Factors Predicting Residential Mobility Among the Recipients of the Section 8 Housing Choice Voucher Program

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Factors Predicting Residential Mobility Among the Recipients of the Section 8 Housing Choice Voucher Program

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The Section 8 Housing Choice Voucher (HCV) program is the largest low-income federal housing program in the Unites States and has a policy goal of promoting mobility or "choice." This study explored the factors that predict residential mobility among the recipients of the HCV program in Columbus, Ohio by including variables found to predict mobility among the general population and two new variables that are specific to the HCV program: total tenant payment (TTP); and fair market rent (FMR). Although the findings revealed that race, gender, age and number in family were significant in predicting residential mobility, the variables affected by the housing market and the program's policies and budgets (increase in TTP and increase or decrease in FMR) were more significant in predicting mobility. The findings indicate that residential mobility among HCV recipients had more to do with changes in the housing market and the program's policies and budgets than individual characteristics.

Key words: *housing policy; Section 8 housing; residential mobility, total tenant payment, fair market rent*

The Housing and Community Development Act of 1974 established a subsidized tenant-based housing program, Section 8 housing, with the stated goal of, "the reductions of the isolation of income groups within communities and geographical areas and the promotion of an increase in the diversity and

vitality of neighborhoods through the spatial deconcentration of housing opportunities for people of lower income..." [42 USC 5301 Sec. 101 (c)]. The Section 8 housing program was designed as a residential mobility program providing recipients with the ability to select housing and neighborhoods of their choice with the freedom to move to different neighborhoods, pending availability of housing units and receiving landlords (U.S. House, 2003).

The current subsidized tenant-based housing program, the Section 8 Housing Choice Voucher (HCV) program, was developed in 1998 under the Quality and Work Responsibility Act (U.S. Department of Housing and Urban Development [HUD], 2001) by merging the Section 8 voucher and certificate programs. HUD (2006a) states, "tenant-based vouchers increase affordable housing choices for very low-income families. Families with a tenant-based voucher choose and lease safe, decent, and affordable privately-owned rental housing" (p. 1).

Currently, the HCV program is the largest low-income federal housing program providing services to nearly 1.9 million households nationwide compared to nearly 1.2 million for public housing (HUD, 2008). The Section 8 HCV program is funded federally through appropriations granted by Congress, filtered through HUD, and usually administered by local public housing authorities (PHAs) who have applied for funding to implement the subsidized tenant-based voucher program. Families and individuals apply to receive a voucher from the local PHA and the vouchers are distributed based on need and recipients' income. The majority of PHAs have waiting lists to receive a voucher, which can result in a family or individual waiting up to 10 years to begin their home search (HUD, 2006a). Once a voucher is received, the recipient has at least 60 days and up to 120 days to find a rental unit in which the landlord is willing to participate in the Section 8 program and the unit is able to pass a site inspection (Grigsby & Bourassa, 2004).

The Section 8 HCV program seeks to meet the following policy goals: (1) promote economically-mixed neighborhoods by utilizing the private market to provide housing for low-income individuals and families; and (2) promote choice or "mobility" among the recipients by enabling them to select

housing of their choice in neighborhoods of their choice (U.S. House, 2003). HUD promotes residential mobility programs as a means to overcome "constraints imposed by place and race" (HUD, 1994). As a residential mobility program, the Section 8 HCV program is designed to allow recipients to obtain housing in better locations and where opportunities for upward mobility are potentially greater. This study seeks to explore the policy goal of mobility by examining the factors that predict residential mobility among the recipients of the HCV program, in Columbus, Ohio, as prior research has failed to examine such factors among the HCV program population. This study begins to explore the residential mobility of the HCV program recipients by asking the following research question: "What individual-level factors predict residential mobility among the recipients of the Section 8 Housing Choice Voucher (HCV) program?"

Literature Review

Residential Mobility

Residential mobility is simply defined as "whether or not a move occurred," (Morris, Crull, & Winter, 1976, p. 309). Many individuals and families plan to move for valid reasons, such as employment, education, family and housing structure. Further, if an individual or family's needs are not fulfilled, residential stability could be problematic. The success or failure of residential mobility is all dependent upon the "desirability of a move, the reasons for relocating, and the cohesion and support among household members" (Scanlon & Devine, 2001, p. 120). Residential mobility is often necessary for individuals and families to fulfill educational and employment goals as well as to raise a family (Gober, 1993).

Scanlon & Devine (2001) explain how the United States is described as a "nation of movers," and according to Hansen (2001), "about one in six Americans move each year, with an average of 11.7 moves in a lifetime" (p. 1). Schachter & Kuenzi (2002) found the median duration of residence in 1996 for individuals age 15 and over to be 4.7 years. Approximately 19% had resided in their current home for less than one year, while 24.7% resided for one to three years, 26.7% for four to

ten years and 30% for longer than ten years. Residential mobility is often studied among the general population to further define the concept, explain factors that predict individuals or families to be mobile, or the impact of residential mobility on individual and family well-being.

Residential mobility has been found to yield both positive and negative consequences for individuals and families. For example, residential mobility has been found to be negatively associated with a child's academic performance, social connections, and total number of activities in which a child participates (Kerbow, 1996; Pettit & McLanahan, 2003; Scanlon & Devine, 2001). For adults, residential mobility has been found to decrease social integration, which often results in lower levels of social, psychological, and physical well-being, and increase rates of depression, particularly for women (Acevedo-Garcia et al., 2004; Fauth, Leventhal, & Brooks-Gunn, 2004; Magdol, 2002; Myers, 1999; House, Umberson, & Landis, 1988). To the contrary, residential mobility has been found to increase feelings of safety and housing satisfaction, and is also associated with changes in employment, education, or income level (Fauth et al., 2004; Morris et al., 1976). Although the consequences of residential mobility vary depending on the circumstances, a program that promotes residential mobility should examine the extent to which this occurs among the recipients as well as the factors that predict residential mobility among the recipients.

Factors that Predict Residential Mobility

Residential mobility is shown to differ according to a family's place in the life-cycle, with younger families moving more frequently than older families (McAuley & Nutty, 1982; Van Ommeren, Rietveld, & Nijkamp, 1999). Individuals and families are often concerned with various factors or characteristics depending on their current needs, such as housing size, neighborhood amenities, school quality, distance to stores or services, employment opportunities, and climate, with the needs differing depending on the current life-cycle stage (McAuley & Nutty, 1982). Age is associated with residential mobility as Foulkes & Newbold (2005) found that people aged 18-29 years were more likely to be mobile. Hansen (2001) discovered that

young adults in their twenties have the highest mobility rates with rates continuing to decline with age.

Race and gender are found to be associated with residential mobility. Blacks have higher rates of mobility than Whites (19.1% v. 16.2%) [Hansen, 2001], and Whites are noted to have an average tenure (4.9 years) that is one year longer than Blacks (3.9 years) [Schachter & Kuenzi, 2002]. Crowder (2001) discovered that Blacks are more likely to expect to move and more likely to actually move than Whites. In regard to gender, female-headed households tend to move more frequently than other families (Long, 1992) and single-mother households are shown to constitute the highest percentage of movers (39.9%) (Kerbow, 1996) with 26% of them moving to a new residence within one year (South & Crowder, 1998).

A change in the number of family members is found to be associated with both an increase and decrease in residential mobility, yet is often determined by the relationship of the family members (Crowder, 2001). Being married tends to decrease mobility (Schachter & Kuenzi, 2002), unless the couple is recently married, which results in an increase (South & Deane, 1993; Speare & Goldscheider, 1987). The presence of children often decreases mobility (Long, 1992), but has also been shown to increase mobility when the goal of moving is to access better schools or neighborhoods (Schachter & Kuenzi, 2002; South & Crowder, 1997). Finally, annual income is associated with residential mobility, as households tend to be more stable the higher the income. For example, Schachter & Kuenzi (2002) found that for households with incomes less than $25,000, the median duration of residence is 3.6 years; $25,000–$49,000 is 4.3 years; $50,000–$74,999 is 5.4 years; and $75,000 or more is 6.3 years.

Residential mobility is promoted as an advantage of the HCV program by enabling recipients to make a choice in where to live and by creating greater opportunities for upward mobility. Despite the promotion of mobility, or choice of the recipients, and the anticipation of upward mobility, the recipients are limited in experiencing social mobility or the "movement or opportunities for movement between different social classes or occupational groups" (Aldridge, 2003, p. 189). The HCV program was initiated primarily to deconcentrate the poverty

that had been created by building housing for low-income individuals and families in one location versus scattered sites. In order to disperse recipients concentrated in high-poverty neighborhoods, the government initiated the HCV program to utilize the private market to house recipients and transferred the decision of location to the recipient. Despite the program's aims, recipients are actually constrained to housing that has a rental rate approved by HUD and by housing where landlords are willing to participate in the program. Additionally, as a means-tested program, recipients lose their housing benefit if their income exceeds the eligibility threshold, thus actually limiting the extent of upward and social mobility that is attainable. Based on these constraints, recipients are not able to experience residential mobility in the same way as the general population and are not able to progress within the social hierarchy.

In the general population, residential mobility has been shown to occur with changes in family structures or as individuals or families become dissatisfied with their current housing structure or neighborhood. Prior studies have found both positive and negative consequences of residential mobility, such as a decrease in children's academic performance and social connections for children and adults or more positive results when individuals and/or families are moving due to changes in employment, education or family structure. Recipients of the HCV program are noted to have a median length of stay of just over three years in a single unit, thus highlighting the existence of mobility among this population (Devine, Gray, Rubin, & Taghavi, 2003).

Multiple moves while in the program are not necessarily encouraged unless the ability to move meets the needs and desires of recipients and their families. Residential mobility does not indicate that a recipient will reside in better neighborhoods with each subsequent move. A study by Teater (2008) found that recipients who were mobile over a seven-year period experienced no significant change in poverty or change in racial composition of neighborhoods with subsequent moves. The study found that on average the recipients made lateral moves versus moves to neighborhoods with significantly higher or lower levels of poverty and racial integration. Therefore, based

on the knowledge of factors that predict the general population to move, the negative and positive consequences of being mobile, and the research indicating HCV recipients tend to make lateral moves, this study seeks to determine the factors that predict HCV recipients to be mobile.

Methods

Secondary data were provided by the Columbus Metropolitan Housing Authority (CMHA), a local public housing authority (PHA) in Columbus, Ohio, which is responsible for administering the HCV program vouchers under the supervision of the local HUD office. Currently, CMHA has over 10,800 housing units located within the city of Columbus and surrounding suburban areas connected with voucher-funded assistance, with 4,032 units devoted strictly to tenant-based vouchers (HUD, 2008).

Sample
The population for this study consists of all the HCV program recipients at CMHA who received vouchers at any time during the years 1999-2005. CMHA stores administrative data that contain detailed information on the recipients, such as unit number and location, landlord, total tenant payment, fair market rent, the number of individuals residing in the home, as well as basic demographic variables of the recipient. CMHA extracted all HCV program recipients between the years 1999-2005 from the database (N=14,659), which was used as the sampling frame from which to randomly select the sample for this study.

A stratified random sample was determined based on the population characteristics of CMHA's HCV program recipients. The use of stratified random sampling enables the researcher to explore differences between subgroups while ensuring a large enough sample size to reduce standard error (Levy & Lemeshow, 1999; Pedhazur & Schmelkin, 1991). At the time of this study in 2006, CMHA recipients overwhelmingly identified as being either Black or White. For example, 75% of recipients at CMHA were Black/African American, 23% were White, 1% were Asian, 1% were Hispanic or Latino, less

than 1% were American Indian or Alaskan Native, less than 1% were Native Hawaiian or Pacific Islander, and less than 1% were any other combination (HUD, 2006b). Additionally, 84% of the recipients at CMHA were female and 15.9% were male. Therefore, an equal number of Blacks and Whites, males and females were selected to ensure adequate representation from each group, and to determine any statistical differences between the two on the variables of interest for this study. According to Levy & Lemeshow (1999) one would use stratified random sampling because "it combines the conceptual simplicity of simple random sampling with potentially significant gains in reliability" (p. 123).

The stratified random sample was selected by separating the original data set (N=14,419) into four categories: (1) White females (N=2,683); (2) Black females (N=9,434); (3) White males (N=949); and (4) Black males (N=1,353). When calculating the power analysis with alpha = .05, power = .80, and an effect size of .3, a total of 180 recipients was suggested for each of the four categories (Kazdin, 2003; Cohen, 1988), yet a random sample of 250 recipients in each of the four categories was selected to further increase the power to .92 (Cohen, 1988).

Variable Descriptions

The independent variables included race (Blacks=1), gender (Males=1), age, number in the family, annual income, total increase in fair market rent from 1999-2005, total decrease in fair market rent from 1999-2005, total increase in total tenant payment from 1999-2005, and total decrease in total tenant payment from 1999-2005. Residential mobility constitutes the dependent variable, which simply means that an HCV program recipient has moved from one residence to another during the years 1999-2005. The recipients in this study could move between zero to six times as the study spans from 1999-2005, therefore, a ratio of number of residential moves to number of years in the program was necessary in defining residential mobility as a recipient who moves four times in four years (1.00) will have a different residential mobility rate from someone who moves two times in seven years (.29).

This study included two new variables that have not been previously considered in the residential mobility literature

as they relate specifically to HCV program recipients—fair market rent and total tenant payment. Fair market rent (FMR) is the value placed on a rental unit by HUD and is set at the dollar amount below which 40% of the standard-quality rental housing units are rented within the metropolitan area (HUD, 2007). A PHA may request HUD to allow them to extend this to rental units above the 40% guideline if necessary to increase the availability of housing stock. A PHA then establishes their payment standards, or the total subsidy that they will give to the recipient, from 90-110% of the published FMRs, or even higher with HUD approval under certain market conditions (HUD, 2001). The recipient is responsible for entering into a lease agreement with a private-market landlord where the market rent is congruent with the PHA's established FMR.

Total tenant payment (TTP) is the amount of money a recipient is required to contribute to the rental unit on a monthly basis, which typically consists of 30% of the recipient's income. The recipient may be required to pay more for the unit if the recipient has selected a rental unit that has a market rent higher than the FMR established by the PHA for a unit of a certain size. In this case, the recipient will pay the difference between the market rent of the unit and the FMR established by the PHA, which is added to the recipient's TTP. The recipients are required to pay their portion of the rent to the landlord, and the local PHA is required to send the set payment standard, or subsidy, directly to the landlord.

The rationale for including these two variables is based on prior research findings that a decrease in income is positively associated with residential mobility (Schachter & Kuenzi, 2002). A change in FMR or TTP affects a recipient's financial situation, as such a change will result in the recipient paying more or less for rental units. FMR and TTP are set by CMHA based on their current funding from HUD and according to their current goals (i.e. deconcentration). For example, the established FMR for a two bedroom home in 2002 was $673, yet in 2004 it decreased to $640, in 2005 increased to $674, and then increased again in 2006 to $720. The FMR and TTP are not solely influenced and do not fluctuate with the rental market as they are calculated based on CMHA's budget, their policy goals, and the recipient's income.

Four variables were created in order to account for the increase and decrease in FMR and TTP during the years 1999-2005. The total number of increases during the years 1999-2005 in FMR and TTP were summed separately and constitute the variables "increase in FMR" and "increase in TTP." The total number of decreases during the years 1999-2005 in FMR and TTP were summed separately and constitute the variables "decrease in FMR" and "decrease in TTP." The FMR and TTP values were rounded to whole dollars. FMR is set by CMHA and never had a change smaller than $5.00 during the years 1999-2005.

An ordinary-least-squares (OLS) regression was used to explore the factors that predict residential mobility among the recipients of the Section 8 HCV program. The analysis sought to determine if race, gender, age, number in family, annual income, increase in FMR, decrease in FMR, increase in TTP, and decrease in TTP contributed to residential mobility. The variables were entered simultaneously and statistical significance was set at a .05 level.

Results

The sample for this study consisted of 1000 HCV program recipients who were recipients at any time between the years 1999-2005. The sample consisted of 50% males (N=500) and 50% females (N=500), and 50% Whites (N=500) and 50% Blacks (N=500). Of the females, 50% were White (N=250) and 50% were Black (N=250), and of the males, 50% were White (N=250) and 50% were Black (N=250). The mean age of the HCV program recipients was 45 years and the mean number in each HCV program recipient family was 2.27 with a mean annual household income of $9,799.54. Table 1 illustrates the demographic characteristics of the HCV program recipients in this study by race and gender.

The mean for the TTP ranged from $170 in 1999 to $243 in 2005, and the mean for the FMR ranged from $521 in 1999 to $664 in 2005. In regard to increase in FMR, 47.8% of recipients experienced no increase in FMR during their tenure in the HCV program, yet 52.2% of recipients experienced between one to four increases in FMR. Over 68% of recipients

Table 1. Demographics by race and gender (N=1,000)

Variable	Black Female X (sd)	White Female X (sd)	Black Male X (sd)	White Male X (sd)
Age	39.1 (12.4)	42.9 (16.7)	47.1 (12.5)	50.6 (14.9)
Annual Income	10,852 (8,655)	9,245 (6,940)	9,053 (8,020)	10,046 (6,825)
Number in Family	3.2 (1.6)	2.2 (1.2)	2.0 (1.8)	1.7 (1.2)

experienced between one and five increases in TTP with 31.6% experiencing no increases. The majority of recipients (89.1%) did not experience a decrease in FMR, with only 10.9% experiencing between one and three decreases in FMR. Last, 47.5% of recipients experienced between one and four decreases in TTP, with 52.5% experiencing no decreases.

The dependent variable, residential mobility, had a range of between .000 and .833 with the majority of recipients (61.6%) never moving (rate of .000), 7.8% making one move every four years (rate of .250), and 4.6% making a move once every two years (rate of .50). Black females had the highest rate of residential mobility (.187) followed by White females (.118), Black males (.097), and White males (.058). The mean number of moves for the recipients while in the program was 0.58 moves. The mean number of years that a recipient remained in the program was 4.16 years with 4.8% remaining for only one year, and 20.1% remaining for all seven years. As Table 2 illustrates, Black females had the highest mean number of moves (0.94) followed by White females (0.58), Black males (0.48), and White males (0.31). Additionally, Black females had remained in the program for the longest amount of time with a mean of 4.61 years, followed by White females (4.04), White males (4.04) and Black males (3.96).

As Table 3 illustrates, the overall regression model is significant (p<.01). The variables in the model accounted for 45.6% of the variance in residential mobility with race, age, gender, increase in TTP, increase in FMR, and decrease in FMR significant at p<.01, and number in family significant at p<.05.

Table 2. Total number of moves and total number of years in the
HCV program (N=1,000)

Variable	Frequency (%)	Mean	Median	Std. Dev.	Range
Total number of moves		0.58	0	0.90	0-5
0	616 (61.6%)				
1	256 (25.6%)				
2	83 (8.3%)				
3	31 (3.1%)				
4	8 (0.8%)				
5	6 (0.6%)				
Black Females		0.94	1	1.00	0-5
White Females		0.58	0	0.93	0-5
Black Males		0.48	0	0.84	0-5
White Males		0.31	0	0.69	0-5
Total number of years		4.16	4	1.88	1-7
1	48 (4.8%)				
2	200 (20.0%)				
3	148 (14.8%)				
4	214 (21.4%)				
5	129 (12.9%)				
6	60 (6.0%)				
7	201 (20.1%)				
Black Females		4.61	4	1.81	1-7
White Females		4.04	4	1.93	1-7
Black Males		3.96	4	1.77	1-7
White Males		4.04	4	1.95	1-7

The findings revealed that being Black was associated with
an increase in residential mobility by .034 and being female
was associated with an increase in residential mobility by .039.
For every one year increase in age, residential mobility was
decreased by -.002, for each additional increase to number in
family, residential mobility was increased by .008, and for each
additional increase in TTP, residential mobility was increased

by .016. For each additional unit increase in FMR, residential mobility was increased by .024 and for each additional unit decrease in FMR, residential mobility was increased by .160. A decrease in FMR has the greatest influence on residential mobility (β = .212) followed by age (β = -.181), an increase in FMR (β = .135), an increase in TTP (β = .125), gender (β = -.115), race (β = .098), and number in family (β = .074).

Table 3. OLS predicting residential mobility (N=1,000)

Variable	B	SE B	β
Race (Black = 1)	.034	.010	.098**
Age	-.002	.000	-.181**
Gender (Male = 1)	-.039	.010	-.115**
Number in Family	.008	.004	.074*
Annual Income	-6.0E-005	.000	-.015
Increase in TTP	.016	.005	.125**
Decrease in TTP	.005	.007	.021
Increase in FMR	.024	.007	.135**
Decrease in FMR	.160	.022	.212**
Constant	.140		
R^2	.456		

*p<.05; **p<.01

Discussion and Implications

This study examined the individual-level factors that predict residential mobility among the Section 8 HCV program recipients by considering factors found to predict residential mobility among the general population (i.e. gender, race, age, number in family, income) as well as two new variables specific to the HCV program—total tenant payment (TTP) and fair market rent (FMR). The findings from this study yield similar results to Foulkes and Newbold (2005), Schachter and Kuenzi (2002), Crowder (2001), Hansen (2001), South and Crowder (1998), Kerbow (1996), and Long (1992) in that Blacks experienced residential mobility at higher rates than Whites,

younger individuals more than older individuals, females more than males, and as the number of family members increased, mobility increased. Income was not found to predict residential mobility among the HCV program recipients, which could be explained by the means-tested nature of the program; as a recipient's income increases over the eligibility threshold, the recipient is no longer able to participate in the program. The variables specific to the HCV program, TTP and FMR, were found to predict residential mobility among recipients where an increase or a decrease in FMR and an increase in TTP were found to predict a move. In regard to factors that predict residential mobility, the model for this study not only confirms findings from prior studies (except for income), it adds additional factors—increase in FMR, decrease in FMR, and increase in TTP—that contribute to residential mobility for this particular population and provide implications for low-income subsidized housing policy and future research.

The findings indicate that changes in the housing market and HUD's policies and programs are actually more of a predictor of residential mobility than individual or demographic characteristics, as an increase in FMR, a decrease in FMR and an increase in TTP constituted three of the top four variables associated with mobility. Such findings have implications for low-income housing policy, particularly when addressing whether recipients actually have a choice in their mobility. The increase in FMR and decrease in FMR are within HUD's control and are often based on their budget and policy priorities. In the private housing sector, FMRs are basically the amount of money a property unit would be worth if it was open for lease (HUD, 2007). Therefore, FMRs respond to market conditions such as changes in property values or fluctuations based on supply and demand. For example, an increase in individuals and families losing their homes based on foreclosures could lead to a greater demand for rental property causing the FMRs to increase. Alternatively, if more people are purchasing homes, there may be a decrease in FMRs as fewer people are demanding rental units. Although this is how FMRs operate in the private sector, there are even more variables that contribute to an increase or decrease in FMRs in the HCV program.

In the HCV program, HUD establishes FMRs based on the

rental market, but they also hold several policy priorities and have a budget within which to operate which further affects the FMRs for recipients. FMRs could be increased if HUD creates a priority of expanding their housing stock to increase the number of housing units available to recipients or potential recipients. For example, a recipient could reside in a 2-bedroom home with an FMR (i.e. rental value) of $640, yet this FMR is later increased to $675 based on HUD and the local PHA determining that they need a larger housing stock of units from which recipients can choose. The increase in the FMR could lead recipients to move to another 2-bedroom home that is of greater rental value, which better meets the needs of their families, such as larger living spaces or a better neighborhood.

Alternatively, a local PHA may experience a decrease in funding from HUD to operate the budget. Rather than remove recipients from the program, they lower FMRs to operate within the recipients' means. This is exactly what occurred at CMHA, where a HUD budget cut led the PHA to decrease their FMR from $853 for a 3-bedroom unit in 2002 to $813 for the same 3-bedroom unit in 2004. The PHA then increased the FMR in 2005 to $848. As a result of a lower FMR, recipients were left to either pay the difference between the old and new FMR or move to another unit where the rent was congruent with the new lower FMR. The findings from this study indicate the recipients opted to move versus pay the difference between the rent and the lower FMR.

In addition to a change in FMR, this study also found an increase in TTP was significantly associated with residential mobility. Changes to recipients' TTP occur when recipients have a change in income. The basic calculation of recipients' TTP is 30% of their income and any increase or decrease to recipients' income automatically leads to a change in their rental payment. As an increase in TTP leads to a higher rent, recipients may choose to move to locations that best match their payment abilities (i.e. a smaller unit with lower FMR). The findings from this study indicate that recipients are choosing to move with an increase in TTP (i.e. increase in their rental payment), but not when they receive a decrease in TTP (i.e. decrease in their rent payment). The findings suggest there is no incentive for recipients to increase their income while in the program as an

increase in income leads to an increase in TTP and, addition-
ally, an increase in income that puts recipients over the income
eligibility threshold requires a removal from the program.

As described, this study provides implications for low-
income subsidized housing policy as the current HCV program
seeks to combat the concentration of poverty and enable re-
cipients to have a choice in housing and neighborhoods. The
fluctuations in FMRs and TTPs contribute to the uncertainty
of housing affordability for recipients and only discourage the
ability of recipients to actually participate in upward mobility.
The results demonstrate how mobility in the HCV program is
correlated with a change in FMR and an increase in TTP. These
factors are not controlled by the recipients and, therefore,
mobility in this program may not actually be a choice as the
program promotes, but more a result of changes in the housing
market and the budget priorities of HUD.

As stated above, HUD promotes residential mobility pro-
grams as a means to overcome "constraints imposed by place
and race," yet when HUD makes adjustments to FMR and
the cost of a recipient's housing unit decreases, the recipient
is either forced to contribute more to rent or move to a less
expensive unit, further constraining a recipient's choice in
housing unit and neighborhood. Additionally, this notion of
fluctuating FMRs appears to contradict the goal of "increasing
affordable housing choice," as the choice in affordable housing
is actually determined by HUD's budget and current priori-
ties and not solely the housing market. According to Scanlon
& Devine (2001), residential mobility that is based on fluctu-
ations in FMRs and increases in TTP would be considered a
failure, as the move is not dependent on the needs and desires
of recipients and their families, but based on variables out of
their control.

If the HCV program would like to encourage residen-
tial mobility where the act is the result of a choice and not
necessity, then housing administrators are encouraged to sta-
bilize FMRs and TTPs in order to prevent unforeseen fluctua-
tions in a recipient's financial situation. The stabilization of
FMRs and TTPs is not an easy task for housing administrators,
as the budget of the housing authority depends on the appro-
priations granted to HUD by Congress, and thus, often requires

local authorities to adjust their budgets to changing budgets in HUD. Housing administrators, HUD and the federal government should be informed of the influence of these factors on residential mobility and, thus discourage budget reductions. When a budget change is necessary, attempting to stabilize FMRs and TTPs as much as possible is necessary, making shifts in other areas of the budget that are less likely to negatively impact the recipient.

Several limitations exist within this study. First and foremost is the use of administrative data, which limited the variables that could be used in the analysis. Although the administrative data provides a vast amount of information regarding HCV program recipients, the inclusion of several variables could have strengthened the outcome of this study in regard to predicting residential mobility, such as income sources, disability status, marital status, educational level, employment status and receipt of social care services. The construction of variables for this study was limited based on the usage of the data mainly for administrative purposes by the PHA (i.e. residential mobility; increase and decrease in TTP and FMR). Finally, this study revealed that among 1,000 recipients in this study, 38.4% experienced at least one move and over 25% experienced at least one move every four years. The rate of residential mobility differed when taking into account race and gender, as Black females were found to have the highest rate of residential mobility followed by White females, Black males and White males. Although such findings confirm prior research exploring residential mobility among the general population, this study fails to explain why such gender and racial differences exist in terms of residential mobility. Future research should continue to explore the gender and racial differences in residential mobility by focusing on the reasons for the consistent differences.

Despite the above mentioned limitations, this study has examined factors that predict residential mobility among HCV program recipients and have included two new variables which have not been included in prior research. A benefit of using administrative data for this study was the ability to examine mobility of the HCV program recipients over a seven year period, which could not have occurred in a timely manner

if the data were collected in the field. The findings provide a clearer picture of the act of mobility, an HCV program policy goal, among the programs' recipients, and this study has provided implications for policy and future research.

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