PART I – GENERAL INFORMATION

Local and state governments receiving direct assistance under any of four major HUD programs—CDBG, HOME, Emergency Shelter Grant (ESG), or Housing Opportunities for Persons with Aids (HOPWA)—are required to develop and implement a Consolidated Plan (hereinafter referred to as the Plan). The Plan merges the planning and application aspects for all these programs. The primary intent of the Plan is to provide an opportunity for strategic planning and citizen involvement in order to develop a more effective community development program. The City of Bismarck receives only Community Development Block Grant (CDBG) funding from the US Department of Housing and Urban Development (HUD). CDBG funds must be used for activities that benefit low and moderate-income families, eliminate conditions of slum and blight, or address an urgent community need that is a threat to health or safety. The Bismarck Consolidated Plan includes a housing and community development strategy and sets funding priorities for the City's CDBG program for a five year period beginning in 2010. It also sets priorities for other HUD funded activities that may occur within the City. The Plan must be submitted to HUD, the federal granting agency, for final review. More information about the Plan may be obtained from the following City department responsible for its development and which will serve as the lead agency in its implementation:

City of Bismarck
Community Development Department
2nd Floor, City-County Building
221 N. 5th Street
PO Box 5503
Bismarck, ND 58506
Phone: (701) 355-1840; TDD: 711

The City endeavored to initiate the Consolidated Plan process as a collaborative effort that emphasized the involvement of citizens, local agencies, nonprofits, and government offices. Since Bismarck receives direct assistance only under CDBG, its five year Consolidated Plan focuses largely on that program and will begin with fiscal year 2010. The Plan also serves as a planning document for the City, a strategy for carrying out HUD programs, and the basis for measuring future performance.

The City is required to include the following components in its Plan:

1. An assessment of housing and homeless needs for the five year period, including a description of the local housing market;
2. An assessment of community and economic development needs;

3. A strategy to meet identified needs, including priorities and objectives for housing and community development activities; and
4. An Action Plan that must be developed each year and which includes the annual CDBG grant application.

Once HUD approves the plan, it will enable the City and local non-profit groups to access CDBG and the following HUD programs (and the above listed ones) if their funding request is consistent with the Plan:

Formula grant programs as applicable:

(1) The Community Development Block Grant (CDBG) program;
(2) The Emergency Shelter Grants (ESG) program;
(3) The HOME Investment Partnerships (HOME) program; and
(4) The Housing Opportunities for Persons with AIDS (HOPWA) program.

Competitive grant programs: The following programs require either that the jurisdiction receiving funds directly from HUD have a Consolidated Plan or that other applicants have a certification that the application is consistent with a HUD-approved Consolidated Plan:

(1) The HOPE I Public Housing Homeownership (HOPE I) program;
(2) The HOPE II Homeownership of Multifamily Units (HOPE II) program;
(3) The HOPE III Homeownership of Single Family Homes (HOPE III) program;
(4) The Low-Income Housing Preservation program, when administered by a State agency;
(5) The Supportive Housing for the Elderly (Section 202) program;
(6) The Supportive Housing for Persons with Disabilities program;
(7) The Supportive Housing program;
(8) The Single Room Occupancy Housing (SRO) program;
(9) The Shelter Plus Care program;
(10) The Community Development Block Grant program--Small Cities;
(11) HOME program reallocations;
(12) Revitalization of Severely Distressed Public Housing;
(13) Hope for Youth: Youthbuild;
(14) The John Heinz Neighborhood Development program;
(15) The Lead-Based Paint Hazard Reduction Program;
(16) Grants for Regulatory Barrier Removal Strategies and Implementation; and
(17) Housing Opportunities for Persons With AIDS (HOPWA) program.

Entities applying directly to HUD for the above programs must obtain a Certification of Consistency with the Plan from the City. An application will be considered consistent if the activities proposed are identified in the Plan as a high or medium priority. Consideration will also be given to an activity rated as a low priority if the request is not for CDBG funds.

The Consolidated Plan will be organized as follows:

Part 1 – General Information

Part 2 - Plan Development & Citizen Participation

Part 3 – Assessment of Housing & Homeless Needs

Part 4 – Housing Market Analysis

Part 5 – Strategic Plan

Part 6 - Annual Action Plan/CDBG application

Lead Agency: In the past the City of Bismarck has led planning efforts for the distribution of HUD assistance within the City. It will continue this endeavor in cooperation with its subrecipient partners, interested nonprofits, and other government agencies. The City's efforts will be carried out primarily through its Community Development Department, but other City departments will also be involved as needed in order to develop a more effective Consolidated Plan.

Coordination: The City will initiate the Consolidated Plan through a process of consultation and collaboration with other interested agencies and the public. The City through its Community Development will work towards the full participation of housing providers, nonprofits, and governmental entities and will encourage continued cooperation. It will achieve the Plan's objectives by enabling its partners to carry out the goals. The City will begin by making certain that the involved entities have the necessary information about the Plan, its requirements, and their role in its implementation throughout the program year. Continued communication will be essential and may be conducted on both a formal or informal level. Staff will attempt to periodically check on progress and participate in meetings related to local or state housing and community development concerns. Ongoing communication will promote cooperation, the sharing of information, and will help maximize limited local resources for housing and community development. In addition, the City will provide technical assistance when needed, and it will make referrals or encourage linkages among its partners. Since Bismarck is a smaller community, close working relationships have developed among public agencies and nonprofits. The City will use this informal structure to help implement the plan. For instance, it will work with the Missouri Valley Coalition for Homeless Persons on the annual Continuum of Care Plan and the implementation of the 10 Year Plan to End Homelessness. The Coalition is comprised of the many agencies and shelters that work with homeless persons and oversees the COC plan process and local outreach and education efforts. The City will also continue to foster its working partnerships with the Burleigh County Housing Authority and nonprofit housing groups in order to implement affordable housing activities. The survey and consultation process used to develop the Plan also identified new agencies and nonprofits that will now be included in future activities. Continued consultation and collaboration throughout the entire five years of the Plan will ensure local commitment. Finally, it will be important to initiate an evaluation process to assess efforts and to plan for future endeavors.

PART 2 - DEVELOPMENT OF THE CONSOLIDATED PLAN

A. CITIZEN PARTICIPATION PLAN:

Because citizen input is a necessary and desired part of any local planning effort, the following Citizen Participation Plan is in effect for the Consolidated Plan process, including subsequent Annual Action Plans, grant applications, performance evaluations, and amendments. The City will continue to encourage citizen participation through ongoing outreach and by providing ample notification and access to meetings, information, and technical assistance.

The City developed and followed a Citizen Participation Plan which addresses the following:

a. How citizens will be encouraged to participate
b. Access to Information
c. Technical Assistance
d. Purpose of public hearings

The City of Bismarck shall make all reasonable attempts to include low income residents and citizens with special needs in the development of the Consolidated Plan, the Annual Action Plan, and any subsequent amendment to the Plan. Citizens shall be afforded the opportunity to receive and review information and comment on the development of the Plan. All community development records are open records available to the public during regular office hours. Local staff members will make every attempt to meet with any citizen who requests time to discuss a program or project idea. In addition, the City shall provide technical assistance to low income residents, citizens with special needs, or local organizations serving low income persons when they request help in developing proposals.

All public hearings will be adequately publicized, held at convenient times and locations, and will be accessible to all members of the public. The purpose of public hearings will be to:

- Obtain views of citizens
- Identify local needs
- Review proposed priorities and uses of funds
- Evaluate program performance
- Review proposed program changes and amendments

Public notices will be used to announce hearings and to invite comments. Notices will include both display ads and legal notices and will be of noticeable size and placement. Public notices will be published in the official city newspaper, the Bismarck Tribune. Each notice will inform the public about its purpose, location and time of any meeting, deadlines, and how to respond or request assistance. Hearings will have a 14-day notice. Public comment periods on proposed actions be for at least 30 days,

except that comment periods on grantee performance will be for 15 days. The City's official web site will also be used as a way to announce hearings and request public input. The City will evaluate all comments before taking action, and a summary of comments and resulting actions will be submitted to HUD with the appropriate plan, application, report, or amendment.

Meetings and hearings shall be open to the public and be held in buildings that are accessible to persons with disabilities. Meetings, when feasible, will be held at sites within low-income areas or proposed project sites. Meetings will have adequate notice and be held at convenient times (late afternoon or early evening). Special provisions will be made to accommodate persons requesting assistance due to a disability or language barrier. A minimum of two public hearings shall be held to encourage input during different phases of the program year. Public hearings will seek citizen input on local housing and community development needs, program performance, and on proposed plans, applications, or amendments. At least one hearing must be held before the Consolidated Plan is developed to receive comments on community needs and to receive suggestions for future activities. Then, a hearing will be held to obtain comments on the draft Consolidated Plan, including the proposed 2010 annual activities. Minutes will be taken at hearings, and comments will be evaluated by staff and the City Commission prior to any action.

Ads requesting public comment for the Consolidated Plan and each Annual Action Plan will be placed in the local newspaper and on the City's web site. Citizens will be advised of the amount of Community Development Block Grant (CDBG) funds available and the general activities which are eligible for grant funding. These ads will include a mail-back form on which suggestions or comments can be made. At least two weeks will be allowed for responses. The ad will also provide an office address, mailing information, phone and fax numbers, and an e-mail address as alternative ways for citizens to respond.

Staff will provide technical assistance to serving low-income persons, local citizens, or local agencies upon request. This assistance will include individual consultation, help with proposal development, and provision of needed program information (regulations, census data, eligibility concerns, etc.).

In addition, the City will make a concerted effort each year to consult with local agencies serving low income persons. This consultation will be done through meetings and informal discussions throughout the program year and by a formal request for proposals when plans for a new program year begin. City department heads will also be contacted about local needs and sent a request for proposals. An advisory committee consisting of city officials (city administrator & director of the Community Development Department) and the United Way director will make recommendations on funding to the City Commission. Recommendations for funding will be based upon the following factors: community need, Consolidated Plan priorities and goals, applicant capability, previous CDBG performance, eligibility of the proposal under CDBG regulations and city policies, and matching funds. Applicants will receive notification of the funding recommendations, a summary of all funding requests, information on the

timing and process for final approval, and way to comment on the recommendations. The City Commission will make the final decision concerning the funding of CDBG activities after a 30 day comment period.

Substantial changes to the Consolidated Plan, Citizen Participation Plan, or CDBG Program will all trigger an amendment process that invites public input for a minimum of 30 days before the change is approved by the City. A substantial change to the CDBG Program is defined as a proposal for a new activity or a change in target area, location, purpose, beneficiaries, national objective compliance, or a budget modification greater than 10%.

Written responses to written concerns or complaints will be made within 15 working days when feasible. Often, the issue involves federal regulations and may be resolved through an informal discussion followed by a letter. Oral complaints will be handled on a case by case basis. Every effort will be made to resolve the concerns. If the issue involves City policy or changes to the Consolidated Plan, the concern will be forwarded to City Commission for consideration. A summary of citizen concerns and the City's response will be included with the Consolidated Plan, amendment request, or Performance Report, as appropriate.

Interested persons shall have access to public records relating to the Consolidated Plan, low and moderate income benefit, CDBG application, performance report, amendments, use of HUD funds, etc. These materials will be available upon request during normal working hours at the Community Development office on the second floor of the City-County building located at 221 North 5th Street in Bismarck. Upon request, a reasonable number of free copies of materials will be provided or made available in a format that is accessible to persons with disabilities.

B. Overview

The City took a number of actions to develop the Consolidated Plan. A letter and survey were sent to over 150 entities which included government offices, social service agencies, housing providers, agencies working with the homeless persons, lenders, economic development organizations, health/medical offices, agencies serving persons with disabilities, and other interested entities. A list of participants is included in the appendix. The questionnaire asked participants to 1) assign priority ratings to a list of general community development needs; 2) assign priority ratings to activities in their particular area of expertise or interest; and 3) indicate interest in seeking HUD funding. Results from 73 returned questionnaires are included throughout the Plan. The Appendix also includes a copy of the agencies that were consulted in the survey and priority setting process. The survey information was used as a guide to develop the entire Plan, especially in the determination of priorities and goals. A number of agencies and individuals were consulted or interviewed to gain further insight in to local needs. These agencies included Community Action Program, local and State Health Departments, Dacotah Foundation,

Realtors/Realtors Association, CommunityWorks North Dakota, Burleigh County Housing Authority, Pride, Enable, Bismarck Mandan Development Association, City-County Community Development Department, Habitat for Humanity, Fair Housing of the Dakotas, local homeless shelters, Missouri Valley Coalition for Homeless Persons, and other housing and social service providers.

A public hearing was held to obtain citizen input for the development of the Consolidated Plan and CDBG application. Advertisements requesting input were placed in the local newspaper and on the City's web site. Once the draft Plan was completed, additional advertisements were placed in the local paper and on the City's web site requesting comments for a 30 day period. A notice of availability was mailed to local agencies and government offices, and copies were sent upon request. A public hearing was held to receive public input on both the proposed Consolidated Plan and Annual Action Plan/CDBG application. The appendix contains examples of the ads used, minutes from the public hearings, citizen comments received in response to ads, and comments received from agencies during the CDBG survey process.

C. Summary of Citizen Comments on the Draft Consolidated Plan

No one attended the first public hearing, but the following are suggestions received via e-mail or through the CDBG survey (results are presented throughout the Plan):

- Affordable assisted living for seniors;
- Provide operational support to local organization that provide services to help keep elderly in their homes
- Financial support for guardians for low income and disabled persons
- Chore services for older and disabled persons
- Recreational opportunities/equipment for persons with disabilities
- Code enforcement in rental housing
- Need to minimize mixing of elderly with other populations with different needs in housing
- Infrastructure improvements to offset assessments for LMI households
- Center for people with disabilities that would provide jobs, services, & socialization
- Case management for disabled that have medication issues(ages 40 to 60)
- More housing funding for persons with addiction and substance abuse
- Housing first for homeless individuals and families
- Emergency shelter for men with children and teenage boys (14-17)
- Permanent housing with supportive services for special needs population
- Transitional living for 18 to 23 year olds, especially those aging out of foster care
- Difficult parking in front of the Patterson (elderly/disabled housing)
- Access to public transportation & non-traditional hours for service
- Parent education and support for low income households
- Accessibility activities
- Accessible rental units
- Housing needs: accessibility, emergency repairs, weatherization & homebuyer assistance
- Businesses: automatic door openers & elevators to all floors
- More vocational rehab services for young people
- Improve accessibility in public facilities
- Emergency family housing
- Housing & services for individuals with mental health issues
- Operational support for all nonprofits

- Housing & recreation for persons with mobility issues
- Day programs focused on LMI households including age appropriate, integrated & innovative youth programs (after school & weekend)
- Health care & economic needs for homeless persons
- Operational support for public services
- Special needs housing: both new and rehab
- Supportive housing for woman & children & individuals
- Services for mentally ill who fall outside SMI diagnosis
- Homeless shelters that serve entire families
- Outdoor play spaces for all kids within walking distance of family homes
- Affordable housing for low income households
- Family shelter
- Services for single fathers
- Emergency shelter for two parent families, single father families, & households with a male who is 14 years or older
- Transportation for homeless people
- Housing for sex offenders
- Planning for future needs
- Property maintenance code and enforcement
- More vouchers for apartments
- Legal needs of low income persons
- Need to address needs of disabled and homeless individuals
- Housing for sex offenders who are leaving prison
- Affordable domestic violence counseling and services for both the offender & victim
- Street lighting

Survey participants also indicated that their agencies might apply for CDBG funding for the following type of activities:

- Neighborhood park improvements
- Facility improvements
- Assistance fund for homeless persons
- Home visit services for low income families to increase parental education/support & prevent child abuse/neglect
- Housing accessibility
- Operational support for services
- Group home repairs
- Remodeling
- Expansion of dental services for low income persons
- Modernization of affordable housing
- Historic preservation/affordable housing/infrastructure/LBP hazards/transportation
- Case management and emergency & emergency shelter for homeless families & individuals

The participants' comments were relevant and were similar to concerns expressed throughout the year in the community. The suggestions will be addressed throughout the Plan. However, cost, federal regulations, and legal issues make all or some of the suggestions impracticable.

No comments received at the public hearing regarding the draft Consolidated Plan, in response to a mailing of the executive summary to concerned agencies, or public notices in the local newspaper.

Part 3 – Assessment of Housing Needs

A. Housing Needs

1. Community Description and Population Trends

Bismarck was settled in 1873 as the western terminal of the Northern Pacific Railroad. The city served as an important transfer point between the river trade from the west and railroad access to eastern cities until the transcontinental railroad to the Pacific coast was completed in 1883. After that time, Bismarck continued to serve as a major trading center in Dakota Territory until it became the capital city of North Dakota upon statehood in 1889.

Bismarck serves as a primary trade and service center for central North Dakota. The predominant business and economic base is agriculture, but the City's economy has diversified somewhat in the past 30 years. North Dakota's energy development has indirectly affected the area, and much of the local economy is influenced by fluctuations in both the energy and agricultural sectors. Bismarck serves as the primary retail center for a trade area that extends for 100 miles. Bismarck also is a center for health care, services, secondary education, and government. In fact, services, government and retail trade provide over 70% of the jobs. Although the number of jobs has increased over the past ten years, the manufacturing sector is not a large part of the economy. Service sector employment grew by 20% since 2000. Three higher educational institutions (Bismarck State College, United Tribes Technical College, and University of Mary) and two major medical centers are major employers and economic influences within the community. Government also plays a significant role in employment since Bismarck serves as the State Capital. These employment influences can be seen in the following table which presents employment by industry from the 2000 Census and 2006-08 Census estimates. The top three employment sectors were services, government, and retail. The sectors with the largest numerical growth were: recreation/food services/accommodations; education/health care/social services; and retail trade. Wholesale trade and information were the two industries with the greatest losses. Overall the City gained 4,444 jobs or by nearly 15 percent during the time period.

Employment by Industry for the City of Bismarck

	2006-08 estimate		2000 Census		Numerical	Percentage
	Number	Percent	Number	Percent	Difference	Change
Agriculture, mining, etc.	637	1.8%	432	1.4%	205	47.5%
Construction	2,554	7.4%	1,737	5.8%	817	47.0%
Manufacturing	1,471	4.3%	1,362	4.5%	109	8.0%
Wholesale trade	656	1.9%	1,010	3.4%	(354)	-35.0%
Retail trade	4,975	14.4%	4,009	13.4%	966	24.1%
Transportation, utilities	1,773	5.1%	1,919	6.4%	(146)	-7.6%
Information	684	2.0%	1,190	4.0%	(506)	-42.5%
Finance/real estate/insurance	2,618	7.6%	2,031	6.8%	587	28.9%
Prfnl/scientific/mgt.	2,609	7.6%	2,049	6.8%	560	27.3%
Education/health care/social	7,909	23.0%	7,053	23.5%	856	12.1%
Recr/food serv/accommodations	3,952	11.5%	2,817	9.4%	1,135	40.3%
Other services	1,713	5.0%	1,517	5.1%	196	12.9%
Public administration	2,895	8.4%	2,876	9.6%	19	0.7%
TOTAL	**34,446**	**100.0%**	**30,002**	**100.0%**	**4,444**	

Source: US Census 2000 and American Fact Finder estimates 2006-08

Statistical information from Job Services ND also is useful in gaining a better and more current perspective of the employment picture in the Bismarck Metropolitan Area and includes a two county area. The table below compares employment data from 2000 to that of 2009. In addition, employment data from the most recent month (March 2010) reflects the most current employment trends. The Bismarck MSA had significant growth in education/health services, trade/transportation, and professional and business services. The only sectors to lose jobs between 2000 and 2009 were manufacturing and information. Statistical information from March 2010 showed job losses in mining/construction, manufacturing, and trade. Some of these job losses are reflective of the current recession, and a major manufacturer closed at the end of 2009. The Job Service data indicated that the Bismarck MSA experienced nearly 20% job growth since 2000, but this growth has been undercut by the recession and only education/health services showed growth in March, 2010.

.

Current employment statistics (not Seasonally Adjusted) for the Bismarck MSA

	2000	2009	Num. Change	Percent Change	March 2010	Change 2009-10
Mining, Logging & Construction	2,650	3,600	950	35.8%	3,200	(400)
Manufacturing	2,800	2,500	(300)	-10.7%	2,200	(300)
Trade, Transportation & Util.	10,950	12,500	1,550	14.2%	12,200	(300)
Wholesale Trade	2,050	2,500	450	22.0%	2,500	-
Retail Trade	6,800	7,800	1,000	14.7%	7,600	(200)
Transportation & utilities	2,100	2,100	0	0.0%	2,100	-
Information	1,350	1,000	(350)	-25.9%	1,000	-
Financial Activities	2,550	3,300	750	29.4%	3,300	-
Prfnl. & Business Services	4,900	6,400	1,500	30.6%	6,400	-
Education & Health Services	7,950	11,200	3,250	40.9%	11,500	300
Leisure & Hospitality	4,850	5,800	950	19.6%	5,800	-
Other Services	2,800	2,900	100	3.6%	2,900	-
Goods Producing	5,450	6,100	650	11.9%	5,400	(700)
Service Providing	46,150	55,600	9,450	20.5%	56,000	400
Total Private	40,800	49,300	8,500	20.8%	48,500	(800)
Total Government	10,800	12,400	1,600	14.8%	12,900	500
Total nonfarm	**51,600**	**61,700**	**10,100**	**19.6%**	**61,400**	(300)

Source: Job Service North Dakota

Expansion in trade and services will likely continue to be a major source of employment growth. Growth in the primary sector is likely to continue to be slow until the recession ends. A major trend in the past 20 years has been the influx of people from outlying rural areas because of greater job opportunities in more populated areas. However, there are some labor shortages in highly skilled medical and technical positions. The western part of the North Dakota has experienced significant job growth due to the development of the energy industry (oil, wind, and coal). Bismarck may expect to gain some jobs as this energy development expands.

It is also important to look at other employment factors in order to gain further insight. The following table presents unemployment rates since 2000 for Bismarck and the MSA. Low unemployment rates were common for the prior 10 years, but the recent unemployment increases are due to loss of manufacturing jobs and other impacts of the recession. March's unemployment rate is the highest for Bismarck and the MSA for 10 years. . Bismarck's unemployment rate was similar to that of the state as a whole, but both half that of the national rate.

Labor Force for Bismarck (unadjusted)

Year	Civilian Labor Force	Employment	Unemploy.	Unemploy. Rate	MSA Unempl.
Mar-10	36,210	34,627	1,583	4.4%	5.0%
2009	36,191	34,846	1,345	3.7%	4.0%
2008	35,804	34,815	989	2.8%	3.0%
2007	36,370	35,354	1,016	2.8%	2.8%
2006	35,279	34,290	989	2.8%	2.8%
2005	34,411	33,355	1,056	3.1%	3.1%
2004	34,738	33,767	971	2.8%	3.1%
2003	33,983	32,998	985	2.9%	3.2%
2002	33,349	32,381	968	2.9%	3.2%
2001	33,084	32,354	730	2.2%	2.5%
2000	32,662	31,928	734	2.2%	2.5%
Note: 10.8% increase in labor force					

Source: ND Job Service

Job Services ND predicts that the most job growth in the next ten years will be in professional & technical services; social assistance, and support activities for mining. The next table shows that the 1970s were the decade for the most employment growth for Bismarck and its suburbs. Growth was evident throughout the MSA during that time period. The total metropolitan labor force was 52,375 in 2000.

Labor Force

	Bismarck, ND Metropolitan Statistical Area	Principal city of: Bismarck, ND	Suburbs*
1970	23,597	14,674	8,923
1980	40,505	24,272	16,233
1990	44,457	27,007	17,450
2000	52,375	31,106	21,269
Change 1970 to 1980	71.7%	65.4%	81.9%
Change 1980 to 1990	9.8%	11.3%	7.5%
Change 1990 to 2000	17.8%	15.2%	21.9%
Change 1970 to 2000	122.0%	112.0%	138.4%

Source: US Census Bureau

The next table presents population changes for Bismarck since 1940. The largest numerical increases were experienced in the 1950s and the 1970s. The average annual growth rate ranged from 1.07% to 4.84%. The average annual numerical increase ranged from 314 to 978. The past ten years showed an annual growth of 626 persons.

Bismarck Growth Trends: 1940-2009

Time period	% Increase	# Increase	Average Annual % Increase	Average Annual # Increase
1940-1950	20.30%	3,144	2.03%	314.4
1950-1960	48.40%	9,030	4.84%	903
1960-1970	25.40%	7,033	2.54%	703.3
1970-1980	28.20%	9,782	2.82%	978.2
1980-1990	10.70%	4,771	1.07%	477.1
1990-2000	12.70%	6,260	1.27%	626
2000- 2009*	10.6%	5,871	1.18%	652

Source: US Census Bureau, 2006-08 American Community Survey

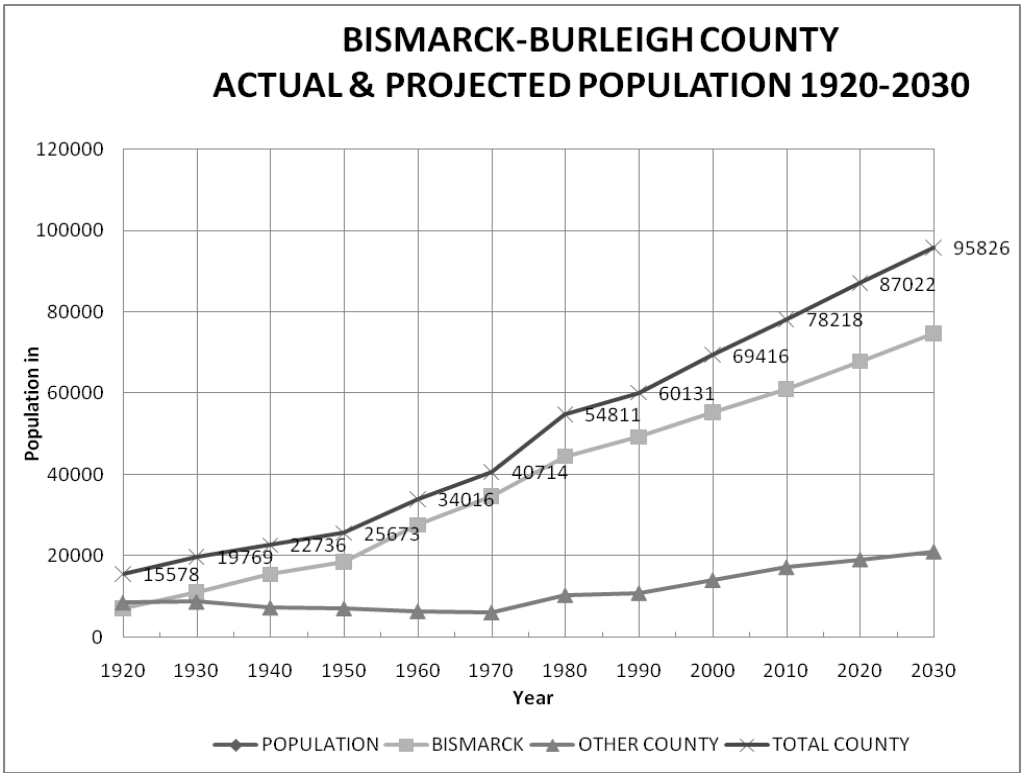
The next table illustrates actual population numbers for Bismarck, outlying areas, and Burleigh County as a whole between 1920 and 2000, but it also includes population projects from 2010 to 2030. Bismarck's growth in the 1970s and 1980s reflects a trend of immigration from surrounding rural areas that were losing population during the same period. This movement continued during the 1990s. Outlying areas also gained in population during this period because of immigration from rural areas, lower housing costs, and tax incentives.

Population trends in Bismarck and in Burleigh County

	1920	1930	1940	1950	1960	1970	1980	1990	2000	Est. 2010*	Est. 2020**	Est. 2030**
Bismarck	7122	11090	15496	18640	27670	34703	44485	49272	55392	58144	70049	78036
Other County	8456	8679	7240	7033	6376	6011	10326	10859	14024	14387	21220	23639
Total County	15578	19769	22736	25673	34016	40714	54811	60131	69416	72531	91269	101675

Sources: US Census Bureau and *American Community Survey & **Community Development Dept. estimates

The next chart presents population growth in Bismarck and Burleigh County in graphic form. It illustrates that population increases in outlying areas were relatively minor until the 1980s when it started to more closely follow Bismarck's rate of growth.



Sources: *US Census data and Community Fact Finder estimates, Bismarck Community Development Dept. estimates*

Although Bismarck is the largest community in the metropolitan area, it is also essential to look at growth in the metro area since 1990. This comparison will include a population comparison for Bismarck, Lincoln, Mandan, and Burleigh and Morton Counties. The table below indicates that moderate population growth has occurred throughout the metro area, and that this growth is expected to continue at a rate of 1.1% annually. The rural areas have comprised approximately 22% of the metro area population, and this proportion is expected to continue. However, outlying or rural areas in Burleigh County have had a greater percentage growth than the urban areas, while the opposite is true in Morton. This rural growth in Burleigh County may indicate household preferences for a rural setting or that housing is more affordable outside of Bismarck. Bismarck's share of the population in the county has decreased from 80% in 2000 to about 77% in 2008 estimates. Growth rates in both counties are expected to exceed the projected growth rate of the state as a whole (.01% annually). The projected metro area population is expected to be 119,000 by 2020. It should be noted that the ND State Data Center's population estimates are more conservative than either the Census or local estimates of population. Its estimates show that projected population for the metro area is 74,727 for Burleigh County and 29,521 for Morton County.

Metro Area Population Projections

	1990 Census	2000 Census	Census Estimate 2009	Local Estimate 2010	Local Estimate 2020
Bismarck	49,472	55,532	n/a	62,062	70,049
Lincoln*	1,132	1,730	n/a	2,830	3,194
Other County	9,727	12,154	n/a	15,971	18,026
Total Burleigh County	60,131	69,416	79,822	80,863	91,269
Mandan	15,177	16,718	n/a	18,340	19,141
Other county	8,523	8,585	n/a	8,240	8,600
Total Morton County	23,700	25,303	26.464	26,580	27,741
Total Bismarck, Lincoln, & Mandan	65,581	73,980	n/a	83,232	92,384
Total other in Counties	18,250	20,739	n/a	24,211	26,626
Total Burleigh & Morton	83,831	94,719	106,286	107,443	119,010

Sources: 2000 Census, 2006-08 American Community Survey,, or Community Devel. Dept. estimates

The ND State Data Center has indicated the following three factors will have the most impact on State population:

1. Out migration of young adults
2. Aging of population
3. Migration from rural to urban areas

All three factors will impact Bismarck and the metro area although these factors will likely result in modest population growth in the metro area. The following table provides some documentation of those trends. It shows that the number and percent of persons under the age of 20 is somewhat smaller both in terms of numbers and percentage of the total population. The number of people in age group 20 to 64 has expanded both in terms of numbers and percent of total. It is noteworthy that the number of young adults has grown, but that the 35 to 44 age group has decreased. Persons in the 65 years or older category have increased both numerically and by percentage of total; however, the median age has decreased slightly.

Population by Age Groups

Age Group	2006-08	% of total	2000	% of total
under 5	3,625		3,356	
5 to 9	3,300		3,431	
10 to 14	3,029		3,790	
15 to 19	4,294		4,308	
Total	**14,248**	**23.8%**	**14,885**	**26.8%**
20 to 24	5,865		4,380	
25 to 34	9,293		7,339	
35 to 44	7,137		8,842	
45 to 54	8,626		7,815	
55 to 59	3,657		2,545	
60 to 64	2,487		2,084	
Total	**37,065**	**61.8%**	**33,005**	**59.4%**
65-74	4,079		3,888	
75-84	3,293		2,631	
85+	1,286		1,123	
Total	**8,658**	**14.4%**	**7,642**	**13.8%**
Total all ages	59,971		55,532	
Median age	36.1		36.5	

2000 Census and 2006-08 Community Survey data

The following table shows population projections between 2000 and 2015 by age group. A decrease in households aged 18 to 34 reflect a prevailing trend in Bismarck and North Dakota for young persons to move outside the state for better employment opportunities. The number of households aged 35 to 54 will remain relatively stable with only one percent growth. Persons in the age categories age 55 or older all show significant growth. This increase mirrors the aging of the baby boom generation. It may also show a pattern of older, retired persons moving back to their home state as they age.

Household Projections by Age of Householder, 2005 to 2015

	Census 2000	Projections			Percent Change: 2000 to 2015
		2005	2010	2015	
18 to 34	5,969	5,785	5,449	5,187	-13.1
35 to 54	9,477	9,960	10,017	9,575	1.0
55 to 74	5,191	5,508	6,784	8,348	60.8
75 and older	2,506	2,659	3,039	3,308	32.0

U.S. Census Bureau/ND State Data Center

The following table presents projected population growth in Bismarck, the 10 county region, and the state as a whole. As can be seen, Bismarck and Mandan have similar population tendencies as the region and state. This includes loss of population for households under the age of 55 and significant increases in the numbers of households 55 and older. However, local growth will occur

at a higher percentage than in the region or state, while the population decreases will be somewhat lower.

Projected Population by Age Groups, 2000 and 2015

Area	Age Less Than 25 Years			Ages 25 to 54			Ages 55 to 64			65 Years and Older		
	2000	2015	Percent Change	2000	2015	Percent Change	2000	2015	Percent Change	2000	2015	Percent Change
Bismarck	19,265	17,317	-10.1	23,996	23,404	-2.5	4,629	8,475	83.1	7,642	10,184	33.3
Mandan	6,008	5,438	-9.5	7,314	7,014	-4.1	1,266	2,703	113.5	2,130	3,347	57.1
Reg. VII	45,160	38,882	-13.9	54,866	49,490	-9.8	11,480	19,935	73.6	18,912	25,896	36.9
State	233,967	203,337	-13.1	260,322	231,605	-11.0	53,433	86,767	62.4	94,478	127,263	34.7

Source: U.S. Census, ND State Data Center

School enrollment statistics may also provide insight into local population trends. The local school district experienced a decline in enrollment for the first half of decade, but its enrollment begin to increase again in 2005. The enrollment for the current school year was 0.1% more than the enrollment in 2000. Enrollment projections through 2018 indicate that the overall number of students is expected to grow by an estimated 1% annually. Most of the growth will be in the first nine grades.

The average number of persons per household decreased from 2.6 in 1990 to 2.2 in 2000. The average family size declined from 3.15 in 1990 to 2.94 in 200 and then to 2.86 in the 2006-08. The number of persons aged 65 and over grew by 36% during the past decade and is projected to increase by 33% in the next 15 years. This age group grew by an estimated 11.7% from 2000 until 2006-08 (US Census). This increase is attributable to the general aging of the population and because many seniors from rural areas move to be near services as they age. This trend is also evident at the state level. The median age may also reflect population trends. In 1990 the median age was 31.5 years, but by 2000 it had risen to 36.5. However, a slight decline in the median age (36.1 years) in the 2006-08 Census estimate and the current school enrollment numbers may indicate a slight turnaround.

Just over half of the households were the traditional nuclear family (50.1%) in 2000, but newer Census estimates (2006-08) showed that this number had dropped to 45%. Single female headed households comprised 9% of the households in 2000, but 10.1% in 2006-08. Non-family households encompassed over 40% of the households in the latest Census estimates. About 70% of the female headed households included children under the age of 18. Abut 13.8% of the population

was age 65 or over in 2000, but this percentage had increased to 14.4% by the time of the 2006-08 estimate. Elderly households comprised about over 21% of all households.

2. Low Income and Minority Population

A comparison of Census information from 1990 through 2008 provides evidence of growth in the minority population of Bismarck. The 1990 Census indicated that minorities constitute about 3.3% of the total population (one race), but by the time of the 2006-08 Census estimate minorities (one race) comprised 7.2% of the population. Another 2% of the population consisted of persons of two or more races. In addition, Hispanic or Latino persons of all races increased from less than 1% of the population to 1.2% of the population. The Census also indicated that 92.83% reported that they were White alone. Due to changes in the type of information collected in the Census, it is somewhat inconsistent to compare information from 1990 to 2000 or 2006-08.

Native Americans comprise the largest minority group (3.7% for one race). It appears that the Native American population grew by about 78% between 1990 and 2006-08. The 2006-08 Census estimate showed that that 2,972 persons were Native American (alone or in combination with one or more races), and this represented nearly 5% of the total population. Both the Asian and African American populations grew by a higher percentage, but both still comprise less than 1% of the total population. The Black population increased from 55 to 717 (alone or in combination with other races), while the Asian population grew from 219 to 603. School enrollment numbers confirm this growth. Minority students comprised 7.2% of school enrollment in 2000, but this percentage had increased to 9.1% by 2006. Native Americans students grow from 5.5% to 6.6% of the student population.

POPULATION CHANGE: RACE & ETHNICITY (1990 – 2000)

	2006-08 Estimate		2000 Census		1990 Census	
One Race	**Estimate**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
White	55,645	92.8%	52,634	94.8%	47,615	96.7%
Black/African American	326	0.5%	156	0.3%	55	0.1%
Amer. Indian/Alaska Nat	2,245	3.7%	1,884	3.4%	1,261	2.6%
Asian	488	0.8%	251	0.5%	219	0.4%
Native Hawaiian/Pac Isl	14	0.0%	16	0.0%	n/a	n/a
Some other race alone	59	0.1%	95	0.2%	106	0.2%
Two or more races	1,194	2.0%	497	0.9%		
White & African Am/Black	337					
White & Amer. Indian	673					
White & Asian	115					
Amer. Indian/African Amer.	54					
All other two races	n/a					
Three Races	n/a					
Four or more races	15					
Hispanic of any race	742	1.2%	415	0.7%	325	0.7%

Source: US Census Bureau

A review of housing problems by both income and race in the following table shows that the households with the lowest incomes experience the most housing problems regardless of race.

However, it also shows that Asian and Hispanic renters had more housing problems less attributable to income, but the small numbers of households make the data somewhat inconclusive. Native Americans had similar percentages of problems except that renters in the 51-80% income category had more problems. Native American homeowners had no housing problems, but again the numbers were too few to be significant. It also indicated a low homeownership rate for minority households that is confirmed by recent HMDA data.

HOUSEHOLDS WITH HOUSING PROBLEMS (2000 CENSUS & HUD DATA)

	INCOME OF HOUSEHOLD							
	0-30% AMA		31-50% AMI		51-80% of AMI		Over 80% AMI	
Type of household	Number	% with housing problems	Number	% with housing problems	Number	% with housing problems	Number	% with housing problems
White renter	1,774	78.4	1,380	58.3	2,001	16.4	2,755	3.7
White owner	581	87.6	987	47.0	2,320	29.4	10,544	5.8
Black renter	4	100.0	0	n/a	20	20.0	0	n/a
Black owner	0	n/a	4	71.4	0	n/a	0	n/a
Hispanic renter	34	44.1	14	71.4	14	100.0	14	71.4
Hispanic owner	0	n/a	0	n/a	0	n/a	12	0.0
Asian renter	0	n/a	4	100.0	25	60.0	14	28.6
Asian owner	10	0.0	0	n/a	19	0.0	34	0.0
Native Am. Renter	138	53.6	98	59.2	40	50.0	61	6.6
Native Am. owner	25	0.0	0	n/a	34	0.0	12	0.o

Source: 2000 Census and HUD data

The following table presents data on demographic characteristics of occupied housing by tenures. The Census data illustrates the low homeownership rate amount minority households. It should be noted that the numbers were too low with most minority households to present data concerning tenure. However, the information about Native American households clearly indicates that their homeownership rate is low for the number of households.

Demographic Characteristics for Occupied Housing Units

Race/Hispanic origin	Owner-occupied Housing	Renter-occupied Housing	All occupied Housing	Percent of Population
White	98.4%	90.0%	95.3%	92.8%
Black/African American	N	N	0.5%	0.5%
Native American/Alask. Native	0.7%	5.7%	2.5%	3.8%
Asian	N	N	0.5%	0.8%
Native Hawaiian/Pac. Isl.	N	N	0.0%	0.0%
Some other race	N	N	0.1%	0.1%
Two or more races	0.6%	2.1%	1.2%	2.0%
Hispanic or Latino	0.4%	1.1%	0.6%	1.2%
White alone, not Hisp/Lat	98.3%	89.0%	94.9%	

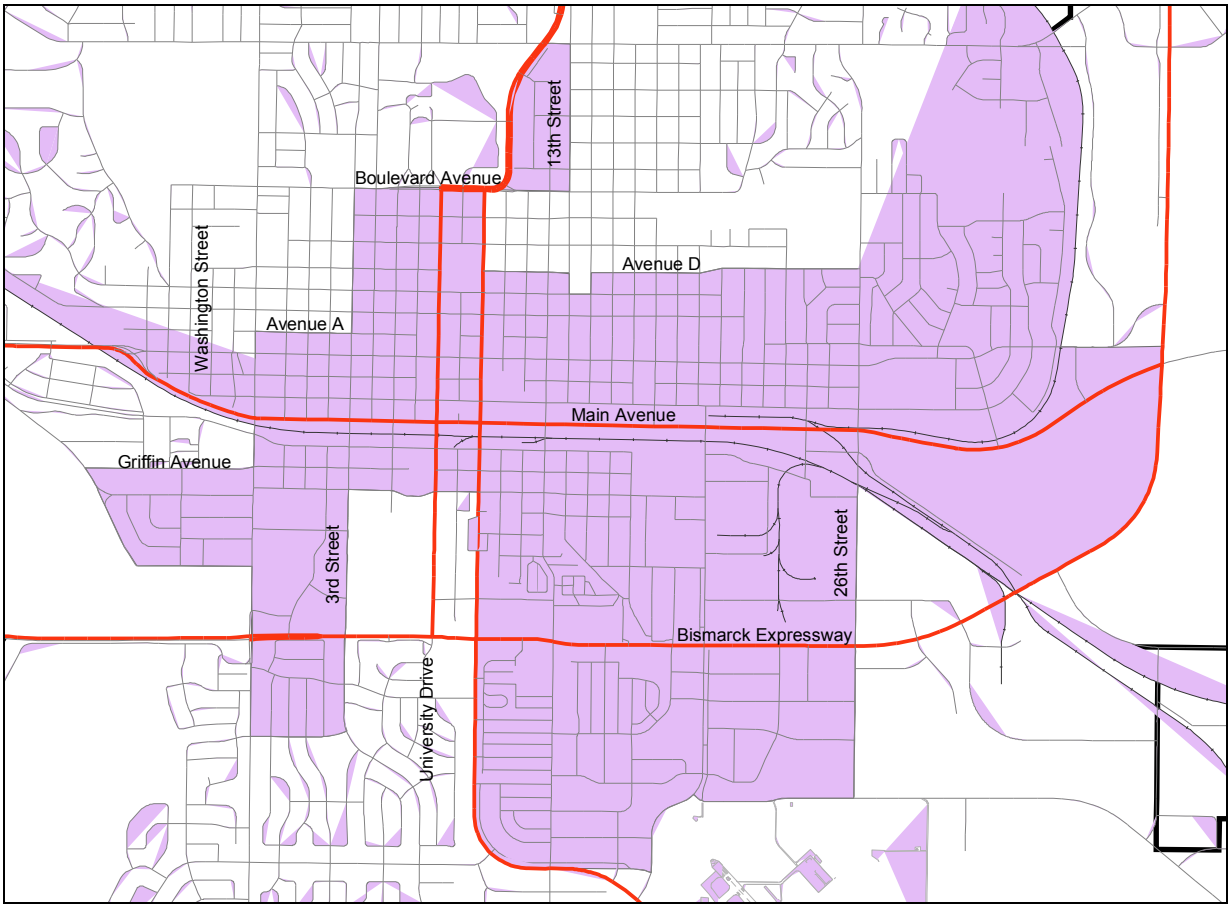
N=data can not be displayed because the number of sample cases were too small

Source: US Census Bureau 2006-2008 American Community Survey

The growth in the minority population is expected to continue during the next decade, particularly for Native Americans due to the closeness of Standing Rock Reservation and the expansion of the United Tribes Technical College (UTTC). Minority growth has not had a significant impact on housing except for the following concerns: homeless shelters have significantly higher proportions of minority residents; lack of affordable rental housing for students with families; low homeownership rates for minority households; and a higher proportion of Native American and other minorities among persons using vouchers or living in assisted housing for families. At times, there have been some Fair Housing concerns for both minority and disabled households.

The following map indicates the location of the low and moderate income (LMI) areas by block group in Bismarck. An LMI area is one in which more than 50% of the residents are low and moderate income. There have been only minor changes in these areas since 1990—a couple block groups are not longer LMI, while two others were added. The LMI areas include the original town site and the central business district. The northern part contains some of the oldest housing, while the southern portion includes apartments, assisted housing, and mobile home parks. More detailed information concerning all block groups is included with the appendix.

LOW & MODERATE INCOME AREAS IN BISMARCK



The next chart examines poverty levels. The poverty rate for the total population was 10.4% in the 2006-08 Census estimate. This number was 2% more than in the 2000 Census. All categories of population saw increases in the percentage of poverty level except for female headed households which saw a decline. Even though female headed households saw a percentage decline in poverty, nearly one-third of female headed households with children were at the poverty level. This compared to a poverty rate of 3.4% in married families with children. The poverty rate for seniors increased from 7.4% in 2000 to 11.7% in 2006-08.

Poverty Status

Subject	2006-08 Census Estimate			2000 Census	
	Total	# Below Poverty	% Below Poverty	# Below Poverty	% Below Poverty
Total population	59,971	6,092	10.4%	4,493	8.4%
Under 18 years	12,183	1,427	11.7%	1,248	9.8%
18 to 64 years	38,332	3,718	9.7%	2,728	8.8%
65 years & over	8,174	947	11.6%	517	7.4%
Male	28,397	2,402	8.5%	n/a	7.0%
Female	30,292	3,690	12.2%	n/a	11.2%
Employed	34,379	2,453	7.1%	n/a	n/a
Unemployed	1,107	142	12.8%	n/a	n/a
Families	15,339	n/a	7.4%	818	5.7%
Families/children under 18	7,296	n/a	11.7%	706	2.5%
Families/married	11,797	n/a	3.5%	219	1.8%
Families/female head	2,646	n/a	25.7%	526	27.0%
Families-married/children	4,849	n/a	3.4%	299	2.5%
Female Head/children	2,111	n/a	31.5%	499	36.4%

Source: US Census 2000 and US Census 2006-08 American Community Survey estimates

3. Housing Problems

The need for additional affordable housing was one of the primary concerns of respondents that took part in a CDBG survey to help determine community needs and priorities for HUD funding. When respondents were asked to rank overall community needs, they rated affordable rental housing as the top priority (2.6 on a scale with 3 being the highest need). Affordable owner-occupied housing was ranked at 2.2 out of 3 possible points. People who worked in housing or with clients with housing needs were polled in depth about needs. The top ranked rental housing need was for more rental assistance (vouchers). The following table shows housing problems by household type and income. As expected, households with the lowest incomes were much more likely to be cost burdened or have other problems. Cost burdens and other problems were more common among elderly renters and homeowners with incomes under 50% of the median. Overall, nearly half of all elderly and large family renters had problems, while nearly half of elderly renters experienced cost burdens over 30%. Only 18% of elderly owners had problems or cost burdens, while a quarter of all elderly renters were severely cost burdened. The housing problems for large families appear to be more a concern of overcrowding than cost burdens.

SOCDS CHAS Data: Housing Problems Output for All Households, 2000

Household Income & Housing Problem	Renters					Owners					Grand Total
	Elderly (1-2)	Small (2 to 4)	Large (5 or more)	All Other	Total Renters	Elderly (1 & 2)	Small (2 to 4)	Large (5 or more)	All Other	Total Owners	
Income <=30% MFI	510	464	43	857	1,874	320	127	45	122	614	2,488
% with hsng probs	77.3	69.6	65.1	79.6	76.1	89.4	76.4	44.4	85.2	82.6	77.7
% Cost Burden >30%	75.3	69.6	55.8	79.6	75.4	89.4	68.5	22.2	85.2	79.3	76.4
% Cost Burden >50%	55.1	52.2	23.3	59.3	55.5	54.7	54.3	22.2	67.2	54.7	55.3
Income 30-50% MFI	415	342	67	647	1,471	552	151	61	201	965	2,436
% with hsng probs	59.5	66.7	79.1	49.3	57.6	33.5	64.9	44.3	64.7	45.6	52.8
% Cost Burden >30%	59.5	64.3	29.9	47.8	54.1	33.5	64.9	37.7	64.7	45.2	50.6
% Cost Burden >50%	22.4	14.6	0.0	4.9	11.9	10.0	55.6	6.6	23.9	19.8	15.0
Income >50 to 80% MFI	329	586	85	1,084	2,084	905	807	98	551	2,361	4,445
% with hsng probls	31.9	21.8	47.1	9.6	18.1	16.2	38.0	8.2	35.9	28.0	23.3
% Cost Burden >30%	30.7	16.9	11.8	4.7	12.5	16.2	36.3	4.1	35.9	27.2	20.3
% Cost Burden >50%	13.1	1.7	0.0	0.0	2.5	4.1	4.8	0.0	5.4	4.5	3.6
Income >80% MFI	421	1,061	77	1,298	2,857	1,898	6,430	1,072	1,225	10,625	13,482
% with housing problems	6.9	4.8	10.4	2.7	4.3	2.0	5.8	4.7	11.9	5.7	5.4
% Cost Burden >30%	6.9	0.0	0.0	1.2	1.5	2.0	4.9	3.7	11.9	5.1	4.3
% Cost Burden >50%	1.0	0.0	0.0	1.2	0.7	0.5	0.2	1.4	1.1	0.5	0.5
Total Households	1,675	2,453	272	3,886	8,286	3,675	7,515	1,276	2,099	14,565	22,851
% with any housing problems	46.3	29.8	47.4	29.3	33.5	17.9	11.6	8.2	27.5	15.2	21.8
% Cost Burden >30	45.4	26.2	19.9	27.2	30.3	17.9	10.5	6.0	27.5	14.4	20.2
% Cost burden >50	25.1	12.3	3.7	14.3	15.5	7.5	2.7	2.3	8.3	4.7	8.6

Definitions:

Any housing problems: *cost burden greater than 30% of income and/or overcrowding and/or without complete kitchen or plumbing facilities.*
Other housing problems: *overcrowding (1.01 or more persons per room) and/or without complete kitchen or plumbing facilities.*
Elderly households: *1 or 2 person household, either person 62 years old or older.*
Cost Burden: Cost *burden is the fraction of a household's total gross income spent on housing costs. For renters, housing costs include rent paid by the tenant plus utilities. For owners, housing costs include mortgage payment, taxes, insurance, and utilities.*

The next two tables present common indicators of housing problems, such as overcrowding or lack of facilities. Less than 1% of owner-occupied housing was overcrowded, while only about 3.7% of rental housing had more than 1 occupant per room. Less than 30 units lacked complete plumbing, but 152 lacked a complete kitchen.

The first table provides additional data on housing problems. Information is presented on housing deficiencies that include lack of phone service, complete plumbing or kitchen facilities and overcrowding. Overcrowding was a possible problem in .8% (104) of the owner-occupied units and 3.7% (309) of renter-occupied units. Lack of plumbing was a concern in about 30 housing units, while lack of full kitchen facilities was apparent in 152 units.

Occupancy & Facilities in Housing, 2000

Subject	Number	Percent
TENURE BY OCCUPANTS PER ROOM		
Owner-occupied housing units	**14,656**	**100.0**
0.50 or less occupants per room	12,052	82.2
0.51 to 1.00 occupants per room	2,500	17.1
1.01 to 1.50 occupants per room	82	0.6
1.51 or more occupants per room	22	0.2
Mean	0.38	(X)
Renter-occupied housing units	**8,487**	**100.0**
0.50 or less occupants per room	6,080	71.6
0.51 to 1.00 occupants per room	2,098	24.7
1.01 to 1.50 occupants per room	219	2.6
1.51 or more occupants per room	90	1.1
Mean	0.44	(X)
TENURE BY PLUMBING FACILITIES		
Owner-occupied housing units	**14,656**	**100.0**
With complete plumbing facilities	14,644	99.9
Lacking complete plumbing facilities	12	0.1
Renter-occupied housing units	**8,487**	**100.0**
With complete plumbing facilities	8,469	99.8
Lacking complete plumbing facilities	18	0.2
TENURE BY KITCHEN FACILITIES		
Owner-occupied housing units	**14,656**	**100.0**
With complete kitchen facilities	14,625	99.8
Lacking complete kitchen facilities	31	0.2
Renter-occupied housing units	**8,487**	**100.0**
With complete kitchen facilities	8,366	98.6
Lacking complete kitchen facilities	121	1.4

Source: U.S. Census Bureau, Census 2000 Summary File 3

The next table presents the same data from the 2006-08 Census survey. This information shows improvement in all areas. There were only 36 units without complete plumbing and 20 units without complete kitchen facilities. Overcrowding (1.01 to 1.5 persons per room) may have been a concern in only about 165 housing units compared to 413 units in the 2000 Census. Moreover, there were not housing units with 1.51 persons or more per room.

Housing Problems – 2006-08

Concern	Owner Housing	Renter Housing	All occupied Housing	No of. Units
With complete plumbing	99.8%	100.0%	99.9%	36
With complete kitchen	99.9%	100.0%	99.9%	20
1 or less person per room	99.8%	98.6%	99.4%	26,032
1.01 - 1.5 person per room	0.2%	1.4%	0.6%	165
1.51+ persons per room	0.0%	0.0%	0.0%	0

Source: US Census Bureau, 2006-2008 American Community Survey

Participants in the CDBG survey ranked weatherization, accessibility, and emergency repairs as the top homeowner needs of LMI households. They also felt that homebuyer classes and downpayment and closing cost assistance were above average needs in the community. The respondents rated the following (in order) as top needs in rental housing: rental assistance, units with supportive services, units for large families, and emergency assistance to prevent eviction. They also indicated that their top priorities were: more vouchers, development of housing by nonprofits, new construction, and rehabilitation of existing rental units.

Previous code enforcement activities have helped to eliminate much dilapidated housing within the city. Code enforcement was only rated an average need in the survey, but a number of people directly involved in housing added comments about the need for an ongoing city inspection program for rental units. Current estimates indicate that about 4% to 5% of the rental housing is substandard, while about 3% to 4% of owner occupied housing is substandard. Of these units, about 83% of the rental and 85% of the owner occupied housing units are considered suitable for rehabilitation. The definition of suitable for rehabilitation is that the cost of improvements needed to bring a structure up to standard can not exceed 51% of its assessed value. Since older, substandard housing is generally more affordable, a number of LMI households may have additional housing problems.

This next table is a summary of the numbers of low and moderate income (LMI) households by type and tenure. It presents numbers for both the City of Bismarck and the 10 county region since population migration patterns may impact Bismarck's housing needs. Renters living in Bismarck total 60% of the LMI households in the region. This may indicate both the need for more affordable rental housing and/or the presence of more such housing. Bismarck's percentage of regional owner-occupied housing was notably lower (39%). This may signify higher income in Bismarck, but also a much higher homeownership rate elsewhere in the region and fewer rental opportunities.

Housing Needs Summary for Bismarck and for Region VII (includes Bismarck)

	Household Type	Household Income (% of MFI)	Census 2000	
			City	Region VII
Renter	Small related (2 to 4)	0 to 30%	526	869
		31 to 50%	730	1,205
		51 to 80%	1,273	2,105
	Large related (5 or more)	0 to 30%	51	84
		31 to 50%	85	140
		51 to 80%	170	280
	Elderly: age 65 plus	0 to 30%	815	1,345
		31 to 50%	509	841
		51 to 80%	331	547
TOTAL RENTER HOUSEHOLDS			4,490	7,416
Bismarck percentage of regional rental need			60.5%	
Owner-Occupied Household		0 to 30%	1,466	3,746
		31 to 50%	2,110	5,395
		51 to 80%	4,998	12,775
TOTAL OWNER-OCCUPIED HOUSEHOLDS			8,574	21,916
Bismarck percentage of regional o/o need			39.1%	

Source: HUD/2000Census/ND Data Center

The following table compares renter income and ability to afford rent in the three metropolitan areas and the remainder of the state. The information was gathered from the National Low Income Housing Coalition's Out of Reach 2010 study. It indicates that more than a third of all renters in Bismarck were unable to afford the median rent. An affordable unit (as defined by HUD) is one in which the household does not pay more than 30% of its income for rent. The data indicates that the estimated renter median income for Bismarck is similar to the state as a whole, but it lags behind the other two SMSAs. The estimated renter median income is only 44% of the median income of all households in Bismarck. In addition, its Fair Market Rents (FMR) are lower than Fargo and Grand Forks. HUD sets the FMR for each metro area and all counties on an annual basis. It should be noted that increases for the FMR for Bismarck have lagged behind the state as a whole and Fargo and Grand Forks over the past 10 years. This percentage increase does not reflect the current rental market in Bismarck with its low vacancy rates and slow development of new rental units.

COMPARISON OF RENTER INCOME & ABILITY TO AFFORD RENT

Location	Estimated renter median income	Estimated Area Median Income	Monthly rent affordable at renter median	2010 Fair Market Rent for a 2 Bdrm Apt.	% of Renters Unable to Afford 2 BDRM	% Increase in FMR from 2000 to 2010
State	$30,309	$62.593	$758	$584	37%	34%
Bismarck MSA	**$30,797**	**$69,300**	**$770**	**$565**	**35%**	**26%**
Fargo MSA	$32,276	$70,900	$807	$628	38%	35%
Grand Forks MSA	$32,360	$63.500	$809	$621	37%	28%

Source: National Low Income Housing Coalition

The National Low Income Housing Coalition study indicated that 3,942 of an estimated 11,265 renters in Bismarck could not afford the FMR for a 2 bedroom apartment. This number is an increase of about 1,000 from 5 years ago. The average SSI payment in North Dakota and Bismarck is $674. If SSI is a household's only income, the affordable monthly rent is $202, while the FMR for a 1 bedroom apartment is $449 in Bismarck.

The next table shows the FMR's by bedroom size and the amount of income that is needed to afford such a unit in Bismarck. The table also indicates the hourly rate and the hours at minimum wage that would have to be worked to afford the FMR. The study also indicated that a household would have to have 1.5 full time jobs at minimum wage in order to afford a two bedroom apartment at FMR in Bismarck

Income Needed to Afford Fair Market Rent (FMR) in Bismarck

	FMR	Wage	Hourly rate	Min. Wage
0 Bedroom	$434	$17,360	$8.35	46 hours
One bedroom	$454	$18,160	$8.73	48 hours
Two Bedroom	$565	$22,600	$10.87	60 hours
Three Bedroom	$818	$32,720	$15.73	87 hours
Four Bedroom	$841	$33,640	$16.17	89 hours

Source: National Low Income Housing Coalition

The next table presents the most current Census data concerning the amount of household income that is used by renters for housing. Nearly 35% (or 3,188) of all renters are paying 30% or more of their income for housing. Over a quarter of the renters are paying more than half of their income for housing.

Monthly Housing Costs as a Percentage of Household Income for Renters

Amt of Income used for Housing	# of Renters	% of Renters
Less than 15%	2,124	23.1%
10 to 19.9%	1,482	16.1%
20 to 24.9%	1,232	13.4%
25 to 29.9%	1,180	12.8%
30 to 34.9%	*663*	*7.2%*
35% or more	*2,525*	*27.4%*
Total	*9,206*	*100.0%*

Source: US Census Bureau, American Community Survey 2006-2008

According to 2008-08 Census estimates about 63.3% of all households in Bismarck owned their own home. This is a slight lower rate of homeownership than the nation (67.1%) and the state (66.3%). LMI households comprise about 27% of homeowners and 65% of the renters in Bismarck. The CDBG survey rated homebuyer education and downpayment and closing cost assistance as the highest priorities for homebuyer assistance. Many LMI homeowners, especially those that are on fixed income, may defer housing maintenance out of financial necessity. Delayed maintenance will eventually result in substandard housing conditions. The CDBG survey indicated that priorities for LMI homeowners included (in order): weatherization, accessibility, emergency rehab, and development of new housing.

Demographic Characteristics for Occupied Housing Units

Race/Hispanic origin	Owner-occupied Housing	Renter-occupied Housing	All occupied Housing	Percent of Population
White	98.4%	90.0%	95.3%	92.8%
Black/African American	N	N	0.5%	0.5%
Native American/Alaskan Nat.	0.7%	5.7%	2.5%	3.8%
Asian	N	N	0.5%	0.8%
Native Hawaiian/Pac. Isl.	N	N	0.0%	0.0%
Some other race	N	N	0.1%	0.1%
Two or more races	0.6%	2.1%	1.2%	2.0%
Hispanic or Latino	0.4%	1.1%	0.6%	1.2%
White alone, not Hisp/Lat.	98.3%	89.0%	94.9%	

N=data can not be displayed because the number of sample cases were too small
Source: US Census Bureau, 2006-2008 American Community Survey

The following table presents housing costs for owner-occupied households with mortgages and without mortgages. About one quarter of the households with mortgages were paying 30% or more of their income for housing, but that percentage dropped to 14% for those that did not have a mortgage.

Monthly Housing Costs for Owner-occupied Housing

	With a mortgage		Without a mortgage	
Amount of Income used for housing	Number	Percent	Number	Percent
Less than 20%	4,164	39.2%	4,090	69.5%
20 to 24.9%	2,101	19.8%	734	12.5%
25 to 29.9%	1,707	16.1%	227	3.9%
30 to 34.9%	801	7.5%	286	4.9%
35% or more	1,855	17.5%	546	9.3%
Total	10,628	100.0%	5,883	100.0%

Source: US Census Bureau 2006-2008 American Community Survey

B. Homeless Needs

Housing for homeless persons was ranked at 2.6 out of 3 possible points (3 equals the highest need) by the participants in the CDBG survey on community development needs. It was the second ranked of eleven "general" community needs. The need for services for homeless persons ranked at 2.39 in the CDBG survey and was the third highest need. In addition, 38 service providers were asked to rank the need for different types of housing and services for homeless persons. The following table shows the results of that portion of the survey from both 2005 and 2010.

RANKING OF NEED FOR HOUSING & SERVICES

	Families		Individuals	
Housing	**2010**	**2005**	**2010**	**2005**
Emergency Shelter	2.84	2.78	2.61	2.56
Transitional Housing	2.68	2.64	2.63	2.73
Permanent Housing	2.68	2.44	2.55	2.23
Perm. Supportive Housing	2.73	2.80	2.79	2.53
Services	**2010**	**2005**	**2010**	**2005**
Case Management	2.64	2.45	2.73	2.63
Housing Placement	2.56	2.18	2.56	2.23
Job Skills	2.39	2.26	2.38	2.19
Life Skills	2.53	2.51	2.43	2.47
Mental Health Care	2.53	2.44	2.68	2.68
Substance Abuse Treat.	2.50	2.41	2.54	2.53
Child Care	2.58	2.18	n/a	n/a
Parenting Skills	2.61	2.49	n/a	n/a
Persons with Most Unmet Needs	**2010**	**2005**	**2010**	**2005**
Substance Abusers	2.42	2.15	2.35	2.29
Dually-Diagnosed	2.39	2.44	2.44	2.48
HIV/AIDS	1.48	1.42	1.56	1.37
Serious Mentally Ill	2.55	2.23	2.71	2.33
Veterans	1.82	1.45	1.82	1.53
Victims of Dom. Violence	2.41	2.24	2.31	2.17
Youth	n/a	n/a	2.21	2.21
Released from Institution	n/a	n/a	2.44	2.44

Source: Community Development Surveys, 2010 & 2005)
NOTE: ranking based upon 0=no need to 3=high need
Other responses for unmet need: men with children; families with teenage boys; youth

It should be noted that all forms of housing were rated as high needs for both families and individuals. For families, an emergency shelter was ranked as the highest need, but permanent supportive housing was ranked the highest for homeless individuals. Over the past ten years the number of homeless families has increased, while the number of beds has decreased due to lost beds and a closed shelter. Two new transitional facilities for families have opened, but this development still has not kept up with demand. Permanent supportive housing is a crucial factor in plans to end long-term homelessness.

Case management was the highest ranking need for both homeless individuals and families. For families, child care and parenting skills were also seen as needs. For individuals, treatment of mental illness and substance abuse are important considerations. The most underserved populations for homeless families were persons with a serious mental illness and/or substance abuse. Underserved individuals included persons with a serious mental illness or a dual diagnosis and persons who are newly released from an institution. Other comments included men with children, families with teenage boys, and youth. HIV/AIDS was the lowest ranking population in terms of need.

The following table presents point in time surveys for Region 7 (surrounding 10 counties) and the state as a whole from 2005 through 2010. Region 7 is a 10 county region in which Bismarck is the largest city. Most, but not all, homeless services and housing in Region 7 are located in Bismarck. The point in time surveys provide a count of homeless persons on specific day each year. One of the most notable and constant factors in the Region 7 surveys is that children under the age 18 of have generally made up 30% or more of all homeless persons that were counted. In addition, the number of homeless children has been greater in Region 7 than any other region in the state, even those with larger populations. The number of homeless children has increased every year except for one (2009). Conversely, the number of persons that meet the HUD definition of chronic homeless (e.g., individuals) has been relatively low and has varied from 7 to 12 over the time period reviewed. The number of persons (includes families) meeting the long-term homeless definition has varied from 30 to 100. The highest number was in 2010.

Point in Time Survey - Count of Homeless Persons

	Adults	Children under 18	Total	Chronic	Long-term
		2005			
Region 7	82	42	124	n/a	n/a
Statewide	500	155	655	n/a	n/a
		2006			
Region 7	96	54	150	12	31
Statewide	546	193	739	122	185
		2007			
Region 7	163	83	247	12	50
Statewide	631	212	869	80	215
		2008			
Region 7	159	113	275	7	30
Statewide	556	248	804	51	177
		2009			
Region 7	195	81	276	5	46
Statewide	756	220	987	70	227
		2010			
Region 7	230	142	378	8	100
Statewide	787	300	1126	64	277

Source: Point-in-Time Surveys, ND Homeless Coalition
Chronic: HUD definition/individuals only
Long Term Homeless: includes families

A point in time survey only provides information on one particular day in a year, so it will not present information on the total number of homeless individuals or families served throughout a year. However, it does provide information on demographic trends when viewed over several years time. The following table presents the basic demographics of homeless persons as counted in the Point-in-Time surveys from 2006 to 2010. Both North Dakota and Bismarck are comprised of less than 10% minority population, but the table indicates that the about half of all homeless persons are minorities in the state and in Bismarck. Although white persons still are the majority of homeless persons counted, Native Americans are disproportionately among the homeless. In one year (2008), Native Americans were 57% of the homeless persons included in the survey. This higher percentage of minority need was confirmed in interviews with local shelters and their statistical data on clients served. Region 7 also has the highest number of homeless families in the state (see previous table. It is also important to note that in Region 7 women averaged nearly half (46.5%) of the homeless adult population in the surveys conducted for the past six years. This was somewhat higher than the state as a whole (average of 39%) during the same period.

Demographics of Homeless Persons in the Point in Time Survey

2010	White	Black	Asian	Nat. American	Other	Adult Male	Adult Female
Region 7	50.0%	6.0%	3.0%	35.0%	1.0%	121	108
Statewide	52.0%	9.0%	1.0%	33.0%	2.0%	457	320
2009	**White**	**Black**	**Asian**	**Nat. American**	**Other**	**Adult Male**	**Adult Female**
Region 7	47.0%	1.0%	1.0%	44.0%	5.0%	96	95
Statewide	57.0%	7.0%	1.0%	28.0%	3.0%	441	290
2008	**White**	**Black**	**Asian**	**Nat. American**	**Other**	**Adult Male**	**Adult Female**
Region 7	39.0%	0.0%	0.0%	57.0%	1.0%	81	78
Statewide	51.0%	7.0%	1.0%	35.0%	2.0%	331	222
2007	**White**	**Black**	**Asian**	**Nat. American**	**Other**	**Adult Male**	**Adult Female**
Region 7	52.0%	3.0%	0.0%	45.0%	0.4%	98	65
Statewide	49.0%	4.0%	0.1%	42.0%	1.0%	403	226
2006	**White**	**Black**	**Asian**	**Nat. American**	**Other**	**Adult Male**	**Adult Female**
Region 7	53.0%	5.0%	0.0%	35.0%	3.0%	44	37
Statewide	55.0%	5.0%	0.0%	33.0%	2.0%	299	189

Source: Point-in-Time Surveys, ND Coalition for the Homeless

The survey also indicated that 50% (54% average over 5 years) of homeless were employed in Region 7 compared to 37% (44% average over 5 years) in the state. Other significant sources of income included family/friends, food stamps, and Medicaid. For the long term homeless, about 43.5% were receiving income from employment. Common characteristics of the survey respondents included bad credit, criminal record, substance abuse, unable to afford rent, unemployment, and mental illness. Region 7 was higher in concerns about criminal record,

substance abuse, money management problems, and inability to pay the rent. It was lower in unemployment. For respondents who met the criteria of long term homelessness, criminal record (81%), substance abuse (84%), unable to afford rent (63%) and bad credit/money management (51%) were the most common characteristics in Region 7. All these characteristics were much more prevalent in Region 7 and were consistent throughout the five surveys.

The Point-in-Time surveys also looked at access to services. In 2010 both the state and Region 7 had similar utilization rates for emergency shelters, food (region at 72%), and case management (56% regional). Areas of concern in Region 7 include mental health care, medical/dental care and medication where utilization was lower than the state as a hold. For the long term homeless, Region 7 had lower rates than the state in usage of emergency shelters and medical needs, but higher rates in case management and substance abuse services. Nearly a third of the respondents in Region 7 indicated that permanent housing was difficult to access. Transportation, transitional housing and life skills training had significantly higher utilization in Region 7 than the state as a whole.

Most of the low or extremely low income households who pay more than 50% of their income for housing are at risk of becoming homeless. Any loss of income due to illness, unemployment, high heating costs, or a rent increase could precipitate homelessness for those households. For the families with incomes below 30% of the median income, the circumstances leading to homelessness are even more critical, especially in an area with higher housing costs. Prevention services and financial counseling are vital in such circumstances. Current needs exceed local resources, and many agencies frequently run out of such emergency monies and supplies. People who are discharged into the community from an institution are also at risk for homelesnesss if there is inadequate preparation and ongoing support. In addition, there are a number of people who are living with friends or family who are at risk of homelessness.

C. Populations with Special Needs

1. Elderly and Frail Elderly

The elderly and frail elderly have a number of housing resources available to them locally, but there will be a need for additional housing units, particularly accessible ones. Bismarck is continuing to experience an in-migration of elderly rural residents who wish to be closer to medical and governmental services, as well as the aging of many of its citizens. Three new rental projects for LMI elderly persons have been recently constructed in Bismarck and Mandan, a bordering community. These projects have resulted in smaller waiting lists or increased vacancies in subsidized rental housing with no or very limited services, but the need for more housing is expected to grow throughout the next 10 to 15 years.

The following two charts derived from 2000 Census data show elderly households in both owner-occupied and rental housing with cost burdens. Since many elderly persons move to Bismarck from surrounding areas to be nearer services, the tables include information on the entire 10 county region since relocation can impact local needs. Nearly 12% of elderly households in Bismarck are below the poverty level according the 2006-08 Census survey. This is an increase over the 2000 Census (7.4%). Elderly homeowners experience greater cost burdens as they age since they often deplete their retirement resources. In such cases, it may be appropriate to encourage the use of reverse mortgages. More than one out of five homeowners age 75 or older experience cost burdens. Older renters experience cost burdens at a higher rate than owners. Almost 60% of the renters 75 or older have cost burdens.

ELDERLY HOUSEHOLDS IN OWNER-OCCUPIED HOUSING WITH COST BURDENS

	Homeowner 55+			Homeowner 55-64			Homeowner 65-74			Homeowner 75+		
		Cost-burdened			Cost-burdened			Cost burdened			Cost Burdened	
	Total	Total	%	Total	Total	%	Total	Total	%	Total	Total	%
Bismarck	4,116	564	13.7	1,690	148	8.8	1,441	194	13.5	985	222	22.5
Region VI	10,145	1,593	15.7	3,685	404	11.0	3,478	555	16.0	2,982	634	21.3

T

ELDERLY RENTERS WITH COST BURDENS

	Renters 55+			Renters 55-64			Renters 65-74			Renters 75+		
		Cost-burdened			Cost-burdened			Cost-burdened			Cost-burdened	
	Total	Total	%	Total	Total	%	Total	Total	%	Total	Total	%
Bismarck	2,213	980	44.3	579	192	33.2	595	195	32.8	1,039	593	57.1
Region VI	4,005	1,541	38.5	976	264	27.0	1,083	345	31.9	1,946	932	47.9

Source: US Census Bureau, 2000 Census
Definition of Cost Burden: 30% or more of household income paid toward housing costs

It is also important to look at the number and percent of elderly renters experiencing cost burdens locally, regionally, and statewide. The following table presents the number and percent of elderly renters experiencing cost burdens. Cost burdens are greater in Bismarck and nearby areas than elsewhere in the region or state.

Elderly Renters Burdened by Rent Costs 2000

Area	Age 55 and Older			Age 55 to 64			Age 65 to 74			Age 75 and Older		
		Cost-Burdened			Cost-Burdened			Cost-Burdened			Cost-Burdened	
	Total	Total	%	Total	Total	%	Total	Total	%	Total	Total	%
Bismarck	2,213	980	44.3	579	192	33.2	595	195	32.8	1,039	593	57.1
Mandan	616	289	46.9	141	35	24.8	144	83	57.6	331	171	51.7
Burleigh Co.	2,280	988	43.3	599	195	32.6	615	195	31.7	1,066	598	56.1
Region	4,005	1,541	38.5	976	264	27.0	1,083	345	31.9	1,946	932	47.9
State	21,348	7,536	35.3	5,224	1,407	26.9	5,411	1,620	29.9	10,713	4,509	42.1

Source: U.S. Census Bureau, 2000 Census
Definition of Cost Burden: 30% or more of household income paid toward housing costs

Elderly people may require a number of supportive services as they age. As a result, needs for congregate housing, basic care, assisted living, and nursing homes are expected to increase since local population projections show significant growth for persons 65 and older in the next 15 years. Waiting lists for housing with supportive services or limited care continue to grow. Although there has been substantial construction of housing (basic care, assisted living), most of it has been priced out of reach of LMI seniors or those who may be outliving their assets. Supportive services are also a need for seniors who wish to live in their own homes for as long as possible. Such services include transportation, medical/health, meals/nutrition, financial counseling, accessibility improvements, and social interaction. Most of these services are available locally, but population projections indicate the importance of planning for increased demand.

The 38 respondents in the special needs housing section of the CDBG survey ranked housing for frail elderly at 2.41, and two-thirds felt that more such housing should be developed. They also ranked the need for elderly housing at 2.08, and nearly half felt that new housing should be developed A Burleigh County Housing Authority study showed that there were about 3,800 persons living in Burleigh and Morton counties who may be willing to move to congregate housing within three to five years. About half were 75 or older. Projected household demand within Burleigh and Morton Counties is expected to be 2,218 in three to five years for those 65 and over. A number of elderly individuals are forced to go to nursing homes or other assisted living facilities within a 60 to 100 miles radius since there is a shortage of nursing home beds and assisted living options for elderly in the Bismarck-Mandan area, especially those that are who are low and moderate income. The State of North Dakota has a moratorium on the development of additional beds since the state has one of the highest numbers of beds per capita, but most of the vacant beds are in small communities. As a result, elderly residents of Bismarck are often forced to move away from family and friends since there no available beds in the community.

The following table shows the number of elderly persons with disabilities in Bismarck who may need special housing, accessibility improvements, or supportive services. About 40% of all persons 65 and older have a disability.

DISABILITY STATUS AND TYPE OF DISABILITY FOR THE ELDERLY: 2000

Civilian Non-Institutionalized Persons 65 Years and Older										
Total Elderly pop.	**With One Type of Disability**						**Two or More Disabilities**			**No disability**
	Total	Sensory	Physical	Mental	Self-Care	Go-outside home	Total	Includes self-care	No self-care	
7,002	1,498	304	654	104	24	412	1,324	421	903	4,180

Source: U.S. Census Bureau

A needs assessment of long term care in North Dakota was conducted in 2002 by the ND State Data Center, UND, and NDSU. The study indicated that there were 1,435 persons age 50 and older with some level of function limitation in 2000. The study projected that there would be 1,873 such persons in 2010 (30% increase) and 2,260 by 2020 (57% increase). About 79% of these persons had severe limitations, and over 40% were age 75 or older. This assessment indicates the need to develop more facilities and services for the frail elderly in the next 20 years.

2. Alcohol/Drug Addiction and Mental Illness

The use of alcohol and illegal drugs takes a heavy toll on many persons in both North Dakota and Bismarck. Compared to the rest of the nation, alcohol is the largest substance abuse problem that faces the state. North Dakota has among the highest rates in the nation for recent alcohol use and binge drinking (in most age groups). Conversely, North Dakota has among the lowest rates for illegal drug use. New laws enacted in recent years have discouraged the production of methamphetamine (meth). In 2007, 38% of inmates entering prison were drug or alcohol offenders. Past state projections indicated a 7 to 10% increase in the demand for services. There is an unmet demand for treatment, especially with certain segments of the population, such as prisoners, adolescents, Native Americans, and chronically or long-term homeless persons.

Locally there are limited residential facilities with supportive services. Detox services are currently provided at the county correctional facility. West Central Human Service Center offers addiction counseling, while several organizations provide support groups. A few nonprofit agencies and for profit entities also provide addiction counseling.

In the public service section of the CDBG survey, substance abuse was the seventh ranked service need with an average score of 2.34 out of 3 possible points. The people responding to

the homelessness section also ranked substance abuse treatment as a high need for both individuals (2.5) and families (2.5). They also felt that chronic substance abusers were a subpopulation that had unmet needs (2.4).

In the past 20 years there has been a 70% decrease in the patient population at the ND State Hospital. Subsequently, there has been an 82% increase in the number of persons seeking services at regional human services agencies. The services at the regional human service centers (one located in Bismarck) include: counseling, crisis stabilization; inpatient services; psychiatric medication management; social services & supports; residential services & supports; vocational/educational & supported employment; and social activities.

The ND Department of Human Services has indicated that the mental health concerns have become more complex and are occurring at a younger age. This is an indicator of multiple problems (e.g., addiction and mental illness). In addition, the state is continuing to move towards more community-based services for mental illness and substance abuse treatment which will increase the need for local services at a time when many budgets are being reduced.

Results from the local CDBG survey reflected this pattern. For instance, the persons responding to the needs assessment on homelessness ranked individuals with a serious mental illness as the subpopulation having the most unmet needs (2.71 out of 3 possible points). For homeless individuals, case management (2.73) and treatment for mental illness (2.53) were the two highest needs. For homeless families, the highest ranked subpopulation needing services was persons with a mental illness (2.53).

Respondents who serve clients with special needs were asked to rank housing needs in Bismarck and whether there was a need to develop additional housing. The results are shown in the table below. The table also presents the result of a similar survey taken five years ago. Housing for persons with a severe mental illness was the top need in 2010, while housing for persons with a dual diagnosis was the top need in 2005.

SPECIAL NEEDS HOUSING FOR NON-HOMELESS PERSONS

CDBG COMMUNITY NEEDS SURVEY

Priority ranking ranges from 3 (high need) to 0 (no need)

Category	Priority ranking in 2010*	Need to develop new housing	Priority Ranking in 2005**
Severe Mental Illness	2.44	56.4%	2.43
Frail elderly	2.41	66.7%	2.44
Physically disabilities	2.36	61.2%	2.48
Persons with dual diagnosis	2.19	46.2%	2.59
Persons with addictions	2.14	51.3%	2.29
Elderly	2.08	46.2%	2.19
Developmentally disabilities	2.06	41.0%	2.29
Persons with HIV/AIDS	1.46	25.6%	1.35

**39 respondents from agencies working with special needs population* in 2010
**32 respondents from agencies working with special needs population in 2005

Housing and supportive services for the mentally ill are provided by Dacotah Foundation. Dacotah Foundation reports that there is generally a waiting list for housing, and a need for more housing for dually diagnosed individuals. West Central Human Service Center provides counseling and support services to individuals with SMI and addiction concerns. More housing alternatives are needed for this population with both long and short term settings that offer housing and services.

3. Persons with Disabilities

Bismarck, like all communities, has a number of disabled citizens with diverse needs. Architectural barriers limit access to all types of buildings and facilities, but especially to housing. Supportive services, training, and job opportunities are all needed as well. The next illustration shows that the 15% of the adult population under the age of 65 had a disability.

PERSONS AGES 21 TO 64 BY DISABILITY STATUS AND TYPE OF DISABILITY: 2000

Civilian Non-Institutionalized Persons 21 TO 64											
	With one type of disability							Two or more disabilities			
Total pop.	Total	Sensory	Physical	Mental	Self-Care	Go-outside home	Employ.	Total	Incl. self care	No self care	No Disability
31,322	2,753	412	423	217	0	80	1,621	2,024	346	1,678	26,545

Source: US Census

The next table looks at housing problems and cost burdens for disabled households. Nearly half of the renters had problems or cost burdens, while only a fourth of the owners did. Overall, disabled renters had more housing problems or cost burdens than owners.

SELF-CARE OR MOBILITY-LIMITATION & HOUSING PROBLEM OR COST BURDEN

	At least 1 person 62+		No one over 62		TOTAL	
Type of Housing	Housing problem or cost burden	No problem or cost burden	Housing problem or cost burden	No problem or cost burden	Housing problem or cost burden	No problem or cost burden
Renter Occupied	307	370	334	300	641	670
Owner Occupied	193	754	185	680	378	1,434

Source: US Dept. of Housing & Urban Development
Cost burden: 30% or more of income paid towards housing costs
Housing problem: overcrowded or lacking complete kitchen or plumbing facilities

This next table shows housing problems by income and household type. Nearly half of renters with a disability also had a housing problem, while a third of owners had problems regardless of income. Problems occurred at greater frequencies for those households with the least income. These concerns are often complicated by the lack of accessibility.

SOCDS CHAS Data: Housing Problems Output for Mobility

And Self Care Limitation as of 2000

	Renters				Owners				
Household by Type, Income, & Housing Problem	Extra Elderly 1 & 2 Member Households	Elderly 1 & 2 Member Households	All Other Households	Total Renters	Extra Elderly 1 & 2 Member Households	Elderly 1 & 2 Member Households	All Other Households	Total Owners	Total Households
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
1. Income ,<=50% MFI	322	101	385	808	167	75	116	358	1,166
2. Income <=30% MFI	195	67	242	504	67	33	73	173	677
% with hsng. problems	65.6	79.1	83.9	76.2	85.1	100.0	72.6	82.7	77.8
3. Income >30 to <=50% MFI	127	34	143	304	100	42	43	185	489
% with hsng. problems	49.6	11.8	69.2	54.6	22.0	42.9	76.7	39.5	48.9
4. Income >50 to <=80% MFI	68	27	92	187	142	184	146	472	659
% with hsng. problems	55.9	14.8	26.1	35.3	20.4	5.4	32.2	18.2	23.1
5. Income >80% MFI	42	97	157	296	138	235	568	941	1,237
% with hsng. problems	0.0	14.4	2.5	6.1	0.0	4.3	5.6	4.5	4.9
6. Total Households	432	225	634	1,291	447	494	830	1,771	3,062
% with hsng. problems	53.0	33.3	52.1	49.1	24.2	14.4	19.9	19.4	31.9

Source: HUD; Census Bureau

There are a number of local nonprofits and state agencies that currently provide services to developmentally disabled persons. Only modest growth in demand is expected over the next few years, but there will be an increasing need for more accessible housing as this population ages. Some of the current housing for persons with developmental disabilities will need both accessibility improvements and moderate rehabilitation so that it can continue its serviceability. Certain segments of this population will continue to need support services. In addition, new facilities will be needed to serve those persons with more than one disability or more severe limitations. The Burleigh County Housing Authority has met with local nonprofits to plan development for such housing in the next five years. The ND Human Services Department indicates that an estimated 24 people will be released into communities from institutions over the next two years. The current waiting list at the Housing Authority for supportive housing is nearly 50, while local service providers indicate that they have an additional 15 clients that would benefit from such housing. The subsequent table presents information and disability and race by census tract.

DISABILITY AND RACE BY CENSUS TRACT

TRACT	POP 100	HU100	DISABLED	WHITE	BLACK	AIANA	ASIAN	NHOPI	OTHER RACE	HISPANIC	NOT HISPANIC
010100	3579	2071	889	809	0	44	0	0	36	26	863
010200	5317	2500	1050	1007	23	11	0	0	9	11	1039
010300	6094	2725	924	892	12	12	0	0	8	0	924
010400	3775	1807	682	650	0	6	0	0	26	7	675
010500	5070	2072	649	629	0	20	0	0	0	0	649
010600	4511	1950	566	504	15	43	0	0	4	7	559
010700	4762	1827	689	619	0	70	0	0	0	0	689
010800	4032	1813	854	799	0	40	0	0	15	0	854
010900	3285	1355	399	399	0	0	0	0	0	0	399
011000	3519	1402	461	436	0	11	8	0	6	6	455
011101	3865	1809	426	418	0	8	0	0	0	0	426
011102	4891	1963	348	324	0	0	9	0	15	0	348
011200	2195	920	256	256	0	0	0	0	0	0	256
011300	637	3	0	0	0	0	0	0	0	0	0
		Totals	**8193**	**7742**	**50**	**265**	**17**	**0**	**119**	**57**	**8136**

Source; 2000Census & HUD data

4. Persons with AIDS

North Dakota continues to have one of the lowest incidences of HIV/AIDS in the United States. The case rate in North Dakota is 1.3 per 100,000, while the national rate is 12.5. The total number of HIV/AIDS cases living in North Dakota totaled 188. This total includes newly diagnosed (incident) cases and cases diagnosed previously in other states in persons who moved to North Dakota. Incident HIV case analysis provides a better description of the impact of HIV in North Dakota for prevention planning purposes. Incident cases reflect those individuals receiving their

first HIV or AIDS diagnosis during a given time period. There were 14 new cases in 2008 and 12 new cases in 2007 (see table below). From 2000 through 2004, 63 new HIV cases (including AIDS) were diagnosed in North Dakota residents. There were a total of 130 living cases of HIV/AIDS in 2004 which is somewhat lower than more current numbers.

New HIV/AIDS Diagnoses in 2007 and 2008, and Total HIV/AIDS Cases living in ND

	New HIV/AIDS cases[1]				Total HIV/AIDS Cases Living in ND[2]	
	2008		2007			
	#	%*	#	%*	#	%*
Diagnosis						
AIDS	4	29%	3	25%	94	50%
HIV	10	71%	9	75%	94	50%
Race/Ethnicity						
American Indian	1	7%	0	0%	18	10%
Black	2	14%	2	17%	28	15%
Hispanic (all races)	0	0%	0	0%	7	4%
Asian/Pacific Islander	0	0%	0	0%	2	1%
White	11	79%	10	83%	133	71%
Gender						
Male	13	93%	7	58%	147	78%
Female	1	7%	5	42%	41	22%
Total	**14**		**12**		**188**	

*Due to rounding, totals may not equal 100%.
[1]New HIV/AIDS cases reflects HIV cases that were newly diagnosed in ND during the listed time period. Cases include those which are classified as AIDS cases at initial diagnosis.
[2]Total HIV/AIDS cases living in ND reflect HIV/AIDS cases which were alive and residing in North Dakota as of December 31, 2008.
Source: ND Department of Health

There are no housing units specifically designated for persons with AIDS in Bismarck, but the local Community Action Program administers a HOPWA grant that provides housing and emergency assistance on a state-wide basis. They have indicated that they have recently initiated a waiting list for assistance (3 persons) for the first time since the state received HOPWA funding. There are currently no persons receiving HOPWA assistance in Burleigh County. The Bismarck-Burleigh Public Health provides health care assistance locally through the Ryan White Program, but could not release statistics for Bismarck. The CDBG survey ranked the need for HIV/AIDS housing as the lowest ranked special housing need in the community (1.46 in 2010 and 1. 25 in 2005).

D. Lead-Based Paint Hazards

The Bismarck-Burleigh Public Health Departments conducts mandatory tests on children under the age of 6 in households receiving Medicaid assistance or if parents request the test. If any child tests positive, the family is referred to a physician for more accurate testing and evaluation. In the past

five years, only two children have been referred to a physician. Only one was found to have lead poisoning, and the family was referred to the State Health Department. The following is an estimate of the number of housing units with lead paint in Bismarck based on age of housing in the 2000 Census:

No of units pre-1940: 90% +-10%: 1,499
No. 1940-59: 80%: 3,082
No. 1960-1970: 62%: 1,895
Total units: 6,476 (plus/minus 10%) times 47.9% (LMI households)=**3,102**

The following table indicates that there are 2,995 LMI renters and 5,043 LMI homeowners living in housing that was built prior to 1970. It also shows that the renters with the lowest incomes are most like to live in older apartments. The chart shows that 4 of 10 LMI homeowners also reside in older homes. Older housing tends to be more affordable for LMI households, but it may result in exposure to lead paint hazards and may need rehabilitation to bring it up to standard.

SOCDS CHAS Data: Affordability Mismatch Output for All Households as of 2000

	Renters Units by # of bedrooms				Owned or for sale units by # of bedrooms				
Housing Units by Affordability	0-1	2	3+	Total		0-1	2	3+	Total
	(A)	(B)	(C)	(D)		(E)	(F)	(G)	(H)
1. Rent <=30%					**Value <=30%**				
# occupied units	708	491	302	1,501		N/A	N/A	N/A	N/A
% occupants <=30%	53.2	47.5	32.1	47.1		N/A	N/A	N/A	N/A
% built before 1970	62.9	41.8	51.7	53.7		N/A	N/A	N/A	N/A
% some problem	30.9	20.0	18.9	24.9		N/A	N/A	N/A	N/A
# vacant for rent	55	24	10	89	**# Vacant for sale**	N/A	N/A	N/A	N/A
2. Rent >30% to <=50%					**Value <=50%**				
# occupied units	1,586	2,706	526	4,818		119	1,715	3,185	5,019
% occupants <=50%	54.4	33.8	22.6	39.4		57.1	26.4	14.4	19.5
% built before 1970	39.4	33.9	49.2	37.4		42.9	39.0	46.8	44.0
% some problem	45.4	30.1	25.3	34.6		16.8	8.5	3.3	5.4
# vacant for rent	59	224	4	287	**# vacant for sale**	0	40	49	89
3. Rent >50% to <=80%					**Value >50% to <=80%**				
# occupied units	508	806	530	1,844		129	970	5,344	6,443
% occupants <=80%	61.0	48.3	30.6	46.7		63.6	34.8	15.3	19.2
% built before 1970	17.9	14.9	33.4	21.0		76.0	45.9	42.9	44.0
% some problem	42.1	36.5	22.3	33.9		10.9	6.6	1.3	2.3
# vacant for rent	4	53	18	75	**# vacant for sale**	10	10	46	66
4. Rent >80% AMI					**Value >80%**				
# occupied units	131	64	20	215		30	392	2,578	3,000
# vacant for rent	45	20	0	65	**# vacant for sale**	10	24	33	67

Definitions:

Affordable: current gross rent (rent & utilities) that less than or equal to 30% of a household's gross income

Rent 0-30% - gross rent affordable to households with incomes at or below 30% of HUD Area Median Family Income (AMFI).
Rent 30-50% - gross rent affordable to households with incomes greater than 30% and less than or equal to 50% of AMFI.
Rent 50-80% - gross rent affordable to households with incomes greater than 50% and less than or equal to 80% of AMFI
Rent > 80% - gross rent affordable to households with incomes above 80% of AMFI.
Value 0-50%: homes with values affordable to households with incomes at or below 50% of HUD AMFI. Affordable is defined as annual owner costs less than or equal to 30% of annual gross income. Annual costs are estimated assuming the cost of buying a home at the time of the Census based on its reported value. Assuming a 7.9% interest rate and national averages for annual utilities, taxes, and hazard & mortgage insurance, multiplying income times 2.9 represents the value of a home a person could afford to purchase. For example, a household with an annual gross income of $30,000 is estimated to be able to afford an $87,000 home without having total costs exceed 30% of their annual household income.

The following chart present information from the ND Department of Health on the number of cases of lead poisoning in children for the state since 2004. The highest number of cases in any one year was 39 in 2009. The State Health Department also indicated that they hope to increase efforts to improve public awareness of the dangers of lead based paint to the public and the medical community

