

# PAYCHECK TO PAYCHECK

A SNAPSHOT OF HOUSING AFFORDABILITY FOR HEALTHCARE WORKERS



BY KAITLYN SNYDER AND JANET VIVEIROS SEPTEMBER 2017

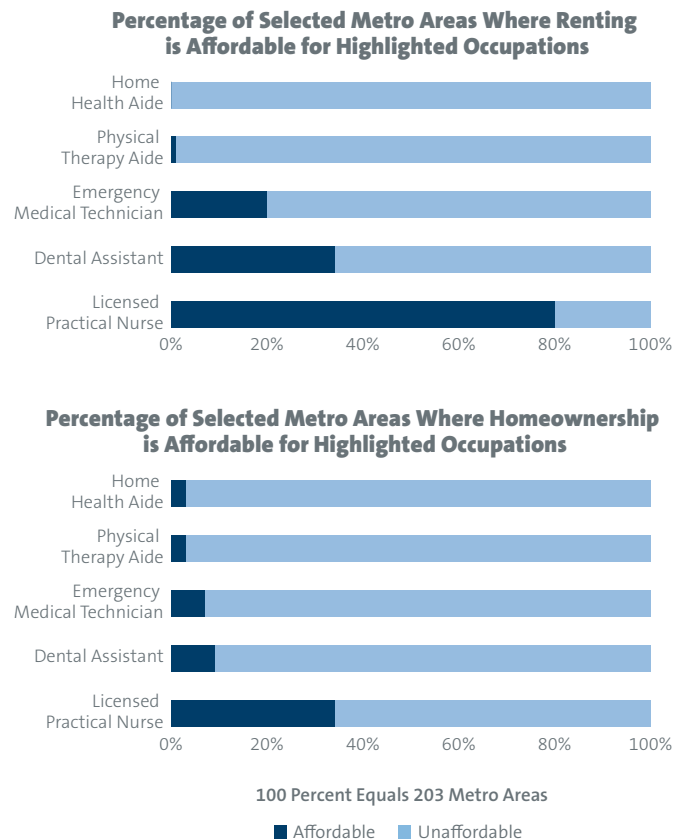
The healthcare industry currently accounts for over one-sixth of the U.S. economy and is expected to continue growing as the population grows and ages.<sup>1</sup> The Bureau of Labor Statistics estimates that from 2014 to 2024, employment in healthcare occupations is projected to grow by 19 percent and add about 2.3 million jobs.<sup>2</sup> The growth in the healthcare industry provides an opportunity for many Americans with lower levels of education to access steady jobs and careers. However, workers often do not earn enough to afford housing in most places around the country.

This edition of “Paycheck to Paycheck” focuses on the affordability challenges faced by medical professionals by highlighting five of the 83 occupations in the “Paycheck to Paycheck” database: home health aide, physical therapy aide, emergency medical technician (EMT), dental assistant and licensed practical nurse (LPN).

These particular jobs are projected to grow rapidly and require a relatively low level of education for entry-level jobs. While many workers within the medical field hold jobs that require years of education and training, and their salaries reflect that time and monetary commitment, many more people are employed in healthcare support occupations that are vital to making our nation’s healthcare system run, but whose compensation is often not high enough to afford to rent or own a home. These occupations represent essential workers who serve their communities by providing medical care — at times even life-saving care. But many of these workers struggle to find and maintain affordable housing near their places of work.

Out of the five selected occupations, not a single one is guaranteed the ability to afford to rent or purchase a home in every one of the 203 “Paycheck to Paycheck” metro areas (see Figure 1). Home health aides are able to rent a modest two-bedroom home in just one of the metro areas, and physical therapy aides fare little better, being able to rent a modest two-bedroom home in just two metro areas. Licensed practical nurses fare the best, as they are able to afford to rent a home in 80 percent of metro areas. However, they can afford to purchase a home in only 34 percent of metro areas.

Figure 1



# How Much Home Can Healthcare Workers Afford?

**Home Health Aide.** Home health aide is the fifth-fastest-growing occupation in the country; the number of jobs is expected to increase by 38 percent from 2014 through 2024. Its growth by numbers is second only to personal care aide, a similar occupation, and is expected to add 348,400 jobs during that time. The large number of personal care aides and home health aides and their importance to providing long-term care requires attention to whether these workers are able to afford housing and other essentials.



Among baby boomers, aging in place has become both a preference and, for some, a necessity, due to high costs of assisted living and nursing homes. This rise in aging in place leads to a greater necessity for health services to be delivered in the home, which enables older adults to remain in their homes. Home health aides' duties ensure their patients are compliant with their medications and assist with both medical and household management to make sure their clients home continues to be a safe and healthy environment.

Yet home health aides face serious challenges in finding housing they can afford in many places around the country. The national median income for a home health aide is \$28,588, just barely over half the national median household income of \$55,775. Their salaries range from \$24,672 in Brownsville, Texas, to \$35,458 in San Francisco, making it difficult to find housing that is affordable to them.

Among the 203 metro areas studied, home health aides are able to afford to rent only a modest two-bedroom apartment in one metro area: Mansfield, Ohio. They are able to afford a one-bedroom apartment in 78 metro areas. On average, home health aides must spend just under half (43 percent) of their income on housing in the 203 "Paycheck to Paycheck" metro areas.

Home health aides are able to afford to purchase a home in seven metro areas (Davenport, Iowa; Erie, Pennsylvania; Mansfield, Ohio; Saginaw, Michigan; Springfield, Ohio; Syracuse, New York; and Youngstown, Ohio), in part due to

weak housing markets in those regions. In six of those metro areas, the median home price is under \$100,000, while the median home price in Syracuse is \$105,000. In the 203 metro areas profiled in this report, home health aides must spend, on average, almost two-thirds (63 percent) of their income to afford a median-priced home. In Austin, Texas, they must spend 83 percent of their income to purchase a home.

According to Salary.com, 48 percent of home health aides have a high school diploma, 16 percent have an associate's degree or certificate and 26 percent have a bachelor's degree. While few healthcare careers are available to individuals who have only a high school diploma, the position of home health aide offers an opportunity for steady employment. Without the ability to secure a stable, affordable home or eventually purchase a home, these workers will struggle to build wealth and their employers will struggle to maintain a stable workforce.

**Physical Therapy Aide.** Physical therapy aides assist physical therapists by preparing patients, records, rooms and equipment so the therapists are able to spend the maximum amount of time possible with their patients instead of preparing for appointments. In addition to sanitizing rooms and equipment, physical therapy aides may operate special equipment to help a patient warm up for or cool down from therapy treatments. Physical therapy aides range in education levels: 38 percent have a high school degree, 21 percent have an associate's degree or certificate, 29 percent have a bachelor's degree and 6 percent have a master's degree. The national median salary for a physical therapy aide is \$28,874, with a range of \$24,918 in Brownsville, Texas, to \$35,812 in San Francisco. A physical therapy aide is unable to afford to rent a two-bedroom home or purchase a home in either San Francisco or Brownsville. Doing so would require a physical therapy aide to spend 240 percent of his or her income in San Francisco and 38 percent in Brownsville towards housing costs. Physical therapy aides are able to afford to purchase a home in only six of the 203 metro areas (Davenport, Iowa; Erie, Pennsylvania; Mansfield, Ohio; Saginaw, Michigan; Springfield, Ohio; and Youngstown, Ohio), all of which have median home sale prices under \$100,000 and are still struggling to recover from the foreclosure crisis.

## What is Affordable Housing?

- ➔ Rent and utilities are considered affordable if they do not exceed 30 percent of a household's gross income.
- ➔ Buying a home is considered affordable if the mortgage payment (30-year fixed-rate mortgage with a 10-percent down payment) does not exceed 28 percent of a worker's gross income.

Physical therapy aides are able to afford to rent a modest, two-bedroom home in just two of the 203 metro areas studied: Mansfield and Youngstown, Ohio. If they choose to rent a one-bedroom home, they are able to afford to live in 79 metro areas, which accounts for 39 percent of the 203 metro areas studied. In Baltimore, physical therapy aides must spend 56 percent of their income to afford to rent a two-bedroom home.

**Emergency Medical Technician.** All communities rely on Emergency Medical Technicians (EMTs) to respond to and provide initial care in medical emergencies and to stabilize patients for transportation to hospitals. According to Salary.com, nearly 60 percent of EMTs have a high school diploma, 21 percent have an associate's degree and 17 percent have a bachelor's degree.

Despite the importance of EMTs, their moderate income means that many face serious housing affordability challenges. The average national annual wage for EMTs is \$33,488, significantly less than the national median household income of \$55,775. In the 203 "Paycheck to Paycheck" metro areas, EMTs earn the most in San Francisco (\$41,534 median annual income) and the least in Brownsville, Texas (\$28,900 median annual income).

Finding affordable two-bedroom homes to rent is difficult for EMTs, with their median income making only 41 of 203 metro areas affordable. EMTs in Washington, D.C., looking for a two-bedroom would have to spend 57 percent of their monthly income on rent each month, leaving little money for other essentials. Even for EMTs looking for one-bedroom homes, 69 metro areas have rents that are not affordable.

Homeownership is even more of a financial challenge for EMTs. Only 17 metro areas out of 203 have median home prices low enough to be affordable for an EMT. A median-priced home in Oakland, Calif., would cost more than double (123 percent) what EMTs actually earn in that metro area. Even a moderate-cost metro area like Provo-Orem, Utah, where the median home price of \$287,000 is slightly higher than the national median of \$245,000, the monthly cost of owning a median-priced home amounts to 77 percent of an EMT's paycheck.

**Dental Assistant.** Dental assistants are important workers in dental offices and are key to expanding dental services to low-income households that have limited access to dental care.<sup>3</sup> Research has shown that not having access to dental services to support oral health can increase risks for chronic health conditions such as heart disease and diabetes, which in turn can result in missed work.<sup>4</sup> Dental assistants play an important role in supporting good oral health by assisting dentists, preparing medical records, educating patients about oral health and performing administrative duties. According to Salary.com data, over 75 percent of dental assistants' highest educational achievement is a high school diploma, with 15 percent earning an associate's degree and the remaining 7 percent holding a bachelor's degree or no diploma.

## Why Assume One-Worker Households?

This analysis examines housing affordability for one-worker households. About 16 percent of U.S. households are single parents raising children, and nearly 30 percent of households are single adults living alone. In many other households, only one adult is employed for a variety of reasons. These range from caregiving responsibilities to job loss and disabilities that impair a person's ability to work. Households with multiple working adults are better able to afford housing costs, but in many of the 203 metro areas studied, even two-income households struggle to cover the expense of adequate housing.

The average national annual income for dental assistants is \$35,447, with their median annual income ranging from as low as \$30,591 in Brownsville, Texas, to as high as \$43,964 in San Francisco. These salaries are well below the \$55,775 median national income for all households in the U.S.<sup>5</sup>

The median incomes of dental assistants are only high enough to afford a typical two-bedroom home in about a third (69) of the metro areas in the "Paycheck to Paycheck" database. In Long Island, N.Y. (Nassau-Suffolk metro area), a typical two-bedroom rent consumes almost 60 percent of a dental assistant's paycheck, double what is affordable. Typical one-bedroom homes for rent are more affordable for dental assistants, but still are not affordable in 51 higher-cost metro areas.

It is even more difficult for dental assistants to afford to buy homes with their salaries. Only 19 lower-cost, mostly Midwestern metro areas have median-priced homes that are affordable to dental assistants. More expensive housing markets are far from affordable. For example, buying and owning a median-priced home in the Boulder, Colo., metro area would take 100 percent of a dental assistant's monthly income.

**Licensed Practical Nurse.** Licensed practical nurses (LPNs) provide basic medical care in a variety of clinical settings and help patients with hygiene functions. LPNs are typically supervised by a registered nurse and are key personnel in hospitals, doctor's offices and nursing homes. Well over half (64 percent) of LPNs have a high school diploma as their highest educational achievement, while over a quarter (27 percent) have associate's degrees.

The average national annual wage for LPNs is \$46,007, and, depending on where LPNs work, their median incomes range between \$39,704 and \$57,061. Despite their moderate incomes, there are still many metro areas, particularly high-cost places on the coasts, where rents are unaffordable for LPNs.

There are 40 metro areas where typical rents for two-bedroom homes and 15 areas where rents for one-bedroom homes amount to more than 30 percent of an LPN's paycheck. In the San Francisco metro area, for example, LPNs earn a median income of \$57,061, slightly above the national median income of all households, yet rent for a two-bedroom in that area would consume 63 percent of an LPN's monthly income.

Only about a third of the metro areas in "Paycheck to Paycheck" offer affordable homeownership opportunities to LPNs. LPNs buying median-priced homes in Bridgeport, Conn., would have to dedicate 55 percent of their paycheck to their monthly homeownership costs, while a typical home in the high-cost metro area of Santa Cruz, Calif., would consume 103 percent of their income.

## Health-Employer Assisted Housing for Health Workers

In addition to affordable housing policies and programs offered by the federal government and state and local governments that expand access to affordable housing for all workers, some health employers such as hospitals offer financial assistance programs to help their employees afford housing and contribute to revitalization of their communities.

For example, the Henry Ford Health System in Detroit, until recently, offered a program for its employees called Live Midtown that provided \$20,000 in forgivable loans for homebuying, \$2,500 in rental assistance in the first year of residence and \$1,000 for subsequent years and up to \$5,000 in grants for exterior home improvements for current homeowners. These forms of housing assistance were available to employees who moved to or lived in the Midtown neighborhood, which borders the hospital and historically suffered from disinvestment. The program achieved three important outcomes by supporting affordable homeownership and rental homes for key health workers, making investments in the surrounding neighborhood and stimulating the local housing market. The program was originally intended to last for five years, was extended for an additional two years and ended once the community occupancy rate reached 98 percent.

It is important to note that employer-assisted housing programs for health workers are typically restricted to large institutions such as hospitals that have greater financial resources than small health care providers and have the imperative as community anchor institutions to contribute to the revitalization and well-being of their neighborhoods.

## Policy Solutions

Federal, state and local governments are all necessary to ensure that an adequate supply of housing that is affordable to health workers, especially as their numbers grow. The health workers highlighted in this report share the same housing affordability challenges of other low- and moderate-income workers around the country.

Housing solutions include upfront capital to build and preserve affordable housing, rental assistance to help households and properties pay the rising monthly cost for housing, state and local policy to reduce the cost of housing, homeownership financing and specific legislation to improve affordable housing programs. However, seven years of sequestration from the Budget Control Act has cut federal agency budgets, including those of the U.S. Department of Housing and Urban Development (HUD) and the U.S. Department of Agriculture (USDA). In most cases, the budgets for federal housing programs have not been increased above their 2010 funding levels; the few programs that have seen increases over their 2010 levels have struggled to keep up with inflation and to serve the same number of people.<sup>6</sup> This shrinking of federal funds for the housing field has made public-private partnerships difficult.

**Federal.** The Low-Income Housing Tax Credit (LIHTC) is the largest ongoing investment by the federal government into affordable housing. This Department of Treasury program provides upfront capital to develop or renovate affordable rental housing. The LIHTC has a successful track record of more than 30 years, having created or preserved nearly 3 million apartments. In 2014, applications for LIHTC exceeded what states could award by 2-to-1, with demand even higher in some states.<sup>7</sup> There is currently a bill in the U.S. Senate by Sen. Maria Cantwell (D-Wash.) and Senate Finance Committee Chair Orrin Hatch (R-Utah) to enhance and expand the program, with a companion bill in the House by Reps. Pat Tiberi (R-Ohio) and Richard Neal (D-Mass.).<sup>8</sup>

Rental vouchers play a pivotal role in LIHTC properties and other affordable housing properties by assisting tenants with paying rent. With a voucher, tenants pay 30 percent of their income toward rent and the voucher pays for the difference between that amount and the actual cost of rent, up to the payment standard set by HUD. Vouchers are not an entitlement, however. Only 1 in 4 households that meet income eligibility standards for federal rental assistance are able to receive a voucher due to inadequate funding.<sup>9</sup>

The Community Development Block Grant (CDBG) and HOME Investment Partnerships (HOME) provide flexible funds that state and local governments can use to address a

range of housing needs in their communities, including both homeownership and rental needs. HOME specifically targets housing needs, while CDBG can serve other community and economic development needs. Some localities use block grants along with the LIHTC program to provide gap financing for development costs. Many states and localities use HOME funds to help with down payment assistance, closing costs and rental assistance. Despite the proven success of these programs, they are often the most at risk as appropriations shrink.

The federal government also supports homeownership through a variety of programs. The Federal Housing Administration (a part of HUD) offers low-cost financing for first-time and low-income homebuyers. Conventional lending standards often require a 10- to 20-percent down payment for a home, which is why this report uses a 10-percent down payment for its calculations. FHA loans can be as low as a 3.5-percent down payment, which makes homeownership achievable for households with less wealth but with reliable income to pay for housing. The USDA backs loans up to 90 percent of their value, and the U.S. Department of Veterans Affairs offers a 100-percent loan guarantee for veterans, service members and their families. The Federal Home Loan Bank system, through the 12 regional banks and their members, provides capital for purchase, construction and rehabilitation of homes targeted for low-income households. The National Housing Trust Fund, the Capital Magnet Fund and other federal programs also help finance affordable housing.

Perhaps the most important thing the federal government can do to ensure that affordable homeownership and rental homes are available is to ensure access to credit by fixing the still-temporary housing finance system. Conservatorship of Fannie Mae and Freddie Mac was originally intended to last for a short period of time, but it has been ongoing since the 2008 financial crisis. The National Housing Conference and many others have called on Congress to reform America's mortgage finance system to use a limited and explicit government role to ensure reliable access to long-term fixed-rate mortgages, financing for multifamily housing nationwide and support for affordable housing.<sup>10</sup>

**State and Local.** On the state and local levels, many jurisdictions offer their own versions of rental vouchers, homeownership assistance and rental housing production, although most are on a much smaller scale than the federal programs. Some states and localities have Housing Trust Funds of varying sizes. These trust funds typically support the production of affordable housing for extremely low-income households below 30 percent of the area median income (AMI).

Currently, over 500 local jurisdictions use inclusionary housing programs to create affordable housing opportunities.<sup>12</sup> Typically,

inclusionary zoning allows developers to build to higher densities or eases other requirements in exchange for including affordable housing in their building or paying an in-lieu fee to build affordable housing elsewhere. These programs often include long-term affordability restrictions that can range from 30 to 99 years.

As housing affordability becomes increasingly difficult for middle-income workers, some states and localities are targeting resources to serve people at 80 to 120 percent of AMI. For example, the state of Massachusetts recently launched a \$100-million campaign through its housing finance agency to create affordable housing for people earning between 61 and 120 percent of AMI. Assistance in this range tends to focus on low-cost debt for rental development. According to HUD's Metropolitan Fair Market Rents (FMR) Area data, 73 percent of the licensed practical nurses and 14 percent of the dental assistants in this report would qualify for this type of housing assistance if all metro areas offered it.

## Conclusion

Meeting the housing needs of the workers featured in this report is paramount if we are to keep up with our nation's growing demand for health services. Communities that lack housing affordable to key health workers will struggle to attract and retain the workforce they need to support the health of their residents. A shortage of key health workers can make it more difficult to support aging in place for a growing older population, respond effectively to health emergencies and support the overall health of all individuals. The health care jobs highlighted in this report are careers with growing opportunities for people who have completed high school diplomas and associate's degrees and offer an opportunity to access the middle class. But even the highest paid among the five occupations profiled in this report, the licensed practical nurse, can afford to own a home in only 70 metro areas and to rent a two-bedroom home in 163 areas.

If these low- and moderate-income workers spend more than what is affordable on renting or owning a home in large portions of the country, they will not be able to achieve the stability and access the opportunities of the middle class. Expanding housing opportunities for low- and moderate-income workers is imperative because it supports the financial well-being of communities as a whole. This can be done by increasing the ability of the private market to increase housing supply targeted to households who do not need much, if any, assistance to afford a modest home and by increasing the resources from federal, state and local governments that help low- and moderate-income workers find decent affordable homes.

## Healthcare Workers Rental Affordability in the 50 Largest U.S. Metro Areas

Metro Area	2017 Fair Market Rent (FMR) for a Two-Bedroom Home	Qualifying Income 2017	Affordable for a Home Health Aide?	Affordable for Physical Therapy Assistant?	Affordable for an Emergency Medical Technician?	Affordable for a Dental Assistant?	Affordable for a Licensed Practical Nurse?
Atlanta, GA	\$990	\$39,600	No	No	No	No	Yes
Austin, TX	\$1,195	\$47,800	No	No	No	No	No
Baltimore, MD	\$1,376	\$55,040	No	No	No	No	No
Birmingham, AL	\$866	\$34,640	No	No	No	No	Yes
Boston, MA	\$1,691	\$67,640	No	No	No	No	No
Buffalo, NY	\$810	\$32,400	No	No	No	Yes	Yes
Charlotte, NC	\$907	\$36,280	No	No	No	No	Yes
Chicago, IL	\$1,232	\$49,280	No	No	No	No	No
Cincinnati, OH	\$806	\$32,240	No	No	Yes	Yes	Yes
Cleveland, OH	\$781	\$31,240	No	No	Yes	Yes	Yes
Columbus, OH	\$886	\$35,440	No	No	No	No	Yes
Dallas, TX	\$1,031	\$41,240	No	No	No	No	Yes
Denver, CO	\$1,305	\$52,200	No	No	No	No	No
Detroit, MI	\$911	\$36,440	No	No	No	Yes	Yes
Hartford, CT	\$1,212	\$48,480	No	No	No	No	Yes
Houston, TX	\$976	\$39,040	No	No	No	No	Yes
Indianapolis, IN	\$850	\$34,000	No	No	No	Yes	Yes
Jacksonville, FL	\$969	\$38,760	No	No	No	No	Yes
Kansas City, MO	\$946	\$37,840	No	No	No	No	Yes
Las Vegas, NV	\$954	\$38,160	No	No	No	No	Yes
Los Angeles, CA	\$1,545	\$61,800	No	No	No	No	No
Louisville, KY	\$793	\$31,720	No	No	Yes	Yes	Yes
Memphis, TN	\$835	\$33,400	No	No	No	Yes	Yes
Miami, FL	\$1,295	\$51,800	No	No	No	No	No
Milwaukee, WI	\$927	\$37,080	No	No	No	No	Yes
Minneapolis-St. Paul, MN	\$1,086	\$43,440	No	No	No	No	Yes
Nashville, TN	\$959	\$38,360	No	No	No	No	Yes
New Orleans, LA	\$964	\$38,560	No	No	No	No	Yes
New York, NY	\$1,637	\$65,480	No	No	No	No	No
Oklahoma City, OK	\$807	\$32,280	No	No	No	Yes	Yes
Orlando, FL	\$1,002	\$40,080	No	No	No	No	Yes
Philadelphia, PA	\$1,211	\$48,440	No	No	No	No	Yes
Phoenix, AZ	\$944	\$37,760	No	No	No	No	Yes
Pittsburgh, PA	\$822	\$32,880	No	No	Yes	Yes	Yes
Portland, OR	\$1,242	\$49,680	No	No	No	No	No
Providence, RI	\$994	\$39,760	No	No	No	No	Yes
Raleigh, NC	\$993	\$39,720	No	No	No	No	Yes
Richmond, VA	\$1,005	\$40,200	No	No	No	No	Yes
Riverside, CA	\$1,197	\$47,880	No	No	No	No	Yes
Sacramento, CA	\$1,036	\$41,440	No	No	No	No	Yes
Salt Lake City, UT	\$990	\$39,600	No	No	No	No	Yes
San Antonio, TX	\$964	\$38,560	No	No	No	No	Yes
San Diego, CA	\$1,741	\$69,640	No	No	No	No	No
San Francisco, CA	\$3,018	\$120,720	No	No	No	No	No
San Jose, CA	\$2,220	\$88,800	No	No	No	No	No
Seattle, WA	\$1,544	\$61,760	No	No	No	No	No
St. Louis, MO	\$896	\$35,840	No	No	No	No	Yes
Tampa, FL	\$1,014	\$40,560	No	No	No	No	Yes
Virginia Beach, VA	\$1,130	\$45,200	No	No	No	No	No
Washington, DC	\$1,746	\$69,840	No	No	No	No	No

## Healthcare Workers Homeownership Affordability in the 50 Largest U.S. Metro Areas

Metro Area	Home Price 2017	Qualifying Income 2017	Affordable for a Home Health Aide?	Affordable for Physical Therapy Assistant?	Affordable for an Emergency Medical Technician?	Affordable for a Dental Assistant?	Affordable for a Licensed Practical Nurse?
Atlanta, GA	\$190,000	\$55,487	No	No	No	No	No
Austin, TX	\$285,000	\$83,231	No	No	No	No	No
Baltimore, MD	\$215,000	\$62,788	No	No	No	No	No
Birmingham, AL	\$138,000	\$40,301	No	No	No	No	Yes
Boston, MA	\$400,000	\$116,815	No	No	No	No	No
Buffalo, NY	\$106,000	\$30,956	No	No	Yes	Yes	Yes
Charlotte, NC	\$211,000	\$61,620	No	No	No	No	No
Chicago, IL	\$228,000	\$66,585	No	No	No	No	No
Cincinnati, OH	\$139,000	\$40,593	No	No	No	No	Yes
Cleveland, OH	\$111,000	\$32,416	No	No	Yes	Yes	Yes
Columbus, OH	\$150,000	\$43,806	No	No	No	No	Yes
Dallas, TX	\$264,000	\$77,098	No	No	No	No	No
Denver, CO	\$353,000	\$103,090	No	No	No	No	No
Detroit, MI	\$105,000	\$30,664	No	No	Yes	Yes	Yes
Hartford, CT	\$195,000	\$56,948	No	No	No	No	No
Houston, TX	\$223,000	\$65,125	No	No	No	No	No
Indianapolis, IN	\$147,000	\$42,930	No	No	No	No	Yes
Jacksonville, FL	\$275,000	\$80,311	No	No	No	No	No
Kansas City, MO	\$179,000	\$52,275	No	No	No	No	No
Las Vegas, NV	\$227,000	\$66,293	No	No	No	No	No
Los Angeles, CA	\$535,000	\$156,241	No	No	No	No	No
Louisville, KY	\$146,000	\$42,638	No	No	No	No	Yes
Memphis, TN	\$130,000	\$37,965	No	No	No	No	Yes
Miami, FL	\$259,000	\$75,638	No	No	No	No	No
Milwaukee, WI	\$145,000	\$42,346	No	No	No	No	Yes
Minneapolis-St. Paul, MN	\$235,000	\$68,629	No	No	No	No	No
Nashville, TN	\$232,200	\$67,811	No	No	No	No	No
New Orleans, LA	\$186,400	\$54,436	No	No	No	No	No
New York, NY	\$400,000	\$116,815	No	No	No	No	No
Oklahoma City, OK	\$138,000	\$40,301	No	No	No	No	Yes
Orlando, FL	\$200,000	\$58,408	No	No	No	No	No
Philadelphia, PA	\$137,000	\$40,009	No	No	No	No	Yes
Phoenix, AZ	\$230,000	\$67,169	No	No	No	No	No
Pittsburgh, PA	\$134,000	\$39,133	No	No	No	No	Yes
Portland, OR	\$335,000	\$97,833	No	No	No	No	No
Providence, RI	\$220,000	\$64,249	No	No	No	No	No
Raleigh, NC	\$267,000	\$77,974	No	No	No	No	No
Richmond, VA	\$221,000	\$64,541	No	No	No	No	No
Riverside, CA	\$315,000	\$91,992	No	No	No	No	No
Sacramento, CA	\$341,000	\$99,585	No	No	No	No	No
Salt Lake City, UT	\$288,000	\$84,107	No	No	No	No	No
San Antonio, TX	\$198,000	\$57,824	No	No	No	No	No
San Diego, CA	\$495,000	\$144,559	No	No	No	No	No
San Francisco, CA	\$1,050,000	\$306,641	No	No	No	No	No
San Jose, CA	\$810,000	\$236,551	No	No	No	No	No
Seattle, WA	\$450,000	\$131,417	No	No	No	No	No
St. Louis, MO	\$149,000	\$43,514	No	No	No	No	Yes
Tampa, FL	\$174,000	\$50,815	No	No	No	No	No
Virginia Beach, VA	\$190,000	\$55,487	No	No	No	No	No
Washington, DC	\$360,000	\$105,134	No	No	No	No	No

## Sources of Data

**Home Prices:** Median home price data are from the National Association of Home Builders (NAHB) Housing Opportunity Index for the first quarter of 2017 and include data for new and existing homes. For metro areas where NAHB data are not available, median home prices for existing homes are from the National Association of Realtors.

**Rents:** Typical rent rates are from the U.S. Department of Housing and Urban Development, which established the Fair Market Rents for the fiscal year of 2017. The nationwide FMR is calculated and published by the National Low Income Housing Coalition in Out of Reach 2017. The Dallas area is required to use Small Area Fair Market Rents (SAFMRs) as a result of a legal settlement. The Dallas metro area FMR was calculated by averaging out all SAFMRs.

**Salaries:** Wage data are median annual total cash compensations for February 2017 from Salary.com for workers who have two to four years of experience in their occupations.

See the “Paycheck to Paycheck” web page for more information on our methodology.

## Endnotes

1. Global Health Expenditure Database. 2014. Geneva: World Health Organization. [apps.who.int/nha/database](http://apps.who.int/nha/database).
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## “Paycheck to Paycheck” Online Tool

To obtain graphs showing housing affordability in 203 metros for 83 different occupations, visit [www.nhc.org/paycheck](http://www.nhc.org/paycheck)



1900 M Street NW, Suite 200  
Washington, DC 20036  
202-466-2121  
[www.nhc.org](http://www.nhc.org)

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