridor, large portions of the county's residential landscape, particularly in the north and west, have limited walkability and transit access, leaving many older adults dependent on a car to access medical appointments, grocery stores, and social activities. When driving is no longer possible, the practical and social costs compound quickly.

The county's Villages movement offers one of the most promising community-based responses. Villages are grassroots, volunteer-led organizations that coordinate mutual aid, social events, and transportation for older adults in their communities.²⁶ There are currently 25 active Villages in the county, with 9 more in development.²⁷ In 2025, 8,360 residents participated across the network. Volunteers donated 55,196 hours of their time and fulfilled 12,149 service requests over two years, providing rides, fostering social connection, and linking members to programs and services.²⁸ For participants, Villages offer something formal programs cannot fully replicate: trusted relationships within a known community.

Yet our service provider listening sessions revealed a consistent concern: Villages have so far struggled to reach the older adults who may need them most. Service providers noted that Villages in Montgomery County have difficulty engaging communities of color, low-income residents, and immigrant communities. In Wheaton, home to one of the county's largest Latino communities, no Village has yet been established. Gaithersburg, Germantown, and parts of East County also lack an established Village. This may be because Villages are grassroots by nature, and building the community trust required to launch one typically takes two to three years. The result is uneven coverage, with the gaps falling disproportionately on residents who already face compounding barriers to connection.²⁹

Language is one of those barriers. Among older households in Montgomery County, linguistic isolation—defined as no household member age 14 or older speaking English fluently—rises with age: 8.3 percent of households ages 65 to 74 are linguistically isolated, reaching 9.7 percent among those ages 85 and older (figure 4.4). For these households, the challenge is one not only of social connection but of information access. They may be eligible for housing assistance, home repair programs, or health services but unable to navigate systems that communicate only in English. Service providers report that older adults often will not act on information unless it comes from a trusted member of their own community, in their own language, making broadcast outreach ineffective for some households and making community-based channels essential.

“Unsurprisingly, a lot of need among people living alone—resources to get transportation, for someone to go with you to a medical appointment. Not just social isolation, but limitations on resources when you live alone. These older residents living alone are often women.”

—Service provider

“People are often isolated, which also means isolated from information.”

—Service provider

“Walkability isn’t cheap, but we were able to find that. It was a good choice.... As much as we liked our neighborhood, it wasn’t the place to be. Social isolation became a problem.”

—Local resident

“In my own Village, those who need it the most tend to be the least engaged. Maybe they don’t think they need it or think they can get it elsewhere.”

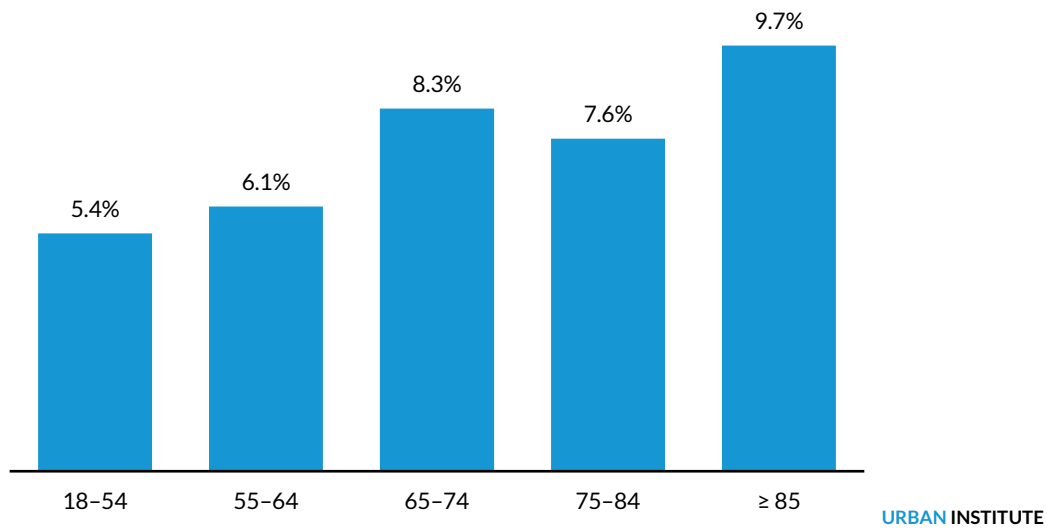
—Service provider

“Many of our residents go to adult day care services that speak their local languages. Using these adult day care services where native languages are used could be a good way to spread the word about services to more, and a more diverse group, of older residents.”

—Service provider

FIGURE 4.4

Linguistic Isolation



Sources: 2020–24 five-year American Community Survey data and Urban Institute calculations.

Note: A household is linguistically isolated if no one age 14 or older speaks English fluently.

5. Availability: The Right Housing for Every Stage of Life Is Not Always Within Reach

Housing needs change as people age. A 65-year-old looking to downsize from a single-family home, a 78-year-old seeking community and social connection, and an 85-year-old managing chronic illness and limited mobility each face a distinct set of needs shaped not only by age, but by income, health status, personal preference, and geography. Unlike younger households, older adults are navigating not just where to live but how to live. Older adults need housing that will provide them the right level of care, the right level of independence, and the right level of support for wherever they are in their life course. No single housing solution works for everyone.

Chapters 3 and 4 documented the affordability and accessibility barriers that prevent many older adults from aging in place with dignity and comfort. But a third challenge is availability. Is the right type of housing—one that matches an older adult’s care needs, income, location preference, and stage of life—available in Montgomery County and within reach?

The answer is complicated. Montgomery County has a diverse landscape of age-restricted housing options. But supply is unevenly distributed by geography, income, and race or ethnicity. And structural barriers make expanding these options difficult, particularly at price points accessible to LMI households. This chapter examines what age-restricted housing currently exists, how it is distributed across communities, and what constrains the development of more affordable options.

An Overview of the Age-Restricted Housing Landscape

Montgomery County has a diverse array of age-restricted housing options—from active-adult homeownership communities and subsidized independent living apartments to assisted living facilities, continuing care retirement communities, and small group homes (box 5.1). This diversity reflects a fundamental reality of aging. Housing needs are not static and instead shift with health, income, mobility, and personal preference. No single housing type meets the full spectrum of need. Ensuring adequate supply across all types is as essential as preserving the affordability of what already exists.

Building on the county's 2018 Housing Needs Assessment for Older Adults, this section updates the supply landscape using updated data from the Montgomery County Planning Department.

BOX 5.1

Types of Age-Restricted Housing Facilities

This report follows the age-restricted housing type classifications used in Montgomery County's 2018 Housing Needs Assessment for Older Adults^a and updates supply counts using current data provided by the Montgomery County Planning Department. These classifications reflect how the county collects and reports data on age-restricted housing, providing a consistent basis for tracking supply over time. They do not, however, capture every distinction in the current senior housing market, including newer service-enriched independent living models, memory care as a distinct care tier, and licensing differences between nursing homes and skilled nursing facilities, each noted below.

- **Active-adult homeownership:** For-purchase developments (single-family homes or condominiums) for residents ages 55 and older. Offer independent, relatively maintenance-free living with no supportive services provided.
- **Independent living:** Age-restricted rental properties for residents ages 55 and older or 62 and older at market-rate or subsidized rents. Residents live independently; medical care services are not provided as part of the housing. Subsidized independent living in this study is classified as properties receiving financial support from public housing, Section 8, Section 202, Section 236, low-income housing tax credits, or Montgomery County Moderately Priced Dwelling Units programs. This category does not separately identify a growing segment of market-rate independent living communities that bundle optional supportive services—such as wellness programming—without rising to the level of licensed assisted living.
- **Assisted living:** Residential or facility-based programs that provide housing and supportive services, supervision, personalized assistance, and health-related services for residents who need assistance with daily living. Assisted living serves people who have difficulty living independently but do not need the daily nursing services provided in a nursing home. Assisted living units in this study are defined as those with more than 16 units as licensed by the Maryland Department of Health. Memory care—specialized units for residents with dementia or cognitive impairment, typically featuring secured environments and higher staff ratios—is licensed in Maryland as a subset of assisted living but is not separately identified in this study's data.
- **Continuing care retirement communities (CCRCs):** Provide long-term uninterrupted care that includes independent living units, residential care or assisted living services, and skilled nursing care, usually in one location. CCRCs allow residents to age in place, as they typically sign a contract for lifetime care, and are often the most expensive retirement option.

- **Group homes:** Community-based residential programs for 3 to 16 unrelated individuals, providing housing, supportive services, supervision, personalized assistance, and health-related services. Group homes must be licensed as assisted living facilities by the Maryland Department of Health. Group homes in this study are defined as assisted living facilities with 16 or fewer units or beds. Sites with multiple houses at adjacent addresses have been combined, so some group homes may show more than 16 units.
- **Nursing homes:** Provide 24-hour nursing care or assistance for individuals of all ages. Families typically seek nursing home care when it is no longer safe to care for a person at home or when care needs become too complex to be provided in the home. Nursing homes in this study are licensed as nursing facilities or long-term comprehensive care facilities by the Maryland Department of Health. This category combines traditional nursing homes with facilities licensed specifically as skilled nursing facilities. Though these designations can differ in scope of services, our data do not distinguish between them.

In addition to types of facilities, the Montgomery County Planning Department also collects data on the types of units within facilities with different levels of support.

- **Independent living units** have the lowest levels of medical care and support and are meant for older adults who do not need assistance with daily living.
- **Assisted living units** offer modest hands-on support for daily living. They are meant for older adults who can be mostly self-sufficient with support on some tasks or activities.
- **Skilled nursing beds** provide the most support, including medical care, and are meant for people who cannot live self-sufficiently.

^a Montgomery County Planning Department, [Meeting the Housing Needs of Older Adults in Montgomery County](#) (Montgomery County Planning Department, 2018).

Montgomery County has 27,274 age-restricted housing units and beds across all facility types (table 5.1). The two largest categories are subsidized independent living (6,548 units, or 24 percent of total supply) and active-adult homeownership (6,310 units, or 23 percent), which together account for nearly half of all age-restricted supply. Continuing care retirement communities (CCRCs) represent the third-largest segment with 5,161 total units, including 3,243 independent living units, 921 assisted living units, and 997 skilled nursing beds, making them a critical source of both independent and care-intensive options. Assisted living facilities contribute another 3,795 units on their own. Group homes add 1,481 units, and nursing homes outside CCRCs contribute 3,561 beds.

Market-rate independent living rentals are the option for older adults who no longer wish to own but are not income eligible for subsidized housing. These account for just 418 units county-wide, fewer than 2 percent of total supply. This gap in the middle of the market reinforces the affordability

challenges documented in chapter 3 and points to a structural hole in the county’s housing continuum. For homeowners who might otherwise sell to fund a move, capital gains taxes on decades of appreciation in a high-cost county such as Montgomery County frequently exceeds the federal exclusion, eroding the proceeds available for housing costs. For older adults with moderate incomes, the options are narrow. They make too much to qualify for subsidized senior housing and make too little to afford most CCRCs or market-rate assisted living and often cannot remain in a home that no longer fits their needs.

TABLE 5.1
Age-Restricted Housing Units in Montgomery County

Facility type	Independent living units	Assisted living units	Skilled nursing beds	Total
Active-adult homeownership	6,310	-	-	6,310
Assisted living	571	3,041	183	3,795
Continuing care retirement community	3,243	921	997	5,161
Group home	-	1,481	-	1,481
Independent living, market rate	418	-	-	418
Independent living, subsidized	6,548	-	-	6,548
Nursing home	-	-	3,561	3,561
Total	17,090	5,443	4,741	27,274

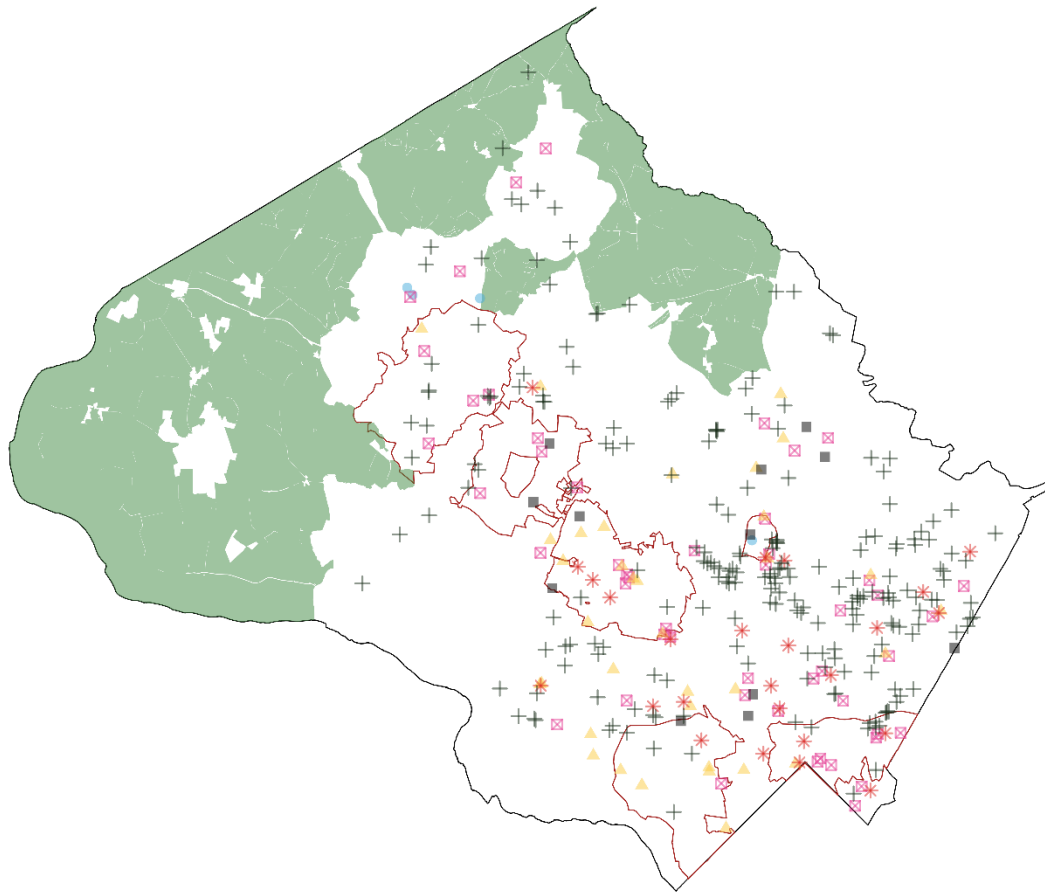
Source: Montgomery County Planning Department age-restricted housing development data.

The map of age-restricted facilities and older adult population density shows that most facilities are concentrated in the county’s southeastern corridor—in and around Bethesda, Silver Spring, Rockville, and Leisure World—where census tracts also show the highest shares of residents ages 65 and older (figure 5.1). This alignment suggests some match between supply and where older adults currently live. Notably, facilities built after 2017 begin to shift toward the county’s northern and western communities, including Germantown and Gaithersburg, in areas with growing older adult populations—a signal of emerging supply in parts of the county that have historically had fewer options.

Looking at the distribution by facility type, group homes are the most geographically dispersed, reflecting their small scale and community-based model (figure 5.1). Independent living facilities show a broader reach into the county’s northern and western communities, while assisted living homes, nursing homes, and CCRCs are more concentrated in the southeastern corridor, where incomes are higher. Leisure World stands apart as by far the largest single cluster of age-restricted units in the county. Older adults in the northern and western parts of the county—who are also more likely to rely on private vehicles—have significantly fewer nearby options for care, affordable rental housing, or community-based living.

FIGURE 5.1

Age-Restricted Housing Facilities in Montgomery County



- Active Adult Homeownership
- ▲ Assisted Living
- CCRC (Continuing Care Retirement Community)
- + Group Home
- ☒ Independent Living
- * Nursing Home

URBAN INSTITUTE

Sources: Montgomery County Planning Department age-restricted housing development data and Urban Institute calculations.

Notes: Green shading indicates Montgomery County Agricultural Reserve. Places outlined in red are, from north to south, Germantown, Gaithersburg, Rockville, Leisure World, Bethesda, and Silver Spring.

Care-Intensive Senior Housing Concentrates in High-Income, Majority-White Neighborhoods

Across all housing types, age-restricted units as a whole are more concentrated in lower-income neighborhoods than where the 55-and-older population lives—roughly 32 percent of total units are in LMI neighborhoods, compared with 22 percent of older adult households (figure 5.2). But this aggregate picture masks significant variation by housing type.

CCRCs have no presence in LMI neighborhoods, with units concentrated entirely in middle- and high-income census tracts. Assisted living and nursing homes are similarly skewed. Both are disproportionately concentrated in middle- and high-income areas, disproportionate to the share of households ages 55 and older in these neighborhoods. Even subsidized independent living, which represents most independent living units in the county (table 5.1), has a modest footprint in LMI neighborhoods. This distribution is unsurprising: CCRCs' high costs naturally locate them where residents can afford them, and subsidized, income-restricted housing is sited to serve the low-income populations it targets. For older adults in low-income neighborhoods who develop complex care needs, the options within close reach are limited.

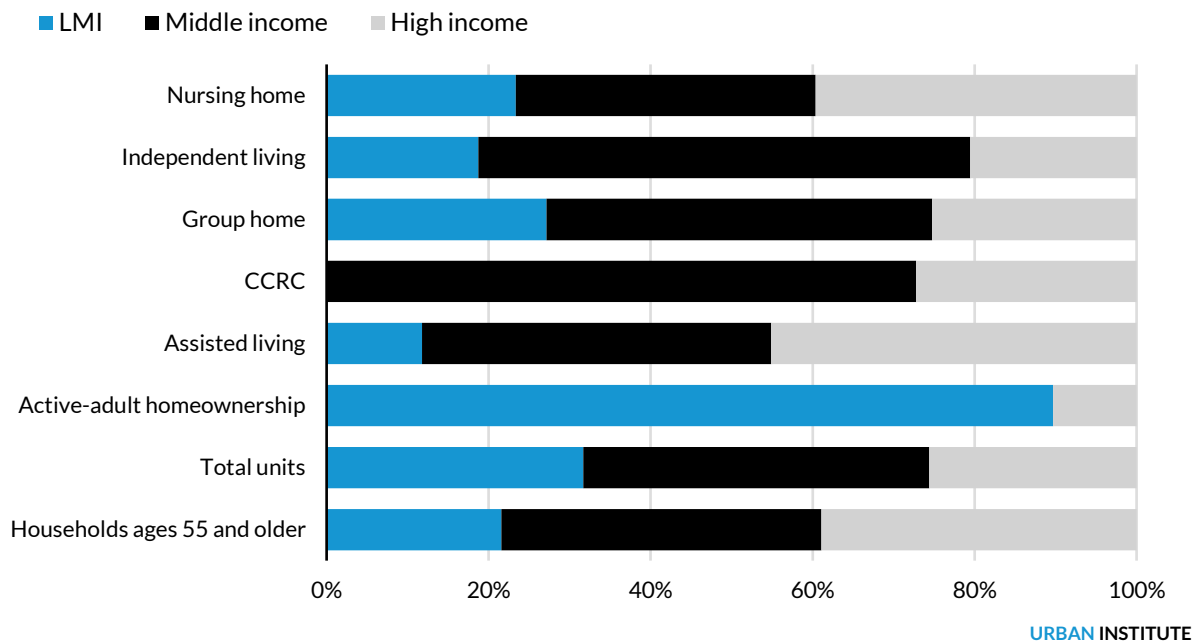
The geographic distribution of care-intensive housing is similarly unequal by race and ethnicity (figure 5.3). CCRCs, assisted living facilities, and nursing homes are disproportionately concentrated in majority-white neighborhoods, well above the share of the older adult population living in those communities. Independent living and group homes, in contrast, are more equitably distributed across racially and ethnically diverse neighborhoods. Older adults in neighborhoods of color have significantly fewer nearby options for the care-intensive housing types they are most likely to need as they age.

Older adults of color and those with low to moderate incomes will be more likely to need to move further from their community if they enter care-intensive housing because there are no or fewer options near them already. This distance may increase isolation for these individuals if there is a greater distance to travel between their family or friends.

This geographically uneven distribution is difficult to untangle from the economics of senior housing development. Care-intensive housing types bundle housing with medical and supportive services, driving costs dramatically higher than standard service-free affordable housing, and making them difficult to build and operate at price points accessible to LMI households, even with public subsidies. These patterns reflect a development landscape in which the economics of care-intensive senior housing systematically favor higher-income markets.

FIGURE 5.2

Distribution of Age-Restricted Housing, by Neighborhood Income



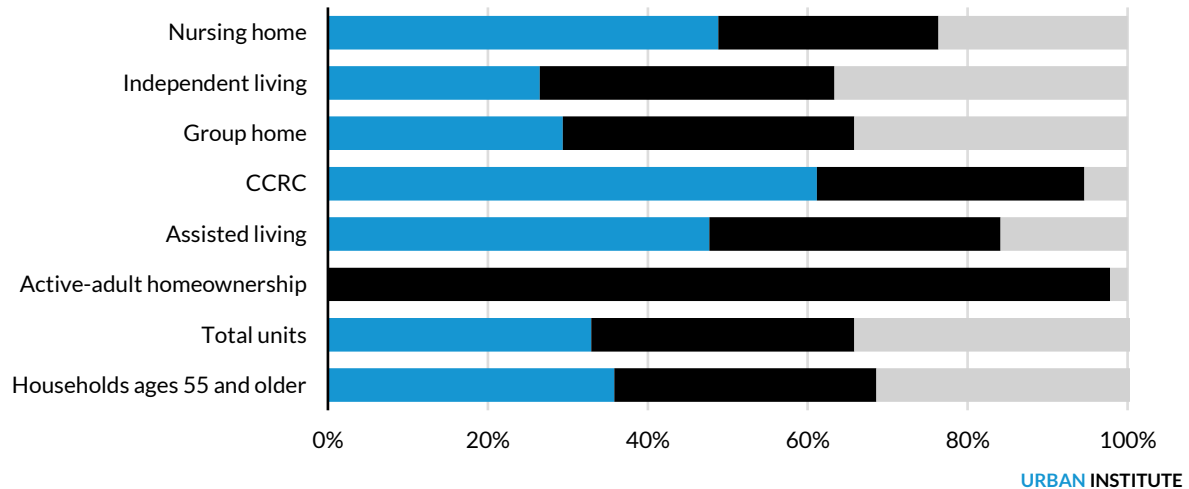
Source: Montgomery County Planning Department age-restricted housing development data, 2023 five-year American Community Survey data, and Urban Institute calculations.

Notes: CCRC = continuing care retirement communities. Neighborhood = census tract. Distribution by census tracts with median incomes classified as follows: LMI is up to 80 percent of the area median income (AMI), middle income is 80 to 120 percent of the AMI, and high income is greater than 120 percent of the AMI.

FIGURE 5.3

Distribution of Age-Restricted Housing, by Neighborhood Population

- Up to 50% of the people in the neighborhood are people of color
- 50% to 75% of the people in the neighborhood are people of color
- More than 75% of the people in the neighborhood are people of color



Sources: Montgomery County Planning Department age-restricted housing development data, 2023 five-year American Community Survey data, and Urban Institute calculations.

Notes: CCRC = continuing care retirement communities. Neighborhood = census tract. Shares show the portion of household heads who are Black, Latino, Asian, Native American, Native Hawaiian or Pacific Islander, or multiple races.

Barriers to Expanding Age-Restricted Housing Supply

To understand what constrains the development of more affordable age-restricted housing in Montgomery County, we conducted a listening session with housing developers working on both market-rate and subsidized senior housing. What they shared offers a ground-level view of the challenges facing those trying to expand supply. Most of these barriers are not unique to senior housing—they relate to affordable housing development generally—but they compound the cost pressures already documented in this chapter and directly shape how much senior housing supply the county can add. Montgomery County has invested significantly in affordable housing. For example, the Montgomery County Department of Housing and Community Affairs' Housing Initiative Fund is widely recognized by developers as one of the state's strongest local tools. But developers still face persistent barriers spanning the full affordable development life cycle. This section presents developers' first-hand accounts of those barriers; chapter 6 turns to the policy levers available to address them.

Land and Construction Costs

The most foundational barrier to new development is cost. Montgomery County is one of the region's most expensive real estate markets, and land and construction costs are significant drivers of project feasibility. "Cost of land, cost of construction—that's what drives costs," one housing developer told us. "And then rents are fixed, so it's really how much subsidy you are able to get." Once affordability restrictions cap what residents can be charged, subsidy is the only lever left to close the gap between land and construction costs and achievable rents. This dynamic is not unique to senior housing. It defines affordable housing development generally, but it is especially acute in a high-cost market such as Montgomery County, where the gap between what it costs to build and what residents can pay is unusually wide. In an analysis of the Montgomery County development pipeline, the Planning Department found that the most common impediments to project completion were financial feasibility and construction costs (Govoni et al. 2025).

Zoning and Regulatory Complexity

Zoning determines where age-restricted housing can and cannot be built, and developers described navigating regulatory requirements as a significant cost driver. Permitting processes, compliance requirements, and layered approvals all add time and cost to an already difficult development environment. Participants noted that each additional regulatory requirement carries a cost that ultimately shows up somewhere—whether in fewer units built, higher development costs, or longer timelines. There are opportunities for local policymakers to use zoning more proactively to expand senior housing supply, including through partnerships with faith-based institutions and other community organizations. Chapter 6 examines policy levers in greater depth.

Predevelopment Costs

One of the most significant barriers developers described is the cost and risk of predevelopment, the period between conceiving a project and breaking ground, requiring architects, engineers, lawyers, and planning approvals before a developer knows whether a project will succeed. "Not too many people are willing to fund predevelopment work," one housing developer told us. "Which means it's often a financial risk that the developers alone are taking on, before they know if they are going to be able to build the property. If there's a big NIMBY [not-in-my-backyard] movement and they prevent you from getting it developed, that's lost money because the investment of predevelopment did not pay off." Although this risk is a known and predictable feature of the development process rather than a surprise,

it still requires developers to have access to capital that is often scarce for mission-driven or small-scale developers pursuing affordable senior housing specifically.

Financing Complexity

Affordable senior housing projects rarely rely on a single funding source—a challenge common to affordable housing development generally. Developers typically piece together low-income housing tax credits (LIHTC), federal subsidies, county Housing Initiative Fund dollars, and other grants, each with its own timeline, eligibility requirements, and level of uncertainty. “Piecing those together along with development approval and syncing up at a place where you can close and break ground is really, really difficult,” one developer told us. Maryland’s tax credit structure compounds these challenges: 9 percent LIHTC does not prioritize senior housing, often requiring developers to obtain special dispensation to access it. Small disruptions—such as a change in financing, an unexpected cost, a delay in any single approval—can knock multiple funding streams out of alignment and add years to a project’s timeline.

The Affordability Paradox

Even when affordable senior housing gets built, affordability remains elusive for many residents (a paradox rooted in the fact that senior housing bundles rent with care services², and “affordable” typically refers only to the rent portion of that bundle. “Assisted living, because of the premiums for service, even if you make the rent affordable, people at [low income] levels still aren’t going to be able to afford the cost,” one housing developer noted. Demand for deeply subsidized senior housing is overwhelming. One nonprofit operator running a legacy, fully subsidized senior building reported a three-to-five-year waiting list while being forced to shut down its assisted living component because it could no longer financially sustain operations. Meanwhile, missing-middle households have almost nowhere to turn if they earn too much to qualify for subsidized housing and earn too little to afford market-rate assisted living.

Community Opposition

Even where need is clear and sites are available, community opposition creates additional headwinds. Resistance to affordable senior housing is particularly pronounced. “Prejudice against poverty is pervasive in a lot of the places where there is opportunity,” one developer told us, describing how large retirement communities with capacity to build affordable units declined to do so because existing

residents objected. These attitudes concentrate affordable senior development in certain parts of the county while foreclosing it in others.

“The regulatory [framework] around affordable housing and senior housing and services, the staffing, and compliance costs make it expensive to build and expensive to operate.”

—Housing developer

“Assisted living, because of the premiums for service, even if you make the rent affordable, people at those [area median income] levels still aren’t going to be able to afford the total cost.”

—Housing developer

6. A Policy Playbook

Amid the nation's broader housing affordability and supply crisis, senior housing deserves greater policy attention. Older adults face unique challenges, and their housing decisions will increasingly shape the future of the broader housing market. As the population ages, older adults will account for a growing share of housing demand. At the same time, whether seniors remain in their current homes, modify them, downsize, move into age-friendly communities, or transition to assisted living will have significant implications for the housing supply available to younger households. The housing choices of a growing number of older adults will influence both the supply and demand sides of the housing market equation.

There is no one-size-fits-all solution to senior housing. Older adults have diverse preferences, financial circumstances, health needs, and family situations that evolve. Some want to age in place in their longtime homes and communities. Others may prefer to downsize, move closer to family, relocate to a more walkable neighborhood, or transition to assisted living or other supportive housing environments. Policymakers should focus on ensuring that the housing market provides a range of affordable, accessible, and supportive options that allow people to find the housing arrangement that best fits their needs at different stages of later life. The goal should be to support aging well in place with stability and safety, not simply aging in place.

Montgomery County has built a meaningful foundation for supporting older adults' housing needs. The county has programs in place to address housing affordability, accessibility, and availability, from property tax credits and utility assistance for cost-burdened homeowners, to home repair and retrofit programs, to one of the region's most active affordable housing development pipelines. These investments reflect a commitment to ensuring that older adults can remain in their communities as they age.

But the evidence presented in this report tells a more complicated story. The demographic analysis in chapter 2 shows a county aging rapidly, with an older adult population that is growing more racially and ethnically diverse and economically varied than prior generations. Chapters 3 through 5 reveal that the county's policy infrastructure is not yet well matched to the evolving and heterogeneous needs of older adults across different life stages, income levels, and health statuses. Cost burden is high and rising, particularly among low-income households; most housing was not built for the needs of aging adults; and the supply of affordable, care-supportive senior housing is unevenly distributed, leaving low-income households and communities of color with fewer options than other households. The listening

sessions reinforced these findings. Older adults, service providers, housing developers, and policymakers all described navigating a system not designed with older adults in mind.

This chapter translates the evidence into action. Organized around the three A's—affordability, accessibility, and availability—it summarizes the existing policy landscape, identifies the most significant gaps, and proposes targeted recommendations for the county and its partners. Where possible, we draw on successful approaches from peer jurisdictions to illustrate what is achievable. The goal is not to start from scratch but to build on Montgomery County's existing strengths in ways that are better tailored to the aging population's complex and evolving needs.

Affordability: Strengthening the Safety Net for Older Adults Across the Income Spectrum

Affordability is the most pervasive housing challenge facing older adults in Montgomery County, and it cuts across tenure, income, and life stage in distinct ways. Older LMI renters are the most severely cost burdened. More than half of renters ages 65 and older spend more than 30 percent of their income on housing, squeezed by rising rents against fixed incomes with little financial cushion. Older homeowners face different but equally serious pressures. Many homeowners are stuck in homes that no longer fit their needs, while others are squeezed by rising condo fees, property taxes, and deferred maintenance costs. For the forgotten middle—households with moderate incomes and significant home equity but too little liquidity to afford market-rate long-term care—neither public programs nor private markets adequately fill the gap. And at the breaking point of all these pressures, senior homelessness is rising, often unseen, and deeply underserved. Montgomery County and the State of Maryland have invested in programs across all four of these dimensions. The following section summarizes the existing landscape, identifies key gaps, and proposes policy recommendations.

Existing Programs and Policies

Montgomery County and the State of Maryland have built several programs to support housing affordability for older adults, spanning property tax relief, rent subsidies, home equity tools and long-term care assistance, and emergency assistance. The tables below summarize the key programs across these four dimensions, including federal, state, and county-level initiatives. Although the landscape is more comprehensive than in many peer jurisdictions, the programs collectively serve only a fraction of

the older adults who face housing cost burdens, and significant gaps remain in coverage, eligibility, and reach.

This section focuses on programs that provide financial assistance to renters or homeowners to help reduce cost burdens and improve affordability. Programs that support the production and preservation of affordable housing supply—such as the Housing Initiative Fund, the Nonprofit Preservation Fund, the Affordable Housing Opportunity Fund, and payment-in-lieu-of-taxes (PILOT) agreements—are covered separately in the availability section below (table 6.7), as they are designed to expand and preserve the county’s affordable housing supply rather than directly reducing housing costs for individual households.

TABLE 6.1
Property Tax Relief and Utility Assistance

Name	Provider	Description	Eligibility
Montgomery County Senior Property Tax Credit	County	Reduces property tax burden for older homeowners	Homeowners ages 65 and older
State homeowners' tax credit	State	Reduces property tax burden for low-income homeowners	Homeowners with a net worth less than \$200,000 and income less than \$60,000 a year
Montgomery County Supplemental Homeowners Property Tax Credit	County	Reduces property tax burden for cost-burdened homeowners	Depends on income relative to property tax
Montgomery County Senior Property Tax Deferral Program	County	Defers property taxes as an interest-free lien on the property	Homeowners ages 65 and older earning up to \$80,000 a year
Utility assistance program (MEAP, EUSP, and LIHWAP)	State	Restores services or prevents disconnection attributable to inability to pay for water, electricity, and gas	Low-income homeowners or renters

Source: Authors' landscape scan of policies available to Montgomery County residents.

Note: EUSP = Electric Universal Service Program; MEAP = Maryland Energy Assistance Program; LIHWAP = Low Income Household Water Assistance Program.

TABLE 6.2

Renter Subsidies and Affordable Housing

Name	Provider	Description	Eligibility
Housing choice vouchers	Federal	Rental subsidy to very low-income households	Households earning up to 50% of the AMI (with priority given to those earning up to 30%)
Maryland and Montgomery County renters' tax credits	State and county	\$1,000 tax credit from the state, 50% matched by the county	Households ages 60 and older earning less than \$60,000 a year or with a 33% cost burden
Low-income housing tax credit	Federal	Developer credits for building affordable housing	Households earning up to 50% or 60% of the AMI
Moderately Priced Dwelling Units	County	99-year covenants for affordable units in new developments with at least 20 units	Households earning up to 70% of the AMI
Montgomery County rent stabilization	County	Limited increases to rent in older properties	Property is at least 23 years old
Housing Stabilization Services	County	Consultation and resource connection for renters at risk of homelessness	Households earning up to 60% of the AMI

Source: Authors' landscape scan of policies available to Montgomery County residents.

Note: AMI = area median income.

TABLE 6.3

Home Equity Tools and Long-Term Care Assistance

Name	Provider	Description	Eligibility
Home equity conversion mortgage	Federal	FHA-insured reverse mortgage allowing homeowners to convert equity into cash while remaining in the home; repayment is deferred until they sell, move, or pass away	Homeowners ages 62 and older; for a primary residence
SOAR	State	Case management, home and community supports and financial support for assisted living	Income must be less than 60% of the state median income; for households ages 62 and older
Community services for older adults and people with disabilities	State	Items or assistance for daily living activities	Asset cap

Source: Authors' landscape scan of policies available to Montgomery County residents.

Note: FHA = Federal Housing Administration; SOAR = Supporting Older Adults with Resources. Senior Assisted Living Subsidy Program, Senior Care Program, and Community Housing were consolidated into SOAR in 2026.

TABLE 6.4

Homelessness Prevention and Emergency Housing

Name	Provider	Description
Coordinated Entry System	County	Connect households at risk of or experiencing homelessness with supportive services, housing stabilization, emergency services, permanent housing, and housing choice vouchers
Rental Assistance Program	County	Monthly rent subsidies to homeless individuals and families, assisting them in securing and maintaining stable housing
Rental Supplement Program	County	Subsidy for households at risk of homelessness

Source: Authors' landscape scan of policies available to Montgomery County residents.

Key Gaps

Rent stabilization leaves older adults exposed. Montgomery County's rent stabilization cap (CPI plus 3 percentage points, up to a maximum of 6 percent per year) may sound modest, but it can still outpace Social Security cost-of-living adjustments in any given year, squeezing older renters on fixed incomes even under a "protected" lease. The ordinance also has structural carve-outs. Properties built within the past 23 years are exempt, as are buildings with two or fewer units. And the law applies uniformly across all renter households, with no enhanced protection for older adults who are disproportionately vulnerable to even incremental increases attributable to reduced income.

The forgotten middle. Existing affordability programs are largely designed for households at the low end of the income spectrum, leaving a significant share of older adults without recourse from either direction. Among older renters with middle incomes, 21 percent are cost burdened but earn too much to qualify for subsidized housing or most rental assistance. Some of Montgomery County's affordability programs reach further up the income scale—Moderately Priced Dwelling Units (MPDUs), for example, are available to households earning up to 70 percent of AMI—but coverage still falls short for older adults in the uppermost part of the moderate-income band (earning 70 to 80 percent of the AMI) and the lowermost part of middle income (earning 80 to 90 percent of the AMI). As affordability pressures continue to rise, this group increasingly faces the cost burdens without qualifying for assistance available to them. Older homeowners face the inverse problem. Many are asset rich but cash poor. They often hold significant home equity, which pushes their asset values above the thresholds for property tax relief programs, Medicaid, and long-term care support. But they live on fixed incomes below what they need for daily expenses and care costs. These households are left outside the current public support system.

Fragmented outreach and navigation. The county has more programs than most jurisdictions, but reaching older adults who need them and helping them navigate the system remains a critical challenge.

Many eligible residents are unaware these programs exist, and applying for the programs requires knowing eligibility rules across multiple agencies and completing processes not designed with older adults in mind. Service providers in our listening sessions described spending 20 to 30 minutes with each resident just to explain what is available. “There is no one place to go to ask questions, to learn how to navigate the world of subsidized housing,” one policymaker told us. “You need human contact. Otherwise, you will lose hope.” This challenge is especially acute for older adults with language barriers, limited digital access, or no trusted guide.

Eligibility does not mean access. Even older adults who qualify for county programs often face significant barriers to actually using them. Waiting lists for affordable senior housing and rental subsidies can stretch months to years, and demand for home modification assistance routinely outpaces available funding. Qualifying on paper is only the first hurdle.

Home equity does not stretch far enough. For homeowners who look to their equity to fund long-term care, the math rarely works out. Care-intensive age-restricted housing is very expensive, and most homeowners’ equity covers only a few years of care, which is further eroded by capital gains taxes on a home sale. State programs designed to bridge this gap, such as the Senior Care Program and Senior Assisted Living Subsidy, carry asset and income limits that exclude many of these homeowners, leaving them without a clear path.

Senior homelessness is underserved and undercounted. Emergency housing and homelessness prevention resources exist, but they were not designed with older adults in mind and operate at insufficient scale. Few offer the accessible physical layouts, chronic care coordination, or longer timelines that older adults with mobility limitations or chronic health conditions actually need, and street-based outreach models are poorly matched to a population that more often loses stable housing by doubling up with family or couch surfing than by sleeping outside. That mismatch compounds itself: Because these arrangements fall outside how the system is built to look for people, senior homelessness goes largely uncounted in point-in-time surveys, making the need harder to size and the case for expanded investment harder to make.

Policy Recommendations

Strengthen rent stabilization protections for older adults. Prince George’s County’s Permanent Rent Stabilization and Protection Act (2024)³⁰ establishes a senior-specific rent cap of 4.5 percent or the CPI-U (Consumer Price Index for All Urban Consumers), whichever is lower for age-restricted housing, compared with 6 percent for standard units. The District of Columbia limits annual rent increases for

seniors and tenants with disabilities to just the CPI.³¹ Montgomery County should explore a similar senior tier, recognizing that fixed Social Security incomes rarely keep pace with even modest rent increases. For the most vulnerable renters, New York City's Senior Citizen Rent Increase Exemption³² offers a more protective model. Eligible seniors ages 62 and older who spend more than one-third of their income on rent have their rent frozen, with landlords compensated through a property tax credit.

Expand affordability assistance for the forgotten middle. The county should explore ways to better support the growing number of older adults with moderate incomes who face housing cost burdens but earn too much to qualify for most existing assistance programs. This includes many renters with incomes between 70 and 90 percent of the AMI, who often fall just above current eligibility thresholds, as well as homeowners who are asset rich but cash poor—living on fixed incomes while significant home equity disqualifies them from property tax relief, Medicaid, and other support programs. For renters, the county should consider graduated eligibility expansions that extend partial assistance to households just above current income cutoffs rather than relying on abrupt eligibility cliffs. For homeowners, the county should examine whether the income, asset, and cost burden tests for property tax relief, utility assistance, and long-term care programs can be recalibrated to reach more cost-burdened households who are currently left out of the system. Maryland's State Homeowners' Tax Credit provides a useful model by capping property taxes at a share of income while excluding home equity and retirement savings from its asset test, recognizing that these assets cannot easily be converted into income to cover housing and care costs.

Create a centralized navigation function, and expand program outreach and enrollment. The county should designate or fund a single point of navigation entry for LMI households seeking housing assistance, a function that can assess needs, explain options, assist with applications, and connect to waiting lists. The portal could include a built-in screening function that tailors program recommendations based on users' age and other eligibility criteria, automatically showing resources available to older adults. This could be housed within an existing body, such as the Department of Health and Human Services or the Department of Housing and Community Affairs, or contracted out to a nonprofit that specializes in housing counseling. Critically, this function should be paired with proactive, community-based outreach through senior centers, faith communities, and trusted intermediaries to reach eligible households for various programs.

Develop neighborhood-based support models to delay care transitions. Naturally Occurring Retirement Community (NORC) programs bring coordinated services to existing residential clusters of older adults—typically an on-site service coordinator or social worker, health and wellness programming, transportation assistance, and organized social activities.³³ These programs have

demonstrated the ability to delay or prevent costly care transitions and nursing home placements. New York state funds 43 NORC programs at approximately \$500 per participant per year, with documented outcomes in reduced hospitalization and delayed institutionalization (Vladeck 2004). Montgomery County previously operated a NORC program managed by Jewish Social Service Agency, but the program ended when its HUD funding expired. The county should explore restoring and expanding this model, leveraging its existing senior services infrastructure and the geographic clusters of older adults identified in chapter 2.

Connect housing stability to health outcomes and long-term care financing. Housing is a key social determinant of health. Stable housing delays transitions to institutionalized care, reduces hospitalizations, and supports chronic disease management. For moderate-income homeowners who fall between Medicaid coverage and private pay, expanding access to home equity tools such as HECMs—paired with housing counseling and clear navigation support—can help bridge the financing gap and support aging in the right place. Increasing awareness of and access to these tools represents a concrete step the county can take, while recognizing that HECMs carry complexity and risk—including foreclosure for unpaid taxes or insurance, reduced equity for heirs, and local repayment triggers if the borrower moves into care—that require careful guidance.³⁴

Build homelessness response capacity designed for older adults. The county should look to age-specific models rather than assume mainstream shelters serve older adults well. Phoenix’s Justa Center, a day center for adults ages 55 and older; and Washington, DC’s Iona Senior Services, which pairs unhoused-elder outreach with nutrition and clinical social work, show what accessible design, on-site geriatric care, and realistic timelines look like in practice.³⁵ Finding who needs that capacity requires better data. Rather than an annual, anonymized point-in-time count, the county should adopt a by-name list, a real-time, cross-agency record of everyone experiencing homelessness, pioneered by Community Solutions’ Built for Zero initiative.³⁶ Because it draws on touchpoints beyond street outreach—food pantries, emergency rooms, and senior centers—a by-name list can show older adults who are couch surfing or doubled up, and its case-conferencing model lets providers prioritize by vulnerability rather than first come, first served.

Accessibility: Adapting Homes and Communities for Aging in the Right Place

Accessibility barriers in Montgomery County operate across physical and social dimensions, and both can make aging well in place challenging. Most homes in the county were not built with aging in mind, and the gap shows most sharply at the oldest ages, when residents are least able to adapt their circumstances. Renters face a double burden, as they are disproportionately housed in older, less accessible buildings, with little control over the conditions they live in, and with limited access to modification programs. When modifications do happen, they tend to be reactive and expensive—triggered by a crisis rather than planned in advance—and tend to be out of reach for most low-income households. And for many older adults, aging in place has quietly become aging in isolation, as limited transportation, language barriers, and shrinking social networks cut residents off from services, community, and information. The programs the county has invested in provide a meaningful foundation, but they remain too small and too narrowly targeted to meet the scale of the need.

Existing Programs and Policies

Montgomery County, the State of Maryland, and the federal government offer several programs to support home modifications and accessibility improvements. The table below summarizes the key programs available to county residents.

TABLE 6.5

Home Modification and Accessibility

Name	Provider	Description	Eligibility
Accessible Homes for Seniors	State	0% interest loans for accessibility-related home improvements	Households ages 55 and older earning up to 80% of the AMI
Home Accessibility Rehabilitation Program	County	Free home repairs and accommodations up to \$35,000 by Habitat for Humanity or Rebuilding Together	Households ages 65 and older or households with disabilities earning up to 80% of the AMI (with priority given to those earning up to 50%)
Design for Life property tax credit	County	Up-to-\$2,000 property tax credit to reimburse accessibility improvements	Households ages 65 and older
Design for Life for developers	County	Incentive to build accessible single-family homes	Applicable if renter is in single-family home
Group Home Rehabilitation Loan Program	County	Rehabilitation loans for age-restricted housing	Age-restricted group homes
203(k) Rehabilitation Mortgage Insurance Program	Federal	FHA-insured financing for home modification mortgages	Not all mortgage lenders make 203(k) loans
HUD Assisted Living Conversion Program	Federal	Funds to convert multifamily units into age-restricted housing	Households ages 62 and older
Section 202 Supportive Housing for the Elderly Program	Federal	Capital advances to encourage assisted living development and rehabilitation	Households ages 62 and older earning up to 50% of the AMI
Elderly housing for intergenerational families	Federal	Units in Section 202 buildings for older adults raising children	Households ages 62 and older with a child younger than 19

Source: Authors' landscape scan of policies available to Montgomery County residents.

Note: AMI = area median income; FHA = Federal Housing Administration; HUD = US Department of Housing and Urban Development.

Key Gaps

Home modification programs are too small to meet demand. The Home Accessibility Rehabilitation Program (HARP), the county's primary free home repair and modification program, is delivered through just two contractors and operates at a scale far below the level of need. Without a long-term, predictable funding commitment from the county, contractors cannot invest in staffing and capacity. Meanwhile, Design for Life funds go substantially unspent,³⁷ not because of lack of need but because the program's tax credit structure disproportionately benefits households with the income and sophistication to navigate the application process. One policymaker noted, "When you offer tax credit incentives, it's going to be used by those less likely to need it."

Home modification programs largely exclude renters. Most home modification programs are available only to owner-occupants, leaving renters without a pathway to adapt the homes they live in.

Renters are also more likely to live in older housing stock: 38 percent of renters with a disability that limits activities live in homes built in 1950 or earlier, compared with only 11 percent of homeowners with disabilities.³⁸ They often live in inaccessible conditions that they cannot fix.

Light-care and short-visit assistance are difficult to secure. There is a spectrum of need among older adults when it comes to home-based support. Some need only a few hours of help (e.g., taking out the trash or light cleaning) to stay safely in their homes. Short-visit services are difficult to secure because agencies bear the same administrative and travel costs for a two-hour visit as an eight-hour one, making shorter sessions expensive to provide. This creates a gap precisely where low-cost intervention could most effectively delay more intensive care transitions.

New construction lacks universal design standards. Despite a rapidly aging population, new residential construction in Montgomery County proceeds largely without universal design requirements, meaning the county continues to add units that will require costly retrofitting as residents age. MPDUs, the county's primary tool for affordable housing delivery, carry no accessibility requirements, missing an opportunity to align affordability and accessibility in the units likely to serve low-income older adults. The gap between what is being built and what an aging population needs will compound.

Social isolation falls outside existing program reach. For many older adults, especially the one in three who live alone, staying home is not the same as staying connected. Limited transportation options, shrinking social networks, and the physical constraints of inaccessible homes and neighborhoods can quietly sever residents from community life. This isolation is compounded for older adults with language barriers. Service providers report difficulty reaching some residents who will trust information only from members of their own communities. Village networks, an important source of social support and practical assistance, are not yet reaching immigrant communities and communities of color at the scale needed.

Policy Recommendations

Expand HARP with a long-term funding commitment. Make a multiyear funding commitment to HARP to give contractors the certainty needed to invest in staffing and capacity. The county should also increase funding levels to better match the growing demand for home accessibility modifications and reduce wait times for eligible households. Pairing sustained funding with contractor outreach could expand supply and demand simultaneously.

Redirect Design for Life toward those who need it most. Explore converting Design for Life into an income-targeted grant program or redirecting a large portion of its unspent funds to expand HARP's reach to low-income households. These two programs should be treated as a complementary system, not parallel silos. The county may also consider partnering with and providing incentives to contractors to promote these programs and assist homeowners with navigating the application process, recognizing that many homeowners rely on contractors as trusted advisers when making home modification decisions

Adopt universal design requirements for new residential construction. Look to Prince George's County's enacted universal design requirements for qualifying new residential constructions—effective July 1, 2026—as a model for Montgomery County's next building code cycle.³⁹ Consider whether accessible design can be incorporated into MPDU requirements for new multifamily developments, aligning affordability and accessibility in the same units.

Explore integrated home-based models that connect health and housing. Consider approaches such as the Community Aging in Place—Advancing Better Living for Elders (CAPABLE)⁴⁰ program, developed at Johns Hopkins University, which pairs an occupational therapist, registered nurse, and handyperson to support targeted home modifications and goal setting. Evidence suggests modest program costs can generate significant savings in avoided medical costs and nursing home admissions (Szanton et al. 2011). Montgomery County's existing aging services infrastructure, including its robust Aging and Disability Services network and established local Habitat for Humanity partnerships, serves as a natural platform for expansion.

Pursue cross-sector collaboration between housing and health agencies. Housing and health policy have traditionally operated in separate silos, but emerging federal proposals point toward a more integrated approach. The WELL Seniors Act⁴¹ (which would embed housing-related screenings into the Medicare Annual Wellness Visit) and the Preventive Home Visit Act⁴² (which would create a Medicare-funded home environment benefit) both reflect a growing recognition that housing conditions and health outcomes are deeply interconnected. Montgomery County can draw on this momentum by strengthening and expanding existing partnerships between housing and health care providers.

Strengthen outreach to socially and linguistically isolated older adults. Some of this outreach is already under way, such as adult day care centers serving specific language communities (e.g., the CCACC Adult Day Healthcare Center for Chinese-speaking seniors⁴³). The county should build on these examples with continued investment: expanding outreach through adult day care programs serving non-English speakers, community radio partnerships, and intentional efforts to grow Village networks

in immigrant communities and communities of color. Addressing social isolation and information access together could improve the reach and effectiveness of existing programs.

Availability: Expanding the Supply of Affordable, Care-Supportive Senior Housing

Montgomery County has a growing supply of age-restricted housing, but the growth is not keeping pace with demand, and what exists is not distributed equitably or priced affordably enough for most older adults. Care-intensive housing options, such as assisted living, CCRCs, and nursing homes, are disproportionately concentrated in high-income, majority-white neighborhoods, leaving older adults with low incomes and in communities of color with few options. Like affordable housing production more broadly, expanding the supply of age-restricted affordable housing is constrained by high predevelopment and construction costs, complex financing structures, and an affordability paradox where even subsidized development cannot reliably deliver units affordable to the lowest-income older adults.

Existing Programs and Policies

Montgomery County and the federal government have assembled a set of tools to support the development and preservation of affordable and age-restricted housing, ranging from capital financing and tax incentives to acquisition funds and tenant protections. Tables 6.6 and 6.7 organize these programs across two dimensions: those designed to support age-restricted housing development, and those supporting affordable housing production and preservation more broadly.

TABLE 6.6

Age-Restricted Housing Development

Name	Provider	Description
Group Home Rehabilitation Loan Program	County	Rehabilitation loans for age-restricted housing
Design for Life for developers	County	Tax credit incentives for builders to make accessible single-family homes
Supportive Communities	State	Collection of grants administered by Maryland's Department of Aging that support age-friendly communities, including NORCs and Villages.
HUD Assisted Living Conversion Program	Federal	Grant to convert multifamily buildings or units into age-restricted assisted living housing, 30% affordable to low-income households
Section 202 Supportive Housing for the Elderly Program	Federal	Capital advances to encourage assisted living development and rehabilitation

Source: Authors' landscape scan of policies available to Montgomery County residents.

Note: HUD = US Department of Housing and Urban Development; NORC = naturally occurring retirement communities.

TABLE 6.7

Affordable Housing Production and Preservation

Name	Provider	Description
Moderately Priced Dwelling Units	County	20-or-more-unit multifamily buildings must make some units affordable to low-income residents
Housing Production Fund	County	\$100 million revolving construction fund to develop mixed-income rental buildings
Housing Initiative Fund	County	Loans to preserve affordable housing
PILOT	County	Property tax abatement for rental properties with affordable units
Affordable Housing Opportunity Fund	County	Short-term financing to developers aiming to acquire properties at risk of losing affordability
Nonprofit Preservation Fund	County	\$50 million fund to support developers in acquiring and preserving affordable housing
Right of first refusal	County	Before an owner can sell a multifamily rental property with four or more units, they must first offer it to the county, the Housing Opportunities Commission, or any certified tenants' organization

Source: Authors' landscape scan of policies available to Montgomery County residents.

Notes: PILOT = payment in lieu of taxes. PILOT agreements take several forms. The standard (negotiated) PILOT sets the abatement amount and term case by case, based on the number of affordable units and how long they remain affordable. A by-right PILOT applies automatically—without case-by-case negotiation—to nonprofit-developed rental housing where at least half the units serve households earning up to 60 percent of the area median income, providing tax abatement for a minimum 15-year term. A Washington Metropolitan Area Transit Authority PILOT applies to high-rise development on Metro station land, requiring at least 50 percent rental housing and a share of units affordable at 50 percent of the AMI, in exchange for a 15-year property tax exemption. A commercial-to-residential conversion PILOT, enacted via Expedited Bill 2-25, provides a 100 percent property tax exemption for 20 years for converting vacant office buildings into housing, provided 17.5 percent of units are affordable to households earning up to 60 percent of the area median income for a minimum 25-year control period.

Key Gaps

Most affordable housing programs lack senior-specific targeting. The county’s affordable housing development tools—including MPDU, the Housing Production Fund, and the Housing Initiative Fund—are general-purpose programs that do not prioritize or set aside units for older adults. Seniors must compete with all income-eligible households for a limited supply of affordable units, and there are no preference mechanisms for seniors, people with disabilities, or people exiting homelessness built into most production or preservation programs.

No dedicated financing tools exist for affordable care-supportive housing. Even when older adults access affordable housing, few options combine affordability with the care services they may need. LIHTC financing can support the bricks and mortar, but the ongoing costs of operating care services in affordable assisted living often make projects financially unfeasible. Developers report waiting lists of two to five years for the rare subsidized units that combine housing and care.

Regulatory complexity creates disproportionate barriers for small and nonprofit developers. Developing age-restricted housing—particularly care-intensive models—involves navigating complex capital stacks, lengthy permitting processes, and regulatory requirements that can add years and significant cost before a single unit is built. These barriers fall hardest on small and nonprofit developers who are most likely to pursue deeply affordable projects.

Policy Recommendations

Explore pension fund investment as a source of capital for affordable senior housing. Public pension funds represent a largely untapped but growing source of patient, long-term capital for affordable housing. A 2024 Federal Reserve Bank of New York case study found that seven pension funds committed more than \$2.7 billion in equity capital for multifamily affordable housing between 2018 and 2023, motivated by portfolio diversification, stable demand, and consistent performance across economic cycles (Crawford et al. 2024). Affordable housing’s physical vacancy rate is roughly half that of luxury apartments,⁴⁴ signaling resilience as an asset class. Montgomery County could examine whether structures aligning pension fund investment mandates with affordable senior housing goals—whether at the county, state, or institutional level—represent a viable direction for expanding the capital available for affordable housing production and preservation.

Incorporate age-restricted preferences into existing affordable housing programs. Explore whether age-restricted preference mechanisms—similar to existing veteran preferences in some programs—can be built into MPDU allocations, Housing Production Fund priorities, and other county

development tools. Dedicating a share of units in new affordable developments to age-eligible households would better align the county's existing production pipeline with a demonstrably high-need population.

Explore models to close the gap in financing affordable care-supportive senior housing. The county already blends public and private capital for affordable housing—DHCA's Housing Initiative Fund and Housing Opportunities Commission's (HOC's) Housing Production Fund and other programs provide a strong infrastructure. What these tools do not reach is the ongoing cost of care: LIHTC can finance construction but not the operating expense of adding assisted and care services, which often makes such projects infeasible. Massachusetts' Supportive Senior Housing Initiative⁴⁵ addresses the services side directly. Rather than financing new construction, the state funds ongoing case management, personal care staff members, and daily living support layered into existing public housing, paying for exactly the operating costs that LIHTC and county capital tools cannot cover. To bridge this divide, the county could explore new or expanded models establishing a dedicated care-services operating subsidy that couples public funds with private health care system contributions or provide incentives for private clinical partners to colocate staff members inside LIHTC-funded developments.

Build on the county's faith-based development initiative. The county's FAITH zoning text amendment⁴⁶ creates a legal pathway for houses of worship to develop affordable housing on their land, and the county's 2024 partnership with Enterprise Community Partners⁴⁷ provides the technical assistance and financing support that faith communities need to actually navigate that pathway. Sustaining and expanding faith-based development—and ensuring that age-restricted housing is an explicit priority within it—could unlock a meaningful pipeline of new affordable supply from community-anchored landowners.

Extend existing expedited review pathways to small-scale affordable senior housing developments. Montgomery County already offers expedited review for affordable housing through the Mixed-Income Housing Community plan type, which lets developments of 50 or more units—including those financed with 4 percent or 9 percent LIHTC—skip the standard sketch and site plan process. The gap is scale. That pathway requires at least 50 units, leaving small and mission-driven developers, who are more likely to build small-site affordable housing projects, without the same option. Montgomery Planning's February 2025 report on the More Housing N.O.W. package raised this concern, noting that a full site plan process is disproportionately burdensome for small developments and recommending an exemption or expedited administrative approval for them (Berbert et al. 2025). The county should extend that recommendation specifically to affordable, age-restricted developments below the 50-unit threshold.

Expand ADU pathways to support multigenerational and small-scale housing options. Accessory dwelling units (ADUs) offer a flexible, community-rooted solution for older adults seeking to live near family while maintaining independence and for homeowners looking to generate income to offset rising housing costs. Montgomery County removed requirements for parking spaces and distance from other ADUs and removed prohibitions of ADUs in new developments and smaller lots in a 2019 zoning text amendment. The county is currently developing another zoning text amendment in response to Maryland's Accessory Dwelling Units Act of 2025,⁴⁸ which requires Montgomery County to authorize ADU development by October 2026 (DPS, n.d.). This evolving framework presents an opportunity to meaningfully expand ADU availability for older adults and multigenerational households across the county.

7. Conclusion

The United States faces a mounting housing affordability and supply crisis, and older adults are among the most vulnerable and least visible populations within it. As costs rise, housing stock ages, and the supply of affordable, accessible units fails to keep pace with demand, the question of where and how older adults will live is one that communities can no longer defer. This report proposes a framework—the three A’s of affordability, accessibility, and availability—as a way to organize thinking about older adult housing needs that is grounded in Montgomery County’s experience but applicable to communities across the country. There is no one-size-fits-all solution. Housing stability in later life requires action across all three dimensions simultaneously: ensuring that homes remain affordable on fixed incomes, that the physical environment accommodates changing needs, and that enough suitable and affordable units exist to meet growing demand.

Meeting this challenge will require collaboration across various sectors and levels of government. Federal housing finance tools, state regulatory frameworks, and county-level program investments must work in concert rather than in parallel silos. Equally important is collaboration across policy domains. Housing and health are deeply intertwined, and the most effective interventions—from home modification programs that prevent costly hospitalizations to care-supportive housing that enables aging in community—sit at that intersection.

For Montgomery County, the path forward calls for both building on what already works—adapting and expanding the programs and partnerships that have demonstrated impact—and investing in innovative models to fill the gaps that existing programs cannot reach. The county’s older adult population is growing, and the decisions made in this decade will determine whether older residents can do more than age in place. They will determine whether older residents can age well in place.

Notes

- ¹ US Census Bureau, “Older People Projected to Outnumber Children for First Time in U.S. History,” press release, March 13, 2018, <https://www.census.gov/newsroom/press-releases/2018/cb18-41-population-projections.html>.
- ² Linna Zhu and Amalie Zinn, “America’s Housing Market Is Failing Older Adults,” *Urban Wire*, Urban Institute, March 12, 2025, <https://www.urban.org/urban-wire/americas-housing-market-failing-older-adults>.
- ³ Paula Span, “‘Aging in Place, or Stuck in Place?’” *New York Times*, last updated April 21, 2024, <https://www.nytimes.com/2024/04/20/health/seniors-home-equity-mortgages.html>.
- ⁴ Montgomery County, Maryland, “2026 Point-in-Time Count Shows Decrease in Number of People Experiencing Homelessness in Montgomery County,” news release, May 18, 2026, <https://www.montgomerycountymd.gov/news/2026-point-time-count-shows-decrease-number-people-experiencing-homelessness-montgomery-county>.
- ⁵ “Community-Engaged and Participatory Methods Toolkit,” Urban Institute, accessed July 9, 2026, <https://www.urban.org/projects/cem-toolkit>.
- ⁶ The Joint Center for Housing Studies of Harvard University’s America’s Rental Housing 2026 report shows that the number of rental units with low rents has decreased while the units with especially high rents has increased significantly over the past decade. See “Rents Are Shifting Higher,” Joint Center for Housing Studies of Harvard University, accessed July 9, 2026, <https://www.jchs.harvard.edu/rents-are-shifting-higher>.
- ⁷ According to a LendingTree analysis of 50 US metropolitan areas, property taxes increased 1.5 percent, about \$150, from 2023 to 2024. See Maggie Davis, “Property Taxes Rose in Every Large US Metro Between 2023 and 2024,” LendingTree, last updated May 26, 2026, <https://www.lendingtree.com/home/mortgage/real-estate-taxes-in-metropolitan-areas/>.
- ⁸ The Center for American Progress Electricity and Natural Gas Tracker shows that more than 111 million electricity users in the US will face increased, or proposals to increase, utility costs. See Akshay Thyagarajan, Jamie Friedman, and Amanda Levin, “Electric and Natural Gas Utility Rate Hikes Tracker,” Center for American Progress, last updated June 18, 2026, <https://www.americanprogress.org/article/electric-and-natural-gas-utility-rate-hikes-tracker/>.
- ⁹ According to the Cost of Care Survey by Genworth and CareScout 2022–25, the costs of long-term care have increased 16 to 22 percent, depending on the type of care, from 2022 to 2025. See “Calculate the Cost of Long-Term Care Near You,” CareScout, accessed July 9, 2026, <https://www.carescout.com/cost-of-care>.
- ¹⁰ “Rent Stabilization,” Montgomery County, Maryland, accessed July 9, 2026, <https://www.montgomerycountymd.gov/departments-housing-community-affairs/rent-stabilization>.
- ¹¹ “Rent Stabilization,” Montgomery County.
- ¹² “Rent Stabilization Exemptions,” Montgomery County, Maryland, accessed July 9, 2026, <https://www.montgomerycountymd.gov/rent-stabilization-exemptions>.
- ¹³ According to the Center on Budget and Policy Priorities, the reduction in families enrolled in the Supplemental Nutrition Assistance Program decreased more and faster than the Congressional Budget Office expected. See Dottie Rosenbaum and Joseph Llobrera, “Congress Should Staunch SNAP Participation Losses, Which Exceed CBO’s Estimates,” Center on Budget and Policy Priorities blog, June 30, 2026, <https://www.cbpp.org/blog/congress-should-staunch-snap-participation-losses-which-exceed-cbos-estimates>.
- ¹⁴ The 6 percent in this quote is in reference to the rent stabilization cap of 5.7 percent, which was in effect from July 1, 2025, to June 30, 2026.

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- ¹⁵ Realtor.com, “Nearly 44% of U.S. Homes for Sale Now Carry HOA Fees as Dues Continue to Climb, Realtor.com Finds,” news release, January 27, 2026, <https://mediaroom.realtor.com/2026-01-27-Nearly-44-of-U-S-Homes-for-Sale-Now-Carry-HOA-Fees-as-Dues-Continue-to-Climb.-Realtor-com-R-Finds>.
- ¹⁶ Evan Brassell, “Nearly a Quarter of Homeowners Paid Condo or HOA Fees in 2024,” US Census Bureau, September 11, 2025, <https://www.census.gov/library/stories/2025/09/condo-hoa-fees.html>.
- ¹⁷ According to the 2022 Survey of Consumer Finances, out of US adults ages 75 and older, 81 percent were homeowners (with a median housing value of \$286,000), only 42 percent had retirement accounts, and the median value of those accounts was \$130,000. Although almost all older adults have other kinds of financial assets (including cash, certificates of deposit, checking accounts, and money market funds), their median value was only \$50,000.
- ¹⁸ “Home Equity Conversion Mortgages for Seniors,” US Department of Housing and Urban Development, accessed July 27, 2026, <https://www.hud.gov/hud-partners/single-family-hecmhome>.
- ¹⁹ Life expectancy as of 2021 at age 65 for Maryland residents is an additional 18.7 years (Arias et al. 2024, table B).
- ²⁰ In Montgomery County, about 12 percent of adults ages 77 to 78 have a disability that limits activities, and 28 percent of adults ages 79 to 80 have a disability that limits activities, according to authors’ calculations of 2020–24 five-year American Community Survey data.
- ²¹ Mia Ives-Rublee and Kim Musheno, “The Truth About the One Big Beautiful Bill Act’s Cuts to Medicaid and Medicare,” Center for American Progress, July 3, 2025, <https://www.americanprogress.org/article/the-truth-about-the-one-big-beautiful-bill-acts-cuts-to-medicaid-and-medicare/>.
- ²² See the website for the Montgomery County Coalition for the Homeless at <https://mcch.net/>.
- ²³ Authors’ calculations using 2020–24 five-year American Community Survey data in Montgomery County.
- ²⁴ Authors’ calculations using 2020–24 five-year American Community Survey data in Montgomery County.
- ²⁵ AARP, “AARP Foundation Survey: Loneliness Numbers Rise Among Adults Age 45 and Older; Neighborhood Connections Key to Countering Social Isolation,” press release, September 26, 2018, <https://www.aarp.org/press/releases/2018-9-25-aarp-foundation-survey-loneliness-numbers-rise-among-adults-age-45-older-neighborhood-connections-key-countering-social-isolation.html>.
- ²⁶ <https://mocovillages.org/about-villages>
- ²⁷ “Join a Village,” Montgomery County Department of Health and Human Services, accessed July 9, 2026, <https://www.montgomerycountymd.gov/department-health-human-services/about-us/aging-disability-services/what-village/join-village>.
- ²⁸ David Engel, “HB 1103 Support,” letter to Joseline A. Pena-Melnyk, February 20, 2024, https://mgaleg.maryland.gov/cmte_testimony/2024/hgo/1n_8CgFSr-7CdCQZ7VGf_rp5yExfvVqsF.pdf.
- ²⁹ Informal community efforts—family, faith communities, and neighbors—likely fill some of this gap, particularly in LMI neighborhoods of color, though their reach falls outside what government data can measure.
- ³⁰ “Permanent Rent Stabilization and Protection Act (PRSA),” Prince George’s County, accessed July 9, 2026, <https://www.princegeorgescountymd.gov/departments-offices/permitting-inspections-and-enforcement/about-dpie/code-enforcement/permanent-rent-stabilization-and-protection-act-prsa>.
- ³¹ The District of Columbia limits annual rent increases for seniors and tenants with disabilities to just the CPI.
- ³² “Rent Freeze for Seniors,” Access NYC, accessed July 9, 2026, <https://access.nyc.gov/programs/senior-citizens-rent-increase-exemption-scrie/#determine-your-eligibility>.
- ³³ “Naturally Occurring Retirement Community (NORC),” New York State Office for the Aging, accessed July 27, 2026, <https://aging.ny.gov/naturally-occurring-retirement-community-norc>.
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- ³⁴ “Reverse Mortgage Loans,” Consumer Financial Protection Bureau, accessed July 27, 2026, <https://www.consumerfinance.gov/consumer-tools/reverse-mortgages/>.
- ³⁵ “Resources to Support Unhoused Older Adults,” Iona, August 15, 2025, <https://iona.org/resources-to-support-unhoused-older-adults/>.
- ³⁶ “What Is a By-Name List?” Community Solutions blog, January 28, 2021, <https://community.solutions/what-is-a-by-name-list/>.
- ³⁷ According a July 10, 2024, memorandum, uptake of the Design for Life program is low, often reaching fewer than 10 households in a year. See Naeem M. Mia and Bilal Ali, “Design for Life—Update,” memorandum to Rabbiah Sabbakhan and others, July 10, 2024, https://montgomerycountymd.granicus.com/Viewer.php?view_id=169&clip_id=17473&meta_id=182169.
- ³⁸ Authors’ calculations using 2020–24 five-year American Community Survey data in Montgomery County.
- ³⁹ “Universal Design Coming July 1, 2026,” Prince George’s County, accessed July 9, 2026, <https://www.princegeorgescountymd.gov/departments-offices/permitting-inspections-and-enforcement/universal-design-coming-july-1-2026>.
- ⁴⁰ “Community Aging in Place—Advancing Better Living for Elders (CAPABLE),” Johns Hopkins School of Nursing, accessed July 9, 2026, <https://nursing.jhu.edu/faculty-research/research/projects/capable/>.
- ⁴¹ [WELL Seniors Act of 2023](#), S. 2942, 118th Cong. (2023).
- ⁴² [Preventive Home Visit Act](#), S. 2829, 119th Cong. (2025).
- ⁴³ See the web page for the CCACC Adult Healthcare Center at <https://www.ccaccadultdaycare.org/>.
- ⁴⁴ As of the fourth quarter of 2024, the nationally vacancy rate for affordable housing was only 2.7 percent, compared with 7.6 percent for the most expensive units. See Nick Luettker and David Caputo, “Affordable Housing Within America’s Housing Affordability Landscape; Notable Demand Despite Substantial Growth,” Moody’s, February 11, 2025, <https://www.moodycre.com/insights/cre-trends/affordable-housing-within-americas-housing-affordability-landscape/>.
- ⁴⁵ “Supportive Senior Housing Initiative,” National Low Income Housing Coalition, accessed July 9, 2026, <https://nlihc.org/node/94691>.
- ⁴⁶ Montgomery County, “Council Passes Zoning Measure to Allow Affordable Housing Adjacent to Places of Worship,” press release, April 2, 2024, https://www2.montgomerycountymd.gov/mcgportalapps/Press_Detail.aspx?Item_ID=45016.
- ⁴⁷ Enterprise Community Partners, “Enterprise Community Partners and Montgomery County Launch Faith-Based Development Initiative to Help Houses of Worship Create 750 Affordable Homes,” news release, May 2, 2024, <https://www.enterprisecommunity.org/news/enterprise-community-partners-and-montgomery-county-launch-faith-based-development-initiative>.
- ⁴⁸ [Land Use and Real Property—Accessory Dwelling Units—Requirement and Prohibitions](#), SB0891, 2025 Leg. Reg. Sess. (Md. 2025).

References

- Arias, Elizabeth, Jiaquan Xu, Betzaida Tejada-Vera, and Brigham Bastian. 2024. "[U.S. State Life Tables, 2021](#)." *National Vital Statistics Reports* 73 (7): 1–17.
- Bebert, Benjamin, Lisa Govoni, and David Anspacher. 2025. [More Housing N.O.W. \(New Options for Workers Package\)](#). Montgomery Planning.
- Culhane, Dennis, Dan Treglia, Thomas Byrne, et al. n.d. "[The Emerging Crises of Aged Homelessness: Could Housing Solutions Be Funded by Avoidance of Excess Shelter, Hospital, and Nursing Home Costs?](#)" University of Pennsylvania, Actionable Intelligence for Social Policy.
- Crawford, Talor, Jonathan Kivell, and Maria Carmelita Recto. 2024. "[Alternate Investments in Community Development: A Case Study of Pension Fund Investments in Multifamily Affordable Housing](#)." Federal Reserve Bank of New York.
- DPS (Department of Permitting Services). n.d. "[Zoning and Permitting Requirements for Accessory Dwelling Units \(ADUs\)](#)." Montgomery County DPS.
- Finio, Nicholas, Casey Dawkins, Kathryn Howell, et al. 2025. [Maryland Housing Needs Assessment Update: A Shared Framework for the Maryland Department of Housing and Community Development and Local Partners](#). Maryland Department of Housing and Community Development.
- Govoni, Lisa, et al. 2025. "[Montgomery County Residential Development Pipeline Analysis Final Report](#)." Montgomery Planning.
- Jacobs, Jesse V. 2016. "A Review of Stairway Falls and Stair Negotiation: Lessons Learned and Future Needs to Reduce Injury." *Gait & Posture* 49:159–67.
- Kenney, Sam, and Hilary Chapman. 2026. [Homelessness in Metropolitan Washington Results and Analysis from the Annual Point-in-Time \(PIT\) Count of Persons Experiencing Homelessness](#). Metropolitan Washington Council of Governments.
- Montgomery County Commission on Aging. 2024. [Reimagining Housing for Older People: Summary of the May 2024 Public Forum and Progress Report](#). Montgomery County Commission on Aging.
- Montgomery County Planning Department. 2018. [Meeting the Housing Needs of Older Adults in Montgomery County](#). Montgomery County Planning Department.
- National Academies. 2020. "[Summary](#)." In *Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System*, edited by the National Academies. National Academies Press.
- Szanton, Sarah L., Roland J. Thorpe, Cynthia Boyd, et al. 2011. "Community Aging in Place, Advancing Better Living for Elders: A Bio-Behavioral-Environmental Intervention to Improve Function and Health-Related Quality of Life in Disabled Older Adults." *Journal of the American Geriatrics Society* 59 (12): 2314–20. <https://doi.org/10.1111/j.1532-5415.2011.03698.x>.
- Versey, H. Shellae. 2020. "Homeless on Main Street: Using Photovoice to Highlight Older Adults Among the Hidden Homeless." *Innovations in Aging* 4 (suppl. 1): 728.
- Vladeck, Fredda. 2004. [A Good Place to Grow Old: New York's Models for NORC Supportive Service Programs](#). United Hospital Fund.
- Zhu, Linna, Amalie Zinn, and Michael Neal. 2023. "[Home Equity Extraction in Late Life: Higher HECM Denial Rates Among Senior Black Homeowners](#)." Urban Institute.

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