Senior Housing Needs Assessment for the Northwest Suburban Housing Collaborative

Prepared for
Metropolitan Mayors Caucus

November 2013

Prepared by
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2707 Walnut Avenue
Evanston, IL 60201-1442
November 26, 2013

Ms. Allison Milld Clements  
Metropolitan Mayor’s Caucus  
233 S. Wacker Drive  
Chicago, IL 60606

Dear Allison:

Valerie S. Kretchmer Associates, Inc. (VSKA) is pleased to submit this Senior Housing Needs Assessment for the Northwest Suburban Housing Collaborative (NWSHC) communities of Arlington Heights, Buffalo Grove, Mount Prospect, Palatine and Rolling Meadows. We have enjoyed working with you and the planners from the five communities.

Sincerely,

Valerie Sandler Kretchmer  
President
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I. PURPOSE OF THE ASSIGNMENT AND METHODOLOGY

A. Purpose of the Assignment

Valerie S. Kretchmer Associates, Inc. (VSKA) was retained by the Metropolitan Mayor’s Caucus and the five Northwest Suburban Housing Collaborative (NWSHC) communities to analyze the following:

- Existing senior housing in the five communities
- Need for additional senior housing by housing type
- Needs of seniors who prefer to age in place rather than move to seniors-only housing
- Demographics of the senior population
- Suitability of potential development sites for senior housing
- Actions that the NWSHC communities can take to meet future senior housing needs

B. Methodology

VSKA conducted the following for this analysis:

- Held monthly meetings with staff of the Metropolitan Mayor’s Caucus and NWSHC community planners to set priorities, review progress and give input into housing issues facing seniors in their communities
- Surveyed existing senior buildings and interviewed their managers
- Met with representatives of senior service providers and Realtors in each community. These included staff at senior centers, villages, townships, social service agencies, etc.
- Conducted focus groups with seniors in four communities to seek input on senior housing needs (Palatine was not able to arrange this)
- Analyzed the senior population by age and income for the communities individually and combined
- Analyzed senior housing need by type for the communities individually and combined
- Researched issues and models for seniors aging in place
- Identified the key issues raised during interviews and meetings
- Identified actions that can be taken by the communities to address the key issues.
II. SUMMARY AND CONCLUSIONS

A. Existing Senior Housing

The five communities have a total of 19 senior facilities and one more under construction with a total of more than 3,600 units or beds. Tables 1 and 2 below show the number of units or beds by type and municipality.

<table>
<thead>
<tr>
<th>Municipality</th>
<th># of Units/Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arlington Heights</td>
<td>2,296</td>
</tr>
<tr>
<td>Buffalo Grove</td>
<td>377</td>
</tr>
<tr>
<td>Mount Prospect</td>
<td>412</td>
</tr>
<tr>
<td>Palatine</td>
<td>373</td>
</tr>
<tr>
<td>Rolling Meadows</td>
<td>227</td>
</tr>
<tr>
<td><strong>Total Units/Beds</strong></td>
<td><strong>3,685</strong></td>
</tr>
</tbody>
</table>

Source: Valerie S. Kretchmer Associates, Inc.

Affordable independent living is for low-income seniors and does not generally include meals. Market rate independent living is for those who want to live in an age-restricted building and often includes some or all meals, as well as activities and transportation. Market rate assisted living is for seniors who need assistance with activities of daily living such as bathing, dressing, medication management, etc. All meals are included and nurses and nurses’ aides are on staff. Supportive living is an Illinois state program that provides...
assisted living for low-income seniors under the Medicaid program. Market rate memory care is for those with Alzheimer’s and other forms of dementia who require specialized care beyond what is typically available in assisted living. Skilled nursing is what people typically think of as nursing homes and usually have long term residents as well as those requiring short term rehabilitation after an illness or surgery. More detailed descriptions of the different senior housing types are in Chapter III.

Most senior housing types have units that are occupied by one person, though some have couples, more frequently in independent living than in facilities with higher levels of care. Some facilities that provide higher levels of care such as skilled nursing and memory care may have some double occupancy units to keep costs more affordable. In those cases, the number of beds is generally used to show the property’s maximum capacity rather than the number of units.

Occupancy rates are generally strong at the existing properties. Affordable senior buildings have long waiting lists, while many of the market rate facilities have some available units.

B. Need for New Senior Housing

While the five communities have many senior housing facilities that offer independent living, assisted living, memory care and skilled nursing, there will continue to be the need for more affordable and market rate senior housing to serve the increasing senior population.

Table 3 below provides a summary of the potential need for additional senior housing in the five communities combined and individually. This includes independent living, assisted living and memory care, both affordable and market rate. Figures shown in parentheses ( ) indicate an oversupply of units, while figures without parentheses show an unmet need. It must be noted that while some types of senior housing may have an oversupply in one community, in reality, the housing serves people in more than a single municipality. As such, the total for all communities is more relevant when looking at the potential need for additional senior housing in the NWSHC communities.

In total, by 2018, there is a potential need for 1,012 market rate units serving seniors with incomes over $50,000 and 1,564 affordable units serving those with incomes under $30,000. The largest needs are for market rate and affordable independent living and affordable assisted living.
Table 3
NORTHWEST SUBURBAN HOUSING COLLABORATIVE COMMUNITIES
POTENTIAL SENIOR HOUSING NEED BY 2018*

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Arlington Heights</th>
<th>Buffalo Grove</th>
<th>Mount Prospect</th>
<th>Palatine</th>
<th>Rolling Meadows</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Independent Living</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Market Rate</td>
<td>(501)</td>
<td>352</td>
<td>464</td>
<td>230</td>
<td>150</td>
<td>695</td>
</tr>
<tr>
<td>Affordable</td>
<td>207</td>
<td>234</td>
<td>(139)</td>
<td>193</td>
<td>153</td>
<td>647</td>
</tr>
<tr>
<td>Moderate Income</td>
<td>291</td>
<td>97</td>
<td>196</td>
<td>146</td>
<td>75</td>
<td>805</td>
</tr>
<tr>
<td><strong>Assisted Living</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Market Rate</td>
<td>75</td>
<td>(10)</td>
<td>139</td>
<td>118</td>
<td>45</td>
<td>366</td>
</tr>
<tr>
<td>Affordable</td>
<td>254</td>
<td>115</td>
<td>179</td>
<td>151</td>
<td>(34)</td>
<td>666</td>
</tr>
<tr>
<td><strong>Memory Care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Market Rate</td>
<td>(102)</td>
<td>(91)</td>
<td>74</td>
<td>77</td>
<td>(8)</td>
<td>(49)</td>
</tr>
<tr>
<td>Affordable</td>
<td>80</td>
<td>39</td>
<td>58</td>
<td>49</td>
<td>24</td>
<td>251</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Market Rate</td>
<td>(528)</td>
<td>252</td>
<td>677</td>
<td>425</td>
<td>186</td>
<td>1,012</td>
</tr>
<tr>
<td>Affordable</td>
<td>541</td>
<td>388</td>
<td>98</td>
<td>392</td>
<td>144</td>
<td>1,564</td>
</tr>
<tr>
<td>Moderate Income</td>
<td>291</td>
<td>97</td>
<td>196</td>
<td>146</td>
<td>75</td>
<td>805</td>
</tr>
</tbody>
</table>

* Potential need based on total market penetration rates of 15% of age and income-eligible population for market rate and moderate income properties and 20% of age and income-eligible population for affordable properties, less existing and planned senior units.

Numbers in parentheses indicate excess supply. Numbers without parentheses indicate potential need.

Source: Valerie S. Kretchmer Associates based on estimates & projections by Experian

The state’s Supportive Living program, which provides funds for affordable assisted living, is not adding new facilities at this time due to state budgetary problems. As such, in the foreseeable future, it will not be possible to meet the need for affordable assisted living. There is also a need for affordable memory care, but at the present time there are no state or federal programs that fund it.

There is also an unmet need for independent living for moderate income seniors in the $30,000-$49,999 range, which is too high to qualify for affordable housing, but generally not high enough to afford market rate facilities in the NWSHC communities. There is a
potential need for 805 independent living units for this group. Unfortunately, rents that would be affordable to this group aren’t high enough to make a development financially feasible and existing affordable programs aren’t targeted to this income group. Assisted living rents are much too expensive for seniors in this income group unless they have significant assets that they can spend down to pay for their care.

VSKA did not analyze the need for additional skilled nursing beds because that is determined by the State of Illinois Department of Public Health.

C. Aging in Place

Most seniors prefer to age in place and stay in their homes and their communities. As such, even with the large number of senior units in the communities, most seniors will continue to live in their own homes. There are a wide range of services and activities available that enable seniors in the five communities to remain in their homes, though many seniors are unaware of these services. Service providers include villages, townships, park districts, social service agencies, not-for-profit organizations, hospitals and religious organizations.

There are a number of existing programs that could be better coordinated or expanded to make it easier for seniors to age in place. These are:

- Coordinated transportation to enable seniors to travel across township lines
- Home maintenance and repair such as Rolling Meadows’ handyman program and assistance with snow shoveling.
- Designation of the Arlington Heights Senior Center as the regional senior center for the NWSHC, as it has the broadest level of services and activities and is used by many living outside of Arlington Heights.

Other potential services, programs or changes that could be considered include:

- Assistance with architectural modifications to homes to make them more senior friendly. This could include the NWSHC retaining architects to offer basic plans that could be replicated, and/or identifying local architects and contractors willing to work with seniors on home modifications.
- Development and implementation through the NWSHC of a standardized senior home assessment, in which safety and usability levels would be assessed and modifications recommended according to cost and ease to carry out. These could
range from modifications requiring a contractor to simple add-ons like lever door handles and non-permanent shower seats and suction grips.

- Review of local zoning, subdivision and building codes to allow for shared housing, granny/in-law suites, and other housing that would enable seniors to move in with family or share their own homes with someone who isn’t a relative.
- Further explore the Village to Village Network now operating on the North Shore and the Lincoln Park area of Chicago to determine whether it makes sense in the NWSHC communities given the range and depth of services already offered.
III. OVERVIEW OF SENIOR HOUSING TYPES

The term “senior housing” is often used to describe any one of multiple types of housing geared to people over age 55 or 62 years. However, there are many categories of senior housing that target different market niches so it is useful to clarify what these housing types are. We present these from the “youngest” and most active senior to the “oldest” in need of more services.

A. Active Adult Retirement Community

Active adult communities are usually geared to those ages 55+ and have restrictions on children living in the community on a full-time basis. They offer a high level of common area recreational amenities, usually including a large clubhouse and pool, and often are built around a golf course. The active adult communities are typified by Del Webb’s Sun City, though there are smaller active adult communities throughout the Chicago metro area including Carillon by Cambridge in north suburban Libertyville. However, even without a golf course, they are much larger than 10 acres in size.

Active adult communities are developed by for-profit companies such as Del Webb (a division of Pulte Homes), Hartz Construction and Cambridge Homes. The homes are usually single-family detached or one-story attached townhouse-style buildings and are purchased fee simple by the resident. Units usually have two or three bedrooms with attached garages. Common area maintenance is included in the monthly fee. Active adult communities are geared to those who can live independently, prepare their own meals and take care of their own homes. Limited social services are provided. They attract people in their 60s and early to mid-70s at move-in.

B. Independent Living

These are free-standing buildings restricted to those age 62+ but are occupied primarily by those in their 70s and 80s. They are more likely to be rental properties with studio, one and two bedroom apartments. Meals are not included, though some properties will make arrangements for meals for an additional fee. Amenities may include a community or multipurpose room, exercise equipment, computers, and some activities.
They are developed and managed by for-profit developers and not-for-profit organizations, and can be market rate or “affordable” using Low-Income Housing Tax Credits, other HUD programs such as Section 8 and Section 202, and public housing. Affordable properties have income restrictions requiring residents to earn less than about $31,000 for one person and $35,000 for two people.

Examples include Goedke House and Cedar Village in Arlington Heights, Huntington Towers and Mount Prospect Horizon in Mount Prospect.

C. Independent Living – Congregate Care

These buildings are also restricted to those aged 62+ but are occupied primarily by those in their 70s, 80s and 90s. The difference between this type of housing and independent living described above is that these buildings include some or all meals. The buildings are usually rental and have a mix of studio, one and two bedroom apartments. The monthly fees are significantly higher than at the independent living facilities where meals are not included. Some properties have an entry fee, which can range from minimal ($2,500) to several hundred thousand dollars. Typically, the higher the entry fee, the lower the monthly fee. These buildings have a high level of amenities and activities and often have their own bus to take residents on shopping and other trips.

These are developed by for-profit developers and not-for-profit organizations. Tamarack in Palatine is one example. Developers who are active in the Chicago area include Senior Lifestyle Corporation and Brookdale Senior Living.

D. Assisted Living

Assisted living facilities cater to those seniors in need of assistance with several activities of daily living (ADLs), such as dressing, bathing, medication management, walking, eating, toileting, etc. Residents are usually over 75, and most are in their 80s and 90s. These facilities provide a high level of care, including three daily meals, services and activities. As such, their fees are considerably higher than in independent living. A significant difference is that assisted living facilities are licensed by the state, while independent living is not.
They are typically free-standing and are smaller than independent living facilities. In some cases, a portion of an independent living building is set aside for assisted living with a higher staffing ratio. Examples include Sunrise Assisted Living and Belmont Village in Buffalo Grove.

A state program known as Supportive Living Facilities (SLF) provides affordable assisted living targeted to those earning less than $30,000 per year. Medicaid covers the cost for low-income residents who turn over their monthly earnings for rent (generally from Social Security, pensions etc.) but they are allowed to keep $90 per month for spending money. All meals, medications, activities and transportation are included in the rent. Some SLFs also have a portion of units designated as market rate for middle and higher income individuals. Once market rate residents exhaust all but $2,000 in assets, they can be converted to the Medicaid program for low-income seniors. The advantage is that they don’t have to leave the SLF if they run out of money which can happen in market rate facilities. Plum Creek in Rolling Meadows is a SLF under the state’s program.

Located in a wing or floor of an assisted living facility or as a freestanding property, Alzheimer’s and memory care facilities are a special sub-set of assisted living. Usually smaller than assisted living facilities, they have small studios, private or semi-private rooms designed specifically for the needs of those with memory issues. They have a very high staff to resident ratio and are typically smaller, self-contained buildings or wings so that the residents can’t accidentally go out on their own and become disoriented. They represent an even higher level of assisted living and are more expensive. Sunrise has one such building in Wilmette. Freestanding memory care facilities are becoming more popular, evidenced by the expansion of Autumn Leaves in Arlington Heights and elsewhere in the Chicago area, though some recent entrants to the Chicago market have failed (e.g., Paradise Park in Lake Zurich and New Lenox) because their rents were too high for the community.

E. Continuing Care Retirement Community (CCRC)

CCRCs typically provide three levels of care – independent living, assisted living, and skilled nursing. They can include independent apartments, cottages, assisted living apartments and nursing home rooms. They usually require an entry fee plus a monthly fee. There are many variations with the financing, but the entry fees are usually upwards of $100,000 and are partially refundable based on a resident’s length of stay. Unlike a condominium, residents do not buy a fee simple interest in their unit.
CCRCs have a high level of amenities and services. Depending on the level of care needed, 1-3 meals per day are included in independent living. Residents moving into independent living are usually in their 70s and 80s. Some CCRCs restrict their assisted living and skilled nursing facility to those who are already residents in their independent living building. However, some will accept residents moving from the outside into assisted living and nursing care.

Residents moving into a CCRC are buying into a life care community as much as they are buying into a residence. Most CCRCs give residents a certain number of nursing home days that are covered by the upfront fee and monthly independent living fee. In some buildings, residents who have been in independent living pay that same monthly fee if they need to move into the assisted living and nursing care sections of the complex. In others, the monthly fee will increase with the higher level of service provided. The higher the entry fee, the more likely assisted living and nursing care will cost a resident the same as their monthly fee in independent living.

These projects are run by for-profit developers and not-for-profit organizations such as religious and health care institutions. Examples include Church Creek and The Moorings in Arlington Heights.

F. Nursing Homes

Free-standing nursing homes are for residents who cannot live on their own and need assistance with a wide range of personal services and also have health problems that require 24-hour care. Rates are usually quoted on a daily basis and are more expensive than other forms of senior housing. Some nursing homes will accept patients on Medicaid where the government pays the fees once a person has exhausted his or her assets. Others only allow private pay residents. Nursing homes are regulated by the state. Residents typically have semi-private rooms, though more are renovating and providing private rooms. Many nursing homes, even newer ones, have an institutional feel. Short-term rehabilitation is becoming more popular as nursing facilities face increased competition from assisted living facilities. In addition, reduced hospital stays result in a reduction in the number of residents whose nursing home stays can be covered by Medicare. Examples include Manor Care in Arlington Heights and Rolling Meadows, and Claremont Rehab and Living Center in Buffalo Grove.

G. Other Types of Senior Housing

Market rate condominiums, duplexes or cottages can be age-restricted and purchased outright by the resident, the same as with any non-age restricted condominium. They are geared to
independent seniors. Meals may or may not be included. They are built by for-profit developers and cater to those who are downsizing from larger houses. Prices vary but are usually comparable to non-age restricted condominiums in the community. There is a monthly maintenance fee, and the residents are responsible for financing and paying real estate taxes for their units. However, if they want or need to move, residents must sell to another senior citizen rather than to the building owner as is customary with other forms of senior housing. This has often made re-sales difficult. Although open to those ages 55+, most residents are in their late 60s to early 80s. Examples include the Mallinckrodt building in Wilmette and The Lodge at Northbrook, currently under construction.
IV. SENIOR HOUSING IN THE FIVE COMMUNITIES

A. Existing and Planned Senior Housing in the Five Communities

The five communities have a total of 19 operational properties and one more under construction that provide independent living, assisted living, memory care and skilled nursing. These include 8 that are affordable to those with incomes less than $30,000 for one person and $35,300 for two people. Table 4 below provides a summary of the number of units by type in each community. Table 5 is a list of properties by community by type and number of units, followed by a location map. Table 14 in the Appendix provides details on these facilities.

Table 4
EXISTING SENIOR HOUSING UNITS/BEDS BY MUNICIPALITY

<table>
<thead>
<tr>
<th>Municipality</th>
<th>Affordable Independent</th>
<th>Supportive Living</th>
<th>Market Rate Independent</th>
<th>Market Rate Assisted</th>
<th>Market Rate Memory Care</th>
<th>Skilled Nursing Beds</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arlington Heights</td>
<td>308</td>
<td>0</td>
<td>1,246</td>
<td>160</td>
<td>211</td>
<td>371</td>
<td>2,296</td>
</tr>
<tr>
<td>Buffalo Grove</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>114</td>
<td>150</td>
<td>113</td>
<td>377</td>
</tr>
<tr>
<td>Mount Prospect</td>
<td>412</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>412</td>
</tr>
<tr>
<td>Palatine</td>
<td>109</td>
<td>0</td>
<td>133</td>
<td>0</td>
<td>0</td>
<td>131</td>
<td>373</td>
</tr>
<tr>
<td>Rolling Meadows</td>
<td>0</td>
<td>101</td>
<td>0</td>
<td>0</td>
<td>32</td>
<td>94</td>
<td>227</td>
</tr>
<tr>
<td><strong>Total Units/Beds</strong></td>
<td><strong>829</strong></td>
<td><strong>101</strong></td>
<td><strong>1,379</strong></td>
<td><strong>274</strong></td>
<td><strong>393</strong></td>
<td><strong>709</strong></td>
<td><strong>3,685</strong></td>
</tr>
</tbody>
</table>

Source: Valerie S. Kretchmer Associates, Inc.
### Table 5
SENIOR PROPERTIES BY MUNICIPALITY

| Municipality and Property | Unit Type |  |
|---------------------------|-----------|--|---|---|---|---|
|                           | Affordable Independent | Supportive Living | Market Rate Independent | Market Rate Assisted | Market Rate Memory Care | Skilled Nursing Beds |
| Arlington Heights         |            |     |    |    |    |    |    |    |    |    |
| Linden Place              | 110        |     |    |    |    |    |    |    |    |    |
|Albert Goedke House       | 118        |     |    |    |    |    |    |    |    |    |
|Cedar Village of Arlington Heights | 80   |     |    |    |    |    |    |    |    |    |
|Luther Village             |            |     |    |    |    |    | 720 |    |    |    |
|Manor Care                 |            |     |    |    |    |    | 126 |    |    |    |
|Church Creek               | 236        | 16  | 24 |    |    |    |    |    |    |    |
|The Moorings               | 290        | 44  | 31 |    |    |    |    |    |    |    |
|Lutheran Home              | 100        | 156 | 49 |    |    |    |    |    |    |    |
|Buffalo Grove              |            |     |    |    |    |    |    |    |    |    |
|Belmont Village            |            |     | 60 | 62 |    |    |    |    |    |    |
|Sunrise of Buffalo Grove   |            |     | 54 | 24 |    |    |    |    |    |    |
|Claremont Rehab & Living Facility |      |     |    |    |    |    | 64  | 113|    |    |
|Mount Prospect             |            |     |    |    |    |    |    |    |    |    |
|Mount Prospect Horizon     | 91         |     |    |    |    |    |    |    |    |    |
|(Under Construction)       |            |     |    |    |    |    |    |    |    |    |
|Huntington Towers          | 214        |     |    |    |    |    |    |    |    |    |
|Centennial North & South   | 198        |     |    |    |    |    |    |    |    |    |
|Palatine                   |            |     |    |    |    |    |    |    |    |    |
|Greencastle of Palatine    | 75         |     |    |    |    |    |    |    |    |    |
|Tamarack                   |            |     |    |    |    |    | 133 |    |    |    |
|Plum Grove Nursing and Rehab |            |     |    |    |    |    |    |    |    | 67 |
|St. Joseph’s Home for the Elderly | 34   |     |    |    |    |    |    |    |    | 64 |
|Rolling Meadows            |            |     |    |    |    |    |    |    |    |    |
|Plum Creek Supportive Living | 101    |     |    |    |    |    |    |    |    |    |
|Manor Care                 |            |     |    |    |    |    | 32  | 94 |    |    |

Source: Valerie S. Kretchmer Associates, Inc.
Existing and Planned Senior Facilities in Collaborative Communities

Communities
- Arlington Heights
- Buffalo Grove
- Mount Prospect
- Palatine
- Rolling Meadows

Existing Facilities:
- Sunrise of Buffalo Grove
- Belmont Village
- Claremont Rehab & Living Facility

Planned Facilities:
- Hotel Indigo (Planned)
- Lutheran Home/Luther Village
- Albert Goedke House
- Cedar Village
- Church Creek
- The Moorings
- Autumn Leaves (Planned)
- Linden Place

Additional Locations:
- St. Joseph's Home for the Elderly
- Plum Grove Nursing and Rehab
- Greencastle of Palatine
- Manor Care
- Tamarack

Notations:
- IL Route 53
- IL Route 58/Dundee Rd
- US Highway 22/Rand Rd
- US Highway 12/Kingston Pike
At this time, there are planned projects in Arlington Heights and Palatine. Arlington Heights has two approved facilities. Autumn Leaves will have 42 units with 46 beds for memory care, and Transitional Care of Arlington Heights will have 120 beds in a nursing/rehabilitation facility. The latter will be for short term, rather than long term care. In Palatine, the former Hotel Indigo on Northwest Highway at Route 53 will add 116 market rate independent living units to the senior inventory, if approved. Mount Prospect Horizon with 91 units is under construction and scheduled for a 2014 opening. There are no planned senior facilities in Buffalo Grove or Rolling Meadows at this time.

B. Senior Housing Near the NWSHC Communities

While VSKA did not survey the senior facilities in nearby communities, there are 19 properties with a total of almost 5,200 units/beds in Schaumburg, Glenview, Des Plaines, Prospect Heights, Wheeling, Vernon Hills and Lincolnshire. They include a mix of affordable and market rate, rental and entry fee properties. Table 15 and the map in the Appendix provide basic information on these properties and their locations. Some do compete with facilities in the five communities.

C. What Makes a Good Senior Housing Site?

Key attributes of a good location for senior housing are:

- Proximity to services and amenities including shopping, medical care, activities, and transportation
- Safe and secure neighborhood
- Visible and accessible location
- No undesirable land uses close by, such as heavy industrial uses, noxious uses, heavy freight train traffic, excessive noise

For independent living, proximity to shopping, activities such as a senior center and transportation are very important. The ability to walk to nearby stores, parks, senior center, library, and houses of worship is an advantage. For older seniors who are no longer driving, it is important to have readily available public transportation. For assisted living and memory care, proximity and access to doctors and hospitals are extremely important. All of the communities have sites that meet these criteria and would be desirable for senior housing.
V. SENIOR SERVICES IN THE FIVE COMMUNITIES

There are extensive senior services available in the five NWSHC communities. Some are open to people regardless of where they live, while others have strict geographic boundaries, often the municipality, park district or township. VSKA met with or interviewed by phone the service providers in all of the communities to create a complete list of available senior services. Table 6 on the following page shows the full array of services in each of the five communities.

It is noteworthy that it was difficult to prepare a definitive list of all available services. Many providers were unaware of other organizations that provide similar services. The five municipalities are in multiple townships, and even individual municipalities are split into two townships. This can be confusing for seniors and their families looking for available services.
### Table 6

**SENIOR SERVICES IN THE NORTHWEST SUBURBAN HOUSING COLLABORATIVE COMMUNITIES**

<table>
<thead>
<tr>
<th>Services</th>
<th>Arlington Heights</th>
<th>Buffalo Grove</th>
<th>Mount Prospect</th>
<th>Palatine</th>
<th>Rolling Meadows</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Senior Center</strong></td>
<td>AH Senior Center</td>
<td>Park District</td>
<td>Room in Village Hall</td>
<td>Senior Center</td>
<td>Senior Center</td>
</tr>
<tr>
<td><strong>Recreation Programs</strong></td>
<td>AH Senior Center</td>
<td>Park District</td>
<td>Village</td>
<td>Senior Center</td>
<td>Senior Center</td>
</tr>
<tr>
<td><strong>Case Management</strong></td>
<td>Village</td>
<td>AH Senior Center</td>
<td>Catholic Charities</td>
<td>Village</td>
<td>Palatine Twp</td>
</tr>
<tr>
<td><strong>Information &amp; Referral</strong></td>
<td>Village</td>
<td>AH Senior Center</td>
<td>Catholic Charities</td>
<td>Village</td>
<td>Palatine Twp</td>
</tr>
<tr>
<td><strong>Health Screenings, etc.</strong></td>
<td>Village</td>
<td>AH Senior Center</td>
<td>Catholic Charities</td>
<td>Village</td>
<td>Palatine Twp</td>
</tr>
<tr>
<td><strong>Meals on Wheels/Lunch Program</strong></td>
<td>Village</td>
<td>AH Senior Center</td>
<td>Wheeling Twp</td>
<td>Palatine Twp</td>
<td>Senior Center</td>
</tr>
<tr>
<td><strong>Visiting Nurse</strong></td>
<td>Village</td>
<td>AH Senior Center</td>
<td>Village</td>
<td>Senior Center</td>
<td>Senior Center</td>
</tr>
<tr>
<td><strong>Transportation</strong></td>
<td>Wheeling Twp</td>
<td>Elk Grove Twp</td>
<td>Vernon Twp</td>
<td>Palatine Twp</td>
<td>Wheeling Twp</td>
</tr>
<tr>
<td></td>
<td>Pace (disabled)</td>
<td>Senior Taxi Program</td>
<td>Senior Taxi Program (Vernon Twp)</td>
<td>Senior Taxi Program</td>
<td>Wheeling Twp</td>
</tr>
<tr>
<td></td>
<td>NW Community Hospital</td>
<td>NW Community Hospital</td>
<td>NW Community Hospital Alexian Brothers (partial area)</td>
<td>NW Community Hospital Alexian Brothers (partial area)</td>
<td>Wheeling Twp</td>
</tr>
<tr>
<td></td>
<td>Wheeling Twp</td>
<td>Elk Grove Twp</td>
<td>Pace (disabled)</td>
<td>Palatine Twp</td>
<td>Wheeling Twp</td>
</tr>
<tr>
<td></td>
<td>Senior Taxi Program</td>
<td>Volunteers escorts through Palatine Twp</td>
<td>Palatine Twp</td>
<td>Wheeling Twp</td>
<td>Wheeling Twp</td>
</tr>
<tr>
<td></td>
<td>NW Community Hospital</td>
<td>Palatine Twp</td>
<td>Palatine Twp</td>
<td>Wheeling Twp</td>
<td>Wheeling Twp</td>
</tr>
<tr>
<td></td>
<td>Alexian Brothers</td>
<td>NW Community Hospital Alexian Brothers (partial area)</td>
<td>NW Community Hospital Alexian Brothers (partial area)</td>
<td>Wheeling Twp</td>
<td>Wheeling Twp</td>
</tr>
<tr>
<td><strong>Chores/Cleaning/Repairs Maintenance</strong></td>
<td>Wheeling Twp Handyman Directory</td>
<td>Small group of volunteers</td>
<td>Wheeling Twp Handyman Directory</td>
<td>Yes</td>
<td>Handyman Service Snow Shoveling Wheeling Twp Handyman Directory</td>
</tr>
<tr>
<td><strong>Adult Day Care</strong></td>
<td>Lutheran Home</td>
<td>Palatine Twp</td>
<td>Palatine Twp</td>
<td>Palatine Twp</td>
<td>Palatine Twp</td>
</tr>
</tbody>
</table>
VI. SENIOR HOUSING ISSUES

A. Concerns of Seniors in the Northwest Suburban Housing Collaborative Communities

Focus groups with area seniors identified a number of issues ranging from availability of affordable senior housing to ways in which seniors can stay active while living in their homes. The key issues are:

1. **Affordability**

   There is a need for more affordable senior housing in all communities as well as relief from high property taxes. Existing affordable buildings have long waiting lists and are difficult to get into. Some of the market rate senior buildings are much too expensive, and there is a need for affordable housing priced between subsidized Section 8 buildings and expensive market rate facilities such as Luther Village and the Moorings.

2. **Transportation**

   There are public transportation options through the townships and through some non-profit organizations; however, service is not coordinated and is not always available when seniors need it. Transportation that crosses township and county borders is very limited. Many seniors are unaware of the options that do exist.

3. **Home Maintenance and Repairs**

   Seniors are fearful of being taken advantage of when their homes need repairs. Rolling Meadows has an excellent handyman program that can help seniors with repairs that take up to three hours of a handyman’s time. Payment is on a sliding scale with the village subsidizing the cost for those who can’t afford the full price.

4. **Home Modifications**

   Many seniors prefer to stay in their own homes, but the homes are not always suitable for them. Assistance with home modifications or stairs could make them suitable and safe for seniors.
5. **Safety and Security**

The five communities are safe, but seniors are always concerned about their safety and security in their own homes and in their neighborhoods.

6. **Proximity to Shopping and Services**

Most seniors would like to live in locations where they can safely walk to stores, services and activities for as long as possible. Not all neighborhoods provide this. Suburban downtowns are popular because they are walkable and have most of the stores and services that seniors need.

7. **Desire to Remain in their Community**

Most seniors want to stay in the community where they have lived for many years. However, if the right housing isn’t available, they will move to a nearby community that has appropriate housing.

8. **Ability to Sell their Current Homes**

The housing market has improved considerably in the past year. Prices have not returned to pre-recession levels, but homes that are in good condition and are fairly priced are selling. Many seniors have lived in single-family homes for decades and don’t have mortgages. Others moved into condominiums and townhouses prior to the recession and have mortgages that are higher than what the properties are currently worth. As such, for financial reasons they are forced to stay in housing that may no longer be appropriate for their current needs.

9. **Not all Seniors Want the Same Housing or Neighborhood**

Some prefer to live in age-restricted housing where they don’t have to worry about noise from children or young singles. Others prefer multi-generational buildings and neighborhoods.

10. **Shared Housing**

While this is something that has found supporters elsewhere, seniors are not enthusiastic about renting out a room in their home to a younger person who can share in the expense and upkeep.
11. **Accessory Housing**

Also known as granny flats and in-law suites, they enable a person to live with their family while still maintaining their own room or apartment connected to a larger house. Most seniors thought that this is a good idea, but not necessarily for their own family situation.

12. **Fear of Moving**

Moving can be very stressful for seniors. It involves a lot of physical and mental energy to clean out a house or apartment one has lived in for years. As such, many are staying in homes longer than they want to or should.

**B. Issues Identified by Senior Service Providers in the Northwest Suburban Housing Collaborative Communities**

1. **Affordability**

There is a need for more affordable senior housing in all communities for those with incomes under $30,000. There is not enough housing to meet current needs. The strong early interest in Mount Prospect Horizon (which is under construction) demonstrates this need.

There is also an increasing need for affordable housing for those ages 55-64 years of age who have lost their jobs, may be in danger of losing their homes, or have mental health issues.

2. **Coordinated Transportation**

The current system is disjointed among townships, Pace and non-profit organizations. Township services are usually available only for trips within the township, but the communities are in multiple townships and in two counties. As such, there is a need to coordinate transportation across township and county lines for trips other than medical appointments. Escorted Transportation Services is an excellent volunteer program that covers all communities but only provides rides to and from medical appointments. It has fewer volunteers now than in the past and can’t guarantee that drivers will be available when needed.
3. **Home Maintenance and Repair Services**

The Rolling Meadows’ handyman program is well run and well used by seniors. It subsidizes the services of a reliable handyman for those with lower incomes. Seniors are assured that the handyman is honest and will not take advantage of them.

Other needed services include snow shoveling and assistance with home maintenance chores. In years past, neighborhood teenagers would help seniors, but most now have busy school and after-school schedules and are not available or interested, even when paid. Several communities have volunteer programs through the village, companies and non-profit organizations to help for a day or two. However, ongoing programs are needed.

4. **Multiple Service Providers in Each Community**

The five communities offer a wide range of services for seniors. However, there are multiple entities in the communities and they have their own geographic boundaries and purposes. This can make it difficult for seniors to know who they should contact. Organizations providing services include:

- Municipalities
- Park Districts
- Townships
- Senior Centers
- Catholic Charities
- Other non-profit organizations

5. **Increasing Ethnic Diversity**

The Northwest suburbs are becoming increasingly diverse at all age levels. There are many more seniors whose native tongue is not English. These include seniors of Hispanic, Russian, Korean, Chinese, Polish, Indian and Arabic origin. Senior facilities need to be sensitive to these changes and hire staff conversant in these other languages, in addition to providing signage and handouts in predominant languages.
C. Issues Identified by Realtors and Senior Housing Managers in the Northwest Suburban Housing Collaborative Communities

1. Slower Leasing and Sales in Market Rate Facilities

While the for-sale housing market has improved, this doesn’t necessarily result in more leasing activity at senior buildings. Some seniors are selling homes not due to market recovery, but because they have reached the point where it is no longer feasible to maintain a home. This leads some into foreclosure and can also lead to credit problems when they try to move into senior housing. In situations where seniors have been unable to sell their houses, family members are helping to pay their rent in senior housing while the homes remain on the market.

Many seniors still want to remain in their homes as long as possible. Some buildings have seen older move-in ages and higher care needs for seniors by the time they do move into senior housing. When they move in at an older age, the typical length of stay is shorter, leading to more turnover.

Seniors choosing to live with family members also slows leasing activity in senior buildings. Those who can live with adult children may delay their move to a senior facility. Some residents must leave senior facilities and move in with their adult children when the children are experiencing financial problems. In those situations, the senior’s income is needed to cover household expenses.

2. Affordability Issues

Many senior renters are rent-burdened in non-senior buildings. There is a great need for more affordable senior housing. Even seniors upgrading care levels in market rate properties feel rent pressure. Some have paid high rents in independent living and have trouble affording assisted living when the need arises. Others struggle to find affordable dementia/Alzheimer’s care, leading to increased willingness to share semi-private rooms and suites at a discount.

Senior housing managers often try to address cost burdens with rent decreases on vacant units, rent freezes for residents in need, fee discounts, shared rooms and suites, and internal moves to smaller and/or shared apartments.
3. **Desire to Stay in Their Communities**

Relationships with the villages in which they live are important to seniors. They want to be addressed and accounted for by politicians and local officials. Seniors benefit from general quality of life measures provided at little or no cost, such as community festivals, concert series and other events that provide a sense of place and connection in addition to entertainment.

4. **Increasing Sophistication of Seniors and Their Adult Children**

Seniors are looking for more educational, health and fitness opportunities in addition to social activities such as Bingo. Today’s relatively sophisticated seniors and families with access to the Internet are more aware of care options than they were even five years ago.

5. **Increasing Numbers of Seniors with Mental Health Issues**

Seniors who recovered from addiction or experienced abuse earlier in life have specific social and care needs, be they physical, mental, social or emotional, though these needs may not be obvious. Some seniors currently live with addiction and mental disorders such as depression, anxiety, paranoia, and anorexia/bulimia. They may or may not be undergoing counseling and treatment. Family awareness, involvement, and attitudes with respect to these issues in their loved ones also vary. Dementia may exacerbate such disorders. There is a need for additional local mental health facilities focused on adults and seniors, not just on children and teens.

6. **Impact of Managed Care**

Managed care reforms may lead to more seniors remaining in their homes with supportive services, and others who would otherwise go to nursing homes may be channeled towards assisted/supportive living. Facilities will need to be prepared to adjust their services and staffing to meet these changes.
VII. DEMOGRAPHICS AND SENIOR HOUSING NEEDS

A. Population Trends

Tables 7 and 8 below show the population and household trends in the five communities in total from 2000 and projected to 2018. The data are based on the 2000 and 2010 Census, and estimates and projections from Experian, a demographic data vendor. In total, the five communities have almost 267,000 people as of 2013. The population is projected to increase by almost 1% by 2018.

In 2013, an estimated 14% of the population, equal to almost 38,300 persons, is ages 65 or older. By 2018, the senior population is projected to increase by 13%, with those ages 65-74 projected to increase by 21% and those ages 75+ by 5%. The 55-64 year old cohort, which includes the Baby Boomers, is significantly larger than the two older groups, and it is projected to increase by 7% over the next five years. Over time, the Baby Boomers will be candidates for senior housing, but in the near term they are not yet old enough or inclined to live in senior housing. As of 2010, the vast majority of households headed by seniors were owners -- 85%, a higher share than for the population as a whole (75%). Tables 16 and 17 in the Appendix provide more detail on the trends for the individual municipalities.

Table 7
NORTHWEST SUBURBAN HOUSING COLLABORATIVE COMMUNITIES
SENIOR POPULATION BY AGE GROUP - 2010-2018

<table>
<thead>
<tr>
<th>Age Group</th>
<th>2010</th>
<th>2013</th>
<th>2018</th>
<th>Change 2010-2013</th>
<th>Change 2013-2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>55-64</td>
<td>32,825</td>
<td></td>
<td>35,060</td>
<td>37,591</td>
<td>2,235</td>
</tr>
<tr>
<td>65-74</td>
<td>18,651</td>
<td></td>
<td>19,266</td>
<td>23,364</td>
<td>615</td>
</tr>
<tr>
<td>75+</td>
<td>18,635</td>
<td></td>
<td>18,997</td>
<td>19,995</td>
<td>363</td>
</tr>
<tr>
<td>Total 55+</td>
<td>70,110</td>
<td></td>
<td>73,323</td>
<td>80,950</td>
<td>3,213</td>
</tr>
<tr>
<td>Total 65+</td>
<td>37,285</td>
<td></td>
<td>38,263</td>
<td>43,359</td>
<td>978</td>
</tr>
</tbody>
</table>

Note: Numbers may not sum to stated totals due to rounding.

Source: Experian and U.S. Census
### Table 8
NORTHWEST SUBURBAN HOUSING COLLABORATIVE
COMMUNITIES - POPULATION CHARACTERISTICS

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td></td>
</tr>
<tr>
<td><strong>Population</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2000 Census</td>
<td>267,104</td>
<td></td>
</tr>
<tr>
<td>2010 Census</td>
<td>264,178</td>
<td></td>
</tr>
<tr>
<td>Change, 2000-2010</td>
<td>-2,926</td>
<td>-1.1%</td>
</tr>
<tr>
<td>2013 Estimated</td>
<td>266,613</td>
<td></td>
</tr>
<tr>
<td>Change, 2010-2013</td>
<td>2,435</td>
<td>0.9%</td>
</tr>
<tr>
<td>2018 Projected</td>
<td>269,054</td>
<td></td>
</tr>
<tr>
<td>Change, 2013-2018</td>
<td>2,441</td>
<td>0.9%</td>
</tr>
<tr>
<td><strong>Households</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2000 Census</td>
<td>103,240</td>
<td></td>
</tr>
<tr>
<td>2010 Census</td>
<td>103,873</td>
<td></td>
</tr>
<tr>
<td>Change, 2000-2010</td>
<td>633</td>
<td>0.6%</td>
</tr>
<tr>
<td>2013 Estimated</td>
<td>105,069</td>
<td></td>
</tr>
<tr>
<td>Change, 2010-2013</td>
<td>1,196</td>
<td>1.2%</td>
</tr>
<tr>
<td>2018 Projected</td>
<td>106,447</td>
<td></td>
</tr>
<tr>
<td>Change, 2013-2018</td>
<td>1,378</td>
<td>1.3%</td>
</tr>
<tr>
<td><strong>Average Household Size, 2013</strong></td>
<td>2.5</td>
<td></td>
</tr>
<tr>
<td><strong>Population by Age, 2013</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 5</td>
<td>15,409</td>
<td>5.8%</td>
</tr>
<tr>
<td>5-14</td>
<td>33,600</td>
<td>12.6%</td>
</tr>
<tr>
<td>15-24</td>
<td>30,858</td>
<td>11.6%</td>
</tr>
<tr>
<td>25-44</td>
<td>70,648</td>
<td>26.5%</td>
</tr>
<tr>
<td>45-54</td>
<td>42,774</td>
<td>16.0%</td>
</tr>
<tr>
<td>55-64</td>
<td>35,060</td>
<td>13.2%</td>
</tr>
<tr>
<td>65 and older</td>
<td>38,263</td>
<td>14.4%</td>
</tr>
<tr>
<td><strong>Median Age, 2013 (years)</strong></td>
<td>40.5</td>
<td></td>
</tr>
<tr>
<td><strong>2010 Occupied Housing Units</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Owner-Occupied Units</td>
<td>77,927</td>
<td>75.3%</td>
</tr>
<tr>
<td>All Renter-Occupied Units</td>
<td>25,577</td>
<td>24.7%</td>
</tr>
<tr>
<td>Senior Owner-Occupied Units</td>
<td>20,295</td>
<td>84.9%</td>
</tr>
<tr>
<td>Senior Renter-Occupied Units</td>
<td>3,617</td>
<td>15.1%</td>
</tr>
</tbody>
</table>

Note: Numbers may not sum to stated totals due to rounding.

Source: Experian; U.S. Census via National Historic GIS
B. Senior Income Trends

Table 9 below shows the income distribution for seniors by age in 2013 and projected to 2018. Younger seniors (65-74) have higher incomes than those 75 and over because they may still be working or haven’t used as much of their savings for retirement expenses. Over one third of seniors ages 65-74 have incomes over $75,000, while one fifth of those ages 75+ are in the higher income bracket. On the lower income end, slightly less than 25% of those ages 65-74 have incomes under $30,000, while 42% of those 75+ have incomes this low. Tables 18 and 19 in the Appendix provide more detail on these income trends.

Table 9
NORTHWEST SUBURBAN HOUSING COLLABORATIVE COMMUNITIES
SENIOR HOUSEHOLDS BY AGE AND INCOME

<table>
<thead>
<tr>
<th>Age/Income</th>
<th>2013 Total</th>
<th>2018 Total</th>
<th>Change 2013-2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>Households 65-74</td>
<td>11,835</td>
<td></td>
<td>14,215</td>
</tr>
<tr>
<td>Under $10,000</td>
<td>411</td>
<td>3.5%</td>
<td>364</td>
</tr>
<tr>
<td>$10,000-$19,999</td>
<td>904</td>
<td>7.6%</td>
<td>892</td>
</tr>
<tr>
<td>$20,000-$29,999</td>
<td>1,541</td>
<td>13.0%</td>
<td>1,556</td>
</tr>
<tr>
<td>$30,000-$34,999</td>
<td>623</td>
<td>5.3%</td>
<td>612</td>
</tr>
<tr>
<td>$35,000-$49,999</td>
<td>1,711</td>
<td>14.5%</td>
<td>1,778</td>
</tr>
<tr>
<td>$50,000-$74,999</td>
<td>2,590</td>
<td>21.9%</td>
<td>2,978</td>
</tr>
<tr>
<td>$75,000+</td>
<td>4,051</td>
<td>34.2%</td>
<td>6,038</td>
</tr>
</tbody>
</table>

Households 75+

<table>
<thead>
<tr>
<th>Age/Income</th>
<th>2013 Total</th>
<th>2018 Total</th>
<th>Change 2013-2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>Under $10,000</td>
<td>750</td>
<td>5.8%</td>
<td>634</td>
</tr>
<tr>
<td>$10,000-$19,999</td>
<td>2,563</td>
<td>19.7%</td>
<td>2,411</td>
</tr>
<tr>
<td>$20,000-$29,999</td>
<td>2,143</td>
<td>16.4%</td>
<td>1,979</td>
</tr>
<tr>
<td>$30,000-$34,999</td>
<td>1,042</td>
<td>8.0%</td>
<td>994</td>
</tr>
<tr>
<td>$35,000-$49,999</td>
<td>1,966</td>
<td>15.1%</td>
<td>1,983</td>
</tr>
<tr>
<td>$50,000-$74,999</td>
<td>1,977</td>
<td>15.2%</td>
<td>2,160</td>
</tr>
<tr>
<td>$75,000+</td>
<td>2,592</td>
<td>19.9%</td>
<td>3,425</td>
</tr>
</tbody>
</table>

Households 65+

<table>
<thead>
<tr>
<th>Age/Income</th>
<th>2013 Total</th>
<th>2018 Total</th>
<th>Change 2013-2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>Under $10,000</td>
<td>1,161</td>
<td>4.7%</td>
<td>998</td>
</tr>
<tr>
<td>$10,000-$19,999</td>
<td>3,467</td>
<td>13.9%</td>
<td>3,303</td>
</tr>
<tr>
<td>$20,000-$29,999</td>
<td>3,684</td>
<td>14.8%</td>
<td>3,535</td>
</tr>
<tr>
<td>$30,000-$34,999</td>
<td>1,665</td>
<td>6.7%</td>
<td>1,606</td>
</tr>
<tr>
<td>$35,000-$49,999</td>
<td>3,677</td>
<td>14.8%</td>
<td>3,761</td>
</tr>
<tr>
<td>$50,000-$74,999</td>
<td>4,567</td>
<td>18.4%</td>
<td>5,138</td>
</tr>
<tr>
<td>$75,000+</td>
<td>6,643</td>
<td>26.7%</td>
<td>9,463</td>
</tr>
</tbody>
</table>

Note: Numbers may not sum to stated totals due to rounding.

Source: Experian
C. Potential Need for Additional Senior Housing

Generally seniors with incomes over $50,000 are considered to have sufficient resources to afford market rate housing, while those with incomes under $30,000 are eligible for affordable housing under a variety of housing programs. There is generally a gap in housing for those in the $30,000-$50,000 income range, as their incomes are too high for affordable but too low for market rate senior housing. Some seniors in this income bracket are able to afford market rate housing if they are homeowners and use the proceeds of a home sale to pay the rent in a senior building.

The potential senior housing need is the number of units required to meet the projected needs over and above the existing, already approved, under construction and planned senior units in the five communities.

- Independent living need is based on the number of households age 65+.
- Assisted living need is calculated based on data from the Census on disabilities by age. Most assisted living residents are over 75 years old. In Cook County, 52% of the population 75+ has disabilities and these are the target group for assisted living.
- Memory care need is based on the number of people ages 65+ with memory care issues (13% of the population according to the Alzheimer’s Association) and the share within this affected group of those who have moderate (31%) and severe dementia (21%) that would prevent them from living alone.

At this time the State of Illinois is not expanding the Supportive Living Facility (SLF) program, and this is the only program that funds affordable assisted living in the state. There are no programs that fund affordable memory care facilities, though the State of Illinois has a very small pilot program similar to the SLF program for low-income seniors with dementia. However, funding is an issue given the State’s difficult fiscal condition. As such, independent living is the only affordable housing type likely to have a source of funding in the foreseeable future. The only option for low-income seniors who need memory care is a nursing home that accepts Medicaid.

As shown in the tables that follow, some communities are projected to have a surplus of units in a given housing type (shown in parenthesis as a negative number). However, in the five communities combined there is a potential need for slightly more than 1,000 market rate and almost 1,600 affordable senior units over the next five years. VSKA also identified
a need for approximately 800 independent living units for moderate income seniors in the $30,000-49,999 range; however, at present there are no programs that finance senior housing affordable to this income group. Since seniors indicated a willingness to move to neighboring communities for senior housing, the need should be considered for the five Collaborative communities in total.

The tables that follow show the calculations for the five communities individually and combined for the different senior housing types. Generally when the market penetration rate (the number of units divided by the target population) exceeds 20%, the market is considered to be saturated or close to it. When this happens, occupancy at existing facilities is often lower than optimal because there is too much competition. In some cases, older facilities that may not have been updated to current standards will suffer, while a new and better facility may do well.

Higher income seniors are less likely to move into senior-only housing because they can afford care in their homes if needed. As such, we used a target overall market penetration rate of 15% for market rate and moderate income housing and 20% for affordable housing to determine the need for additional housing.
Table 10  
NORTHWEST SUBURBAN HOUSING COLLABORATIVE COMMUNITIES  
INDEPENDENT LIVING MARKET PENETRATION AND POTENTIAL NEED

<table>
<thead>
<tr>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Under $20,000</td>
<td>8,647</td>
<td>9,475</td>
<td>3,584</td>
<td>4,162</td>
<td>5,692</td>
<td>6,219</td>
<td>4,910</td>
<td>5,674</td>
<td>2,039</td>
<td>2,271</td>
<td>24,872</td>
<td>27,801</td>
</tr>
<tr>
<td>$20,000-29,999</td>
<td>1,530</td>
<td>1,415</td>
<td>595</td>
<td>569</td>
<td>1,177</td>
<td>1,060</td>
<td>881</td>
<td>854</td>
<td>445</td>
<td>403</td>
<td>4,628</td>
<td>4,301</td>
</tr>
<tr>
<td>$30,000-34,999</td>
<td>1,258</td>
<td>1,158</td>
<td>630</td>
<td>600</td>
<td>790</td>
<td>759</td>
<td>651</td>
<td>654</td>
<td>355</td>
<td>364</td>
<td>3,684</td>
<td>3,535</td>
</tr>
<tr>
<td>$35,000-49,999</td>
<td>588</td>
<td>557</td>
<td>198</td>
<td>194</td>
<td>466</td>
<td>445</td>
<td>286</td>
<td>288</td>
<td>127</td>
<td>122</td>
<td>1,665</td>
<td>1,606</td>
</tr>
<tr>
<td>$50,000+</td>
<td>1,398</td>
<td>1,380</td>
<td>414</td>
<td>451</td>
<td>851</td>
<td>863</td>
<td>666</td>
<td>687</td>
<td>348</td>
<td>380</td>
<td>3,677</td>
<td>3,761</td>
</tr>
<tr>
<td>Penetration of Existing and Planned Market Rate Independent Living Units</td>
<td>32.2%</td>
<td>25.1%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0%</td>
<td>0%</td>
<td>5.5%</td>
<td>7.8%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>12.3%</td>
<td>10.2%</td>
</tr>
<tr>
<td>Existing and Planned Affordable Independent Living Units</td>
<td>1,246</td>
<td>1,246</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>133</td>
<td>249</td>
<td>0%</td>
<td>0%</td>
<td>1,379</td>
<td>1,495</td>
</tr>
<tr>
<td>Penetration of Existing and Planned Affordable Units of HHS 65+ with Incomes under $30,000</td>
<td>308</td>
<td>308</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>10%</td>
<td>10%</td>
<td>0%</td>
<td>0%</td>
<td>829</td>
<td>920</td>
</tr>
<tr>
<td>Potential Market Rate Need or Excess Supply*</td>
<td>(665)</td>
<td>(501)</td>
<td>262</td>
<td>352</td>
<td>361</td>
<td>464</td>
<td>231</td>
<td>230</td>
<td>114</td>
<td>150</td>
<td>303</td>
<td>695</td>
</tr>
<tr>
<td>Potential Affordable Need or Excess Supply**</td>
<td>250</td>
<td>207</td>
<td>245</td>
<td>234</td>
<td>(19)</td>
<td>(139)</td>
<td>197</td>
<td>193</td>
<td>160</td>
<td>153</td>
<td>833</td>
<td>647</td>
</tr>
</tbody>
</table>

* Potential need based on total market penetration rate of 15%. Numbers in parentheses indicate excess supply. Numbers without parentheses indicate potential market need.

** Potential need based on total market penetration rate of 20%. Numbers in parentheses indicate excess supply. Numbers without parentheses indicate potential market need.

Note: Numbers may not sum to stated totals due to rounding.

Source: Valerie S. Kretchmer Associates based on estimates & projections by Experian
Table 11
NORTHWEST SUBURBAN HOUSING COLLABORATIVE COMMUNITIES
POTENTIAL NEED FOR INDEPENDENT LIVING FOR SENIORS WITH INCOMES OF $30,000-49,999

<table>
<thead>
<tr>
<th></th>
<th>Arlington Heights</th>
<th>Buffalo Grove</th>
<th>Mount Prospect</th>
<th>Palatine</th>
<th>Rolling Meadows</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Market Area Households 65 Years + by Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$30,000-34,999</td>
<td>588</td>
<td>557</td>
<td>198</td>
<td>194</td>
<td>466</td>
<td>445</td>
</tr>
<tr>
<td>$35,000-49,999</td>
<td>1,398</td>
<td>1,380</td>
<td>414</td>
<td>451</td>
<td>851</td>
<td>863</td>
</tr>
<tr>
<td>Total $30,000-49,999</td>
<td>1,986</td>
<td>1,937</td>
<td>612</td>
<td>645</td>
<td>1,317</td>
<td>1,308</td>
</tr>
<tr>
<td>Existing and Planned Independent Living Units for this Income Group</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Potential Need*</td>
<td>298</td>
<td>291</td>
<td>92</td>
<td>97</td>
<td>198</td>
<td>196</td>
</tr>
</tbody>
</table>

* Potential Need based on total market penetration rate of 15%

Note: Numbers may not sum to stated totals due to rounding.

Source: Valerie S. Kretchmer Associates based on estimates & projections by Experian
Table 12
NORTHWEST SUBURBAN HOUSING COLLABORATIVE COMMUNITIES
ASSISTED LIVING MARKET PENETRATION AND POTENTIAL NEED

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Under $20,000</td>
<td>3,521</td>
<td>1,465</td>
<td>1,777</td>
<td>2,343</td>
<td>2,418</td>
<td>4,758</td>
<td>3,677</td>
<td>3,072</td>
<td>3,321</td>
<td>4,043</td>
<td>3,200</td>
<td>9,844</td>
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<tr>
<td>$20,000-29,999</td>
<td>804</td>
<td>338</td>
<td>320</td>
<td>621</td>
<td>558</td>
<td>1,179</td>
<td>745</td>
<td>637</td>
<td>655</td>
<td>1,392</td>
<td>1,000</td>
<td>2,391</td>
</tr>
<tr>
<td>$30,000-34,999</td>
<td>593</td>
<td>268</td>
<td>255</td>
<td>356</td>
<td>337</td>
<td>713</td>
<td>527</td>
<td>505</td>
<td>482</td>
<td>987</td>
<td>692</td>
<td>1,582</td>
</tr>
<tr>
<td>$35,000-49,999</td>
<td>289</td>
<td>95</td>
<td>90</td>
<td>247</td>
<td>236</td>
<td>483</td>
<td>274</td>
<td>254</td>
<td>259</td>
<td>533</td>
<td>413</td>
<td>946</td>
</tr>
<tr>
<td>$50,000+</td>
<td>1,265</td>
<td>557</td>
<td>693</td>
<td>761</td>
<td>924</td>
<td>1,685</td>
<td>1,565</td>
<td>1,430</td>
<td>1,518</td>
<td>2,958</td>
<td>2,578</td>
<td>5,536</td>
</tr>
<tr>
<td>Existing and Planned Market Rate Assisted Living Units</td>
<td>160</td>
<td>160</td>
<td>114</td>
<td>114</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>274</td>
</tr>
<tr>
<td>Market Penetration Rate of Existing and Planned Assisted Living Units of Population 75+ with Disabilities and Income $50,000+</td>
<td>12.6%</td>
<td>10.2%</td>
<td>20.5%</td>
<td>16.4%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>7.9%</td>
</tr>
</tbody>
</table>
| Source: Valerie S. Kretchmer Associates based on estimates & projections by Experian

* Potential need based on total market penetration rate of 15%. Numbers in parentheses indicate excess supply. Numbers without parentheses indicate potential market need.

** Potential need based on total market penetration rate of 20%. Numbers in parentheses indicate excess supply. Numbers without parentheses indicate potential market need.

Note: Numbers may not sum to stated totals due to rounding.
### Table 13
NORTHWEST SUBURBAN HOUSING COLLABORATIVE COMMUNITIES
ALZHEIMER’S AND MEMORY SUPPORT MARKET PENETRATION AND POTENTIAL NEED

<table>
<thead>
<tr>
<th></th>
<th>Arlington Heights</th>
<th>Buffalo Grove</th>
<th>Mount Prospect</th>
<th>Palatine</th>
<th>Rolling Meadows</th>
<th>Total 2013</th>
<th>Total 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population 65+ with Moderate and Severe Dementia</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2013</td>
<td>2018</td>
</tr>
<tr>
<td>2013</td>
<td>879</td>
<td>1,478</td>
<td>392</td>
<td>703</td>
<td>592</td>
<td>997</td>
<td>514</td>
</tr>
<tr>
<td>Incomes under $20,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2013</td>
<td>2018</td>
</tr>
<tr>
<td>2013</td>
<td>156</td>
<td>221</td>
<td>65</td>
<td>96</td>
<td>122</td>
<td>170</td>
<td>92</td>
</tr>
<tr>
<td>Incomes $20,000-29,999</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2013</td>
<td>2018</td>
</tr>
<tr>
<td>2013</td>
<td>128</td>
<td>181</td>
<td>69</td>
<td>101</td>
<td>82</td>
<td>122</td>
<td>68</td>
</tr>
<tr>
<td>Incomes $30,000-34,999</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2013</td>
<td>2018</td>
</tr>
<tr>
<td>2013</td>
<td>60</td>
<td>87</td>
<td>22</td>
<td>33</td>
<td>48</td>
<td>71</td>
<td>30</td>
</tr>
<tr>
<td>Incomes $35,000-$49,999</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2013</td>
<td>2018</td>
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<tr>
<td>2013</td>
<td>142</td>
<td>215</td>
<td>45</td>
<td>76</td>
<td>88</td>
<td>138</td>
<td>70</td>
</tr>
<tr>
<td>Incomes $50,000+</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2013</td>
<td>2018</td>
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<tr>
<td>2013</td>
<td>394</td>
<td>775</td>
<td>191</td>
<td>396</td>
<td>250</td>
<td>496</td>
<td>254</td>
</tr>
<tr>
<td>Existing and Planned Market Rate Memory Care Beds</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2013</td>
<td>2018</td>
</tr>
<tr>
<td>2013</td>
<td>211</td>
<td>257</td>
<td>150</td>
<td>150</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Market Penetration Rate of Existing and Planned Memory Care Beds of Population 65+ with Moderate and Severe Dementia and Income under $50,000+</td>
<td>53.6%</td>
<td>33.2%</td>
<td>78.5%</td>
<td>37.8%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Existing and Planned Affordable Memory Care Units</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2013</td>
<td>2018</td>
</tr>
<tr>
<td>2013</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Market Penetration Rate of Existing and Planned Memory Care Beds of Population 65+ with Moderate and Severe Dementia and Income under $30,000</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Potential Market Rate Need*</td>
<td>(152)</td>
<td>(102)</td>
<td>(121)</td>
<td>(91)</td>
<td>38</td>
<td>74</td>
<td>38</td>
</tr>
<tr>
<td>Potential Affordable Need**</td>
<td>57</td>
<td>80</td>
<td>27</td>
<td>39</td>
<td>41</td>
<td>58</td>
<td>32</td>
</tr>
</tbody>
</table>

* Potential need based on total market penetration rate of 15%. Numbers in parentheses indicate excess supply. Numbers without parentheses indicate potential market need.

** Potential need based on total market penetration rate of 20%. Numbers in parentheses indicate excess supply. Numbers without parentheses indicate potential market need.

Note: Numbers may not sum to stated totals due to rounding.

Source: Valerie S. Kretchmer Associates based on estimates by Experian
VIII. POTENTIAL IMPLEMENTATION OPTIONS

During the course of the analysis, VSKA identified the key senior housing issues based on our interviews, visits to senior housing, analysis of demographic trends and discussions with planners in the Northwest Suburban Housing Collaborative municipalities. Options are described below based on the priorities identified by seniors, service providers and municipal staff, and the ability of the communities to work on them in the near and longer term.

1. Promote more affordable senior housing using Low-Income Housing Tax Credits and other sources of funding through federal, state and county programs.
   - Identify potential sites and reach out to developers to build affordable housing.
   - Educate local plan commissions and village boards on the merits of affordable senior housing in their community.
   - Lobby U.S. Congressmen and Senators on the importance of funding for affordable housing.
   - Lobby state legislators, the Governor and the Illinois Housing Development Authority (IHDA) on the importance of senior housing in the allocation of tax credits and other affordable housing funds.
   - Consider local and county funding sources such as tax increment financing (TIF), Community Development Block Grants (CDBG), HOME, project-based Housing Choice Vouchers through the housing authorities, affordable housing trust fund, other local grants, reduced price for publicly-owned sites, and a community land trust to keep housing affordable.
   - If preferences are to be given to local residents, consider residents of the five communities eligible for such preferences.

2. Create a senior services resource guide that identifies all of the available services in the five communities. This would provide further details on the services included in Chapter V.

3. Work with transportation service providers to facilitate trips across township and village boundaries and better publicize the range of transportation services available.
   - Work to achieve level-of-service parity across transportation options.
     - For example, not all transportation options provide door-to-door service with someone to help the senior walk to the door. Not all seniors are aware of the
difference despite efforts by township service coordinators to arrange appropriate rides for individuals.

4. Expand Rolling Meadows’ successful home repair program to other communities with additional contractors in each community. Snow removal is another issue that lends itself to a similar type of program whereby the communities contract with individuals or firms to assist seniors with shoveling their walks, sidewalks and driveways.

5. Explore a home modification program to show seniors what they can do to make their homes safer and easier to live in as they age. This could include:

- Hiring one or more architects to prepare prototypes for the most common single-family housing types in the communities. These plans could be used by contractors who could make the modifications. A list of architects and contractors could be made available to interested seniors.
  - The National Association of Home Builders (NAHB) has an Aging-in-Place Remodeling Checklist (attached in the Appendix) that could be a model.
- Develop and coordinate a standardized senior home assessment in which safety and usability levels would be assessed. This should include a checklist of potential modifications according to cost and ease to implement. These could range from those requiring contracted work to simple changes like replacing door knobs with lever handles and purchasing portable shower seats.
  - Hire and/or designate officials to perform outreach for the assessment, possibly including a targeted door-to-door campaign, set up visits, administer the assessment, and communicate recommendations in a standard written format. A single point of contact or team of people serving all of the communities is preferred to keep services from becoming fragmented.
  - Link the recommendations from this assessment to the expanded home repair program.

6. Review local zoning, subdivision, and building codes and make modifications as needed to allow for more flexible living arrangements. This could include:

- Accessory apartments, converting garages into rooms for seniors, home sharing, and group homes for seniors provided by a not-for-profit agency.
- Lower parking ratios for senior housing based on the age and health of the targeted residents.
7. Continue to encourage ADA compliance in economically feasible ways when updating local codes and undertaking infrastructure improvements. Features such as pedestrian ramps on both sides of crosswalks and tactile curb panels help a wide range of citizens, including seniors, who have a higher disability rate as a group than the population as a whole.

8. Make streets and sidewalks more senior-friendly by pursuing economical “complete streets” measures. These can include:

- Adding or upgrading sidewalks on streets used by seniors.
- Wider sidewalks that provide a comfortable environment for pedestrians moving at different speeds.
- Sidewalk extensions to shorten crossing distance and reduce car turning radii, leading drivers to exercise caution when making right turns.
- Identifying any poor drainage or ponding in crosswalks and building repairs into capital improvement plans.
- Crossing signals with walk time countdowns and longer walk times at traffic lights in areas populated with seniors.
- Medians with pedestrian safety islands on wide and busy streets traversed by seniors.
- Benches at key locations used by seniors.
- Shade trees to help those resting on benches.

9. Continue to give all possible support to the Arlington Heights Senior Center, which is used by many in the other Collaborative communities, sometimes in addition to their own senior centers.

- This center has a very high activity level and wealth of offerings.
- Explore opportunities to brand this as the Regional Senior Center while not detracting from the other area senior centers or from its place as a point of pride in Arlington Heights.
- Formalize its importance to the region’s senior citizens.

10. Further explore the “Village” concept. The Village to Village Network is a national movement that provides a social community to keep seniors engaged and active, allowing them to age in place. Key elements are:
• Annual membership fee (in the range of $500) that covers a range of social activities, transportation with volunteer drivers, and recommendations for service providers
• The nearest “Villages” are the North Shore Village (Evanston and Wilmette) and Lincoln Park Village (serving the Near North Side, Lincoln Park and Lakeview neighborhoods of Chicago).
• The “Village” typically has a full time director and one to two full or part time staffers. It does not have a physical location; rather, it partners with existing facilities such as senior centers, libraries, park districts, etc. for programs.
• Typically, it takes a significant volunteer effort of one to two years to organize a “Village” and raise the necessary funding.
• With so many excellent programs already offered in the NWSHC communities, it may or may not be a model to pursue. However, it may be worthwhile for the Collaborative to further research the concept, meet with directors of the North Shore and Lincoln Park Villages to determine whether it makes sense here.

11. Work with CMAP with respect to its upcoming project to develop an Aging in Place Guide. The information included in Chapter V on available senior services in the five communities will be helpful to CMAP.
IX. APPENDIX

A. Table 14 - Northwest Suburban Housing Collaborative Area Senior Properties

B. Table 15 and Map - Senior Facilities Near but Outside of the NWSHC Communities

C. Table 16 - Northwest Suburban Housing Collaborative Population Characteristics

D. Table 17 - Northwest Suburban Housing Collaborative Communities, Senior Population by Age Group – 2013 and 2018

E. Table 18 - Northwest Suburban Housing Collaborative 2013 Senior Households by Age and Income

F. Table 19 - Northwest Suburban Housing Collaborative 2018 Senior Households by Age and Income

G. Table 20 - Northwest Suburban Housing Collaborative Communities, Senior Population by Age and Disability

H. Table 21 - Estimated Population by Age and Severity of Alzheimer’s Disease in Northwest Suburban Housing Collaborative Communities


<table>
<thead>
<tr>
<th>Name and Location</th>
<th>Year Built</th>
<th># of Units/ Beds</th>
<th>Rental Range</th>
<th>Square Footage</th>
<th>Amenities and Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOUNT PROSPECT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Affordable Independent Living</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mount Prospect Horizon</td>
<td>Planned</td>
<td>91</td>
<td>$328-728</td>
<td>682</td>
<td>LIHTC. New construction. Units will have stove, Energy Star refrigerator, Energy Star dishwasher, carpet, blinds, Energy Star ceiling fans in living room &amp; bedroom(s), emergency call system, &amp; individually controlled HVAC. Rent to include water heating, cold water, sewer and trash removal. Tenants pay for gas heat, electricity, phone &amp; cable; utility allowances - 1 BR: $78; 2 BR: $90. Amenities: community room with projection TV &amp; kitchen for parties, exercise room with fitness equipment, arts &amp; crafts room, game room with billiards table, computer lab with internet access, library with fireplace, activities, manager's office, on-site maintenance manager, coin operated laundry on each floor, patio with gas grill, &amp; gazebo.</td>
</tr>
<tr>
<td>1703 E. Kensington Road</td>
<td></td>
<td>70</td>
<td>716-877</td>
<td>925</td>
<td>0.77-0.95</td>
</tr>
<tr>
<td></td>
<td></td>
<td>21</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Huntington Towers</td>
<td>1978</td>
<td>214</td>
<td></td>
<td>580</td>
<td>HUD Section 8. High-rise brown brick buildings for seniors and younger disabled people. Managed by A&amp;R Katz. One-person income limit is approx. $42,000. Units equipped with stove, refrigerator, drapes, carpet, wall A/C unit, emergency pull cords, individually controlled heat. Vinyl tile in kitchen and bath. Laminate counters. Storage for 1 &amp; 2 BRs. Heat and appliances are electric, which is paid by tenants. Utility allowances: $31 - studio; $33 - 1 BR; $38 - 2 BR. Laundry rooms and community room. Parking lot used for picnics. Wait list has 300 people and is closed with 5-7 year wait. 15 units open per year and fill immediately. About 10% of residents work. All residents receive Social Security. Approx. 75% receive SSI. Younger disabled have waitlist priority. Only approx. 2 younger disabled currently with perhaps 3 on waitlist. All units have grab bars, 18 accessible units, but not with all features. These have tubs, not showers, and just one has roll-under counters. Cabinets, flooring/carpet, and appliances have been replaced as needed. Many residents speak English as 2nd language, with mix of people of Russian, Korean, and Polish decent, among others. Korean residents attracted by/are nearby Korean senior center. Many residents receive homemaker and other assistance; has been increasing trend. A plurality of residents in their 80s, but range from 60s to 90s.</td>
</tr>
<tr>
<td>551 &amp; 571 W. Huntington Commons Road</td>
<td>128</td>
<td>Studio</td>
<td>30% of income</td>
<td>630</td>
<td>NA</td>
</tr>
<tr>
<td>847-640-1337</td>
<td>75</td>
<td>1/1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>11</td>
<td>2/1</td>
<td></td>
<td>750</td>
<td></td>
</tr>
<tr>
<td>Name and Location</td>
<td>Year Built</td>
<td># of Units/ Beds</td>
<td>Rental Range</td>
<td>Square Footage $</td>
<td>Rent/S.F.</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>------------</td>
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<td>--------------</td>
<td>------------------</td>
<td>-----------</td>
</tr>
<tr>
<td>Centennial North &amp; South</td>
<td>1979; 1982</td>
<td>192/6</td>
<td>1/1</td>
<td>30% of income</td>
<td>550-600</td>
</tr>
<tr>
<td>900 E. Ardyce Drive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>760</td>
</tr>
<tr>
<td>847-259-1080</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ARLINGTON HEIGHTS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affordable Independent Living</td>
<td>1981</td>
<td>110</td>
<td>1/1</td>
<td>30% of income</td>
<td>562-612</td>
</tr>
<tr>
<td>Linden Place</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>700 E. Golf Road</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>847-228-1212</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Albert Goedke House</td>
<td>1975</td>
<td>118</td>
<td>1/1</td>
<td>30% of income</td>
<td>525</td>
</tr>
<tr>
<td>215 W. Miner</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(approx)</td>
</tr>
<tr>
<td>847-253-5450</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cedar Village of Arlington Heights</td>
<td>NA</td>
<td>80</td>
<td></td>
<td>30% of income</td>
<td>415</td>
</tr>
<tr>
<td>Heights</td>
<td>20</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>320 W. Campbell</td>
<td>60</td>
<td></td>
<td></td>
<td>30% of income</td>
<td>500-540</td>
</tr>
<tr>
<td>847-506-1010</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name and Location</td>
<td>Year Built</td>
<td># of Units</td>
<td>Rental Range</td>
<td>Square Footage</td>
<td>Rent/S.F.</td>
</tr>
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<td>-----------------------------------</td>
<td>------------</td>
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</tr>
<tr>
<td><strong>Market Rate Independent Living</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Luther Village</td>
<td>1990</td>
<td>720</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1220 Village Drive</td>
<td></td>
<td></td>
<td>Monthly fees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>847-506-1919</td>
<td></td>
<td></td>
<td>The Residences (apartments)</td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Studio</td>
<td>$872</td>
<td>617</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1 BR</td>
<td>813-1,272</td>
<td>680-938</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1 BR+den</td>
<td>1,281-1,457</td>
<td>880-1056</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2 BR</td>
<td>1,424-2,132</td>
<td>990-1320</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2 BR+den</td>
<td>1,988-2,478</td>
<td>1350-1691</td>
</tr>
<tr>
<td>The Villas and Courtyards (townhomes)</td>
<td></td>
<td></td>
<td>$1,558-$1,661</td>
<td>1,323-1,425</td>
<td>$1.11-1.26</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2/2</td>
<td>1,867-1,958</td>
<td>1,936</td>
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<tr>
<td><strong>Market Rate Skilled Nursing</strong></td>
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<tr>
<td>Manor Care</td>
<td>NA</td>
<td>126</td>
<td>Skilled Nursing</td>
<td>NA</td>
<td>NA</td>
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<tr>
<td>715 W. Central</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>847-392-2020</td>
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</table>

Independent market-rate cooperative with for-sale condos and townhomes. Monthly fee covers property taxes, maintenance, 24-hour security, activities, a dining minimum, cable TV, lawn care, snow and trash removal, and other support services. No 2nd person fee. Some 2 BR Residences floor plans have 2 baths. 55-acres with campus center at “Wittenberg Commons,” restaurants, billiards and multipurpose rooms, indoor pool, whirlpool and fitness center with massage therapist and personal trainer, scheduled transportation, wellness clinic, library, computer center, bank, salon, “country store,” interdenominational chapel, walking paths, ponds, pier for fishing, and gardens. Housekeeping, pharmacy, and hospitality suites for visitors are available. Residences include heat and water in monthly fee. All residents pay electricity. Residences have underground reserved parking for $15/mo. Villas and Courtyards have garages. Some Residences floor plans include washer/dryer and walk-in closet. All Residences have balcony or patio. Complimentary laundry rooms are also provided in most areas. All Residences have washer/dryer and walk-in closet. Some have dishwashers and optional basements and fireplaces. 712 current residents. 15 units available, but 7 of these are under contract. Variety of floor plans.

Market-rate skilled nursing facility. According to the Illinois Health Facilities and Services Review Board (HFSRB), the facility had 42 Medicaid-certified beds in 2012. Management declined to participate in study.
<table>
<thead>
<tr>
<th>Name and Location</th>
<th>Year Built</th>
<th># of Units/Beds</th>
<th>Year of Rental</th>
<th>Rental Range</th>
<th>Square Footage</th>
<th>Rent/S.F.</th>
<th>Amenities and Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Church Creek</td>
<td>1986</td>
<td>236</td>
<td></td>
<td>Studio</td>
<td>$1,300-1,500+</td>
<td>476-480</td>
<td>$2.73-3.13</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1/1</td>
<td>2,300-2,500+</td>
<td>576</td>
<td>3.99-4.34</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2/2 Deluxe</td>
<td>3,600-3,700+</td>
<td>816</td>
<td>4.41-4.53</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Assisted</td>
<td>3,800-3,900+</td>
<td>1,152</td>
<td>3.30-3.39</td>
</tr>
<tr>
<td></td>
<td>16</td>
<td></td>
<td></td>
<td>(incl. Care Level I)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td></td>
<td></td>
<td>Companion Suite 3,775</td>
<td>250</td>
<td>$15.10</td>
<td></td>
</tr>
<tr>
<td></td>
<td>14</td>
<td></td>
<td></td>
<td>Studio 4,619</td>
<td>250</td>
<td>$18.48</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2nd person fee 1,225</td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>24</td>
<td></td>
<td></td>
<td>Companion Suite 3,000-3,500</td>
<td>250</td>
<td>$120.00-14.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Studio 4,000</td>
<td>250</td>
<td>16.00</td>
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</tr>
<tr>
<td></td>
<td>56</td>
<td></td>
<td></td>
<td>Semi-private</td>
<td>$235/day 250</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Private</td>
<td>$288/day 250</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Moorings of Arlington Heights</td>
<td>1988</td>
<td>290</td>
<td>1/1</td>
<td>$2,450</td>
<td>530</td>
<td>$4.62</td>
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</tr>
<tr>
<td></td>
<td>210</td>
<td></td>
<td></td>
<td>mid-rise</td>
<td>2,600-2,635</td>
<td>685</td>
<td>3.80-3.85</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2/2</td>
<td>2,700</td>
<td>947</td>
<td>2.85</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2/2+den</td>
<td>3,340</td>
<td>1,500</td>
<td>2.23</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2/2 Villa 2,800</td>
<td>1,276-2,036</td>
<td>1,380-2.19</td>
<td></td>
</tr>
<tr>
<td></td>
<td>44</td>
<td></td>
<td></td>
<td>Villa 3,745</td>
<td>2,100</td>
<td>1.78</td>
<td></td>
</tr>
<tr>
<td></td>
<td>49</td>
<td></td>
<td></td>
<td>Semi-private</td>
<td>$258/day 250</td>
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</tr>
<tr>
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<td></td>
<td></td>
<td></td>
<td>Private</td>
<td>$396/day 250</td>
<td></td>
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<tr>
<td></td>
<td>31</td>
<td></td>
<td></td>
<td>Semi-private</td>
<td>$275/day 250</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

COCR with 236 in-dpt, 56 skilled nursing, 16 assisted living & 24 memory care. One-time nonrefundable move-in fee of $3,500 in independent and assisted. 2nd person fee of $625 in independent and $1,225 in assisted. Assisted living units have carpet, blinds, emergency call system, individually controlled HVAC; no kitchenettes. Independent living has kitchenettes. Rent includes 3 meals daily, all utilities including basic cable, weekly housekeeping, scheduled transportation, wellness visits by RN, activities & outings; phone $20/mo. Extra fee for laundry service. Amenities include dining room, concierge services, convenience store, beauty/barber shop, bank, fitness center, library, activity room with computers & Internet service, garden, patio & pond. Assisted living residents require Personal Care I ($700) at minimum; Level II is $1,400 & Level III is $2,200. Included in fees are levels of assistance with daily living, medication management, continence & mobility. 3 vacant units in assisted living, 10 in independent. Wait list: 6+ months for studios in independent (mostly internal transfers) up to 1 year for assisted living and memory care.

COCR operated by Presbytery & Homes. 60% of assisted residents may have mild memory issues requiring direction or reminders.

Independent units have stove, refrigerator, microwave, dishwasher, blinds, carpet, emergency call system; some have balconies. Rent includes breakfast & lunch or dinner, weekly housekeeping & flat linens, scheduled transportation, programs & activities, & all utilities inc. basic cable, but not phone & computer. Indoor parking $75/mo. Indpt. entry fees are $123,835-775,984 and are 0%, 50% or 90% refundable.

Extensive amenities inc. 45-acre gated community, walking paths, 2 lakes, gazebo, gardens, dining room, café, woodworkingshop, art studio, computer center, library, salon, bank, fitness center, swimming pool, whirlpool, private dining rooms, guest suites, health center, chapel & convenience store. Assisted living units have carpet, blinds, kitchenette with microwave & refrigerator, emergency call system, & individually controlled HVAC. Can be furnished. Included in assisted living are 3 meals daily, weekly housekeeping, morning/evening check-in, medicine reminders, ADL assistance, weekly personal laundry, transportation, activities & outings, & all utilities inc. cable & phone. Couple fee of $791. Assisted living has no entrance fee and is not restricted to current residents. In nursing, semi-private rooms are 2 beds max. Most moves into higher care levels are internal. Assisted building has some small units that are difficult to lease. No secured memory care wing. 25 additional rehab beds.
Lutheran Home
800 W Oakton
847-368-7579

<table>
<thead>
<tr>
<th>Name and Location</th>
<th>Year Built</th>
<th># of Units/Beds</th>
<th>Rental Range</th>
<th>Square Footage</th>
<th>Average Rent/S.F.</th>
<th>Amenities and Comments</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Assisted Living</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
## Name and Location

<table>
<thead>
<tr>
<th>Name and Location</th>
<th>Year Built</th>
<th># of Units</th>
<th>Rental Range (Bed/Bath)</th>
<th>Square Footage</th>
<th>Average Rent/S.F.</th>
<th>Amenities and Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belmont Village</td>
<td>2003</td>
<td>122</td>
<td>Assisted Living</td>
<td>$4,500-5,950</td>
<td>NA</td>
<td>Attractive building with assisted living &amp; memory care units. One-time, non-refundable community fee of 1 month's rent. Extensive lobby common area in dark wood with comfortable seats, open floor plan, and home-like feel. Units have refrigerator, microwave, emergency response system, individually controlled HVAC, blinds &amp; carpet. Rent includes all utilities (including basic cable) except phone, 3 meals daily, weekly housekeeping &amp; linen laundry, daily trash removal, daily living assistance, 24-hour RN on-site, daily wellness checks, transportation to medical appts. &amp; shopping, escort to meals &amp; activities, &amp; 24-hour monitoring of emergency system. Cannot perform full lifts. Amenities include great room, dining room, computer center, multi-purpose room, fitness center, library, salon, wellness center, terrace, bistro, &amp; 2 laundry rooms per floor. Activities include shopping and salon trips. Program coordinator with Traumatic Brain Injury experience and recreational therapist certification. Extra fees for enhanced personal care, medicine management &amp; incontinence care. All memory care units are all-inclusive, without fees for extra care. Current occupancy typical. Given counts are units, but assumed to be estimated bed count since only a small number of &quot;companion&quot; units currently set up (2 people max. per room). Some in-house adult day care available, but no day care for outside community. Openings usually in asst. living. Memory care always full. Priority given to moves from asst. living, though people</td>
</tr>
<tr>
<td>500 McHenry Road</td>
<td>2003</td>
<td>60</td>
<td>Assisted Living</td>
<td>NA</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>847-537-5000</td>
<td>2003</td>
<td>55</td>
<td>Studio 1/1</td>
<td>6,950</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>Sunrise of Buffalo Grove</td>
<td>1999</td>
<td>54</td>
<td>Assisted NA NA NA</td>
<td>NA</td>
<td>NA</td>
<td>Studios, 1 BR's, and Companion Suites. Attractive building. Comfortable lobby with couches and 2nd floor walk overlooking atrium entry. Kitchens have sink and mini-fridge. Apartments have packaged wall HVAC units. Building has &quot;bistro&quot; cafe counter, homelike common room with fireplace, common and private dining rooms. Short term stayoption. Management declined to participate in study without corporate approval.</td>
</tr>
<tr>
<td>180 W. Half Day Road</td>
<td>1999</td>
<td>24</td>
<td>Memory NA NA NA</td>
<td>NA</td>
<td>NA</td>
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<tr>
<td>847-478-8484</td>
<td>1999</td>
<td>24</td>
<td>Memory NA NA NA</td>
<td>NA</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>Name and Location</td>
<td>Year Built</td>
<td># of Units</td>
<td>Rental Range</td>
<td>Square Footage</td>
<td>Average Rent/S.F.</td>
<td>Amenities and Comments</td>
</tr>
<tr>
<td>-------------------------------------------</td>
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<td>--------------</td>
<td>----------------</td>
<td>------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Market Rate Skilled Nursing with Memory Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Claremont Rehab &amp; Living Facility</td>
<td>1994</td>
<td>177</td>
<td></td>
<td></td>
<td></td>
<td>Attractive brick building with several recent updates. Long term rehab on first floor awaiting update. 2nd floor is rehab; 3rd floor is locked memory care, which is not &quot;homelike&quot; in design. Long-term rooms on first floor have showers. Others have sink &amp; toilet and share hallway shower. 3 meals/day. All services are included, such as wound care, oxygen, continence care and supplies, and full assistance with activities of daily living (dressing, bathing, ambulation, medications, etc.) Memory care residents are mix of mild/moderate. Rooms furnished with wardrobe, nightstand and bed. Personal furnishings allowed. Building amenities include library, computer room, very attractive rear and side patio with play structure for grandchildren, community room, ice cream parlor, family rooms, and lounges on each floor. Some floors are wood parquet. Community room nicely renovated in 2012. Number of rooms split about evenly among the</td>
</tr>
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<td>150 N. Weiland Road</td>
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<tr>
<td>Semi-private</td>
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<td>NA</td>
<td>NA</td>
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<tr>
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<tr>
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<td>NA</td>
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<tr>
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<td>NA</td>
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<tr>
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<td>298/day</td>
<td>NA</td>
<td>NA</td>
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<tr>
<td>ROLLING MEADOWS</td>
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<td>Plum Creek Supportive Living</td>
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<td></td>
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<tr>
<td>Studio</td>
<td>State</td>
<td>316</td>
<td>NA</td>
<td></td>
<td></td>
<td>Rehab of former hotel under state SLF program. Age 65+. Most residents in late 70s and early 80s, but full range is 66-101. Average appearance from exterior and in hallways. Attractive common areas including dining room, lobby lounge with cafe, library/movie room, and general purpose rooms. Medicaid residents pay all of their income except $90/mo. for personal expenses. Units have emergency call system, individually controlled HVAC, carpet, blinds, &amp; kitchenette (refrigerator &amp; microwave). Rent includes 3 meals/day, laundry, housekeeping, activities, aid with personal care, &amp; medicine reminders. No continence care, transfers/escorts, or transportation. Activities director and doctor visits once weekly. Also visits from podiatrist and psychologist. 2 studios currently available with 7 names on wait list. Only 10 private pay residents currently. 0-2 units turnover per month. Building can be filled 100% with Medicaid residents. 2-6 units generally available. 1 BR units always full. 7 people being considered for open units. Admissions process is 2-3 weeks.</td>
</tr>
<tr>
<td>75</td>
<td>1/1</td>
<td>316</td>
<td>$10.13</td>
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<td>26</td>
<td>4,200</td>
<td>508</td>
<td>$8.27</td>
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<td><strong>Private pay rates as of June 2012:</strong></td>
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<tr>
<td>Studio</td>
<td>$3,200</td>
<td>316</td>
<td>$10.13</td>
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<tr>
<td>1/1</td>
<td>4,200</td>
<td>508</td>
<td>$8.27</td>
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<td></td>
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</tr>
<tr>
<td>Name and Location</td>
<td>Year Built</td>
<td># of Units/Beds</td>
<td>Rental Range</td>
<td>Square Footage</td>
<td>Average Rent/S.F.</td>
<td>Amenities and Comments</td>
</tr>
<tr>
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<td>Manor Care</td>
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<td>126</td>
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<tr>
<td>4225 Kirchoff Road</td>
<td></td>
<td>32 Memory care</td>
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<tr>
<td>847-397-2400</td>
<td></td>
<td>94 Skilled Nursing</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>Market rate skilled nursing facility with 16 semi-private rooms with 32 beds designated for memory care. According to the Illinois Health Facilities and Services Review Board (HFSRB), the facility had 109 Medicaid certified beds in 2012. Management declined to participate in study.</td>
</tr>
</tbody>
</table>

PALATINE

<table>
<thead>
<tr>
<th>Name and Location</th>
<th>Year Built</th>
<th># of Units/Beds</th>
<th>Rental Range</th>
<th>Square Footage</th>
<th>Average Rent/S.F.</th>
<th>Amenities and Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greencastle of Palatine</td>
<td>NA</td>
<td>75 1/1</td>
<td>30% of income</td>
<td>530-550</td>
<td>NA</td>
<td>Sec. 202 PRAC with max 1-person income of $25,800. Formerly called Palatine Senior Residences; renamed Greencastle in approx. 2002. Age 62+; no younger disabled, though a few have been grandfathered in from prior times when they were accepted. 3-story, cement and brick in good condition. Basic but well-maintained interior with comfortable lounges on upper floors facing atrium. Appliances are electric. Wall sleeves for AC but not provided; many tenants buy units from previous tenants. Electric baseboard heaters in bathrooms, rest are hot water baseboard heaters. Light fixtures in kitchens and bedrooms. Heat is gas and is included in rent. Tenants pay electricity. Utility allowance - $29. 8 handicapped accessible units. Kitchens have laminate counters. Some are a newer &quot;green product&quot; with backsplash, installed on unit turnover. Carpet also replaced upon turnover as needed. Smaller units are on corners and do not have large 6-foot closet. Community room with new parquet wood floor and outside lounge. Common kitchen with newer stove, microwave, refrigerator, and sink. Library with used books from Palatine Public Library. Computer room with large print reader, trash chutes, two small spare rooms used as craft room and fitness room (donated machines). Wait list 1.5-2 years. Avg. age is 78. 16 couples. Approx. 25% of residents receive 3rd party homemaker services, most commonly from Catholic Charities. Adjacent to new Mariano’s grocery store.</td>
</tr>
<tr>
<td>Name and Location</td>
<td>Year Built</td>
<td># of Units</td>
<td>Rental Range</td>
<td>Square Footage</td>
<td>Average Rent/S.F.</td>
<td>Amenities and Comments</td>
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<tr>
<td>----------------------------------------</td>
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<td>---------------</td>
<td>----------------</td>
<td>--------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
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<tr>
<td>Tamarack Independent Living</td>
<td>1971</td>
<td>133</td>
<td>Studio $1,795</td>
<td>500 (approx.)</td>
<td>$3.59</td>
<td>High-rise building converted from condos in 1986. Age 55+. 1 BR+den rarely vacant and has 15 person wait list of nonresidents. Prices were lowered somewhat, as there was a great deal of turnover in the past year. $565 couples fee, $500 fee to transfer within building. Vacant unit priority given to current residents. Home health care company has office on 3rd floor with whom residents may contract, though they are not restricted to this company. All utilities included in rent (except phone and cable). Heat and appliances are electric. Rent includes 3 meals/day, weekly housekeeping, weekly linen and towel service, scheduled transportation within 15 miles for any purpose, activity schedule by enrichment coordinator. Free laundry room. Units have A/C unit, white/wood laminate counters and cabinets, carpet, and trim. Bathrooms have grab bars, tub cut-outs or roll-in stalls, and</td>
</tr>
<tr>
<td>Plum Grove Nursing and Rehab Skilled Nursing</td>
<td>NA</td>
<td>67</td>
<td>Skilled Nursing</td>
<td>NA</td>
<td>NA</td>
<td>Market-rate skilled nursing facility. According to the Illinois Health Facilities and Services Review Board (HFSRB), all set-up beds were Medicaid-certified in 2012. It was not possible to set up a meeting with management during the study period.</td>
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<tr>
<td>Name and Location</td>
<td>Year Built</td>
<td># of Units</td>
<td>Rental Range</td>
<td>Square Footage</td>
<td>Average Rent/S.F.</td>
<td>Amenities and Comments</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------</td>
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<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Affordable Continuing Care Retirement Community</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Afforable CCRC with rents internally subsidized based on resident need. Admissions based on functional level and fit with community. Run by Little Sisters of the Poor religious order, who live in the facility. Foundation-supported. Older building with a mix of basic and upgraded finishes. Very well-maintained. No strict income limit, but incomes range from $15,000-28,000. All private rooms. 1 year wait list. All nursing beds are Medicaid certified; by the fully skilled level, none is paying privately. All utilities included except phone. Laundry room is free. Indpt. apts are unfurnished. Residents must be self-sufficient. Transportation not provided. Meals not included per-se, but residents may eat breakfast or lunch in the dining room at no cost. Units have refrigerator, electric stove, tile floor, laminate counters, carpet, A/C, walk-in shower with small lip, bathroom grab bars, and pull chords. Avg. age in indpt. living is 80. All nursing rooms private with private bathroom. Handful of shelter beds used as transition to intermediate care. 8 rooms with private showers; others use hall shower. Most admissions are at this level. Try to maintain high functional level: all residents walk or use walker. Small number of residents pay privately at first. 1 RN and 1 CNA per floor. Services include medication administration, ADL assistance incl. bathing at least twice weekly, dressing, 3 meals/day, laundry, and housekeeping daily. Residents can bring mini-fridge and some belongings. Skilled care has 1 RN and 5 CNA’s. New A/C in 2013 for whole building. Large chapel that also serves community. Physical therapy on-site, contracted physician, activities, shopping bus for sheltered care and up. Indpt. residents may sign up if there is space.</td>
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<tr>
<td>St. Joseph’s Home for the Elderly (a.k.a. Little Sisters of the Poor)</td>
<td>1966</td>
<td>156</td>
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<td></td>
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<td>80 W. Northwest Highway</td>
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<tr>
<td>Elderly</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Room</td>
<td>1/1</td>
<td></td>
<td>$100-950</td>
<td>600</td>
<td>$0.50-1.60</td>
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<tr>
<td>(most $300-600)</td>
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<tr>
<td>Shelter</td>
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<td>$45/day</td>
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<tr>
<td>Room</td>
<td>29</td>
<td>Intermediate Room</td>
<td>$125/day</td>
<td>NA</td>
<td>NA</td>
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</tr>
<tr>
<td>Room</td>
<td>29</td>
<td>Skilled Room</td>
<td>125/day</td>
<td>NA</td>
<td>NA</td>
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<td>Facility Name and Address</td>
<td>Independent Living Units</td>
<td>Assisted Living Units</td>
<td>Nursing Beds</td>
<td>Property Type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------------</td>
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<tr>
<td><strong>Schaumburg</strong></td>
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<tr>
<td>Friendship Village</td>
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<td>248</td>
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<tr>
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<tr>
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<td></td>
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<tr>
<td>Emerald Village</td>
<td>97</td>
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<td></td>
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<tr>
<td>150 W Wise Road</td>
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<tr>
<td><strong>Glenview</strong></td>
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<td>Thomas Place</td>
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<td>Tax credit and market rate</td>
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<td>2200 Patriot Boulevard</td>
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<td>Chestnut Square at the Glen</td>
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<td>39</td>
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<td>2500 Indigo Lane</td>
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<td><strong>Des Plaines</strong></td>
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<td>Heritage of Des Plaines</td>
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<tr>
<td>Alden Gardens &amp; Courts</td>
<td>32</td>
<td>95</td>
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<tr>
<td>1227 E Golf Road</td>
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<tr>
<td>Oakton Arms</td>
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<td>294</td>
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<td>1665 Oakton Place</td>
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<td>Heinrich House</td>
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<td>Assisted Living Units</td>
<td>Nursing Beds</td>
<td>Property Type</td>
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<tr>
<td><strong>Prospect Heights</strong></td>
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<tr>
<td>Emeritus of Prospect Heights</td>
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<td>30</td>
<td>Market rate rental</td>
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<td><strong>Wheeling</strong></td>
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<tr>
<td>Addolorata Villa</td>
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<td>61</td>
<td>98</td>
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<td>555 McHenry Road</td>
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<tr>
<td><strong>Vernon Hills</strong></td>
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<td>Victory Centre</td>
<td>111</td>
<td>120</td>
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<td>Affordable rental SLF &amp; independent</td>
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<td>Hawthorne Lakes</td>
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<td>56</td>
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<tr>
<td>Park at Vernon Hills</td>
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<td>54</td>
<td></td>
<td>Market rate rental</td>
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<tr>
<td>145 N Milwaukee Avenue</td>
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<tr>
<td><strong>Lincolnshire</strong></td>
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<tr>
<td>Sedgebrook</td>
<td>467</td>
<td>38</td>
<td>88</td>
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<tr>
<td>800 Audubon Way</td>
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<td></td>
</tr>
<tr>
<td>The Wealshire and The Ponds</td>
<td>94</td>
<td>144</td>
<td></td>
<td>Market rate rental</td>
<td></td>
<td></td>
</tr>
<tr>
<td>150-170 Jamestown Lane</td>
<td></td>
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</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>3,168</td>
<td>958</td>
<td>1,036</td>
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</tbody>
</table>

Source: Valerie S. Kretchmer Associates, Inc.; NIC
Senior Facilities Near but Outside the Collaborative Communities

Communities
- Arlington Heights
- Buffalo Grove
- Mount Prospect
- Palatine
- Rolling Meadows

Victory Centre Supportive Living
Park at Vernon Hills
The Wealshire and The Ponds
Sedgebrook
Addolorata Villa
Emeritus of Prospect Heights
Frances Manor
Alden Gardens & Courts
Heinrich House
Oakton Arms
Heritage of Des Plaines
Asbury Court
Chestnut Square at the Glen
Thomas Place
Vi at the Glen
Sunrise of Schaumburg
Friendship Village
Emerald Village
Table 16
NORTHWEST SUBURBAN HOUSING COLLABORATIVE
POPULATION CHARACTERISTICS

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<tr>
<th></th>
<th>Arlington Heights</th>
<th>Buffalo Grove</th>
<th>Mount Prospect</th>
<th>Palatine</th>
<th>Rolling Meadows</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Population</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2000 Cens us</td>
<td>76,766</td>
<td></td>
<td>43,504</td>
<td></td>
<td>55,591</td>
<td></td>
</tr>
<tr>
<td>2010 Cens us</td>
<td>75,174</td>
<td></td>
<td>42,163</td>
<td></td>
<td>54,176</td>
<td></td>
</tr>
<tr>
<td>Change, 2000-2010</td>
<td>-1,592</td>
<td>-2.1%</td>
<td>-1,341</td>
<td>-3.1%</td>
<td>-1,415</td>
<td>-2.5%</td>
</tr>
<tr>
<td>2013 Estimated</td>
<td>75,877</td>
<td></td>
<td>42,497</td>
<td></td>
<td>54,663</td>
<td></td>
</tr>
<tr>
<td>Change, 2010-2013</td>
<td>703</td>
<td>0.9%</td>
<td>334</td>
<td>0.8%</td>
<td>570</td>
<td>1.1%</td>
</tr>
<tr>
<td>2018 Projected</td>
<td>76,342</td>
<td></td>
<td>42,985</td>
<td></td>
<td>54,663</td>
<td></td>
</tr>
<tr>
<td>Change, 2013-2018</td>
<td>465</td>
<td>0.6%</td>
<td>488</td>
<td>1.1%</td>
<td>-83</td>
<td>-0.2%</td>
</tr>
<tr>
<td>Households</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2000 Cens us</td>
<td>31,095</td>
<td></td>
<td>16,021</td>
<td></td>
<td>21,301</td>
<td></td>
</tr>
<tr>
<td>2010 Cens us</td>
<td>30,964</td>
<td></td>
<td>16,499</td>
<td></td>
<td>20,582</td>
<td></td>
</tr>
<tr>
<td>Change, 2000-2010</td>
<td>-131</td>
<td>-0.4%</td>
<td>478</td>
<td>3.0%</td>
<td>-719</td>
<td>-3.4%</td>
</tr>
<tr>
<td>2013 Estimated</td>
<td>31,331</td>
<td></td>
<td>16,652</td>
<td></td>
<td>20,848</td>
<td></td>
</tr>
<tr>
<td>Change, 2010-2013</td>
<td>367</td>
<td>1.2%</td>
<td>153</td>
<td>0.9%</td>
<td>266</td>
<td>1.3%</td>
</tr>
<tr>
<td>2018 Projected</td>
<td>31,639</td>
<td></td>
<td>16,921</td>
<td></td>
<td>20,861</td>
<td></td>
</tr>
<tr>
<td>Change, 2013-2018</td>
<td>308</td>
<td>1.0%</td>
<td>269</td>
<td>1.6%</td>
<td>13</td>
<td>0.1%</td>
</tr>
<tr>
<td>Average Household Size, 2013</td>
<td>2.4</td>
<td></td>
<td>2.55</td>
<td></td>
<td>2.63</td>
<td></td>
</tr>
<tr>
<td>Population by Age, 2013</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 5</td>
<td>4,011</td>
<td>5.3%</td>
<td>1,951</td>
<td>4.6%</td>
<td>3,264</td>
<td>6.0%</td>
</tr>
<tr>
<td>5-14</td>
<td>9,371</td>
<td>12.4%</td>
<td>5,322</td>
<td>12.5%</td>
<td>6,918</td>
<td>12.6%</td>
</tr>
<tr>
<td>15-24</td>
<td>8,337</td>
<td>11.0%</td>
<td>5,063</td>
<td>11.9%</td>
<td>6,125</td>
<td>11.2%</td>
</tr>
<tr>
<td>25-44</td>
<td>18,345</td>
<td>24.2%</td>
<td>10,028</td>
<td>23.6%</td>
<td>14,760</td>
<td>27.0%</td>
</tr>
<tr>
<td>45-54</td>
<td>12,331</td>
<td>16.3%</td>
<td>7,707</td>
<td>18.1%</td>
<td>8,242</td>
<td>15.1%</td>
</tr>
<tr>
<td>55-64</td>
<td>10,480</td>
<td>13.8%</td>
<td>6,625</td>
<td>15.6%</td>
<td>6,683</td>
<td>12.2%</td>
</tr>
<tr>
<td>65 and older</td>
<td>13,002</td>
<td>17.1%</td>
<td>5,802</td>
<td>13.7%</td>
<td>8,753</td>
<td>16.0%</td>
</tr>
<tr>
<td>Median Age, 2013 (years)</td>
<td>43.1</td>
<td></td>
<td>43.3</td>
<td></td>
<td>40.1</td>
<td></td>
</tr>
<tr>
<td>2010 Occupied Housing Units</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Owner-Occupied Units</td>
<td>23,600</td>
<td>76.3%</td>
<td>13,382</td>
<td>82.6%</td>
<td>14,893</td>
<td>72.4%</td>
</tr>
<tr>
<td>All Renter-Occupied Units</td>
<td>7,319</td>
<td>23.7%</td>
<td>2,824</td>
<td>17.4%</td>
<td>5,671</td>
<td>27.6%</td>
</tr>
<tr>
<td>Senior Owner-Occupied Units</td>
<td>7,005</td>
<td>82.6%</td>
<td>2,749</td>
<td>85.8%</td>
<td>4,862</td>
<td>86.5%</td>
</tr>
<tr>
<td>Senior Renter-Occupied Units</td>
<td>1,479</td>
<td>17.4%</td>
<td>454</td>
<td>14.2%</td>
<td>760</td>
<td>13.5%</td>
</tr>
</tbody>
</table>

Note: Numbers may not sum to stated totals due to rounding.

Source: Experian; U.S. Cens us via National Historic GIS.
### Table 17
NORTHWEST SUBURBAN HOUSING COLLABORATIVE COMMUNITIES
SENIOR POPULATION BY AGE GROUP - 2013 AND 2018

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Arlington Heights</th>
<th>Buffalo Grove</th>
<th>Mount Prospect</th>
<th>Palatine</th>
<th>Rolling Meadows</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2013</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>55-64</td>
<td>10,480</td>
<td>6,625</td>
<td>6,683</td>
<td>8,336</td>
<td>2,935</td>
<td>35,060</td>
</tr>
<tr>
<td>65-74</td>
<td>6,207</td>
<td>2,975</td>
<td>4,232</td>
<td>4,263</td>
<td>1,589</td>
<td>19,266</td>
</tr>
<tr>
<td>75+</td>
<td>6,795</td>
<td>2,827</td>
<td>4,522</td>
<td>3,337</td>
<td>1,517</td>
<td>18,997</td>
</tr>
<tr>
<td>Total 55+</td>
<td>23,482</td>
<td>12,427</td>
<td>15,437</td>
<td>15,936</td>
<td>6,041</td>
<td>73,323</td>
</tr>
<tr>
<td>Total 65+</td>
<td>13,002</td>
<td>5,802</td>
<td>8,753</td>
<td>7,600</td>
<td>3,106</td>
<td>38,263</td>
</tr>
<tr>
<td><strong>2018</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>55-64</td>
<td>11,125</td>
<td>7,184</td>
<td>7,056</td>
<td>9,062</td>
<td>3,165</td>
<td>37,591</td>
</tr>
<tr>
<td>65-74</td>
<td>7,296</td>
<td>3,797</td>
<td>5,039</td>
<td>5,320</td>
<td>1,913</td>
<td>23,364</td>
</tr>
<tr>
<td>75+</td>
<td>7,096</td>
<td>3,044</td>
<td>4,666</td>
<td>3,596</td>
<td>1,593</td>
<td>19,995</td>
</tr>
<tr>
<td>Total 55+</td>
<td>25,516</td>
<td>14,025</td>
<td>16,760</td>
<td>17,978</td>
<td>6,671</td>
<td>80,950</td>
</tr>
<tr>
<td>Total 65+</td>
<td>14,392</td>
<td>6,841</td>
<td>9,704</td>
<td>8,916</td>
<td>3,506</td>
<td>43,359</td>
</tr>
<tr>
<td><strong>Change 2013-2018</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>55-64</td>
<td>644</td>
<td>559</td>
<td>372</td>
<td>726</td>
<td>230</td>
<td>2,531</td>
</tr>
<tr>
<td>65-74</td>
<td>1,089</td>
<td>822</td>
<td>807</td>
<td>1,057</td>
<td>324</td>
<td>4,099</td>
</tr>
<tr>
<td>75+</td>
<td>301</td>
<td>217</td>
<td>144</td>
<td>259</td>
<td>76</td>
<td>997</td>
</tr>
<tr>
<td>Total 55+</td>
<td>2,034</td>
<td>1,598</td>
<td>1,323</td>
<td>2,042</td>
<td>630</td>
<td>7,628</td>
</tr>
<tr>
<td>Total 65+</td>
<td>1,390</td>
<td>1,039</td>
<td>951</td>
<td>1,316</td>
<td>400</td>
<td>5,096</td>
</tr>
</tbody>
</table>

Note: Numbers may not sum to stated totals due to rounding.

Source: Experian
Table 18
NORTHWEST SUBURBAN HOUSING COLLABORATIVE COMMUNITIES
2013 SENIOR HOUSEHOLDS BY AGE AND INCOME

<table>
<thead>
<tr>
<th>Age/Income</th>
<th>Arlington Heights</th>
<th>Buffalo Grove</th>
<th>Mount Prospect</th>
<th>Palatine</th>
<th>Rolling Meadows</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Households 65-74</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under $10,000</td>
<td>3,863</td>
<td>980</td>
<td>1,830</td>
<td>1,1835</td>
<td>1,1835</td>
<td>1,1835</td>
</tr>
<tr>
<td>$10,000-$19,999</td>
<td>138</td>
<td>2,638</td>
<td>47</td>
<td>51</td>
<td>51</td>
<td>51</td>
</tr>
<tr>
<td>$20,000-$29,999</td>
<td>452</td>
<td>11,835</td>
<td>309</td>
<td>2,77</td>
<td>277</td>
<td>277</td>
</tr>
<tr>
<td>$30,000-$34,999</td>
<td>195</td>
<td>411</td>
<td>84</td>
<td>147</td>
<td>147</td>
<td>147</td>
</tr>
<tr>
<td>$35,000-$49,999</td>
<td>625</td>
<td>411</td>
<td>166</td>
<td>385</td>
<td>385</td>
<td>385</td>
</tr>
<tr>
<td>$50,000-$74,999</td>
<td>943</td>
<td>411</td>
<td>386</td>
<td>563</td>
<td>563</td>
<td>563</td>
</tr>
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<td>$75,000+</td>
<td>1,210</td>
<td>411</td>
<td>693</td>
<td>1,306</td>
<td>1,306</td>
<td>1,306</td>
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<tr>
<td>Under $10,000</td>
<td>255</td>
<td>44</td>
<td>132</td>
<td>127</td>
<td>127</td>
<td>127</td>
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<td>838</td>
<td>281</td>
<td>273</td>
<td>523</td>
<td>523</td>
<td>523</td>
</tr>
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<td>806</td>
<td>161</td>
<td>321</td>
<td>703</td>
<td>703</td>
<td>703</td>
</tr>
<tr>
<td>$30,000-$34,999</td>
<td>393</td>
<td>62</td>
<td>114</td>
<td>139</td>
<td>139</td>
<td>139</td>
</tr>
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<td>773</td>
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<td>248</td>
<td>281</td>
<td>281</td>
<td>281</td>
</tr>
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<td>$75,000+</td>
<td>993</td>
<td>216</td>
<td>406</td>
<td>422</td>
<td>422</td>
<td>422</td>
</tr>
<tr>
<td>Under $10,000</td>
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<td>81</td>
<td>179</td>
<td>178</td>
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</tr>
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<td>1,137</td>
<td>364</td>
<td>416</td>
<td>703</td>
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</tr>
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<td>$20,000-$29,999</td>
<td>1,258</td>
<td>355</td>
<td>630</td>
<td>651</td>
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<td>651</td>
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<tr>
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<td>588</td>
<td>127</td>
<td>198</td>
<td>286</td>
<td>286</td>
<td>286</td>
</tr>
<tr>
<td>$35,000-$49,999</td>
<td>1,398</td>
<td>348</td>
<td>414</td>
<td>666</td>
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<td>666</td>
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<tr>
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<td>1,669</td>
<td>246</td>
<td>647</td>
<td>969</td>
<td>969</td>
<td>969</td>
</tr>
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<td>2,203</td>
<td>511</td>
<td>1,099</td>
<td>1,458</td>
<td>1,458</td>
<td>1,458</td>
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</table>

Note: Numbers may not sum to stated totals due to rounding.

Source: Experian
Table 19
NORTHWEST SUBURBAN HOUSING COLLABORATIVE COMMUNITIES
2018 SENIOR HOUSEHOLDS BY AGE AND INCOME

<table>
<thead>
<tr>
<th>Age/Income</th>
<th>Arlington Heights</th>
<th>Buffalo Grove</th>
<th>Mount Prospect</th>
<th>Palatine</th>
<th>Rolling Meadows</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Households 65-74</td>
<td>4,511</td>
<td>2.7%</td>
<td>2,299</td>
<td>3.8%</td>
<td>2,979</td>
<td>4.3%</td>
</tr>
<tr>
<td>Under $10,000</td>
<td>120</td>
<td>2.7%</td>
<td>44</td>
<td>1.9%</td>
<td>113</td>
<td>3.8%</td>
</tr>
<tr>
<td>$10,000-$19,999</td>
<td>289</td>
<td>6.4%</td>
<td>147</td>
<td>6.4%</td>
<td>199</td>
<td>6.7%</td>
</tr>
<tr>
<td>$20,000-$29,999</td>
<td>446</td>
<td>9.9%</td>
<td>299</td>
<td>13.0%</td>
<td>307</td>
<td>10.3%</td>
</tr>
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<td>187</td>
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<td>88</td>
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<td>129</td>
<td>4.3%</td>
</tr>
<tr>
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<td>13.7%</td>
<td>193</td>
<td>8.4%</td>
<td>377</td>
<td>12.7%</td>
</tr>
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<td>1,077</td>
<td>23.9%</td>
<td>441</td>
<td>19.2%</td>
<td>641</td>
<td>21.5%</td>
</tr>
<tr>
<td>$75,000+</td>
<td>1,777</td>
<td>39.4%</td>
<td>1,088</td>
<td>47.3%</td>
<td>1,216</td>
<td>40.8%</td>
</tr>
<tr>
<td>Households 75+</td>
<td>4,964</td>
<td>15.8%</td>
<td>1,863</td>
<td>12.6%</td>
<td>3,240</td>
<td>15.9%</td>
</tr>
<tr>
<td>Under $10,000</td>
<td>343</td>
<td>3.6%</td>
<td>149</td>
<td>3.6%</td>
<td>275</td>
<td>4.4%</td>
</tr>
<tr>
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<td>1,072</td>
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<td>420</td>
<td>10.1%</td>
<td>785</td>
<td>12.6%</td>
</tr>
<tr>
<td>$20,000-$29,999</td>
<td>1,158</td>
<td>12.2%</td>
<td>600</td>
<td>14.4%</td>
<td>759</td>
<td>12.2%</td>
</tr>
<tr>
<td>$30,000-$34,999</td>
<td>557</td>
<td>5.9%</td>
<td>194</td>
<td>4.7%</td>
<td>445</td>
<td>7.2%</td>
</tr>
<tr>
<td>$35,000-$49,999</td>
<td>1,380</td>
<td>14.6%</td>
<td>451</td>
<td>10.8%</td>
<td>863</td>
<td>13.9%</td>
</tr>
<tr>
<td>$50,000-$74,999</td>
<td>1,869</td>
<td>19.7%</td>
<td>727</td>
<td>17.5%</td>
<td>1,155</td>
<td>18.6%</td>
</tr>
<tr>
<td>$75,000+</td>
<td>3,098</td>
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<td>1,621</td>
<td>38.9%</td>
<td>1,940</td>
<td>31.2%</td>
</tr>
</tbody>
</table>

Note: Numbers may not sum to stated totals due to rounding.

Source: Experian
Table 20
NORTHWEST SUBURBAN HOUSING COLLABORATIVE COMMUNITIES
SENIOR POPULATION BY AGE AND DISABILITY *

<table>
<thead>
<tr>
<th></th>
<th>Arlington Heights</th>
<th>Buffalo Grove</th>
<th>Mount Prospect</th>
<th>Palatine</th>
<th>Rolling Meadows</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td><strong>2013 Estimated Population</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>65-74 Years</td>
<td>6,207</td>
<td>26.0%</td>
<td>2,975</td>
<td>26.0%</td>
<td>4,232</td>
<td>26.0%</td>
</tr>
<tr>
<td>% of Population 65-74 with disability</td>
<td>1,616</td>
<td>26.0%</td>
<td>775</td>
<td>26.0%</td>
<td>1,102</td>
<td>26.0%</td>
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<tr>
<td>Total 75+</td>
<td>6,795</td>
<td>26.0%</td>
<td>2,827</td>
<td>51.8%</td>
<td>4,522</td>
<td>51.8%</td>
</tr>
<tr>
<td>% of Population 75+ with disability</td>
<td>3,521</td>
<td>51.8%</td>
<td>1,465</td>
<td>51.8%</td>
<td>2,343</td>
<td>51.8%</td>
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<tr>
<td><strong>2018 Projected Population</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>65-74 Years</td>
<td>7,296</td>
<td>26.0%</td>
<td>3,797</td>
<td>26.0%</td>
<td>5,039</td>
<td>26.0%</td>
</tr>
<tr>
<td>% of Population 65-74 with disability</td>
<td>1,900</td>
<td>26.0%</td>
<td>989</td>
<td>26.0%</td>
<td>1,312</td>
<td>26.0%</td>
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<tr>
<td>Total 75+</td>
<td>7,096</td>
<td>51.8%</td>
<td>3,044</td>
<td>51.8%</td>
<td>4,666</td>
<td>51.8%</td>
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<tr>
<td>% of Population 75+ with disability</td>
<td>3,677</td>
<td>51.8%</td>
<td>1,577</td>
<td>51.8%</td>
<td>2,418</td>
<td>51.8%</td>
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<tr>
<td><strong>Change 2013-2018</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>65-74 Years</td>
<td>1,089</td>
<td>27.6%</td>
<td>822</td>
<td>27.6%</td>
<td>807</td>
<td>19.1%</td>
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<tr>
<td>Population 65-74 with disability</td>
<td>284</td>
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<td>214</td>
<td>27.6%</td>
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<td>19.1%</td>
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<tr>
<td>Total 75+</td>
<td>301</td>
<td>4.4%</td>
<td>217</td>
<td>7.7%</td>
<td>144</td>
<td>3.2%</td>
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<tr>
<td>Population 75+ with disability</td>
<td>156</td>
<td>4.4%</td>
<td>113</td>
<td>7.7%</td>
<td>75</td>
<td>3.2%</td>
</tr>
</tbody>
</table>

* Disability calculations based on 2011 American Community Survey data for Cook County

Source: U.S. Census and Experian
### Table 21

**ESTIMATED POPULATION BY AGE AND SEVERITY OF ALZHEIMER’S DISEASE IN NORTHWEST SUBURBAN HOUSING COLLABORATIVE COMMUNITIES**

<table>
<thead>
<tr>
<th></th>
<th>Arlington Heights</th>
<th>Buffalo Grove</th>
<th>Mount Prospect</th>
<th>Palatine</th>
<th>Rolling Meadows</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td><strong>2013 Estimated Population</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Population 65 and older</td>
<td>13,002</td>
<td>13.0%</td>
<td>8,753</td>
<td>13.0%</td>
<td>7,600</td>
<td>13.0%</td>
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<tr>
<td>Number/Percent with Alzheimer’s Disease or Other Dementia</td>
<td>1,690</td>
<td>13.0%</td>
<td>1,138</td>
<td>13.0%</td>
<td>988</td>
<td>13.0%</td>
</tr>
<tr>
<td>Dementia Level</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mild</td>
<td>811</td>
<td>48.0%</td>
<td>546</td>
<td>48.0%</td>
<td>474</td>
<td>48.0%</td>
</tr>
<tr>
<td>Moderate</td>
<td>524</td>
<td>31.0%</td>
<td>353</td>
<td>31.0%</td>
<td>306</td>
<td>31.0%</td>
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<tr>
<td>Severe</td>
<td>355</td>
<td>21.0%</td>
<td>239</td>
<td>21.0%</td>
<td>207</td>
<td>21.0%</td>
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<tr>
<td><strong>2018 Projected Population</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Population 65 and older</td>
<td>14,392</td>
<td>13.0%</td>
<td>9,704</td>
<td>13.0%</td>
<td>8,916</td>
<td>13.0%</td>
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<tr>
<td>Number/Percent with Alzheimer’s Disease or Other Dementia</td>
<td>1,871</td>
<td>13.0%</td>
<td>1,262</td>
<td>13.0%</td>
<td>1,159</td>
<td>13.0%</td>
</tr>
<tr>
<td>Dementia Level</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mild</td>
<td>898</td>
<td>48.0%</td>
<td>606</td>
<td>48.0%</td>
<td>556</td>
<td>48.0%</td>
</tr>
<tr>
<td>Moderate</td>
<td>580</td>
<td>31.0%</td>
<td>391</td>
<td>31.0%</td>
<td>359</td>
<td>31.0%</td>
</tr>
<tr>
<td>Severe</td>
<td>393</td>
<td>21.0%</td>
<td>265</td>
<td>21.0%</td>
<td>243</td>
<td>21.0%</td>
</tr>
<tr>
<td><strong>Change 2013-2018</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Population 65 and older</td>
<td>1,390</td>
<td>10.7%</td>
<td>1,039</td>
<td>17.9%</td>
<td>951</td>
<td>10.9%</td>
</tr>
<tr>
<td>Number with Alzheimer’s Disease or Other Dementia</td>
<td>181</td>
<td>10.7%</td>
<td>135</td>
<td>17.9%</td>
<td>124</td>
<td>10.9%</td>
</tr>
<tr>
<td>Dementia Level</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mild</td>
<td>87</td>
<td>10.7%</td>
<td>59</td>
<td>10.9%</td>
<td>82</td>
<td>17.3%</td>
</tr>
<tr>
<td>Moderate</td>
<td>56</td>
<td>10.7%</td>
<td>38</td>
<td>10.9%</td>
<td>53</td>
<td>17.3%</td>
</tr>
<tr>
<td>Severe</td>
<td>38</td>
<td>10.7%</td>
<td>26</td>
<td>10.9%</td>
<td>36</td>
<td>17.3%</td>
</tr>
</tbody>
</table>

Sources: U.S. Census Bureau; Experian (via Demographics Now); Alzheimer’s Association, 2010 Facts and Figures; Hebert, et. al. “Alzheimer’s Disease in the US Population,” Archives of Neurology, American Medical Association, Vol 60, August 2003
Aging-In-Place Remodeling Checklist

Have you ever wanted a quick reference for aging-in-place issues? Are you wondering how to incorporate some aesthetically pleasing designs into your projects? If so, the Aging-In-Place Design Checklists might be suited to your needs.

The checklists below contain features you may want to consider for your next new construction or renovation project. They also give you a quick reference for various aging-in-place issues. While these lists are not all-inclusive, they will get you thinking on the right track.

**Exterior**
- Low-maintenance exterior (vinyl, brick)
- Low-maintenance shrubs and plants
- Deck, patio, or balcony surfaces are no more than ½ inch below interior floor level if made of wood

**Overall Floor Plan**
- Main living on a single story, including full bath
- No steps between rooms/areas on the same level
- 5-foot by 5-foot clear/turn space in living area, kitchen, a bedroom, and a bathroom

**Hallways**
- Minimum of 36 inches wide, wider preferred
- Well lit

**Entry**
- Accessible path of travel to the home
- At least one no-step entry with a cover
- Sensor light at exterior no-step entry focusing on the front-door lock
- There needs to be 32 inches of clear width, which requires a 36-inch door
- Non-slip flooring in foyer
- Entry door sidelight or high/low peep hole viewer; sidelight should provide both privacy and safety
- Doorbell in accessible location
- Surface to place packages on when opening door

**Thresholds**
- Flush preferable
- Exterior maximum of ½ inch beveled
- Interior maximum of ¼ inch

**Interior Doors**
There needs to be 32 inches of clear width, which requires a 36-inch door
Levered door hardware

Windows

- Plenty of windows for natural light
- Lowered windows or taller windows with lower sill height
- Low maintenance exterior and interior finishes
- Easy to operate hardware

Garage or Carport

- Covered carports and boarding spaces
- Wider than average carports to accommodate lifts on vans
- Door heights may need to be nine feet to accommodate some raised roof vans
- Five-foot minimum access aisle between accessible van and car in garage
- If code requires floor to be several inches below entrance to house for fume protection, can slope entire floor from front to back to eliminate need for ramp or step
- Ramp to doorway if needed
- Handrail if steps

Faucets

- Lever handles or pedal-controlled
- Thermostatic or anti-scald controls
- Pressure balanced faucets

Kitchen and Laundry

Counters

- Wall support and provision for adjustable and/or varied height counters and removable base cabinets
- Upper wall cabinetry three inches lower than conventional height
- Accented stripes on edge of countertops to provide visual orientation to the workspace
- Counter space for dish landing adjacent to or opposite all appliances
- Base cabinet with roll out trays and lazy susans
- Pull-down shelving
- Glass-front cabinet doors
- Open shelving for easy access to frequently used items

Appliances

- Easy to read controls
- Washing machine and dryer raised 12 to 15 inches above floor
- Front loading laundry machines
- Microwave oven at counter height or in wall
- Side-by-side refrigerator/freezer
- Side-swing or wall oven
- Raised dishwasher with pushbutton controls
- Electric cook top with level burners for safety in transferring between the burners, front controls and downdraft feature to pull heat away from user; light to indicate when surface is hot

Miscellaneous
• 30-inch by 48-inch clear space at appliances or 60-inch diameter clear space for turns
• Multi-level work areas to accommodate cooks of different heights
• Open under-counter seated work areas
• Placement of task lighting in appropriate work areas
• Loop handles for easy grip and pull
• Pull-out spray faucet; levered handles
• In multi-story homes, laundry chute or laundry facilities in master bedroom

Bathroom

• Wall support and provision for adjustable and/or varied height counters and removable base cabinets
• Contrasting color edge border at countertops
• At least one wheelchair maneuverable bath on main level with 60-inch turning radius or acceptable T-turn space and 36-inch by 36-inch or 30-inch by 48-inch clear space
• Bracing in walls around tub, shower, shower seat, and toilet for installation of grab bars to support 250 - 300 pounds
• If stand-up shower is used in main bath, it is curbless and minimum of 36 inches wide
• Bathtub - lower for easier access
• Fold down seat in the shower
• Adjustable/ handheld showerheads, 6-foot hose
• Tub/Shower controls offset from center
• Shower stall with built-in antibacterial protection
• Light in shower stall
• Toilet 2 ½ inches higher than standard toilet (17 to 19 inches) or height-adjustable
• Design of the toilet paper holder allows rolls to be changed with one hand
• Wall-hung sink with knee space and panel to protect user from pipes
• Slip-resistant flooring in bathroom and shower

Stairways, Lifts, and Elevators

• Adequate hand rails on both sides of stairway, 1 ¼-inch diameter
• Increased visibility of stairs through contrast strip on top and bottom stairs, color contrast between treads and risers on stairs and use of lighting
• Multi-story homes may provide either pre-framed shaft (ie. stacked closets) for future elevator, or stairway width must be minimum of 4 feet to allow space for lift
• Residential elevator or lift

Ramps

• Slope no greater than one inch rise for each 12 inches in length, adequate handrails
• Five-foot landing provided at entrance
• Two-inch curbs for safety

Storage

• Adjustable closet rods and shelves
• Lighting in closets
• Easy open doors that do not obstruct access

Electrical, Lighting, Safety, and Security

• Light switches by each entrance to halls and rooms
• Light receptacles with at least two bulbs in vital places (exits, bathroom)
Light switches, thermostats, and other environmental controls placed in accessible locations no higher than 48 inches from floor
- Electrical outlets 15 inches on center from floor; may need to be closer than 12 feet apart
- Clear access space of 30 inches by 48 inches in front of switches and controls
- Rocker or touch light switches
- Audible and visual strobe light system to indicate when the doorbell, telephone or smoke or CO₂ detectors have been activated
- High-tech security/intercom system that can be monitored, with the heating, air conditioning, and lighting, from any TV in the house
- Easy-to-see and read thermostats
- Pre-programmed thermostats
- Flashing porch light or 911 switch
- Direct wired to police, fire, and EMS (as option)
- Home wired for security
- Home wired for computers

Flooring
- Smooth, non-glare, slip-resistant surfaces, interior and exterior
- If carpeted, use low (less than ½ inch high pile) density, with firm pad
- Color/texture contrast to indicate change in surface levels

Heating, Ventilation, and Air Conditioning
- HVAC should be designed so filters are easily accessible
- Energy-efficient units
- Windows that can be opened for cross ventilation, fresh air

Energy-Efficient Features
- In-line framing with two by six studs spaced 24-inch on center
- Air-barrier installation and sealing of duct work with mastic
- Reduced-size air conditioning units with gas furnaces
- Mechanical fresh air ventilation, installation of air returns in all bedrooms and use of carbon monoxide detectors
- Installation of energy efficient windows with Low-E glass

Reduced Maintenance/Convenience Features
- Easy to clean surfaces
- Central vacuum
- Built-in pet feeding system
- Built-in recycling system
- Video phones
- Intercom system

Other Ideas
- Separate apartment for rental income or future caregiver
- Flex room that can used as a nursery or playroom when the children are young and as a home office later; if combined with a full bath, room could also be used for an aging parent/aging in place

Source: Home Innovation Research Labs ToolBase online resources
Since the early 2000s, Villages have emerged as an innovative model to help people remain in their homes and to connect with their communities throughout later life. Villages have been defined as self-governing, grassroots, community-based organizations that coordinate access to a variety of supportive services to promote aging in place, social integration, health, and well-being. This report provides a national “snapshot” of the implementation of Villages by presenting data from a survey of Villages in the United States (U.S.) conducted from January through June of 2012. The report describes Villages at the national level in terms of their organizational characteristics; finances; community setting and membership characteristics; services; and organizational governance and collaborations.
BACKGROUND

Since the early 2000s, there has been a growing body of research, policy, and practice focused on transforming social and physical environments to improve older adults’ quality of life and ability to age in place in the context of their broader communities. During this time, Villages have emerged as among the most nationally prominent models of community aging initiatives. Villages are “self-governing, grassroots, community-based organizations developed with the sole purpose of enabling people to remain in their homes and communities as they age.”

The Village concept emerged in 2001 with the founding of Beacon Hill Village (BHV) by a group of seniors living in the Beacon Hill neighborhood of Boston, Massachusetts, who sought a way to help one another live as long as possible in their neighborhood. Now an independent non-profit organization that is governed by the members themselves and supported by member dues and external donations, BHV helps its members to age in place and to connect with their broader community. The neighborhood residents who founded BHV hired an executive director to respond to members’ individual requests for services, develop agreements with external service providers willing to serve BHV members at a discount, coordinate a pool of volunteers to help BHV members with basic shopping and transportation needs, and work with members to organize social and educational events. Since BHV’s development, more than 85 similar initiatives known as “Villages” have opened in the U.S., with at least 120 more in development.

While there is great diversity in how Villages structure their services, it is typical for Villages to use a “tiered” service delivery model to address the needs of their members, including some services provided to members directly by Village staff, some services provided through member-to-member volunteers, some provided by non-member volunteers, and some services referred to external “preferred providers” whose services are usually vetted and sometimes discounted for Village members. Through this tiered service model, many Villages claim to provide “anything and everything” to their members. Other unique characteristics of the Village model include its focus on social engagement and community-building (such as through member social events and engaging community members of all ages in Village activities), integrating formal and informal systems of support, breaking down service delivery silos, and promoting civic engagement (such as by providing volunteer opportunities for members and involving older adults on governance boards).

This report presents results from a national survey of Villages in the U.S., which was conducted from January through June of 2012 as part of a larger study of Villages and Naturally Occurring Retirement Community Supportive Service Programs (NORC programs), two different nationally prominent models of community aging initiatives. Organizations that identified as Villages on the Village-to-Village Network website were invited to participate. Only those organizations that were providing services at the time of the study and that self-identified as a Village were included in the study. Out of 80 Villages that were eligible at the time of data collection, 69 completed the survey, yielding a response rate of 86.3%. Participation in the survey involved a representative from each Village working on a questionnaire in advance of an hour-long telephone interview. In collaboration with Rutgers, the State University of New Jersey, researchers at the Center for the Advanced Study of Aging Services at the University of California, Berkeley, directed data collection for Villages.

This report presents key findings to provide a national “snapshot” of Villages throughout the U.S. The report addresses:

- Organizational Characteristics
- Finances
- Community Setting and Membership Characteristics
- Services Provided
- Organizational Governance and Collaborations

ORGANIZATIONAL CHARACTERISTICS

Organizational development. Respondents reported that their organizations first started providing services, on average, three years ago, but lon-
severity ranged from 11 years to less than a year. As Table 1 indicates, most Villages (89.7%) reported that older adults were very or extremely involved in the founding of the organization, especially in comparison to other stakeholder groups.

**Auspices.** Most Villages (76.8%) constituted freestanding organizations, with only 23.2% reported that they operated as a division or program within a parent organization. There was a great diversity of types of parent organizations hosting a Village. Of the 16 Villages that were not freestanding, six were part of a private social service agency, three were part of a continuing care retirement community or housing provider, and the other seven were part of a care consortium, public social service agency, senior center, home health agency, neighborhood association, church, or health system. Most Villages reported functioning as formal organizations: 97.1% had a written mission statement, 72.5% had a written business plan, and 66.7% had written personnel policies.

**Personnel.** Although Villages ranged in the number of personnel, 78.8% reported having at least one paid staff person. The average ratio was one paid staff person for every 78 members. When asked to list up to five staff members, the average number of paid staff was 1.73 people, and the average number of total full-time equivalencies for all paid staff was 1.15. In addition to paid staff, one-third of Villages reported having unpaid staff—people who were not paid, but who held a specific title within the organization other than general volunteer.

**Volunteers.** Approximately 95% of Villages reported having volunteers, with an average of 44.2 individuals volunteering at least once a month. This constitutes an average of about one volunteer for every 4.2 members. Villages reported approximately four member volunteers for every three non-member volunteers. Villages were asked to report what percent of their volunteers performed certain activities in a typical month. Villages reported that volunteers most frequently engaged in assisting members one-on-one or by leading group activities (25.4% of member volunteers and 31.1% of non-member volunteers). Some volunteers also reportedly assisted with administrative tasks in a typical month (16.5% of member volunteers and 10.2% of non-member volunteers). A relatively smaller percentage of volunteers reportedly advocated on behalf of the Village with external organizations in a typical month (13.0% of member volunteers and 5.7% of non-member volunteers). Furthermore, 50.7% of Villages indicated that engaging members as volunteers was extremely important for achieving the Villages’ goals, and 52.2% of Villages indicated that engaging non-members as volunteers was extremely important.

**FINANCES**

**Budget size.** Villages’ total annual budgets ranged from $1,000 to $674,000, with a median of $82,643. This represents an average annual budget of $1,036.23 per Village member. As Figure 1 demonstrates, the majority of Villages (57.6%) reported an annual budget of $100,000 or less. About a quarter (25.8%) had an annual budget between $100,001 and $200,000; 13.6% of Villages had an annual budget between $200,001 and $300,000; and two Villages (3.0%) had an annual budget over $300,000.

**Budget sources.** Villages reported receiving funds from a variety of sources (see Figure 2, next page). The largest source of funding was membership fees, with approximately 50% of Villages receiving at least 45% of their funds from membership fees. Private foundations or corporations constituted another common source of funds (11.5% of total budget, on average). Government grants and
contracts, as well as contributions from parent organizations and other nonprofit organizations, each accounted for 5% or less of most Villages’ annual budgets.

Membership fees. All but three of the 69 Villages reported charging a membership fee. As Table 2 indicates, among Villages charging a membership fee, the cost of an individual membership varied from a low of $25 to a high of $948. Approximately two-thirds of Villages charging membership fees reported offering a reduced rate (or “discounted membership”) for members in financial need. Villages reported a variety of ways of determining financial need for discounted memberships. Of the Villages that provide a discounted membership, one-third stated that they had no established criteria to determine eligibility. In these Villages, discounted memberships were often given at the discretion of the Executive Director or given in response to stated need by prospective members. A majority (65.2%) of the Villages that offered discounted memberships had some eligibility criteria, including a yearly income threshold (often between $35,000 to $50,000 a year), a figure based on the Elder Economic Security Index, a percent (150% to 300%) of the Federal Poverty Level, or other criteria set by social service agencies in their area.

### COMMUNITY SETTING AND MEMBERSHIP CHARACTERISTICS

**Service area.** Villages reported implementing their organizations in a variety of types of communities. While some of the first Villages were developed in specific neighborhoods (e.g., Beacon Hill Village in Boston; Capitol Hill Village in Washington, DC), the most common type of catchment area among all Villages was multiple towns (39.1%), followed by a neighborhood within a town (29.0%), a single town (18.8%), or a county or larger (13.0%). Most Villages have developed within predominantly urban (31.9%) or suburban settings (31.9%), with only 15.9% reporting that they served a predominantly rural area. When asked to report the predominant socioeconomic status of their catchment area, 48.5% reported that they were located in predominantly high or middle-to-high income areas. Another 20.3% reported that they were located in predominantly middle income areas, and 16.2% reported that they were in predominantly low to middle income areas.

**Number and characteristics of members.** Village membership size varied substantially, from 13 to 550 members, with a median of 96 members. Table 3 indicates the typical sociodemographic characteristics of members. Members were predominantly ages 65 and older, White, and female. On average, Villages reported that approximately half of their members lived alone, and one quarter needed help with household chores. Approximately 40% of respondents indicated that their organization had adopted deliberate practices to recruit older adults from under-represented groups, such as marketing the Village in lower-income neighborhoods or partnering with organizations that are connected to such groups (e.g.,

### Table 2. Costs of Village Membership

<table>
<thead>
<tr>
<th>Membership Type</th>
<th>Average Cost</th>
<th>Range</th>
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</thead>
<tbody>
<tr>
<td>Individual Membership</td>
<td>$430.75</td>
<td>$25 - $948</td>
</tr>
<tr>
<td>Household Membership</td>
<td>$586.91</td>
<td>$50 - $1,285</td>
</tr>
<tr>
<td>Discounted Membership for Individuals</td>
<td>$117.30</td>
<td>$25 - $375</td>
</tr>
<tr>
<td>Discounted Membership for Households</td>
<td>$157.02</td>
<td>$25 - $600</td>
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### Table 3. Sociodemographic Characteristics of Village Members

<table>
<thead>
<tr>
<th>Category</th>
<th>Average Percentage of Members</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
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<tr>
<td>Under 50</td>
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<td>50 to 64</td>
<td>9.1%</td>
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<tr>
<td>65 to 74</td>
<td>32.3%</td>
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<tr>
<td>75 to 84</td>
<td>39.6%</td>
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<tr>
<td>85 and Over</td>
<td>18.4%</td>
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<tr>
<td><strong>Race/Ethnicity</strong></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>93.6%</td>
</tr>
<tr>
<td>Black</td>
<td>2.2%</td>
</tr>
<tr>
<td>Latina/o</td>
<td>2.5%</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>1.4%</td>
</tr>
<tr>
<td>Other Race/Ethnicity</td>
<td>0.4%</td>
</tr>
<tr>
<td><strong>Functional Status</strong></td>
<td></td>
</tr>
<tr>
<td>Needs Help with Household Chores</td>
<td>23.5%</td>
</tr>
<tr>
<td>Needs Help with Personal Care</td>
<td>13.8%</td>
</tr>
<tr>
<td><strong>Economic Status</strong></td>
<td></td>
</tr>
<tr>
<td>Impoverished</td>
<td>12.4%</td>
</tr>
<tr>
<td>Economically Insecure</td>
<td>12.2%</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>68.7%</td>
</tr>
<tr>
<td>Lives Alone</td>
<td>50.2%</td>
</tr>
</tbody>
</table>
Membership growth: The median difference in total membership between January 2011 and January 2012 was an increase in 21 members. Of the 61 Villages that reported membership numbers, only seven (9.9%) saw their membership decrease (range of –40 to –1); 7.2% of Villages’ membership stayed the same; and 82.9% saw their membership increase (between 2 to 251 additional members) during that period.

**SERVICES PROVIDED**

Service goals. When asked to rank the following goals in order of importance, 71.0% of Villages reported that promoting older adults’ access to services was most important, followed by strengthening older adults’ social relationships and reducing social isolation (24.6%), promoting older adults’ contributions to their community (2.9%), and helping the general community to become more aging-friendly (1.4%).

Types of services provided and modes of service delivery. Villages indicated whether or not they provided each of 25 different types of services within the past year. Because of the multi-tiered approach to service delivery, Villages were given options to state whether a service was provided by Village staff, Village member volunteers, and/or referral to outside service providers. Table 4 summarizes the services that were most likely to be provided by Village staff, Village member volunteers, and/or referral to outside service providers. Table 5 summaries services that were most likely to be referred to outside service providers.

Service utilization. Villages reported that, on average, 29.0% of members requested services in a typical month and that 33.8% of members attended group events in a typical month. Transportation was by far the most utilized type of service provided directly by staff or volunteers, with nearly 63.8% of Villages reporting that this type of service was the one that members used the most within the past year. Other frequently utilized services were home maintenance or repair and preventive health screenings.

Preferred provider referrals. A defining feature of Villages is their practice of referring members to outside service providers whose work has been “vetted” by the Village. Approximately 91.3% of Villages reported having a list of preferred providers, with an average of 72 providers on that list. When asked which services provided by referrals had been requested most frequently within the past year, Villages commonly reported home maintenance or repair; home health care, personal care, or nursing aides; housekeeping; technology assistance; and transportation. Furthermore, Villages reported commonly referring members to providers who offered discounts, with an average of 27.8% of all types of services provided through referral to a discounted provider. The services most

<table>
<thead>
<tr>
<th>Table 4. Percentage of Villages Indicating Types of Services Most Likely to Be Offered by Staff or Member Volunteers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provided by Village Staff</td>
</tr>
<tr>
<td>---------------------------</td>
</tr>
<tr>
<td>Central Phone Number to Request Services</td>
</tr>
<tr>
<td>Professional Coordination of Services</td>
</tr>
<tr>
<td>Recreation and Social Events</td>
</tr>
<tr>
<td>Transportation</td>
</tr>
<tr>
<td>Reassurance Calls</td>
</tr>
<tr>
<td>Friendly Visitors</td>
</tr>
<tr>
<td>Healthcare Advocacy</td>
</tr>
<tr>
<td>Grocery Shopping</td>
</tr>
<tr>
<td>Technology Assistance</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Table 5. Percentage of Villages Indicating Types of Services Most Likely to Be Offered through Referrals to Outside Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provided by Village Staff</td>
</tr>
<tr>
<td>---------------------------</td>
</tr>
<tr>
<td>Home Maintenance/Repair</td>
</tr>
<tr>
<td>Home Health/ Personal Care</td>
</tr>
<tr>
<td>Housekeeping</td>
</tr>
<tr>
<td>Exercise Groups</td>
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<tr>
<td>Legal Assistance</td>
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<tr>
<td>Financial Services</td>
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<tr>
<td>Home-Delivered Meals</td>
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<tr>
<td>Health Education</td>
</tr>
<tr>
<td>Mental Health Counseling</td>
</tr>
<tr>
<td>Preventive Health Screening</td>
</tr>
</tbody>
</table>
typically referred to vendors that offered discounts were home maintenance or repair, with 66.7% of Villages reporting that they referred members to providers of this type of service offering a discount). Another service typically referred to discounted vendors was home health/personal care, with 59.4% of Villages reporting that they referred members to providers of this type of service offering a discount. A majority of Villages (71%) reported that they monitor the quality of services and supports received.

**Organizational Governance and Collaborations**

_Governance structures._ All but five of the 69 Villages reported having at least one governance or advisory group. Most typically, these groups were identified as an Advisory Council or Board. On average, each group had approximately 11.5 members. Approximately 53% of total governance members were Village members, 25% were service providers, and 16% were other community members.

_Collaborations._ Findings indicated a variety of ways in which Villages were connected to the broader community. The survey asked Villages to list the top three most important organizations with whom they collaborated or partnered in the past year, and 92.8% of the Villages listed at least one organization. Of these Villages, 39.6% mentioned a healthcare organization as a collaborator (e.g., a home health agency or a hospital), 26.6% mentioned a private community social service agency (e.g., Catholic Charities), and 12.5% mentioned a housing provider (e.g., a property management group). Villages described the various benefits that collaborations yielded, such as the provision of office space, co-sponsoring events, making financial contributions, and receiving referrals. Also, over 85% of Villages that participated in the survey were members of the Village to Village Network, a national peer to peer organization that provides tools and resources, peer-assisted technical assistance, support and training to Villages through webinars, document library and an annual conference.

**Summary of Key Findings**

This study indicates that implementation of the Village model generally corresponds to its definition as “self-governing, grassroots, community-based organizations developed with the sole purpose of enabling people to remain in their homes and communities as they age.”

| Percentage as Freestanding Organizations | 76.8% |
| Average Number of Years in Operation | Three years |
| Percentage with At Least One Paid Staff Member | 78.8% |
| Average Number of Monthly Volunteers | 42 volunteers |
| Median Size of Budget | $82,643 |
| Median Percent of Total Budget from Membership Dues and Other Member Fees | 49.9% |
| Average Cost of Individual Membership | $430.75 |
| Percentage Offering Discounted Membership | 65.2% |
| Median Number of Village Members at the Beginning of 2011 | 72 |
| Median Number of Village Members at the Beginning of 2012 | 96 |
| Median Membership Change between 2011 and 2012 | 21 member increase |
| Percentage Offering a List of Preferred Providers | 91.3% |
| Percentage Reporting an Advisory Group | 92.8% |
Notes

a Villages listed on the Village to Village (VtV) website included organizations that were members of VtV, as well as organizations that identified as Villages, yet were not members of VtV.

b This figure was calculated by dividing the Villages’ total budget for the most recently completed fiscal year by the number of members reported at the beginning of 2012. The median budget was $744.50 per member.

c The Elder Economic Security Index is a national initiative to create indicators of how much money different subgroups of older adults need to meet their basic needs. For more information, see http://www.wowonline.org/ourprograms/eesi.

d The estimate of the average standard membership fees excluded several Villages that reported not charging a membership fee at all. The estimate of the average discounted membership fees excluded organizations that reported discounting the fees to zero.

e Respondents interpreted the meaning of “low,” “middle,” and “high” income without any formal definitions provided by the survey instrument.

f Percentages did not sum to 100 due to rounding error.

g Impoverished was defined as likely eligible for Medicaid or food stamps; economically insecure was defined as likely not eligible for Medicaid or food stamps, but do not have enough resources to manage in an emergency, such as a major home repair.

h This figure was based on administrative data received from the Village to Village Network.

References


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