Rental Housing Search and Occupancy Experiences of Veterans with Disabilities

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Abstract

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The search for rental housing can be a very stressful and complex process for veterans with service-connected disabilities. This process requires the evaluation of different factors, such as one’s credit score, housing costs in relation to income and employment status, space requirements, type of housing structure, quality preferences, and neighborhood preferences. The purpose of this study was to investigate and document the housing search and occupancy experiences of veterans with disabilities. The study describes the current rental housing situation of these veterans and examines their satisfaction with their current housing. The contextual framework of this study was developed based on Morris and Winter’s (1975, 1978) theory of housing adjustment which identifies the key role of housing satisfaction as a measure to evaluate housing against housing norms and specialized needs. Issues associated with veterans with disabilities and their experience with accessibility, discrimination and Fair Housing Act provisions were integrated into the analysis of satisfaction.

Three major hypotheses were tested. Data collection occurred employing a mixed-mode survey design via a self-administered on-line survey and interviews, between October 9, 2012 and February 2, 2013. Eighty-three surveys were collected through job fairs and veteran community sponsored events, the Virginia Wounded Warrior Program, Iraq and Afghanistan Veterans of America, and other organizations. Descriptive statistics (frequencies, percentages, and means) were used to provide profiles of the respondents, including demographic information, search process, current housing situation, accessible features, satisfaction with
current housing, awareness of the FHAA, and military experience. One-way ANOVA, t-test, and Chi-Square were used to analyze associations when testing the three hypotheses.

The study results demonstrate that these veterans could benefit from increased awareness of the provisions of the FHAA. Further, findings suggest there is a need to educate veterans about the value of filing formal complaints about housing discrimination in order to potentially reduce the frequency of housing discrimination behaviors against veterans with service-connected disabilities. OEF/OIF veterans with trauma-related injuries were more likely to be dissatisfied with their housing and more likely to have experienced discrimination during the housing search process. The findings from this research are useful to veterans looking for rental housing, property managers looking to attract and maintain veteran renters, and organizations looking to assist veterans with housing related issues.
Dedication

This work is dedicated to the true heroes: Those who in the face of adversities still have to stand and follow orders and remember their promises to serve their countries even at the expense of their own lives. All the hard work was worth it, just so you live with dignity as you served!
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Chapter 1: Introduction

The sacrifices military service members make to serve their country sometimes include permanent physical and psychological injuries. After acquiring a war-related injury and returning to American soil, many of these men and women face home environments that do not accommodate their disabilities, often resulting in financial, emotional and other unique challenges (Beamish and Semeah, 2011). If they are looking for rental housing they may face even more stress. The realities of searching for accessible home environments in the rental housing market, navigating inaccessible apartment units and communities, facing discrimination because of their disabilities, and being denied reasonable accommodations and/or modifications translate into a compromised quality of life.

According to the 2011 American Community Survey data, there are 759,084 veterans with disabilities who rent (Erickson, 2013). There are also veterans with disabilities who are homeless and likely to enter the rental housing market if their health and employment issues can be stabilized. A recent report indicates that there are approximately 67,000 homeless veterans in America and many of these have disabilities. For example, roughly 400,000 veterans report having traumatic brain injury (TBI) symptoms and about 200,000 veterans indicate having post traumatic stress disorder (PTSD) symptoms (Public Broadcasting Service, 2012). The complexities of responding to the needs of people with disabilities in the rental housing market seem to create a disadvantage that should be examined in order to address the needs that veterans with disabilities have.

*The State of Housing for People with Disabilities* (Access Living, 2008) explained that the shortage of accessible housing in the U.S. has reached “crisis levels” and citizens with
disabilities have referred to housing as the number one concern needing to be addressed. President George W. Bush issued Executive Order 13217 on June 18, 2001 (2001) which mandated that states house qualified individuals with disabilities in community-based settings rather than institutions and required the Attorney General, the Secretaries of Health and Human Services, Education, Labor, and Housing and Urban Development, and the Commissioner of the Social Security Administration to “evaluate the policies, programs, statutes, and regulations of their respective agencies to determine whether any should be revised or modified to improve the availability of community-based services for qualified individuals with disabilities” (p. 1).

Nevertheless, the Congressional Research Service (2008) confirmed that the challenge to achieving the goal of this order is the small number of affordable and accessible dwellings in communities. Currently, there is no mechanism by the U.S. Department of Housing and Urban Development (HUD) or any other governmental agency to track the amount of accessible units available. Smith, Rayer, and Smith (2008) projected that about “90% [or more] of the housing units in the United States are inaccessible to people with disabilities” (p. 2).

People with disabilities who rent housing are particularly disadvantaged in terms of affordability. According to Worst Case Housing Needs of People with Disabilities - Supplemental Findings of the Worst Case Housing Needs 2009: Report to Congress:

In 2009, two out of three (or 66 percent) of renter households with disabilities had very low incomes, and only 46 percent of renter households without disabilities had very low incomes. Approximately 25 percent of renter households with disabilities experienced worst-case needs, and only 19 percent of renter households without disabilities experienced worst-case needs. Finally, renter households with disabilities were almost
one and one-half times more likely to pay more than one-half of their income for rent than renter households without disabilities. (HUD, 2011, p. 4)

Housing designed to be accessible or to have universally designed features can accommodate various types of disabilities and help improve the independence of those who live there (Sanford, 2011). The ability of a resident in such housing to perform Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) can increase, as the demands placed by the physical environment are less disabling to the individual. This in turn increases the resident’s level of comfort when maneuvering around the home (Andes, 2004; Cook, Yearns, & Martin, 2005; Erlandson, 2008; Hartje, Tremblay, & Birdsong, 2006; HUD 2011; Kochera, Straight, & Guterbock, 2005; McCullagh, 2006; Sanford, 2011; Smith et al., 2008; US Department of Health and Human Services, 1990). The ability to reside at home independently depends on an individual’s ability to perform ADLs autonomously or with little help. For example, some activities described as basic ADLs are eating, dressing, getting into or out of a bed or chair, taking a bath or shower, and using the toilet. Some activities described as IADLs are using the telephone, preparing meals, managing money, doing laundry, and shopping (HUD, 2011; Stineman, Ross, Maislin, & Gray, 2007). The lack of accessibility in a home can impede the ability of individuals with disabilities to perform some of the tasks listed above, creating barriers to independence.

The Fair Housing Amendments Act of 1988 (FHAA) is the primary federal law ensuring accessibility in privately owned rental housing. The FHAA prohibits discrimination against individuals with disabilities, as well as among other protected groups. It requires developers that built housing after 1991 to build multifamily housing communities that meet the Fair Housing Accessibility Guidelines (FHAG), and requires property managers to make or allow reasonable
accommodations and modifications to existing rental housing and policies (Corkery, 2005; HUD, n.d.; Kwon, 2012; Stratton, 2001). The goal of the law was to prevent discrimination against people with disabilities and to provide market rental housing that would support people with disabilities and increase the supply of accessible units.

In an attempt to improve and meet the housing accessibility needs of veterans with physical disabilities, the federal government has offered grants, i.e. Specially Adapted Housing (SAH) and Special Housing Adaptation (SHA), to build an adapted home or alter an existing home. In both of these programs, the eligible individual must have title to the home being adapted. Renters have the option of qualifying for the Temporary Residence Adaptation (TRA) grant, if a veteran lives with a family member temporarily and the family member has title to the home. With the Home Improvements and Structural Alterations Program, (HISA) veterans with service-connected disabilities or veterans with non-service-connected disabilities may obtain financial support for home improvements essential for the continuation of medical care or for disability access to the home and necessary lavatory and sanitary facilities. Veterans can obtain up to $6,800 for home modifications (Department of Veteran’s Affairs, n.d.).

Issues concerning dissatisfaction and discomfort might be ignored by veterans because of a lack of awareness of their rights, lack of funding or lack of awareness of funding options for home modifications. In addition, the veteran also must consider the fact that he/she is responsible for removing the modifications related to accessibility and returning the unit back to its original condition once the apartment is vacated.

Statement of the Problem

The search for rental housing can be a very stressful and complex event for veterans with disabilities requiring the evaluation of different factors, such as costs, in relation to income and
employment, space, structure-type, and quality preferences and/or requirements, credit score and neighborhood preference. An individual’s mental state can make this complicated decision even more challenging. For example, a veteran with a brain injury may find it more difficult to be able to think cohesively and thoroughly about the different options and the processes at hand. Additionally, a physical impairment, such as the loss of a limb, can add extra challenges to conducting the actual search process independently.

There may also be a lack of accessible housing units in the location that the veteran would like to live, and locating and evaluating the accessible characteristics of the apartment unit and the apartment community may be a challenge. Furthermore, veterans with disabilities, like others with disabilities, may be discriminated against in their housing search.


People with disabilities face additional burdens to finding safe and affordable housing for several reasons, such as being subjected to housing discrimination and encountering limited availability of accessible housing units (p. vii).

Prior research covering veterans with disabilities and housing have concentrated on issues surrounding homelessness and the need for supportive housing (Berg, 2008; Congressional Research Service, 2005, 2007; Fairweather, 2006; U.S. Department of Health and Human Services, 2010). In addition, according to the National Alliance to End Homelessness (n.d.), the Department of Veterans Affairs (VA) has reported that hundreds of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) veterans are homeless or experiencing housing related crises, such as being rent burdened. Veterans with disabilities are at higher risk of becoming homeless, needing housing with supportive services and/or transitional
housing. Recognized factors associated with housing crises for veterans are: unstable job circumstances, substance abuse, housing affordability, housing stability or lack of housing before enlisting in the military, low income, and mental/physical disabilities. (Berg, 2008; Fairweather, 2006; Institute for Policy & Governance, 2009; Perl, 2007).

Since mental and physical disabilities can contribute to veterans’ housing crises, it is important to understand the barriers and issues confronting veterans with disabilities when searching for and occupying housing. Individuals with mental disabilities still confront stigmas. In some cases mental health concerns have been a cause for housing discrimination (Bazelon Center for Mental Health Law, 2011; HUD, 2007, 2011; The Urban Institute, 2005). Individuals with physical disabilities also face discrimination and are burdened by the limited number of housing units that are suitable for them. Therefore, many veterans may experience a stressful and negative search process and are dissatisfied with their housing, especially, when considering their disabilities in relation to their housing conditions (Institute for Policy & Governance, 2010; Sanford, 2010; U.S. Department of Health and Human Services, 2010).

Purpose of the Study

The purpose of this study is to investigate and document the rental housing search and occupancy experiences of veterans with disabilities whose injuries were sustained while serving in the U.S. military. The study describes the current rental housing situation of these veterans and examines their satisfaction with their current housing. The study also explores expectations of veterans with disabilities for their housing search, documents their perceptions of housing discrimination and awareness of Fair Housing provisions, and identifies factors that impact their housing satisfaction.

Objectives of the Study
In order to address the situation and the purpose of the study, a survey of veterans who were disabled during their service in the U.S. military was conducted. This study was designed to address seven main objectives:

1. To describe the most recent rental housing search experience of veterans with disabilities;
2. To describe the current rental housing situation of veterans with disabilities;
3. To describe the housing satisfaction of veterans with disabilities living in rental housing;
4. To assess veterans’ with disabilities awareness of their rights related to the Fair Housing Amendments Act (FHAA);
5. To determine factors that influence satisfaction with current housing among veterans with disabilities living in rental housing;
6. To determine factors that influence veterans’ with disabilities perceptions of being discriminated against under the FHAA;
7. To compare veterans with disabilities who fought in OEF/OIF with veterans with disabilities who fought in other military conflicts.

Justification of the Study

Many veterans experienced physical and mental injuries while serving in the military. The difficulties they face in returning to civilian life indicate that a closer examination of their experiences in navigating and locating rental housing should be conducted. The need for affordable and accessible housing is an important consideration for this segment of the population. Additionally, veterans with disabilities are experiencing housing-related crises at a higher percentage than veterans without disabilities (Berg, 2008).

The housing search process may overwhelm discharged veterans who have been overseas on multiple tours or for long periods when they return to the United States with a disability.
Circumstances can complicate their ability to find and secure housing leading to a housing crisis, especially when they are unaware of resources available to them or are unsure of the search process. Mental disabilities, such as post-traumatic stress disorder (PTSD) or depression, have been known to be contributing factors to housing hardships for Vietnam veterans and other veteran cohorts (HUD, 2011). As HUD (2011), confirmed, “ambulatory, cognitive, and independent living limitations were the most prevalent limitations among households with worst-case needs and with people with disabilities” (p. viii).

Another challenge for veterans with disabilities is discriminatory practices against people with disabilities, which continue to be prevalent in the housing market. For example, veterans with disabilities who are not aware of their rights under the Fair Housing Amendments Act are unable to demand provisions (e.g. reasonable accommodation) under this law. The need to address housing accessibility issues and the need for veterans with disabilities to find and enjoy their living quarters is imperative in minimizing the physical and mental discomfort of those who served their country in the line of duty.

Veterans who did not have a stable housing situation before enlisting in the military may feel extremely overwhelmed in engaging in the housing process, especially after having experienced one of the most significant benefits of military service, the Basic Housing Allowance or other types of housing arrangements such as privatized housing, provided by the services.

It is important for the military and agencies interested in helping veterans with disabilities to pay attention to veterans’ opinions on how best to help locate and maintain stable housing arrangements. Many writers and advocates agree that providing supportive services (such as the ability/skills to achieve stable employment and income) will also assist in providing stability to
veterans in relation to their housing situation (Banaszynski 2006; Independent Budget, 2012; Perl, 2007).

Information provided by veterans with disabilities surveyed in this study may assist agencies in instituting and enhancing intervention methods to help improve veterans’ quality of life – more specifically their housing satisfaction. Among the benefits of studying the rental housing search and occupancy experiences of veterans with disabilities is identifying issues that will inform policymakers so that better programs and assistance can be provided. With the predicted risk of experiencing a housing-related crisis, it is important to analyze patterns in the housing experiences among veterans with disabilities (Fairweather, 2006).

While there are programs designed to provide accessible housing and access to housing to veterans with disabilities, such as the Specially Adapted Housing Program (SAH), Special Housing Adaptation (SHA), Home Improvements and Structural Alterations program (HISA), or Temporary Residence Adaptation (TRA) Grants, most of these do not address the needs of veterans needing to modify rental housing. With the exception of HISA, these programs require homeownership to participate. This study can help identify a need for such a program and provide information that can assist in formulating strategies to provide this type of service among veterans who need funding for home modifications to rental units.

Documenting discrimination encountered by veterans with disabilities during the housing search process and/or occupancy experiences can provide information that could assist in education and training programs and help identify and explain if there is a relationship between discrimination occurrences and housing satisfaction.

Definitions of Terms
Accessible design: the design of entities that satisfy specific legal mandates, guidelines, or code requirements with the intent of providing accessibility to the entities for individuals with disabilities. Fair Housing Accessibility Guidelines are standards for accessible design in multifamily housing.

Activities of Daily Living (ADL): everyday routines generally involving functional mobility and personal care, such as bathing, dressing, toileting, and meal preparation. Additionally, Instrumental Activities of Daily Living (IADL) are functional activities essential in determining a person's independence and ability to remain in their environment, such as, a person’s ability to go shopping, manage cooking, perform laundry and housecleaning, and or manage money. ADL and IADL are two measures used to judge the ability to live independently.

Adaptable design: modifications made to standard design for the purpose of making the product or environment usable for individuals, as needed.

Housing Satisfaction: a state of the level of contentment with current housing conditions. The term may refer to the entire continuum of satisfaction from very dissatisfied to very satisfied; thus, the level of satisfaction is inferred in addition to the idea of a state of being satisfied. Low levels of satisfaction are experienced as stress. Housing satisfaction is often measured with an overall housing satisfaction question, but can also be measured as satisfaction with various aspects of the housing.

Service-connected disability: an injury or disease that was incurred or aggravated while on active military duty. (4P.L. 80-702, June 19, 1948).

Universal design: the design of products and environments to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design.
**Veteran**: someone who has served in the Armed Forces of the United States or has continued to serve in the military to some capacity even after an injury. Individuals who were dishonorably discharged or honorably discharged, for the purpose of this study, are categorized as veterans, as well as individuals who have retired from the military.

**Veterans with disabilities**: for the purpose of this study, a veteran with disabilities is a previous or a current military personnel that has a war related physical or mental disability and who a treating professional has diagnosed. In this study, the term “veterans with disabilities” refers to veterans with disabilities whose injuries were sustained while serving in the U.S. military.
Chapter 2: Review of the Literature

The purpose of this study is to investigate and document the rental housing search and occupancy experiences of veterans with disabilities. The study describes the current rental housing situation of these veterans and examines their satisfaction with their current housing. The study also explores the expectations that veterans with disabilities have about their housing search, documents their perceptions of housing discrimination and awareness of Fair Housing Act provisions, and identifies factors that impact their housing satisfaction. The literature review will report on facts and studies related to veterans with disabilities, housing accessibility and affordability, rental housing, the Fair Housing Amendments Act, and the theoretical model used as the basis for this study.

Veterans, Injuries and Disabilities

The Department of Veterans Affairs (2013) estimates the veteran population in the U.S to be over 22.3 million. According to the 2011 American Community Survey data, there are over 12 million working-age civilian veterans in the US (ages 21 to 64), of whom about 2.3 million had a VA service-connected disability (Erickson & von Schrader, 2012). Medical advancements in patient care and medical treatment, quick transportation of injured soldiers to medical facilities, enhanced body armor, and new technologies used to protect servicemen and women from combat related injuries, all mean that current military personnel have a higher probability of surviving war-associated injuries than did previous generations. For instance, for every American who has died in the OEF/OIF conflicts, 16 others confronted non-fatal injuries. In previous wars, the death-to-survival ratio was much lower; for example, in the Vietnam War, for each death, three soldiers were injured (Bilmes, 2007; Institute for Policy & Governance, 2010; Porcari, 2009).
The prevalence of disabilities has varied with different conflicts. The next sections cover some of the disabilities associated with Vietnam veterans, 1991 Gulf War veterans, and Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) veterans. Although the U.S. has engaged in other conflicts, these three conflicts have been the most prominent since the 1960s and reflect the existing disabilities among current veterans.

**Vietnam War veterans: Disabilities and injuries.** The Department of Veterans Affairs (2011), reports that there are currently about 7.4 million living Vietnam veterans. An estimated 8.7 million veterans served from 1964 to 1975 in support of the Vietnam War. More than 58,000 U.S. men and women died in this conflict; approximately 300,000 were injured, more than one-half to such a degree that hospitalization was required (Committee to Review the Health Effects in Vietnam Veterans of Exposure to Herbicides, Institute of Medicine, 1994, 2011).

The average Vietnam veteran is 65 years old. With age comes the possibility of developing or aggravating pre-existing (or dormant) health conditions. For example, medical conditions such as cancer, diabetes and Ischemic Heart Disease have been associated with exposure to herbicides such as Agent Orange among Vietnam veterans (Committee to Review the Health Effects in Vietnam Veterans of Exposure to Herbicides Institute of Medicine, 2011; Department of Veterans Affairs, n.d). Additionally, experts predict that approximately 30 percent of Vietnam veterans have experienced posttraumatic stress disorder (PTSD). Research reveals that many veterans affected by PTSD are more likely to be diagnosed with depression, cardiovascular disease, gastrointestinal disorders, chronic obstructive pulmonary disease, and other diseases (Committee to Review the Health Effects in Vietnam Veterans of Exposure to Herbicides Institute of Medicine, 2011; Coughlin, 2011; GAO, 2010; Institute for Policy & Governance, 2010; Jankowsi, 2011).
**1991 Gulf War veterans: Disabilities and injuries.** Approximately 700,000 U.S. military personnel were sent to the Persian Gulf in support of the 1991 Gulf War. Compared to Vietnam, OIF, or OEF, the 200 reported deaths was low; however, soldiers were exposed to numerous natural and fabricated environmental hazards including sand flies, molds, infectious agents, vaccines, pesticides, depleted uranium, oil-fire smoke, biological and chemical warfare agents, and psychological stressors (Eisen et al., 2005). Because of such exposures, one-fourth of deployed Gulf war veterans have been found to have chronic multi-symptom illnesses. Chronic multi-symptom illnesses are a compilation of symptoms and conditions that a soldier might have. A person could have several of these conditions simultaneously. The following are a list of conditions and symptoms associated with chronic multi-symptom illnesses: fibromyalgia, memory and concentration problems, chronic fatigue syndrome, skin conditions, and/or gastrointestinal problems (Department of Veterans Affairs, n.d.; Eisen et al., 2005; Kennedy, 2011, 2013).

**Iraq and Afghanistan Wars.** In October 2001, the United States embarked on Operation Enduring Freedom (OEF) in Afghanistan and subsequently in March 2003 on Operation Iraqi Freedom (OIF) in Iraq. After 14 years of the Global War on Terrorism, U.S. military personnel continue to be placed in harm’s way in support of war in Afghanistan, altering the lives of the veterans who have served and their military families.

Sanger and Baker (2009) predicted that the number of troops dispatched during the Global War on Terror would reach between 1.8 and 2.1 million. About 840,000 veterans were expected to request disability related benefits (Church, 2009; Stiglitz & Bilmes, 2008). As of 2012, the number of troops that have supported OEF and OIF has reached 2.4 million (US. Department of Veterans Affairs: Office of Public and Intergovernmental Affairs, 2012).
In these conflicts 80% of injuries and 40% of deaths are attributed to explosions (Bilmes, 2007; Church, 2009; O’Hanlon and Campbell, 2008; Zoroya, 2005). According to the Department of Defense, from October 7, 2001 through May 7, 2012 the total number of casualties reported was 54,509. Out of this number, 48,083 were classified as wounded in action and 6,426 were classified as dead. The highest reported cause of injuries has been classified as weaponry/explosive devices (Defense Manpower Data Center, n.d.).

The methods employed against U.S. soldiers by Iraqi and Afghani forces, such as the use of improvised explosive devices (IED), have resulted in injuries caused by shrapnel, projectiles and objects set in motion by volatile charge and/or portions of bombs going off (Bilmes, 2007; Church, 2009; Crenshaw, 2010; Glasser, 2006; O’Hanlon and Campbell, 2008; Zoroya, 2007). According to Glasser (2006), the metallic remains of bombs and debris used in Iraq have caused penetrating wounds and third degree burns to soldiers.

In a survey conducted by the Veterans Health Administration Office of Public Health and Environmental Hazards (2009), of the 400,304 OEF/OIF veterans who left active duty and received VA health care benefits between fiscal year 2002 and 2008 (cumulative total), 49.2% had diseases of musculoskeletal system/connective system. According to the study, 44.6% had mental disorders and 36.6% had diseases of nervous system/sense organs.\(^1\) This same report revealed that under the category of veterans diagnosed with mental disorders, PTSD led the way with 92,998 cases followed by depressive disorders with 63,009 cases. Although this data is not representative of all 945,423 OEF/OIF veterans who qualified for VA healthcare services or the

\(^1\)“These are cumulative data since FY 2002, with data on hospitalizations and outpatient visits as of September 30, 2008; veterans can have multiple diagnoses with each healthcare encounter. A veteran is counted only once in any single diagnostic category but can be counted in multiple categories, so the above numbers add up to greater than 400,304.” (Veterans Health Administration Office of Public Health and Environmental Hazards, 2009, p. 13)
estimated 1.9 million troops who have participated in these two conflicts since 2001, it provides a good illustration of the high occurrence of war related physical and mental injuries.

Two of the unfortunate aspects of the most recent wars are the increasing number of brain injuries incurred by the service members and the biological and psychological impacts of multiple deployments, which in many incidences involve extended encounters with war-related stress over multiple rotations. The average length of deployment to Iraq was 15 months, the average for Afghanistan was 13 months, and one-third of service members experienced second and third deployments – some up to five times. The risk of obtaining a disability increases with each deployment. The incidence of mental health problems increases by 60% with each consecutive deployment (Coleman, 2008; Church, 2009). The major impact of extended and recurring stress on physical conditions related to wellness and health (i.e. the proper functioning of the immune system, cardiovascular disorders, and other physiological system disorders) has been associated with biological stress responses. Therefore, long-term exposure to stress impacts long-term health negatively (Marx et al., 2009).

**Sensory Disabilities.** Explosive waves have caused organ damage as well as sensory damage. For example, as a result of swelling and damage to parts of the brain and the nervous system, soldiers have lost the ability to hear or see. Approximately one-third of combatants returning from OEF and OIF were directed to audiologists for hearing assessments because of their experiences with severe acoustic blasts – 17% of these incurred hearing loss (Crenshaw, 2010; Wilmington, Lewis, Myers, Gallun & Fausti, 2009). Other documented causes of hearing loss are firing noise, medicine for other medical conditions, or direct contact with the blast. The Hearing Loss Association of America reviewed data supplied by the Department of Veterans Affairs, and reported that “approximately 59,000 service members from OEF and OIF are on
disability for hearing failure” (Wilmington et al., 2009).

**Orthopedic and Musculoskeletal injuries.** Owens, Kragh, Macaitis, Svoboda, and Wenke (2007), found that explosions accounted for 75% of orthopedic wounds, while gunshot injuries were responsible for only 16% of such wounds. Physical injuries related to explosives have been relatively high, especially respiratory damage, and nervous system and musculoskeletal injuries. Additionally, heavy equipment worn by soldiers, sometimes weighing over 80 pounds, has caused numerous back injuries (Glasser, 2006; Institute for Policy & Governance, 2010; McIlvaine, 2011; Wilmington et al., 2009).

Musculoskeletal injuries (limb amputation, wounds and fracture, spinal cord injury, disc hernia, neck and back pain) comprise 50% of physical injuries (Belmont, Schoenfeld, & Goodman, 2010; Glasser, 2006; Veterans Health Administration [VHA] Office of Public Health and Environmental Hazards, 2009).

**Traumatic Brain Injury.** The enormous incidence of brain swelling due to traumatic brain injury (TBI) has led to serious headaches, attention deficiencies, sleep disorders, cognitive deficiencies, confusion, and memory deficiencies, in addition to mental illness (such as depression), and personality disorders. TBI is a disturbance of brain function caused by a piercing to the skull causing damage, or by a blow or jerk to the head/brain. The severity of TBI can vary from “mild,” which is frequently identified as a concussion, to “acute,” which can be identified by unconsciousness, unresponsiveness, or amnesia (Crenshaw, 2010; Tanielian & Jaycox, 2008).

**Post-Traumatic Stress Disorder.** Psychological injuries may be excessively high in comparison to the physical injuries of the wars. TBI and PTSD have been classified as signature injuries of these conflicts (Bilmes, 2007; Church, 2009; Crenshaw, 2010; Glasser, 2006; Institute
According to a report released by the Government Accountability Office (GAO) in January 2011, about 20% of veterans who served in Iraq and Afghanistan have PTSD (GAO, 2011).

In a study of army soldiers who had been dispatched to the Iraq war and returned to America for one year, PTSD symptoms were associated with neuropsychological deficits such as reduced concentration, deficiency in learning, recollection, and reaction-time proficiency (Marx et al., 2009).

Shortly after trauma exposure, PTSD was not significantly related to neuropsychological performance; however, over time, PTSD symptoms negatively correlated with neuropsychological performance. Greater PTSD symptoms were associated with poorer attention in soldiers tested at 1-year follow-up (B=0.01, P=.03) but not in recently returned soldiers (p. 4).

The results of this study were consistent with earlier research, which speculated that in the face of danger to one’s existence, neurobiological changes in the noradrenergic and neuroendocrine impact behavioral reactivity. These changes in behavioral activity include accelerated response times in the face of danger but reduced concentration, learning, and recollection in non-threatening incidents, thus redistributing cognitive resources from non-threatening incidents towards survival (Habib, Gold, Chrousos, 2001; Hotopf & Wessely, 2006; Morilak et al., 2005; Vasterling, et al., 2006).

**Disability Ratings by the Veterans Administration**

In order to come up with the compensation amount and type of benefits an injured veteran will receive, he or she must be assigned a disability rating by the Veterans
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Administration (VA). The VA rates all service-connected disabilities based on the Schedule for Rating Disabilities (VASRD). This is identical to the rating schedule utilized by the Department of Defense (DoD) when a soldier leaves the military. Nevertheless, the DoD rates disabilities to determine whether the service person is fit or unfit for duty, whereas the VA rates all service-connected disabilities to determine the level of compensation to which the veteran is entitled. The VA assigned rating might therefore be higher than the DoD disability rating. The aim of the VA rating classification is to evaluate the impact of a specific disability on the veteran’s ability to earn income. According to the Institute for Veterans and Military Families (2012) the VA ratings:

reflect not just the percentage of disability but also the assessment of the veteran’s “efficiency” or earning capacity, as well. A veteran with a 10% disability rating, for example, is also indirectly determined to be 90% efficient (because 100% - 10% = 90%). In terms of the VA, this means that this veteran’s earning capacity is predicted to be 90% of what it would have been if s/he did not experience the disability. A veteran rated 100% is projected to have no earning capacity (p.11).

According to a press release by Iraq and Afghanistan Veterans of America (2013), an internal VA document revealed that the number of new veterans waiting more than a year for their benefits has grown by 2,000 percent, from 10,000 in January of 2009 to 243,000 in December of 2012. Additionally, new regulations recognizing eligibility for benefits for new diseases associated with Agent Orange exposure have forced the Veterans Benefits Administration to adjudicate 260,000 formerly denied and new claims relating to impairments associated with Vietnam veterans, further adding to the backlog of claims from veterans waiting for their disability benefits. (GAO, 2013). The number of veterans waiting for disability benefits
will increase as the numbers of deployed troops return home from the Afghanistan War throughout 2013 and war operations end in 2014. The delayed processing of disability benefits, in turn, impacts the abilities of veterans with disabilities to obtain access to other resources relating to their disabilities, such as the Home Improvements and Structural Alterations Program (HISA).

**Models of Disability**

The physical environment is instrumental and influential in empowering or discouraging individuals to engage with their environment. Physical environments that constrain individuals rather than facilitating functionality in physical activities serve to exacerbate an individual’s disabilities (Cook, 2011; Sanford, 2010; Scheidt and Indley, 2006; Stineman et al., 2007).

According to Erlandson (2008), when the word “disability” is viewed from a social model perspective a society “sees [a] disability as a socially created problem [or barriers] with its central focus being the full integration [or lack of] of individuals into society” (p. 33).

Society has often evaluated a person’s disability through a medical lens, in that a medical condition is the etiology of a person’s inability to engage with his and her own environment. This view often blames the individual for his or her misfortune in not being able to interact with their environment. Stineman et al. (2007) state:

The narrow medical definition of disability encourages the view that the individual needs to change to conform to ‘normality’ disregarding the assumption that some of the most potent solutions to enhancing potential for life participation may come through environmental change (p. 1).

The biopsychosocial model presents a different manner of viewing the engagement between the physical environment, social environment and individuals with disabilities whether
the impairments are mental or physical. According to Stineman, et al. (2007), the biopsychosocial framework approaches the environmental/human interaction holistically. This framework considers an individual’s fitness of mental and physical capabilities, working together with components of their surroundings and social environments, in determining the individual’s competence to participate in crucial life events. Cook (2011) acknowledges this interaction between person and environment in her study of leisure and disability coping, noting that “(g)iven societal perceptions of disability and the reality of impairment-related constraints, individuals with disabilities encounter unique constraints (to participation) in addition to those common among the general population” (p. 60). Thus within the biopsychosocial framework, life space extension optimization is gauged through a medical, psychological or ecological involvement aiming at improving an individual’s ability to interact with their physical and social environment considering their medical condition.

Authors such as Cook (2011), Stineman, et al. (2007), and Weathers (2005), have recognized that health impairments may impede interaction, thus decreasing the person’s capacity to function and partake significantly in major life activities; nevertheless, the level of interruption depends on the equilibrium of obstructions and/or facilitators existing in the physical and social environments where each activity takes place. Therefore, the more challenges the physical environment presents, the severity of the disability augments, and the more the ability of participation by the individual with the impairment lessens.

Examples of home modifications and universal design considerations that can facilitate safe maneuvering, promote independence, and postpone institutionalization are: counter tops at different height levels, wider doors; lever door handles; stoves with controls in front, lever handled faucets; wall cabinets installed at accessible reach range; stair glide; open space that
facilitates the movement of a wheelchair; handrails and grab bars to promote balance and equilibrium; removal of loose throw rugs to prevent falls; and elimination of clutter to decrease the probability of falls and mental confusion (Cline, 2007; Sanford 2010).

The Joint Center for Housing Studies of Harvard University (2011) speculates that additional demand for accessible units is possible, as the aging of the Baby Boom generation will add approximately 2 million individuals over 65 to the rental housing market. This in turn will affect the demand for the already small supply of accessible units.

**Housing**

Housing is essential to human survival. This commodity is often referred to as an object, a shelter, a safe haven, and an extension of oneself (Moore, 2000; Reed & Mills, 2007). As Maslow’s hierarchy of needs theory explains, shelter provides the physiological and emotional assurance needed for citizens to engage in productive activities in society (Maslow, 1943). A home is where individuals prepare meals; find protection from society’s ills and weather conditions; and/or come together to celebrate family accomplishments and events. Cline (2006) stated, “When you think of the term home, ideas of comfort and safety come to mind. Home is where your personality is expressed and you are surrounded by your personal possessions” (p. 25). Individuals may choose to occupy their shelter by renting or owning the dwelling unit. The focus of this research is on veterans with disabilities who have chosen to rent their housing.

**Rental housing.** Individuals and families rent housing rather than buying homes for many reasons, including the need to have temporary housing due to short job assignments, divorce, the need for a transitional residence, the need to maintain a flexible lifestyle (i.e. renting shifts the primary duty for upkeep and maintenance to the property owner), easy access to work
and amenities, low transaction costs, the need to save for purchase of a home and/or to avoid an unpredictable housing market (Joint Center for Housing Studies of Harvard University, 2011).

Although many individuals prefer to own their own home, approximately 39 million households rent their housing (James III, Carswell, & Sweaney, 2008; Joint Center for Housing Studies of Harvard University, 2012). While the widespread view is that rental housing is mostly comprised of large structures or apartment communities, more than half of all rental units are located in buildings with four or fewer units, including the 34% of rental housing stock that is in single-family dwellings. One-fourth of rental housing is in buildings with 5 to 19 units, and the rest of the rental units are divided between large structures of 20 to 49 units (9%) and 50 or more units (12%) (U.S. Census Bureau, 2011, Tables B25009, B25032).

According to the Joint Center for Housing Studies of Harvard University (2012), individuals own 55% of all rental units. They own 80% of rental units in building structures with 1-4 units and approximately 70% of units in building structures with 5 – 9 units. Partnerships, corporations, limited liability companies and nonprofit organizations possess the remaining rental housing stock. The median requested rent for unfurnished rental housing in 2009, was $808 per month.

It is important to note that an individual who owns less than 3 dwelling units or is the owner of a small rental building (i.e. quadruplex) who also lives in the same building, may not have to adhere to the FHAA requirements as long as their advertisement of the dwelling is not discriminatory in nature. Additionally, the accessibility requirements of the Fair Housing Accessibility Guidelines (FHAG) do not apply to the design and construction of the single-family sector. In regards to the design and construction of new single-family units, visitability
ordinances may apply in some localities, but are not required in most states or localities (Nishita, Liebig, Pynoos, Perelman, & Spegal, 2005).

According to the Joint Center for Housing Studies of Harvard University (2011):

Renters are in fact more likely to live in the center cities of metropolitan areas than homeowners, but more than half live in suburban and nonmetropolitan areas. Indeed, two out of every five renters live in suburban areas and about one in seven in non-metro areas. And although center city rentals are more likely to be in larger buildings, nearly half are in structures with just 1–4 units even in urban areas. Almost three-fifths of rentals in suburban areas, and four out of five in non-metro areas, are also in these smaller structures (p.3).

Renters are more likely to be in 1-person and 2-person households (63%) with 37% in 1-person households and 26% to 2-person households. The remainder of the renter population is equally distributed between married couples with and without children, single parent households, and other related and unrelated groups of persons. In 2010, the median household income for renters in a 12 month period was approximately $30,000, compared to $62,000 for homeowners. About 55% of blacks occupied rental housing as opposed to 29% of whites. About 52% of Hispanics/Latinos occupied rental housing (U.S. Census Bureau, 2011, Tables B25119, B25003A, B25003B, B25009).

Affordability. Between 2001 and 2009, the portion of renters paying more than 30% of their earnings for gross rent (contract rent and utilities) increased from 41.2% to 48.7%. Additionally, the portion of renters paying more than half their earnings for shelter increased from 20.7% to 26.1%, with 2% of this increase taking place between 2007 and 2009. The increasing portion of cost-burdened renters is evident in all of the 100 major U.S. metropolitan
regions according to the Joint Center for Housing Studies of Harvard University (2011). A
moderately cost-burdened renter is said to be someone who pays between 30% and 50% of their
earnings; furthermore, a severely cost-burdened renter is one that pays more than 50% of their
income on housing. According to the Joint Center for Housing Studies of Harvard University
(2011):

In 1960, 24 percent of renters were at least moderately burdened, including 12 percent
that were severely burdened. By 2000, these shares had reached 38 percent and 20
percent. And by 2009, the share of at least moderately cost-burdened renters soared to 49
percent while the share of severely burdened renters jumped to 26 percent (p. 9).

According to the Joint Center for Housing Studies of Harvard University (2011), data
support the long term increases in the number of severely cost-burdened renters; there is no
indication this will change soon as unemployment numbers are expected to stay at elevated
levels for several years and rental markets are starting to constrict. Thus, competition for
affordable shelter will probably be exacerbated.

**Accessibility and home modifications.** The relatively small amount of accessible
housing stock impacts veterans with disabilities negatively, especially when interacting with
inaccessible home environments. For example, “People with mobility impairments often need
features like zero-step entrances and wide interior doorways in order to reside safely and
comfortably in their homes, but such features are generally missing in the U.S. housing stock”
(Smith et al., 2008, p. 2). It is well documented that much of the housing stock in the U.S. is not
typically equipped to accommodate the physical changes that may accompany a person’s
medical condition (Nishita et al., 2005; Sanford, 2010; Smith et al., 2008). Nevertheless, through
housing modifications and reasonable accommodations, functional limitations within a home can
be less incapacitating (Smith et al., 2008; Sanford, 2010). Home modifications help individuals compensate for the loss of capacities, therefore helping individuals perform essential activities without environmental press (Pynoos & Nishita, 2003).

In explaining how a medical condition may necessitate additional accessibility features or modifications as a condition progresses or flares up, Stineman et al (2007), provide the following illustration (Figure 1).

Figure 1. Example of benefits of home modifications. (Used with permission)

The housing needs of a fictitious female with multiple sclerosis changes when her medical condition necessitates the use of different mobility aids, for example, a cane versus a wheelchair. According to the authors, when the woman was using a cane she was able to take
care of her personal needs and perform activities of daily living independently or with little help. Nevertheless, when her condition flared up and required the use of a wheelchair, the spacing around the housing, illustrated by the white shaded areas, presented challenges and she was unable to access essential areas in her dwelling. Consequently, inaccessible environments increase the involvement and responsibilities of caregivers (Access Living, 2008; Sanford, 2010; Stineman, et. al., 2007). Supportive features help ensure the safety and comfort of caregivers, and in turn, impact an individual’s self-esteem. Families of recently wounded veterans confront disheartening challenges while assuming the unique role of caregivers (US. Department of Veterans Affairs: Office of Public and Intergovernmental Affairs, 2011).

Illustrated in the second drawing (B), the woman’s ability to use the essential areas became possible through the alteration of spacing. As the authors emphasized, “the removal of environmental barriers might reduce disability through life space enhancement after a home environmental intervention for the hypothetical wheelchair using person …” (p. 1166). Stineman, et al. (2007) also mentioned that when the physical environment was conducive to self-independence the spouse was able to return to work and not required to provide 24-hour care.

This example explains the need to continue to promote universal design, as a design concept vital in promoting healthy living environments (Sanford, 2010). Conveniences afforded by universally and accessibly designed units can help minimize the involvement of caregivers and minimize family member’s stress levels (Lau, Scandrett, Jarzebowski, Holman, & Emanuel, 2007; Sanford, 2010; Smith et al., 2008). This in turn, will allow more individuals to participate within the physical environment and not be prisoners in their housing. This is important, not just
from a quality of life perspective but from a civil rights perspective as well (Access Living, 2008). As Access Living (2008) states:

The disability community does not think of a wide 32" clear doorway or a 12:1 ramp, or a 15" outlet as merely building codes, but as civil rights – as those elements which will allow people with disabilities to have shelter while becoming truly active members of our community (p. 3).

In elaborating on the need to have supporting environments, Sanford (2010) explained that much of the housing stock in the U.S. does not serve the prosthetic needs of injured individuals. The home environment should ideally help individuals with limitations in functionalities that fulfill activities of daily living and their social lives. Tasks must be done in a manner that is safe and affords independence. By design, a prosthetic home environment is without hazards and promotes functioning and independence. Sanford (2010) further states:

Physical environmental barriers, such as stairs, lack of toilet and tub grab bars, poor lighting, and poor visual contrast, and lack of space can reduce accessibility; create dangers in the home and community; put community-dwelling individuals with chronic conditions and functional limitations at significant risk for adverse health events (such as falls) and injuries, loss of independence, or difficulty in performing activities of daily living. (p. 203)

Some behaviors associated with a person’s cognitive or physical impairment (i.e. unstable gait, trembling, lack of balance, impaired mobility) can increase the probability of harming oneself if the physical environment in a housing unit is not conducive to maneuvering and self-independence (Cook et al., 2005; McCullagh, 2006; Sanford, 2010). As the competence model reveals, changes to the physical environment can minimize environmental press, thus
helping decrease the strain or effort by the individuals. The role of a housing environment in promoting and contributing to functional health is important and well-noted (Cook et al., 2005; McCullagh, 2006; Sanford, 2010; Stineman et al, 2007).

**The Search for Rental Housing**

Being able to search, find, and reside in accessible housing promotes independent living for individuals with disabilities, and more specifically veterans with disabilities. Living independently means that a person has autonomy and control over their everyday routines; consequently, autonomy helps the individual improve their life and quality of life. Additionally, studies have shown that individuals with disabilities who live independently are happier than those who must depend on caregivers and institutionalization (Access Living, 2008; McCullagh, 2006; U.S. Department of Health and Human Services, 1990).

Engaging in the housing search process is a very stressful event, especially considering the lack of accessibility within dwelling units, complexes and surrounding neighborhoods (i.e. no sidewalks, curb cuts, or transportation). The housing search process itself requires planning and collaboration with individuals who play key roles in the process (i.e. landlords, realtors, social service agents, and/or property managers). In the planning stages, professionals in the real estate industry recommend:

- Creating and prioritizing a list of needs and wants so that when searching for housing, one can narrow down the search to only dwellings that possess the elements on the list (i.e. the need for a 2 bedroom dwelling versus 3 bedroom dwelling; the need to live near public transportation, the need to have flooring that would not restrict the use of a wheelchair; the need for a roll-in shower versus a tub).
Choosing the location of where you want to live. In considering neighborhood preferences, evaluating safety, services and the amenities available are important.

Formulating a housing budget to determine affordability of a dwelling unit. Units that are beyond the set budget can be eliminated when composing a list of potential dwelling units.

Addressing any items that impact credit score rating.

Reviewing any online reviews posted by previous tenants to recognize any unethical dealings with the landlord (HousingLink, 2006; Search-for-apartments.net, n.d.).

Internet search engines like Apartment Rating, Realtor.com, search-for-apartments.net or Craigslist have made the search for housing easier to some extent. Additionally, some of these search engines have created what some refer to as a community of renters, where individual tenants post about their level of residential satisfaction or dissatisfaction, and share advice and recommendations on different topics (i.e. how to find a roommate, how to pack, and tips on decorating). Additionally, some of these search engines provide information on the FHAA and other important information like landlord/tenant laws. Thus, individuals can start some of the preliminary tasks involved in finding housing utilizing online search engines (HousingLink, 2006; Search-for-apartments.net, n.d.).

Housing Discrimination and the Fair Housing Amendments Acts

Housing discrimination towards individuals with disabilities has been prohibited since 1988, when handicapped status was added as a protected class under the Fair Housing Amendments Act (FHAA). The FHAA prohibits discrimination against individuals with disabilities, requires developers to build multifamily housing communities that meet the Fair Housing Accessibility Guidelines (FHAG) beginning with apartments built in 1991, and requires
property managers to make or allow reasonable accommodations and modifications to existing rental housing and policies (Corkery, 2005; HUD, n.d; Stratton, 2001).

In an older apartment (built before March 1991), a person with a disability can request a modification to their multifamily housing in order to make it more accessible. The resident with a disability must pay to have the modification made and removed, but the request should not be denied if there is medical documentation that supports the request.

Equally important, according to the FHAA, is the ability of individuals with disabilities, including veterans with disabilities, to request a reasonable accommodation. For example, assigning a parking space closer to the building to avoid a lengthy path of travel or sending rent payment reminders for individuals with severe TBI all can increase housing utility.

In apartment communities built after 1991, apartments (i.e. structures composed of 4 or more units) are to have been constructed according to the Fair Housing Accessibility Guidelines (FHAG) and should not require as many modifications. Seven requirements are applicable to some new multifamily housing construction, including all buildings with elevators and the first floor units of walk up apartment complexes:

1. One accessible entrance on an accessible route;
2. Accessible public use and common areas;
3. Usable doors (34” doors with 32” clearance)
4. Accessible routes into and through the unit (at least 36” wide and level)
5. Light switches, electrical outlets, thermostats and other environmental controls in accessible locations;
6. Reinforced walls for grab bars in bathrooms; and
7. Usable kitchens and bathrooms.
Grievances filed under the disability category of the FHAA have been the most frequent fair housing complaints filed with HUD (HUD 2010). For example, in 2010 HUD reported that around 10,155 housing discrimination complaints were made, of which 48% were disability related. HUD (2011) reported occurrences of housing grievances experienced by individuals with disabilities revealing that “one-third of advertised rental housing units in the Chicago metropolitan area [for example] were not accessible for people with mobility limitations and that one in six requests for reasonable modification to make the units accessible were denied” (p. 2).

According to Title 24 Subpart D section 100.201, of HUD’s regulations implementing FHAA, some unlawful actions against individuals with disabilities are as follows:

- To advertise the sale and rental of a dwelling in a discriminatory manner. For example: “no wheelchair users are welcome at this property.”
- To refuse to sell or rent to someone because of their disability.
- To refuse to process the application of the potential buyer or renter because of their disability.
- To probe to determine whether an applicant for a dwelling or an individual planning to reside in that dwelling has a disability or to probe into the nature or severity of a disability.
- To discriminate against persons with disabilities in the terms, conditions, or privileges of the selling or rental of a dwelling, or in the delivery of services or facilities in connection with such dwelling.
- To not allow, at the cost of the individual, reasonable modifications of the premises, occupied or to be occupied by a person with a disability when the
requested modifications may be needed to provide a person with a disability full enjoyment of the premises of a dwelling.

- To refuse to make reasonable accommodations in rules, policies, practices, or services, when the accommodations requested might be needed to allow equal opportunity for utilization and enjoyment of the dwelling unit, including public and common use areas.

**Housing Adjustment Theory: Housing Satisfaction**

The Housing Adjustment Theory explains the different processes American households utilize to arrive at decisions about their housing based upon tolerance of their normative housing deficits, ability to engage in a housing adjustment behavior and levels of housing satisfaction. A normative housing deficit is the deviation of the present dwelling from cultural norms and/or family norms related to some attributes. According to Morris and Winter (1978), housing satisfaction is:

A state of the level of contentment with current housing conditions. The term [housing satisfaction] may refer to the entire continuum of satisfaction from very dissatisfied to very satisfied. Thus, the level of satisfaction is inferred in addition to the idea of a state of being satisfied. Low levels of satisfaction are experienced as stress (p. 80).

A housing adjustment behavior can be defined as an action a household may take (i.e. residential mobility, residential adaptation, or family adaptation) to change a perceived deficit to reduce stress, to prevent sanctions, and/or to conform to cultural or family norms. A housing adjustment behavior will most likely occur at any time the household's housing departs sufficiently enough from the norms to considerably lessen their housing satisfaction (Morris, Crull, & Winter, 1976; Morris & Winter, 1975)
According to Morris and Winter (1978), other factors that influence housing satisfaction are demographic and socioeconomic characteristics such as: (a) occupation, (b) education, (c) family, (d) family structure, (e) stage of family life cycle, and (f) income. A household’s ability to implement an adjustment behavior to minimize or eliminate perceived deficits greatly depends on a family’s ability to overcome constraints, which are often related to demographic and socioeconomic characteristics. Examples of constraints are family’s finances, ability to secure a loan, ability to come up with the security deposit or a family’s ability to make a decision. Other constraints may be political or social in nature (Morris & Winter, 1975).

When an individual is unable to perform a housing adjustment behavior due to a constraint, expectations may be lowered and the situation tolerated due to the family’s inability to do something about their housing situation. For example, Morris and Winter (1975) state:

Because of the presence of constraints, both intra- and extra-familial, the family may be forced to compromise or relax their norms and utilize reasonable behavioral responses and reasonable housing goals. Such compromises are achieved by the development of preferences for both means and goals that are relaxations of norms. (p. 79)

Dissatisfied residents have different means by which to arrive at housing satisfaction at this point. Persons may adapt to the existing housing circumstance. In such an instance, the individual re-examines circumstances and needs. As a result, the individual may decrease their aspirations thus their residential satisfaction may increase in light of reduced aspirations and re-evaluation of circumstances. In other instances, the household may not be able to adapt to their housing condition and may opt to relocate (Diaz-Serrano, 2009).

**Housing norms.** Morris and Winter (1978) explained how housing satisfaction is greatly influenced by Americans’ ongoing evaluation of their housing against cultural and familial
norms. Norms are the threshold used in judging whether one’s condition is or is not acceptable in a particular society.

The different cultural housing norms described in the Housing Adjustment Theory, which influence housing satisfaction, are:

- Tenure norms,
- Structure type norms,
- Space norms,
- Quality norms,
- Expenditure norms,
- Neighborhood norms.

Morris and Winter (1978) explained that American’s cultural norms entail: (a) preferring to own a home versus renting, (b) preferring to live in a detached single-family structure versus a multiunit structure, and (c) preferring to possess adequate indoor space (i.e. enough bedroom space, for the different members of the family considering age and sex composition). Americans also have norms for good quality housing (i.e. adequate plumbing and good quality materials and appliances) and housing expenditures (i.e. spending less than 30% of income on housing costs).

Neighborhood norms may be more varied. If the neighborhood location does not provide the amenities and services necessary to meet the needs of family members (i.e. access to adequate schools, medical services, or perhaps a drug store), this lack of amenities and services may contribute to low levels of satisfaction and propel the family to relocate. Examples of neighborhood deficits for people with disabilities are lack of access to transportation and accessible streets (sidewalks and curb-cuts).

In predicting the housing adjustment behavior of renters, Morris, Crull, and Winter (1976)
indicate that renters would be less inclined than homeowners to select residential adaptation to reach their desired housing state (i.e. to improve spacing adequacy) because it would entail investing time and financial resources into someone else’s property. Consequently, mobility would be the standard adjustment behavior most likely available and selected by renters.

**Housing satisfaction among veterans with disabilities.** The Housing Adjustment Theory and the measurement of housing satisfaction may be especially important to the study of veterans with disabilities who rent their housing. The model would suggest that by limiting the sample to renters, there is already an expectation that the level of satisfaction may be lower than for other populations. By examining only renters, the study removes the tenure norm as an important predictor of housing satisfaction and the evaluation of the housing situation. Studies that have investigated the housing satisfaction of renters have consistently found that the responsiveness and performance of property management personnel or owners has a strong influence on their housing satisfaction (Kwon, 2012; Onibokum, 1974; Ukoha & Beamish, 1996)

Other norms outlined in the housing adjustment model are relevant in this study and therefore questions about satisfaction with structure type, space, quality, expenditures and neighborhood are included. When assessing the housing satisfaction of veterans with disabilities, one must also take into consideration that the disability (and the level of disability) can create a housing deficit and a special housing need. According to Morris and Winter (1978), the special housing need, which must be met to increase levels of housing satisfaction, is additional to the ones presented by cultural and familial norms; therefore, the presence of and satisfaction with accessibility features was also a focus of the study.

For example, a veteran who uses a wheelchair may express low levels of satisfaction with spaces that inhibit navigation throughout the house and limit independence. If spacing deficits
(i.e., if door clearance to a major area such as the family room is smaller than 32” or if the hallways are too narrow to allow access) are salient, they will contribute to higher levels of dissatisfaction with space in the house. However, dissatisfaction with space could also be in response to other aspects of the size of the unit, such as the number of bedrooms. Specific questions about satisfaction with typical accessibility features may provide additional information about the special housing needs that veterans with disabilities have.

The fact that dwellings with accessible features are hard to locate presents a restrictive situation to veterans with disabilities who would otherwise engage in housing mobility if the supply of housing was adequate or if funding for modifications was readily available. The lack of accessible units in the market may force individuals with disabilities to continue to reside in an accessible unit or apartment complex in spite of other normative deficits in order to continue to have a space that they can use.

In determining factors influencing housing satisfaction for veterans with disabilities living in rental housing, this study investigates satisfaction with the housing norms identified by Morris and Winter (1978): quality, expenditure (cost), space, neighborhood, and structure type. Satisfaction with property management and accessibility features are also included as being appropriate to ascertaining levels of housing satisfaction among this population.

Summary

This chapter provided information about veterans with disabilities, with a special focus on veterans of Vietnam, the 1991 Gulf War and OEF/OIF. Models of disabilities, housing, rental housing search process, housing discrimination, FHA Act, and the Housing Adjustment Theory were discussed.
Veterans with disabilities who rent housing are in a precarious situation on many fronts. Their disabilities are often severe, requiring housing environments that are designed or modified to meet their needs. They may have income limitations due to difficulties finding employment and they may not be receiving disability benefits from the VA due to a backlog of applications that has significantly slowed the process for obtaining these benefits. These problems result in difficulty finding housing that is affordable and accessible. The FHAA was passed to increase the supply of accessible housing and to make it illegal to discriminate against people with disabilities, but its effectiveness is not universal. There is a large portion of rental housing stock that is not covered by the FHAA. Much of this will be older and less costly rental housing that veterans with disabilities may find in their communities or within their price range. Furthermore, the tendency to discriminate against people with disabilities is still prevalent and veterans with disabilities could face this obstacle.

By examining the rental housing experience of veterans with disabilities using the concepts of the Theory of Housing Adjustment, the constraints that these veterans face in finding housing can be explored. Their satisfaction with their housing may related to the quality of the housing and the neighborhood and its costs, size and accessibility. The fact that these veterans are renting already places them in a non-normative housing situation, but their experiences with the structure type and management of their housing could influence their satisfaction.
Chapter 3: Case Study

The purpose of this study is to investigate and document the housing search and occupancy experiences of veterans with disabilities. To this end, the researcher conducted an exploratory qualitative case study prior to the survey research in order to document the rental housing experience of veterans with disabilities who served in support of OEF and OIF. This study was planned to help formulate the quantitative study with a similar population. This chapter includes information about the development of the qualitative case study’s interview questions, the collection of data, and the analysis of the findings. At the end of this chapter, a brief section summarizes the content from the case study that was useful in the development of the quantitative survey study, discussed in Chapter 4, based on results of the case.

Qualitative Case Study Procedures

In order to report on the rental housing search process and occupancy experiences of veterans whose injuries were sustained while serving in the Global War on Terror, a pilot study was conducted in the form of a case study. The purpose of the case study was (1) to evaluate the need for further research, (2) to identify veterans’ with disabilities rental housing issues, and (3) to provide information that would help in the creation of an instrument for the quantitative study to follow.

According to Creswell (2003) and Leedy (1992), a case study is a type of descriptive research in qualitative inquiry, which allows the researcher to collect and analyze data. Creswell (2003) explains that in a case study, for example, the investigator “explores in depth a program, an event, an activity, a process, or one or more individuals. The case(s) is bounded by time and activity (p.13). The fact that the housing accessibility concerns of current veterans with disabilities (OEF and OIF) have been explored in a very limited manner, lends support for the
use of this approach as an appropriate method for gathering information to identify emerging experiences by participants.

**Instrument and Consent Form**

Sixteen open-ended interview questions, with follow-up/probing questions, were used to conduct interviews (Appendix A). The interview questions were designed to encourage participants to share their views and opinions regarding their experiences (Creswell, 2003). Questions pertained to the respondents’ disabilities, their housing search process experience, their occupancy experiences while in the home, accessible or inaccessible features in the home, respondents’ familiarity with the Fair Housing Amendments Act (FHAA), and their relationship with the property owner. A second component to the interview process was an optional home accessibility evaluation. Two participants agreed to allow the researcher to conduct the optional home accessibility evaluation. Due to the low number of participants in the optional home accessibility evaluation, these data were not reported as part of the case study results. The Virginia Tech Institutional Review Board approved the interview questions; the procedures for conducting the case study and the consent form completed by the participants (Appendices B and C).

**Sample and Contact Procedures**

Ten veterans were interviewed about their current housing situation and their experiences while searching for housing. In order to identify veterans willing to participate in the study, several agencies were contacted, including: Radford University ROTC program, Paralyzed Veterans of America, Virginia Wounded Warriors Program (VWWP), Veterans Administration in Salem, Virginia; and Blue Ridge Independent Living Center in Roanoke, Virginia. The aim of contacting these agencies was to have the representatives disseminate the study’s introductory
material to their constituency. A snowball sampling technique was utilized to identify five participants.

The researcher also contacted 32 veterans who had participated in a needs assessment study sponsored by VWWP and conducted by the Virginia Tech Institute for Policy and Governance (VTIPG) in order to expand the sample. During the needs assessment study, these veterans had indicated they had a disability, lived in rental housing, and were willing to participate in any future research dealing with veterans’ needs.

Criteria for participation in the case study were as follows: (1) veteran with a disability, (2) the disability had to have occurred while serving in the Afghanistan or Iraq war, and (3) the veteran was willing to rent, had searched for rental housing, or currently lived in rental housing. All participants were first contacted by phone to secure their agreement to participate in the study and confirm an appointment time. Attempts to reach participants via phone were made three times before ceasing any attempt for further contact. Seven of the 32 contacts provided by VWWP were unable to be reached due to phone numbers not working (i.e. disconnected number, not in service, or wrong telephone number). Five of the remaining 25 contacts refused to finish the interview. Seven of the contacts were left messages regarding the survey but did not return the requested phone call to the researcher. Eight of the contacts never answered the phone or an answering service did not pick up. Five participants from the needs assessment survey agreed to participate in the study.

All ten participants agreed to be tape-recorded and were informed that before the interview was conducted consent needed to be granted. Five participants were emailed a consent form upon request and provided the signed form personally; five participants selected the option of having the consent form read to them via phone and consented to the interview verbally.
Case Study Findings

Nine male participants and one female participant were interviewed. All ten participants served in Iraq. Seven of the participants were white (6 males and 1 female). Two black males and one black/Hispanic male also participated in the interview. Participants ranged in age from 25 to 51 (25, 26, 28, 34, 38, 39, 40, 42, 42, 51). Four of the participants were still classified as active duty, but their injuries did not allow them to serve in the battle theater. Six of the participants were no longer active in the armed services.

Seven of the participants served in the Army, one participant served in the Army Reserve, one participant served in the National Guard, and one served in the Navy. Out of the ten participants, nine were renters. In regards to living arrangements and family life, the nine renters had various situations including living with children, living with spouses, living with fiancés, living with girlfriends, living with a roommate, or living alone. One of the nine participants lived with a friend after being evicted from his previous apartment due to unstable employment triggered by his PTSD two months before being interviewed. One of the ten participants became a homeowner the week of the interview; previously, he had been living with his parents because he could not find or afford what he described as quality housing at a reasonable price.

Injuries and disabilities. Seven of the participants reported back injuries, with some individuals reporting herniated discs, crushed/collapsed back and nerve damage causing partial leg paralysis. One participant reported that being exposed to high temperature levels caused permanent damage to his spinal cord. This participant was very apprehensive about disclosing specific details regarding his injuries. Three of the ten participants anticipated that their back injuries would become chronic, possibly leading to the use of a mobility device. Participants attributed back injuries to wearing heavy body armor (100 lbs. worth of equipment on a normal
basis); trauma caused by high impact bomb explosions while inside vehicles; jumping out of aircraft; kicking doors down; and riding in vehicles with poor suspension on unpaved roads.

Other reported injuries were related to upper or lower extremities, such as the knees, feet, ankles, elbows, and shoulders. For example, one of the ten participants reported dislocating his shoulder during mobilization training before deployment to Iraq, which prevented him from carrying large and heavy items. This same participant reported aggravating a previous gastrointestinal (GI) system complication during his mobilization training due to what he believed to be poor quality nutrition that was provided. The GI system complication was the result of high levels of stress during the stabilization and response to the Katrina disaster. One of the ten participants reported having a difficult time walking due to bone spurs in his feet caused by prolonged periods of wearing military boots. Another participant reported having scars around his heart and lungs due to a gunshot to his chest. One of the ten participants reported being deaf due to a blast and not wearing proper gear to protect his hearing.

One participant reported problems driving long distances or sitting in one place for long periods of time. Nine of the participants reported that performing some or all of the following activities were problematic and impacted their quality of life: lifting heavy items (heavy was not defined), climbing stairs, hiking, standing, and running. For instance, one individual explained that if he stood on his legs/back too long, his back gave out and the ability to support his body weight was compromised. When this occurs, he collapses.

Four of the ten participants indicated that they had been diagnosed with PTSD. Symptoms associated with PTSD as described by participants were memory loss, sensitivity to noise, difficulty sleeping due to nightmares, heavy perspiration, difficulties with confinement, and discomfort with being around large groups of individuals. Three of the ten participants
reported mild traumatic brain injury (MTBI). Among participants with MTBI, symptoms experienced were sensitivity to light, excruciating headaches, difficulty sleeping and nausea.

**Housing search process.** Eight of the ten participants (including the four participants still classified as active duty) viewed their current housing tenancy as transitory. The seven participants who reported back injuries and two of the participants who reported shoulder injuries requested apartments on the first floor during the housing search process. Participants expressed dissatisfaction with the search process mainly because when they initially contacted rental agencies they made requests to view units on the first floor to avoid climbing stairs. Nevertheless, leasing agents showed 2nd and 3rd level apartments in buildings with no elevators. Participants believed that leasing agents hoped that other characteristics in the unit would overshadow the need for a ground level unit. One participant observed “I might be able to carry myself up to the apartment in pain, but I would not be able to carry my laundry or groceries up to the unit.” One of the participants stated that when his back condition flares up, he is unable to leave his apartment due to steps that he must negotiate.

Three of the participants agreed that having their families, primarily wives, conduct the housing search process before returning from combat really made the search process easy. This reinforces the important role families play in assisting the transition of military personnel back into civilian life.

Two of the participants agreed that having realtors perform the search process on their behalf also yielded positive results. Three participants expressed the desire to have the military assist with the housing search process and two indicated that they did not receive any information or assistance before they separated from active duty. The two African-American
participants expressed dissatisfaction with the absence of military involvement with their transition back into civilian life.

Knowledge of Fair Housing Amendments Act. Four of the participants had no knowledge of the FHAA. An equal number acknowledged hearing about the FHAA but had no knowledge of how the Act related to or affected persons or veterans with disabilities. Two of the participants were very acquainted with the FHAA. Of these two participants, one became cognizant of the FHAA while attending physical rehabilitation due to his shoulder injury.

The other participant was very knowledgeable about the provisions of the FHAA since he was a consumer advocate for soldiers. In this role, he educated landlords concerning any FHAA violations and the provisions under the Service-members Civil Relief Act. This participant recommended that the military provide information concerning funding available for home modifications to wounded soldiers and veterans. According to this participant, the most suitable time to provide information is during obligatory briefing. This suggestion is supported by a testimony provided by Steven R. Berg (2008), Vice President for Programs and Policy for the National Alliance to End Homelessness, when he testified before the Subcommittee on Military Construction, Veterans Affairs and Related Agencies. Berg explained that by actively delivering housing related information to released veterans during discharge briefings, the military might identify at-risk veterans and provide them with an opportunity to institute early prevention tactics to avoid housing related crisis.

The above participant also stressed that military personnel with children and spouses with disabilities should be provided with assistance and information regarding home modifications, funding, and other pertinent program information. Another participant agreed that just as there are grants available for home modification to assist individuals with war related wounds who
own their homes, there should be grants available for individuals who choose to rent and who currently incur expenses associated with home modifications.

**Housing accessibility.** The most cited and desired accessible features identified by the interviewed participants were: ground level housing, ramp, stair railings, grab bars, higher countertops (kitchen/bathroom), lower kitchen wall cabinets, wider doorways, and accessible parking.

According to the 10 participants, finding ground level housing is very difficult. Participants with back conditions stated that having more ground level units available in their communities would diminish the hardship and discomfort associated with maneuvering stairs, especially during the search process. Participants believed that leasing agents often lured them to visit the community to look at units on the upper levels, even after specifying that ground level housing is desired and required. Participants emphasized the importance of ramps, grab bars, and stair railings in helping to maintain balance and minimizing physical discomfort.

Participants did not indicate measurement specifications concerning the height of countertops (kitchen/bathroom) or how much lower kitchen wall cabinets needed to be; nevertheless, participants indicated that having these accessible features would decrease back strain. Explanations for desiring wider doorways and entryways were not expounded upon other than to say that these features make maneuvering easier within the apartment. Participants highlighted the importance of accessible parking spaces because they help reduce long walks causing less back strain.

**Request for reasonable modifications or reasonable accommodations.** Eight of the participants did not ask for reasonable accommodations or modifications. This may have been because they were not needed or because participants were not familiar with the concept of
accommodations or modifications as defined by the FHAA. Two of the participants made changes to current and/or previous units. For example, one participant heightened the kitchen counter top to avoid bending.

Once the concepts of reasonable modifications and reasonable accommodations were explained to the participants, nine of the participants assumed that property managers would not have been receptive to the idea of allowing modifications/accommodations even if tenants paid for changes. Participants wrestled with the idea of making a needed modification since it was viewed as an expenditure for them and an investment for the property owners.

One participant mentioned that he was very apprehensive about revealing his disability to the leasing agent, requesting accessible features as a modification, or requesting a designated parking space. He explained that the provisions of the FHAA are wonderful in theory but leasing agents or property managers may decide to do something different than what the law requires. For example, this participant believed that if inquiries were made initially concerning accessible features, leasing agents might perceive him to be a problem tenant and thus find ways to eliminate him from the application process. This participant did not pursue the request for accessible parking because he was afraid that by receiving a designated parking space his neighbor, who may have parked in that space, would now be angry and perceive him as a nuisance within the community.

**Housing satisfaction.** When asked the question “How satisfied are you with your current housing situation?” four of the participants stated that they were not satisfied. Reasons for this response were: too many steps to negotiate; difficult terrain to traverse; poor management; and outdated appliances.
In describing their level of satisfaction with his housing situation, one of the ten participants utilized his own scale of 1 - 10, ten being very satisfied and one very dissatisfied. The participant stated that his level of satisfaction was a five. The participant agreed that the apartment was accessible but that affordability was an issue. When asked whether the unit was accessible to meet his needs, he again utilized a 1-10 scale and gave an eight to illustrate his level of satisfaction with accessibility features.

The participant explained that finding accessible apartments in his area of Northern Virginia is very difficult. According to the participant, only one in six apartment complexes will meet accessibility regulations. Many ground floor apartments are occupied and are more expensive in his area. This participant expressed the desire to move due to the high rent price but is concerned with facing similar accessibility challenges elsewhere.

Four of the participants expressed high levels of satisfaction with their current housing. When asked whether the units were accessible to meet their needs, seven of the participants stated yes and three stated no.

**Knowledge of resources.** Participants had limited knowledge of resources that provide information about funding for needed modifications, accessibility or how to obtain housing related information (i.e. websites such as Military One Source or National Resource Directory website). According to their website, The National Resource Directory (NRD) provides access to services and resources at the national, state and local levels that support recovery, rehabilitation and community reintegration. This website, among other things, provides information on locating accessible housing including apartments. The NRD stems from the collaboration from the Departments of Defense, Labor and Veterans Affairs, to meet the needs of wounded warriors, service members, veterans, and their families. Some study participants, especially those with
PTSD or MTBI, agreed that information on websites for educating veterans should be less
difficult to find or less convoluted.

**Claiming disability and being part of this minority group.** All of the participants had a
difficult time identifying themselves as having a disability when searching for housing or
identifying with this minority group in general. Reasons given for not wanting to be identified
with this group were: “did not want to be perceived as weak or a problem;” “did not think
necessary;” “It is not as easy to admit that you have a disability as you might think;” “did not
want to be perceived as needy,” or “people look at you different.”

**Summary**

Participants perceived any necessary modifications as property improvements, which
enhanced property value for property owners. Participants viewed property owners as being
unwilling to allow necessary installations of home modifications; therefore, leading veterans to
implement accessible features/conditions themselves (in many instance without communicating
this to the landlord).

Some participants were worried about revealing their disabilities to leasing agents or
asking for any modification or an accommodation. The apprehensions originated from the
veterans’ predetermined notions that their request would be denied or because they did not desire
to be viewed as needy or problematic.

Participants felt that there should be money available for wounded veterans who rent and
need to make home modifications just like there is money available for homeowners needing
home modifications through the Specially Adapted Housing, Special Housing Adaptation or the
Temporary Residence Adaptation. Furthermore, funding information should be easily
identifiable.
Some participants voiced the desire to have the military provide assistance with the housing search process when a veteran is first released. A number of the veterans interviewed specified that they did not obtain any information or support when they separated from active duty. Although, the representation of minorities among the participants interviewed was not representative of the proportion of veterans who served in the military, careful consideration should be given to the needs of minority veterans when transitioning back to civilian life.

**Implications for Survey Development**

In creating the instrument for the qualitative survey, areas in the case study that needed to be evaluated further were selected. These areas were: awareness of the FHAA as it relates to persons with disabilities; reasonable home modifications performed; funding sources to perform modifications; housing affordability issues; and housing satisfaction.

The fact that 8 out of the 10 participants were not aware of how the FHAA impacted persons with disabilities became an important concept to explore further. In developing this area of the survey, it was important to know if veterans with disabilities have confronted discriminatory behaviors and if they were aware of their rights and entitlements under the FHAA. Additionally, the researcher thought that it was important to know whether veterans with disabilities were filing complaints once they encountered prohibited actions under the law.

During the case study, it was found that eight of the participants did not ask for reasonable modifications. Since veterans from OEF and OIF have reported high percentages of musculoskeletal injuries, the researcher thought it important to know what modifications were being performed and how veterans with disabilities were funding the modifications. Additionally, since participants expressed concerns regarding difficulties in finding accessible
housing, veterans’ preconceived expectations about finding suitable housing considering their need for accessible housing needed to be documented.

Since participants expressed concerns regarding housing affordability, the researcher thought that accessing whether veterans with disabilities were confronting housing affordability issues was also important. The responses regarding participants’ housing satisfaction were mixed and some individuals expressed low levels of housing satisfaction with their housing due to accessibility issues and non-accessibility issues. Additionally some individuals expressed a high level of housing satisfaction. When questioned about whether the units were accessible to meet their needs, 70% of the participants stated yes and 30% stated no. For this reason, evaluating factors that influence overall housing satisfaction with current housing based on housing norms and including specific questions about accessibility features of their housing needed to be explored.
Chapter 4: Methodology

The purpose of this study is to investigate and document the housing search and occupancy experiences of veterans with disabilities. The study describes the current rental housing situation of these veterans and examines their satisfaction with their current housing. The study also explores veterans’ expectations for their housing search, documents their perceptions of housing discrimination and awareness of Fair Housing provisions, and identifies factors that impact their housing satisfaction. This chapter describes the methodology for the study, including instrument development, sampling, and survey procedures used to conduct this study.

This study has the following objectives:

1. To describe the most recent rental housing search experience of veterans with disabilities;
2. To describe the current rental housing situation of veterans with disabilities;
3. To describe the housing satisfaction of veterans with disabilities living in rental housing;
4. To assess veterans’ with disabilities awareness of their rights related to the Fair Housing Amendments Act (FHAA);
5. To determine factors that influence satisfaction with current housing among veterans with disabilities living in rental housing;
6. To determine factors that influence veterans’ with disabilities perceptions of being discriminated against under the FHAA;
7. To compare veterans with disabilities who fought in OEF/OIF with veterans with disabilities who fought in other military conflicts.
Instrument Development

Design of the survey instrument used in this study was guided by the literature review, the theoretical framework, and the findings and observations generated from the case study described in Chapter 3. The instrument was designed to obtain information from veterans about: (1) their rental housing search process and perception of discrimination, (2) their current housing situation, (3) the accessibility of their current housing, (4) their satisfaction with current housing, (5) their awareness of the Fair Housing Amendments Act, (7) their military service and service-connected disabilities, and (8) demographic characteristics. Due to difficulties obtaining a sampling frame of the target population and the fact that the veterans’ population is dispersed (see discussion under the sampling section), the instrument was designed as a questionnaire to be self-administered or administered by an interviewer. Some of the advantages of utilizing questionnaires are that they can be disseminated to a sizeable number of individuals, raising the probability for a larger number of respondents, and they are less expensive than conducting interviews. Limitations in utilizing a questionnaire are that the response rates can be small and comprehension of questions may be an issue for some respondents (Trochim, 2006).

Originally, the survey instrument was composed of 101 questions. Based upon the recommendations of ten experts and two veterans interviewed by phone, and the analysis of eight participants’ responses to the pilot study, the survey underwent several revisions, which are described below.

Recommendations from Ten Experts

The experts who reviewed the questions for the survey worked or served in the areas of housing, compliance and enforcement of the Fair Housing Amendments Act, statistics, military service, and disabilities. The experts evaluated the questions for applicability to the target
population of veterans with both physical and mental disabilities. Only disabilities common among veterans were included in the instrument. Professional jargon was eliminated from the instrument without compromising the quality or meaning of the question items. Qualifying questions were added at the beginning of the instrument to prevent individuals who did not meet the study criteria from completing the survey. Questions regarding the Fair Housing Amendments Act were changed to ascertain participants’ awareness of key elements of the Act instead of testing level of understanding, which is hard to verify.

**Phone interviews with Two Veterans**

Two veterans were identified through snowball sampling. These two veterans met the original study qualifications as veterans with a disability acquired while serving in the U. S. military during Operation Enduring Freedom (OEF) or Operation Iraqi Freedom (OIF) and living in rental housing. The purpose of the two veterans reviewing the survey was to ensure content validity and to obtain feedback on the survey items. The researcher wanted to ensure that future respondents comprehended terms used in the survey. According to Creswell (2003), content validity is the process of testing whether items in the instrument measure the content they were envisioned to measure. These veterans provided feedback via a phone conversation.

Overall the feedback was positive and the veterans agreed that they understood what the questions asked and that the questions were easy to read. They provided feedback that helped to clarify the use of terms and the wording of questions.

After a review of the survey items, implementation of the above recommendations by experts and veterans, and an evaluation of the listed objectives, 25 of the original 101 questions were eliminated. Thus, the pilot survey contained 76 questions divided into eight sections: (1) search process for rental housing and perceived housing discrimination, (2) current housing
occupancy, (3) the accessibility of their current housing (4) satisfaction with current housing, (5) awareness of the Fair Housing Amendments Act, (7) military service and service-connected disabilities, and (8) demographic characteristics (see Appendix D).

**Pilot Study**

The 76-item instrument was sent to ten veteran-serving organizations. These organizations included: the Army Wounded Warrior Program (AW2) in New York, the Virginia Wounded Warrior Program, the Northeast ADA Center in New York, New York State Independent Living Centers, Veterans of Foreign Wars of the United States in North Carolina, and Disabled Veterans of America.

The purpose of disseminating the instrument to these organizations was to pilot-test the instrument. According to Creswell (2003), pilot-testing is “important to establish content validity of an instrument and to improve questions, format, and scales” (p. 158). The organizations agreed to advertise the study in their newsletters and Facebook pages (Appendix E). Additionally, some of the personnel in the organizations agreed to contact veterans who met the study criteria to encourage their participation in the study. The online pilot survey was available for one month and eight days. The researcher expected the participation of at least 25 individuals due to the aggressive marketing effort in soliciting participants. However, only eight participants completed the survey.

Several of the representatives of the organizations, which included advocacy counselors, stated that the 76-item survey was too long to hold the attention and concentration of veterans with certain types of mental disabilities. Additionally, the length of the survey was said to consume too much time, which would discourage individuals from completing it.
After the closing date of the pilot study, the researcher determined that due to a lack of a sampling frame focusing on OEF/OIF veterans (see sampling section), the population of the study needed to be expanded to all veterans with service-connected disabilities, not just OEF/OIF veterans. The qualifying question was changed to reflect veterans who were disabled while serving in the U. S. military, not just in combat or in a particular conflict.

In an effort to minimize the number of questions viewed by participants and to shorten the length of the questionnaire, more instructions to participants to skip questions that did not pertain to them were provided throughout the paper version of the survey. The skip patterns were kept to a minimum to avoid confusing participants (Bernard, 2006). Additionally, an electronic version of the survey was designed with skip functions. Thus, if a participant’s response to a particular question disqualified them from answering a follow-up question, that participant did not see the question they were not qualified to answer (Bernard, 2006).

**Final Instrument**

After the review of ten experts, the feedback received from representatives of the veteran serving organizations during the pilot test, and an evaluation of responses submitted through the online version of the survey, the final instrument was revised to include 48 items (see Appendix F). Since the survey would be administered by telephone or by face-to-face interviews and/or online, the survey was designed in two formats—a paper version and an online version. The Institutional Review Board (IRB) at Virginia Tech approved the instrument before dissemination of the survey (see Appendix G). The sections of the final survey instrument are described below.

**Rental housing search process and perception of discrimination.** This section of questionnaire included questions relating to the last time participants searched for rental housing,
their expectations in finding suitable housing, and whether the respondent perceived that they encountered discrimination (Table 1).

### Table 1: Search process for rental housing and perceived housing discrimination variables and measurement.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Measurement</th>
<th>Question Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year since last housing search</td>
<td>Less than 1 year ago&lt;br&gt;1 to 2 years ago&lt;br&gt;3 to 4 years ago&lt;br&gt;5 to 6 years ago</td>
<td>3</td>
</tr>
<tr>
<td>Expectation of finding suitable housing</td>
<td>No difficulty&lt;br&gt;Some difficulty&lt;br&gt;Considerable difficulty&lt;br&gt;Great deal of difficulty</td>
<td>4</td>
</tr>
<tr>
<td>Influences on expectations for finding suitable housing</td>
<td>Lack of accessibility in previous residence&lt;br&gt;Experiences of others who struggled with lack of accessibility&lt;br&gt;Education provided directly by military or Veterans Administration&lt;br&gt;Education provided by agency affiliated with military or Veterans Administration&lt;br&gt;Advocacy group or agency&lt;br&gt;Other - Please specify:</td>
<td>5</td>
</tr>
<tr>
<td>Perception of discrimination: A housing provider refused to show or rent a dwelling to me because of my disability</td>
<td>Yes&lt;br&gt;No</td>
<td>6</td>
</tr>
<tr>
<td>Perception of discrimination: A housing provider falsely told me a housing unit was unavailable for rent because the provider assumed that the unit would not be suitable for me due to my disabilities</td>
<td>Yes&lt;br&gt;No</td>
<td>7</td>
</tr>
<tr>
<td>Reaction to encountered discriminatory behaviors (Check one)</td>
<td>Ignored it&lt;br&gt;Confronted the housing provider&lt;br&gt;Complained to a housing management supervisor&lt;br&gt;Filed an official complaint with a government agency</td>
<td>8</td>
</tr>
</tbody>
</table>

**Current housing characteristics.** In this section of the questionnaire, there were ten questions. These questions asked about the participants’ current geographical location; current housing structure type; number of bedrooms; percentage of income spent on housing related expenses each month; rent subsidies received; physical accessibility features in the housing unit; modifications performed and responsible party for the payment of modification (see Table 2).
Table 2: Current housing characteristics variables and measurement.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Measurement</th>
<th>Question Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>City downtown</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rural area</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Small town</td>
<td></td>
</tr>
<tr>
<td></td>
<td>City suburb</td>
<td>9</td>
</tr>
<tr>
<td>Type of housing structure</td>
<td>Multi-family rental apartment or condominium (4 or more units in the building)</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Single family house</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Town House</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Duplex or Triplex</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mobile home</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Room in a house or building</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other:</td>
<td></td>
</tr>
<tr>
<td>Number of bedrooms</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4 or more</td>
<td></td>
</tr>
<tr>
<td>% Income spent on housing</td>
<td>Less than 30%</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Between 30% and 50%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>More than 50%</td>
<td></td>
</tr>
<tr>
<td>Rent subsidy</td>
<td>Yes</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Accessible features present in the housing unit</td>
<td>Handicapped or accessible parking</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>There was an unobstructed and accessible pathway from the parking or entrance of the building to my dwelling unit</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The doors throughout the housing unit were usable and wide enough</td>
<td></td>
</tr>
<tr>
<td></td>
<td>There were clear pathways within the unit that allowed for ease in maneuvering</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The physical locations of the thermostats, outlets, and/or light controls were within my reach</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The kitchen had floor space in front of appliances for ease in maneuvering</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The bathroom had floor space in front of plumbing fixtures for ease in maneuvering</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Grab bars were installed in the bathroom of the housing unit.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Need modifications</td>
<td>Yes</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Modification made to housing unit</td>
<td>Handicapped or accessible parking was added</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>A ramp was added at the entrance to my unit.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Stair railings were added</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The door at the entrance to my housing unit was modified.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Doorways throughout my housing unit were made wider</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lever door handles were added to doors in my housing unit.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The location of the thermostats, outlets, and/or light controls were adjusted to be made within my reach</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Extra lighting, such as task lighting in the kitchen and/or bathroom was added.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The kitchen was adapted to meet my needs.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The bathroom was adapted to meet my needs.</td>
<td></td>
</tr>
</tbody>
</table>
Satisfaction with your current housing. In this section of the questionnaire twelve questions addressed participants’ level of satisfaction with general aspects of their housing unit, features that may be relevant due to service related injuries, and satisfaction with normative aspects of their housing (see Table 3).

Awareness of the Fair Housing Amendments Act (FHAA). In this section of the questionnaire, there were four questions. These questions address participants’ awareness of key entitlements under the FHAA -e.g. the entitlement to have a policy and/or practice changed in order to allow for the enjoyment of the house (see Table 4).

Military service and service-connected disabilities. In this section of the questionnaire, there were six questions about respondents’ military service and their service-connected disabilities (see Table 5).

Demographic characteristics. Under the demographic characteristics section, there were eight questions. Participants were asked to provide information on their age, race, household income, marital status, household size, level of education, and employment status (see Table 6).
### Table 3: Satisfaction with current housing variables and measurement

<table>
<thead>
<tr>
<th>Variable</th>
<th>Measurement</th>
<th>Question Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perceived accessibility:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Usability of the kitchen</td>
<td>1. Very satisfied</td>
<td></td>
</tr>
<tr>
<td>• Usability of the bathroom</td>
<td>2. Somewhat satisfied</td>
<td></td>
</tr>
<tr>
<td>• Barrier free or unobstructed routes within</td>
<td>3. Neutral</td>
<td></td>
</tr>
<tr>
<td>the unit</td>
<td>4. Somewhat dissatisfied</td>
<td></td>
</tr>
<tr>
<td>• A barrier free or unobstructed route to my</td>
<td>5. Very dissatisfied</td>
<td>19 - 23</td>
</tr>
<tr>
<td>unit</td>
<td>6. Not applicable</td>
<td></td>
</tr>
<tr>
<td>• Ability to reach/use environmental controls,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>outlets, thermostats</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housing management</td>
<td>1. Very satisfied</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>2. Somewhat satisfied</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Neutral</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Somewhat dissatisfied</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5. Very dissatisfied</td>
<td></td>
</tr>
<tr>
<td>Structure-type</td>
<td>6. Not applicable</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of bedrooms</td>
<td>1. Very satisfied</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>2. Somewhat satisfied</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Neutral</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Somewhat dissatisfied</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5. Very dissatisfied</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6. Not applicable</td>
<td></td>
</tr>
<tr>
<td>Costs (rent and utilities) of housing</td>
<td>1. Very satisfied</td>
<td>26</td>
</tr>
<tr>
<td></td>
<td>2. Somewhat satisfied</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Neutral</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Somewhat dissatisfied</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5. Very dissatisfied</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6. Not applicable</td>
<td></td>
</tr>
<tr>
<td>Quality of housing</td>
<td>1. Very satisfied</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td>2. Somewhat satisfied</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Neutral</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Somewhat dissatisfied</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5. Very dissatisfied</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6. Not applicable</td>
<td></td>
</tr>
<tr>
<td>Neighborhood</td>
<td>1. Very satisfied</td>
<td>28</td>
</tr>
<tr>
<td></td>
<td>2. Somewhat satisfied</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Neutral</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Somewhat dissatisfied</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5. Very dissatisfied</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6. Not applicable</td>
<td></td>
</tr>
<tr>
<td>Overall satisfaction with current housing</td>
<td>1. Very satisfied</td>
<td>29</td>
</tr>
<tr>
<td></td>
<td>2. Somewhat satisfied</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Neutral</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Somewhat dissatisfied</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5. Very dissatisfied</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6. Not applicable</td>
<td>30</td>
</tr>
</tbody>
</table>
### Table 4: Awareness of the Fair Housing Amendments Act variables and measurements

<table>
<thead>
<tr>
<th>Variable</th>
<th>Measurement Scale</th>
<th>Question Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness of FHAA accommodation provision</td>
<td>Yes</td>
<td>31</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Awareness of FHAA accommodation provision for service animals</td>
<td>Yes</td>
<td>32</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Awareness of the FHAA’s provision for persons with disabilities</td>
<td>Yes</td>
<td>33</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Awareness of FHAA provision for persons with mental disabilities/TBI</td>
<td>Yes</td>
<td>34</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

### Table 5: Military experience variables and measurement

<table>
<thead>
<tr>
<th>Variable</th>
<th>Measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Branch of military</td>
<td>Marine Corps&lt;br&gt;Navy&lt;br&gt;Air Force&lt;br&gt;Army&lt;br&gt;Coast Guard&lt;br&gt;Reserves</td>
</tr>
<tr>
<td>Served in OEF/OIF</td>
<td>Yes&lt;br&gt;No</td>
</tr>
<tr>
<td>Years served in military</td>
<td>1-4&lt;br&gt;5-8&lt;br&gt;9-12&lt;br&gt;13-16&lt;br&gt;17-20&lt;br&gt;Beyond 20</td>
</tr>
<tr>
<td>Type of disability</td>
<td>Sensory loss (hearing and/or vision loss)&lt;br&gt;Head injury (TBI)&lt;br&gt;Neurological disorder&lt;br&gt;Spinal cord injury/back injury&lt;br&gt;Anxiety disorder (PTSD; Panic disorder)&lt;br&gt;Depression&lt;br&gt;Loss of limb(s)&lt;br&gt;Other -Please specify</td>
</tr>
<tr>
<td>Disability rating (N=83)</td>
<td>0 %&lt;br&gt;10 % or 20 %&lt;br&gt;30 % or 40 %&lt;br&gt;50% or 60 %&lt;br&gt;70%, 80, or 90&lt;br&gt;100%</td>
</tr>
</tbody>
</table>
Table 6: Demographic characteristics variables and measurements

<table>
<thead>
<tr>
<th>Variable</th>
<th>Measurement</th>
<th>Question Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Female</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>18 – 29</td>
<td>41</td>
</tr>
<tr>
<td></td>
<td>30 – 40</td>
<td></td>
</tr>
<tr>
<td></td>
<td>41 – 50</td>
<td></td>
</tr>
<tr>
<td></td>
<td>50 – 64</td>
<td></td>
</tr>
<tr>
<td></td>
<td>65 &amp; over</td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td>White</td>
<td>42</td>
</tr>
<tr>
<td></td>
<td>Black or African American</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hispanic or Latino</td>
<td></td>
</tr>
<tr>
<td></td>
<td>American Indian</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Alaska Native</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Asian</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Native</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hawaiian</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pacific Islander</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other (write in race):</td>
<td></td>
</tr>
<tr>
<td>Marital status</td>
<td>Single</td>
<td>43</td>
</tr>
<tr>
<td></td>
<td>Never Married</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Married</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Separated</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Divorced</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Widowed</td>
<td></td>
</tr>
<tr>
<td>Current household size</td>
<td>1</td>
<td>44</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other:</td>
<td></td>
</tr>
<tr>
<td>Level of education</td>
<td>Completed high school or GED</td>
<td>45</td>
</tr>
<tr>
<td></td>
<td>Post-secondary training at a vocational school</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Some college, but did not finish</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Two-year college degree</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Four-year college degree</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Some graduate work</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Completed Masters or professional degree</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Advanced graduate work or Ph.D.</td>
<td></td>
</tr>
<tr>
<td>Current employment</td>
<td>Working full time</td>
<td>46</td>
</tr>
<tr>
<td></td>
<td>Working part time</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not working at this time</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other:</td>
<td></td>
</tr>
<tr>
<td>Household income</td>
<td>Less than $29,999</td>
<td>47</td>
</tr>
<tr>
<td></td>
<td>$30,000 - $69,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$70,000 - $99,999</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$100,000 or over</td>
<td></td>
</tr>
</tbody>
</table>
Procedures

An online survey and a hard copy version of the survey, which could be self-administered or administered by an interviewer (via phone or in person), were developed to collect data. Self-administered questionnaires allow a participant to independently complete a survey. Furthermore, the researcher can administer the instrument individually to each participant or a cluster of respondents congregated at the same location and at the same time (Babbie, 2005). Babbie (2005) explains that when a researcher is conducting interviews, the researcher reads questions to respondents and records responses accordingly.

The researcher supplied the Center for Survey Research at Virginia Tech with the survey instrument to upload to a host website utilizing Qualtrics as the survey design tool. The Center for Survey Research provided the researcher with the link to the online survey for dissemination to veterans through the different online conduits (Facebook, electronic newsletters, and list-serves). Additionally, the researcher utilized the link to the electronic version of the survey to enter the answer choices provided by respondents using paper copies of the survey or dictated during an interview.

Sampling. The qualitative case study and the pilot tests conducted in the instrument development process demonstrated how difficult it would be to find a sampling frame of veterans who were renters and disabled because of their service in OEF and OIF. This challenge prompted the decision to expand the population to all veterans who had sustained a disability while serving in the U.S. military and to those who rented any type of housing. The population of this study is veterans with disabilities who are living in rental housing. Veterans from all 50 states and U.S. territories were invited to participate in this study. It is estimated that 759,089 veterans with service-connected disabilities rent their housing (Erickson, 2013).
The Veterans Administration (VA) has the primary list of contact information of veterans with disabilities who have applied for disability benefits. Since a principal investigator must be VA personnel in order to use this list, it was not possible for the current investigator to obtain a sampling frame from the VA. Fiduciary agreements upholding confidentiality among service providers or advocacy organizations and veterans, prevented organizations from releasing contact information of veterans. These challenges in obtaining a sampling frame of the target population resulted in data being collected using convenience sampling.

As Table 7 shows, the researcher obtained sample size of 83 falls within the category, obtained using the G* Power calculator, of a large effects size of 0.40, power of 0.8, alpha=0.05. This means that the probability of committing a Type II error (failing to reject a false null hypothesis) is equal to .20. Thus, with a sample size of 83, the researcher should be able to detect any effects produced from the independent variables given the ANOVA analysis performed, set alpha level and conventional effect size provided (Cohen, 1992; Buchner, Erdfelder, Faul, & Lang, 2009; Rudestam and & Newton, 2001).

<table>
<thead>
<tr>
<th>Effects Size</th>
<th>N per Group</th>
<th>Total N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small (0.10)</td>
<td>5</td>
<td>1200</td>
</tr>
<tr>
<td>Medium (0.25)</td>
<td>5</td>
<td>200</td>
</tr>
<tr>
<td>Large (0.40)</td>
<td>5</td>
<td>80</td>
</tr>
</tbody>
</table>

**Recruitment.** Contacting and recruiting qualified veterans had already proven difficult in the qualitative and pilot test portions of the study. Thus, to obtain a large enough sample size, the researcher utilized a variety of recruitment and data collection methods. For example, identification of veterans occurred through snowball sampling, online distribution of recruitment materials by organizations serving veterans, and/or attending veterans’ sponsored events.
Veterans and organizations were encouraged to send the electronic version of the survey to family, friends, and/or colleagues/organizations to assist in disseminating the survey to veterans. Additionally, veterans and organizations were encouraged to provide the researcher’s contact information to veterans who did not have access to the Internet to provide a broader opportunity to participate. The implementation of snowball sampling as a recruitment mechanism was crucial because veterans often distrust individuals who have not served in the military and validation from other veterans was important. Veterans who participated in the case study discussed in Chapter 3 confirmed this point. Veterans may think individuals or agencies are conducting an investigation on the U.S. government’s affairs overseas. These issues affected recruitment of veterans with disabilities and contributed to low participation rates.

Online social networks, newsletters, and websites of veteran serving organizations were utilized to solicit and recruit veterans who meet the participation criteria. See Appendix H for a list of some organizations that agreed to include the recruitment materials either in their newsletters, websites and/or online social networks. For example, the Iraq and Afghanistan Veterans of America posted the survey in their Community of Veterans, an online social network for veterans of OIF, OEF and Operation New Dawn (OND). Currently, there are approximately 24,000 registered members of the site. As part of the solicitation effort, the researcher ensured that announcements requesting participation were made twice a month via newsletters and Facebook pages until the data collection stage was completed.

The researcher also set up booths at veterans sponsored events (such as job fairs, veterans’ expos or community meetings) to solicit participation of veterans who walked by the booths. The researcher also attended the New York City (NYC) Veterans’ Parade in an effort to
solicit the participation of veterans with disabilities. The researcher utilized the wording from the recruitment materials (see Appendix I) to introduce the study to participants at these events.

Veterans who met the study criteria were asked to complete the survey on the spot. Nevertheless, some veterans provided their cell phone numbers and/or email addresses after admitting to time constraints. For example, at the Veterans’ Parade in NYC, 18 veterans agreed to be contacted via phone. Seventeen of these veterans agreed to receive the electronic version of the survey via email. One of the 18 veterans requested that the survey be read to him verbatim over the phone. All 18 veterans from the Veterans’ Parade in NYC received a phone call to alert them that the electronic version of the survey was being emailed to them. Four of these veterans were left voice messages during the first attempt to reach them with a follow-up text message two days later requesting their participation.

To encourage participation in this study, participants had the opportunity to enter into a random drawing to win one of four money orders in the amount of $50.00, giving them a 1 in 32 chance of winning. The survey was made available to veterans from October 9, 2012 to February 2, 2013. The researcher tracked submitted surveys by coding the surveys depending on where participants located the survey (whether through Facebook, job fair, etc.).

**Data collection.** The data collection utilized a mixed-mode survey design via a self-administered online survey and interviews. Dillman, Smyth and Christian (2009), explained that one mode of collecting data may present limitations due to the inherent challenges within that particular data collection method. For example, if there are limited financial resources available, a researcher may decide to recruit participants via email first to obtain as many respondents as possible and afterwards attend events to conduct interviews to ensure a high participation rate among the target population. The disadvantage in collecting data utilizing a mixed-mode survey
design is the possibility of measurement error. For example, when a survey is conducted as an interview as opposed to being self-administered, respondents tend to answer in a less controversial fashion than when the respondent does not consider the presence of the interviewer.

An independent-samples t-test revealed that there was no significant difference in the mean scores for individuals who were interviewed (M = 2.88, SD = 1.453) and those who took the online survey (M = 2.90, SD = 1.479) in relation to the question on overall housing satisfaction: t (77) = -.052, p = .959 (two-tailed). This means that both sets of individuals (those interviewed versus those who took the survey) did not differ on their overall housing satisfaction, a key dependent variable in the study.

Hartas (2010) states that the advantages of utilizing an online survey are that it “allows access to a geographically dispersed population at a reasonable cost to the researcher…Online surveys can supply data faster than other survey methods, guaranteeing informed consent, confidentiality and anonymity” (p. 260). Additionally, respondents from diverse groups, such as persons with disabilities, can more readily obtain access to online surveys. Due to the target population of this study and the challenges faced in obtaining a sampling frame, the flexibility of disseminating the survey in different modes afforded participants the possibility of accessing the instrument anytime and at different locations.

Dillman et al. (2009) describe the most prominent issues of online surveys are that many individuals in the population may still not have access to the Internet and/or may not have enough experience in interacting with online instruments. These issues may discourage participation and may limit participation to individuals possessing certain profiles (e.g. individuals who are educated and who have access to technology). Additionally, one respondent can have numerous submissions, affecting the validity of the survey (Hartas, 2010).
At events that the researcher attended, veterans had the option of completing the survey online or by being interviewed. According to Babbie (2005), interview surveys normally achieve higher response rates than do self-administered surveys; however, interview surveys require more preparation time and efforts by the interviewer before and during the interview than when the survey is self-administered. Additionally, Chang and Krosnick (2010) caution that verbal delivery of materials might pose the maximum challenge for participants with restricted cognitive abilities, since the added burden presented by having to grasp a question meaning and the response options in working memory while examining long-term memory and making a judgment may be too difficult. Visual demonstrations of a question might decrease that burden on working memory, thereby largely assisting individuals with limited cognitive ability. Staff was available to assist veterans in completing the survey at the different venues as needed. The staff was instructed to read the survey to veterans verbatim and record answers provided. In order to facilitate participation, the provision of staff was crucial because of the different nature of participants’ disabilities (i.e., blindness or missing a limb).

**Data analysis.** The Statistical Package for the Social Sciences (SPSS) was utilized to describe and to analyze the data for this study. The data were described using frequencies and Pearson’s correlation. One-way analysis of variance (ANOVA) and t-tests were used to test Hypothesis 1. In order to test Hypotheses 2 and 3 several contingency table analyses were conducted, followed by Chi-square tests of association to assess statistically significant differences between the independent variables and the dependent variable. A significant level of \( p < .10 \) was selected as the criterion for accepting hypotheses.
Hypotheses

The three major hypotheses of this study are:

1. Veterans’ with disabilities overall satisfaction with current housing is associated with:
   a) Demographic characteristics
   b) Military service and service-connected disabilities
   c) Rental housing search process and perception of discrimination
   d) Current housing characteristics
   e) Accessibility features

2. Veterans’ perception that they have been discriminated against is related to:
   a) Demographic characteristics
   b) Military service and service-connected disabilities
   c) Rental housing search process
   d) Current housing characteristics
   e) Accessibility features

3. There is a significant difference between veterans with disabilities who served in OEF/OIF and those who served in other conflicts on the following variables:
   a) Demographic characteristics
   b) Military service and service-connected disabilities
   c) Rental housing search process and perception of discrimination
   d) Current housing characteristics
   e) Accessibility features

Hypothesis 1. To test Hypothesis 1, one-way ANOVA and t-tests were employed. ANOVA analyses were followed by Scheffe post-hoc tests in order to assess differences in mean
scores among groups (3 or more groups). The aim of conducting an ANOVA analysis is to determine whether there are differences among groups within the independent variables on the dependent variable (in this case overall housing satisfaction). The Scheffe post-hoc test showed which particular group mean scores were statistically different (Chang, n.d.; Statistics Activity Based Learning Environment Project, n.d.). According to Trochim (2006), the t-test analysis is applicable to compare the means of two groups and assess whether the means of these groups are statistically different from each other.

Independent variables for Hypothesis 1 included demographic characteristics (age, race, gender, marital status, current household size, level of education, current employment and household income); military service and service-connected disabilities (disability rating, years served in military, type of disability, served in OEF/OIF, and number of disabilities); rental housing search process and perception of discrimination (expectation of finding suitable housing, awareness of the FHAA, and perception of discrimination); current housing characteristics (location, type of housing structure, number of bedrooms, and percent of income spent on housing), and accessibility features (needed modification, financial aid for modifications and number of accessible features), which were treated as categorical variables.

**Hypotheses 2 and 3.** In order to test Hypotheses 2 and 3, several contingency table analyses were conducted, followed by Chi-square tests of association. According to the glossary of the SABLE project website at Virginia Tech (n.d.), Chi Square is a statistical method, which examines the relationship among two categorical variables.

Independent variables for Hypothesis 2 included demographic characteristics (age, race, gender, marital status, current household size, level of education, current employment and household income); military service and service-connected disabilities (disability rating, years served in military, type of disability, served in OEF/OIF, and number of disabilities).
served in military, type of disability, served in OEF/OIF, and number of disabilities); rental housing search process (expectation of finding suitable housing, influences on expectation for finding suitable housing and awareness of the FHAA); current housing characteristics (location, type of housing structure, number of bedrooms, and percent of income spent on housing); and accessibility features (needed modification, financial aid for modifications and number of accessible features) which were treated as categorical variables.

Independent variables for Hypothesis 3 included demographic characteristics (age, race, gender, marital status, current household size, level of education, current employment and household income); military service and service-connected disabilities (disability rating, years served in military, type of disability, and number of disabilities); rental housing search process and perception of discrimination (expectation of finding suitable housing, awareness of the FHAA, and perception of discrimination); current housing characteristics (location, type of housing structure, number of bedrooms, percent of income spent on housing, and rent subsidies); and accessibility features (needed modification, financial aid for modifications, and number of accessible features), which were treated as categorical variables.

**Recoding Variables**

The process of cleaning the data involved several steps. First, missing responses were deleted from the dataset. Then, open-ended “other” categories in independent variables were examined in order to determine which responses could be recoded to match existing categories. Categories within some independent variables were combined and some variables were transformed into new variables (e.g., a non-scaled variable to a scaled variable). Independent variables with combined categories were: age reduced to four categories from five; race reduced to four categories from ten; marital status collapsed into three categories from five categories;
current household size, reduced to three categories from seven; level of education reduced to five categories from eight; current employment reduced to two categories from four; household income reduced to three categories from four; years served in military collapsed into three categories from six categories; disability rating reduced to three categories from six; type of housing structure reduced to three categories from eight; and number of bedrooms reduced to three categories from four.

Several new variables were created from existing variables to test the three hypotheses. The new variable awareness of the FHAA was converted into a 5-level scale variable from four separate questions. Before converting this new variable into a scale variable, the degree of internal consistency for the existing variables (questions 31 through 34 on the survey) related to FHAA awareness was assessed. The statistic used to assess the degree of internal consistency was the Cronbach alpha. According to Trochim (2006), internal consistency reliability evaluates the degree to which a measure (or an instrument) of a construct gives the same results repeatedly. Trochin states, “in effect we judge the reliability of the instrument by estimating how well the items that reflect the same construct yield similar results” (p. 1). The test statistic Cronbach alpha test was 0.81, indicating good internal consistency; therefore, it was appropriate to make a scaled variable of overall FHAA awareness, with five levels:

0.00= zero awareness level of the FHAA
0.25= knowing one of the FHAA awareness questions
0.50= knowing two of the FHAA awareness questions
0.75= knowing three of the FHAA awareness questions
1.00= knowing all four of the FHAA awareness questions
These levels correspond to the percentage of the four FHAA variables to which survey participants responded “Yes, aware.”

The new variable needed modification, financial aid for modifications categorized the variable need modifications and source of funding for modification. The new variable reflects results from responses to questions about the unit requiring physical modifications and receiving funding for the modification (e.g. survey questions 15 and 18). For example, the new variable had the following categories:

- No modifications needed
- Modifications needed, no money received
- Modifications needed, money received

The variable number of accessible features, used in Hypothesis 1, 2 and 3, added the responses to the question on accessible features identified in an individual unit (e.g., survey question 14). The data were collapsed into three broader categories: 0, 1-3, and 4+. For example, zero accessible features indicated that a particular respondent identified no accessible features within their unit.

The composite perception of discrimination variable was created by combining yes responses to two questions about encountered discriminatory behaviors. Categories for the variable type of disability were combined to reduce the number of variables and increase the responses within the categories. For instance, any responses provided under types of service-connected disabilities related to muscular and skeletal systems, impacting locomotion were classified as Musculoskeletal injuries. Injuries related to psychosocial disabilities were classified as Mental Health.
Chapter 5: Findings

The purpose of this study is to investigate and document the housing search and occupancy experiences of veterans with disabilities. This chapter presents descriptive analyses of the respondents and their housing situations. It also presents the results of testing the hypotheses to determine factors that influence housing satisfaction, perception of discrimination, and differences between OEF/OIF veterans and other veterans.

Overview of the Respondents

The following sections provide descriptive analyses of respondents related to: demographic characteristics; military service and service-connected disabilities; rental housing search process; encountered housing discriminatory experiences; current housing situation; the accessibility of current housing; awareness of the Fair Housing Amendments Act; and satisfaction with current housing.

Demographic characteristics. Most of the respondents were male (83%), between the ages of 18 and 40 (48%), white (49%), and unmarried (67%). The respondents were fairly evenly divided by size of households, with about one-third of each living alone (33%), in two-person households (32%), or in three or more person households (36%) (see Table 8).

Over half of the respondents reported completing some college but did not finish, or completing a two-year college degree or vocational school (58%); 21% reported completing high school or a GED or post-secondary training at a vocational school; and 20% reported completing a four-year college degree or some graduate school work. Over half of the respondents reported not working (56%), while only 26% reported working full time. Since part of the data were collected at job fairs for veterans, it is not surprising that the percent of non-working respondents was so high. However, 20% of the respondents who indicated not working were retired,
attending school, disabled, and retired disabled. Fifty-four percent of the respondents had a total household income of less than $29,999, 35% had a total household income of $30,000 - $69,999, and 12% had a total household income of $70,000 and greater.

| Table 8: Demographic characteristics of veterans with disabilities |
|---------------------------------|-------|-------|
|                                 | Frequency | Percent |
| Gender (N=83)                   |          |        |
| Female                          | 14       | 17     |
| Male                            | 69       | 83     |
| Age (N= 83)                     |          |        |
| 18 – 29                         | 15       | 18     |
| 30 – 40                         | 25       | 30     |
| 41 – 50                         | 18       | 22     |
| 51 – over                       | 25       | 30     |
| Race (N=83)                     |          |        |
| White                           | 41       | 49     |
| Black or African American       | 23       | 28     |
| Hispanic or Latino              | 14       | 17     |
| Other*                          | 5        | 6      |
| Marital status (N=80)           |          |        |
| Single, Never Married           | 17       | 21     |
| Married                         | 26       | 33     |
| Widowed, Separated & Divorced   | 37       | 46     |
| Current household size (N=83)   |          |        |
| 1                               | 27       | 33     |
| 2                               | 26       | 32     |
| 3 or more                       | 30       | 36     |
| Level of education (N= 80)      |          |        |
| Completed high school or GED    | 12       | 15     |
| Vocational school/ Two-year college degree | 16       | 20     |
| Some college, but did not finish | 30     | 38     |
| Four- year college degree       | 13       | 16     |
| Some graduate work or beyond    | 9        | 11     |
| Current employment (N= 82)      |          |        |
| Working full or part time       | 26       | 32     |
| Not working at this time        | 56       | 68     |
| Household Income (N= 78)        |          |        |
| Less than $29,999               | 42       | 54     |
| $30,000 - $69,999               | 27       | 35     |
| $70,000 or over                 | 9        | 12     |

Notes: * see Appendix J for a list of responses provided

Comparison to the American Community Survey. The demographic characteristics of the sample were compared to responses in the American Community Survey (ACS) to determine if the results would be representative of the larger population of veterans with disabilities who rent their housing. According to the 2011 ACS data there are 759,084 veterans with disabilities
who rent (Erickson, 2013). The ACS data revealed the gender composition to be 86% male, similar to the sample (83%).

Comparison of the sample with ACS data revealed that the sample was more racially diverse:

- 68% reported being white (19% higher than this study’s sample of 48%).
- 24% reported being Black or African American (4% lower than this study’s sample of 28%).
- 8% reported belonging to other races (15% difference from this study’s sample of 23%).

In the sample, fewer respondents reported being married and more reported being single, never married, than in the ACS data.

- 41% reported being widowed, separated and divorced (5% lower than this study’s sample of 46%).
- 43% reported being married (10% higher this study’s sample of 33%).
- 16% reported being single, never married (17% difference from this study’s sample of 33%).

Fewer of the sample respondents reported completing high school or GED than in the ACS data. However, ACS data does not report on individuals who engage in post-secondary training at a vocational school and 6% of the sample in this study reported having this type of training. Overall the education levels were similar:

- 25% reported completing high school or GED (10% higher than this study’s sample of 15%).
- 37% reported some college, but not finishing (1% lower than this study’s sample of 38%).
12% reported completing an associate’s degree (2% lower than this study’s sample of 14%).

13% reported completing a four-year college degree (3% lower than this study’s sample of 16%).

7% reported completing master’s degree or beyond (1 percentage point lower than this study’s sample of 8%).

The sample and the ACS data were similar in household size:

36% reported living alone (3% higher than this study’s sample of 33%).

32% reported living in two-person households (there was no percentage point difference from this study’s sample).

32% reported living in three or more person households (4% lower this study’s sample of 36%).

ACS data revealed that 57% of the veterans in the general population who rent were unemployed. This was an 11 percentage point difference from this study’s sample of 68%. In terms of household income, ACS data revealed a mean income of $53,221 and a median income of $42,765. This research reports that at the time of the survey 54% of respondents had household income of less than $29,999 and that 35% of respondents had household income in the range of $30,000-$69,999. Thus, most of the respondents in this study made much less in comparison to veterans in the general population who rent. The researcher recruited 19% of the sample from job fairs, which could have attributed to the high number of unemployed respondents and high percentage of individuals reporting household income of less than $29,999.

There were several variations in the level of disability rating. In this study 4% reported having a disability rating of 10%. ACS data did not have a comparison category but identified
individuals with a 0% disability rating at 7%:

- 29% reported having a disability rating of 10% or 20% (8% greater than this study’s sample of 21%).
- 19% reported having a disability rating of 30% or 40% (6% higher than this study’s sample of 13%).
- 12% reported having a disability rating of 50% or 60% (7% lower than this study’s sample of 19%).
- 23% reported having a disability rating of 70%, 80%, 90% or 100% (21% lower than this study’s sample of 44%).

In summary, in comparing the study’s sample to the larger population of veterans with disabilities who rent housing, the sample had six demographic characteristics that showed percent differences ranging from 4 to 21 within categories. Veterans in this study were more racially diverse; less likely to be married and more likely to be single (never married); and more likely to be unemployed and have lower household incomes when compared to the larger population of veterans with disabilities who rent housing. However, the sample had three demographic characteristics that reflected characteristics of respondents of the ACS (e.g. gender composition, household size and level of education).

Military service and service-connected disabilities. Of the 82 respondents who reported which branch of the military they served, 52% reported serving in the Army, 21% in the Navy, and 15% in the Marine Corps (see Table 9). Fifty-four percent of respondents served in support of Operation Enduring Freedom or Operation Iraqi Freedom (OEF/OIF), while 46% of respondents indicated they did not serve in support of either one. Only 29 of the 38 respondents who served in support of another war conflict indicated which war conflict they supported: 38%
served in Vietnam, 38% served in the Gulf war, and the rest served in other conflicts, such as WW II and in conflicts in Grenada, Bosnia and Kosovo, Somalia, and Haiti. Most of the respondents served in the military for 8 years or less (65%), while 23% reported serving 9 – 16 years; and 12% reported serving 17 or more years.

Respondents could check as many types of disabilities as applied to them. The most frequently reported disability was an anxiety disorder (e.g. PTSD; panic disorder) (63%) and the next highest specified disability was depression (42%). Forty-five percent reported having a traumatic brain injury (TBI) (21%) or a neurological disorder (24%). Almost one-third reported having a spinal cord injury/back injury (32%) and 28% reported a sensory loss. Forty-five percent of respondents selected the answer choice of “other” which included injuries to the elbow/wrist, knee, and foot; chronic arthritis; respiratory and lung ailments; gastro disorders; and diabetes. For a more comprehensive list see Appendix J. The highest proportion of respondents reported having a service-connected disability rating of 70% or higher (44%) followed by disability ratings between 30% - 60% (32%) and a disability rating of 20% or less (24%).

**Rental housing search process and perception of discrimination.** Forty percent of respondents reported searching for housing less than 1 year ago; 31% reported searching for housing 1 to 2 years ago; and 30% reported searching for housing 3 to more years ago. When asked “what was your expectation that you would have difficulty finding suitable housing for your needs related to your disability,” 43% of respondents expected to have some difficulty, while 30% expected to have no difficulty, and 26% expected to have considerable difficulty or a great deal of difficulty (see Table 10).

Respondents could select multiple items to indicate what influenced their expectations for finding suitable housing. Twenty-eight percent of respondents reported that the lack of
accessibility in previous residences influenced their expectations for finding housing that met their needs and 28% of respondents selected the answer choice of “other” (see Appendix J for a complete list of those responses). Twenty-seven respondents reported that the experiences of others who struggled with lack of accessibility influenced their expectations for finding suitable housing. Only 14% of respondents reported that education provided directly by the military or the Veterans Administration influenced their expectations for finding suitable housing.

**Table 9: Military service and service-connected disabilities of veterans with disabilities**

<table>
<thead>
<tr>
<th>Branch of military (N= 82)</th>
<th>Frequency (n)</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marine Corps</td>
<td>12</td>
<td>15</td>
</tr>
<tr>
<td>Navy</td>
<td>17</td>
<td>21</td>
</tr>
<tr>
<td>Air Force</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Army</td>
<td>43</td>
<td>52</td>
</tr>
<tr>
<td>Reserves</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>National Guard</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Coast Guard</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Served in OEF/OIF (N= 83)</th>
<th>Frequency (n)</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>45</td>
<td>54</td>
</tr>
<tr>
<td>No</td>
<td>38</td>
<td>46</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Years served in military (N= 83)</th>
<th>Frequency (n)</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-4</td>
<td>29</td>
<td>35</td>
</tr>
<tr>
<td>5-8</td>
<td>25</td>
<td>30</td>
</tr>
<tr>
<td>9-12</td>
<td>12</td>
<td>15</td>
</tr>
<tr>
<td>13-16</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>17-20</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Beyond 20</td>
<td>7</td>
<td>8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of disability</th>
<th>Frequency (n)</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sensory loss (hearing and/or vision loss)</td>
<td>23</td>
<td>28</td>
</tr>
<tr>
<td>Head injury (TBI)</td>
<td>17</td>
<td>21</td>
</tr>
<tr>
<td>Neurological disorder</td>
<td>20</td>
<td>24</td>
</tr>
<tr>
<td>Spinal cord injury/back injury</td>
<td>26</td>
<td>32</td>
</tr>
<tr>
<td>Anxiety disorder (PTSD; panic disorder)</td>
<td>52</td>
<td>63</td>
</tr>
<tr>
<td>Depression</td>
<td>35</td>
<td>42</td>
</tr>
<tr>
<td>Loss of limb(s)</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Other*</td>
<td>38</td>
<td>46</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disability rating (N= 83)</th>
<th>Frequency (n)</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 10%</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10% or 20%</td>
<td>16</td>
<td>21</td>
</tr>
<tr>
<td>30% or 40%</td>
<td>10</td>
<td>13</td>
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<tr>
<td>50% or 60%</td>
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<td>19</td>
</tr>
<tr>
<td>70%, 80% or 90%</td>
<td>21</td>
<td>27</td>
</tr>
<tr>
<td>100%</td>
<td>13</td>
<td>17</td>
</tr>
</tbody>
</table>

*Notes: * see Appendix J for a list of responses provided
There were 24 responses to the two questions about experiencing a discriminatory practice while searching for housing; however, only 18 individuals responded to these questions. Seventeen percent of the total number of respondents encountered a housing provider falsely telling them that a housing unit was unavailable for rent, because the provider assumed that the unit would not be suitable due to the respondents’ disabilities. Twelve percent of respondents encountered a housing provider refusing to show or rent a dwelling because of their disability. When asked what the respondents did when they encountered one of these behaviors from a housing provider, out of the 18 respondents who indicated encountering the behaviors, half ignored the discriminatory behaviors; 7 reported confronting the housing provider; 3 reported complaining to a housing management supervisor; and 1 reported filing an official complaint with a government agency. Some respondents selected more than one action after encountering the discriminatory behaviors (e.g. confronting the housing provider and filing an official complaint with a government agency).

When asked whether respondents were aware that they could ask their housing provider to change policies, services, rules or procedures in order to accommodate their needs, 51% of respondents reported that they were not aware of this Fair Housing Amendment Act (FHAA) provision. Additionally, 42% of respondents indicated that they were not aware that if an apartment complex has a no pet policy, it is appropriate to request to have a service animal. Forty percent of respondents indicated that they were not aware that most housing providers could not refuse to rent multifamily housing to them because of their disability. Sixty-six percent of respondents indicated that they were not aware that the FHAA applies to persons with disabilities such as PTSD, TBI, depression and persons recovering from substance abuse.
Current housing characteristics. Thirty-one percent of respondents described the area where they lived as a city downtown; 30% lived in a city suburb, and 20% lived in a small town (see Table 11). Forty-eight percent of respondents reported living in a multi-family rental apartment or condominium, while 20% reported living in single-family homes and 30% reported living in other housing structures (e.g. town house, mobile home, duplex or triplex). Forty-one percent of the respondents had two bedrooms in their housing units, 30% had one bedroom, and 29% lived in housing with three bedrooms or more.

A large portion of the respondents reported having a housing affordability problem: 49% spend between 30% and 50% of their income on housing related expenses each month and 35% spend more than 50%. Only 16% of respondents spend less than 30%. Only 11% of respondents reported currently receiving a rent subsidy.

Accessibility of current housing. When all respondents were asked “what accessible features were present in the housing unit you selected,” 37% reported that “the doors throughout the housing unit were usable and wide enough” and that the physical locations of the thermostats, outlets, and/or light controls were within their reach; 36% reported that they had clear pathways within the unit that allowed for ease in maneuvering (see Table 12). Only 19% had clear floor space in front of plumbing fixtures in the bath and 22% had accessible parking.
### Table 10: Rental housing search process and perception of discrimination

<table>
<thead>
<tr>
<th></th>
<th>Frequency (n)</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Years since last housing search</strong> (N=83)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 1 year ago</td>
<td>33</td>
<td>40</td>
</tr>
<tr>
<td>1 to 2 years ago</td>
<td>26</td>
<td>31</td>
</tr>
<tr>
<td>3 to 4 years ago</td>
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<td>15</td>
</tr>
<tr>
<td>5 or more years</td>
<td>12</td>
<td>15</td>
</tr>
<tr>
<td><strong>Expectation of finding suitable housing</strong> (N=83)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No difficulty</td>
<td>25</td>
<td>30</td>
</tr>
<tr>
<td>Some difficulty</td>
<td>36</td>
<td>43</td>
</tr>
<tr>
<td>Considerable difficulty</td>
<td>16</td>
<td>19</td>
</tr>
<tr>
<td>Great deal of difficulty</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td><strong>Influences on expectations for finding suitable housing:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of accessibility in previous residence</td>
<td>23</td>
<td>28</td>
</tr>
<tr>
<td>Experiences of others who struggled with lack of accessibility</td>
<td>22</td>
<td>27</td>
</tr>
<tr>
<td>Education provided directly by military or Veterans Administration</td>
<td>12</td>
<td>15</td>
</tr>
<tr>
<td>Education provided by agency affiliated with military or Veterans Administration</td>
<td>11</td>
<td>13</td>
</tr>
<tr>
<td>Advocacy group or agency</td>
<td>13</td>
<td>16</td>
</tr>
<tr>
<td>Other*</td>
<td>23</td>
<td>28</td>
</tr>
<tr>
<td><strong>Perception of discrimination</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A housing provider refused to show or rent a dwelling to me because of my disability</td>
<td>10</td>
<td>12</td>
</tr>
<tr>
<td>A housing provider falsely told me a housing unit was unavailable for rent</td>
<td>14</td>
<td>17</td>
</tr>
<tr>
<td><strong>Awareness of FHAA accommodation provision</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>40</td>
<td>49</td>
</tr>
<tr>
<td>No</td>
<td>41</td>
<td>51</td>
</tr>
<tr>
<td><strong>Awareness of FHAA accommodation provision for Service Animals</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>48</td>
<td>59</td>
</tr>
<tr>
<td>No</td>
<td>34</td>
<td>41</td>
</tr>
<tr>
<td><strong>Awareness of FHAA provision for persons with disabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>49</td>
<td>61</td>
</tr>
<tr>
<td>No</td>
<td>32</td>
<td>40</td>
</tr>
<tr>
<td><strong>Awareness of FHAA provision for persons with mental disabilities/TBI</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>28</td>
<td>34</td>
</tr>
<tr>
<td>No</td>
<td>54</td>
<td>66</td>
</tr>
</tbody>
</table>

*Notes: * see Appendix J for a list of responses provided
### Table 11: Current housing characteristics of veterans with disabilities

<table>
<thead>
<tr>
<th></th>
<th>Frequency (n)</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Location (N=80)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City downtown</td>
<td>25</td>
<td>31</td>
</tr>
<tr>
<td>Rural area</td>
<td>15</td>
<td>19</td>
</tr>
<tr>
<td>Small town</td>
<td>16</td>
<td>20</td>
</tr>
<tr>
<td>City suburb</td>
<td>24</td>
<td>30</td>
</tr>
<tr>
<td><strong>Type of housing structure (N=81)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multi-family rental apartment or condominium</td>
<td>39</td>
<td>48</td>
</tr>
<tr>
<td>Single family house</td>
<td>16</td>
<td>20</td>
</tr>
<tr>
<td>Other*</td>
<td>26</td>
<td>32</td>
</tr>
<tr>
<td><strong>Number of bedrooms (N=80)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>24</td>
<td>30</td>
</tr>
<tr>
<td>2</td>
<td>33</td>
<td>41</td>
</tr>
<tr>
<td>3 or more</td>
<td>23</td>
<td>29</td>
</tr>
<tr>
<td><strong>% Income spent on housing (N=80)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 30%</td>
<td>13</td>
<td>16</td>
</tr>
<tr>
<td>Between 30% and 50%</td>
<td>39</td>
<td>49</td>
</tr>
<tr>
<td>More than 50%</td>
<td>28</td>
<td>35</td>
</tr>
<tr>
<td><strong>Rent subsidy received (N=82)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>9</td>
<td>11</td>
</tr>
<tr>
<td>No</td>
<td>73</td>
<td>89</td>
</tr>
</tbody>
</table>

Notes: * see Appendix J for a list of responses provided

### Table 12: Accessible features present in the housing unit

<table>
<thead>
<tr>
<th></th>
<th>Frequency (n)</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Handicapped or accessible parking</td>
<td>18</td>
<td>22</td>
</tr>
<tr>
<td>There was an unobstructed and accessible pathway from the parking or entrance of the building to my dwelling unit</td>
<td>26</td>
<td>31</td>
</tr>
<tr>
<td>The doors throughout the housing unit were usable and wide enough</td>
<td>31</td>
<td>37</td>
</tr>
<tr>
<td>There were clear pathways within the unit that allowed for ease in maneuvering</td>
<td>30</td>
<td>36</td>
</tr>
<tr>
<td>The physical locations of the thermostats, outlets, and/or light controls were within my reach</td>
<td>31</td>
<td>37</td>
</tr>
<tr>
<td>The kitchen had floor space in front of appliances for ease in maneuvering</td>
<td>28</td>
<td>34</td>
</tr>
<tr>
<td>The bathroom had floor space in front of plumbing fixtures for ease in maneuvering</td>
<td>16</td>
<td>19</td>
</tr>
<tr>
<td>Grab bars were installed in the bathroom of the housing unit</td>
<td>12</td>
<td>15</td>
</tr>
<tr>
<td>Other *</td>
<td>15</td>
<td>18</td>
</tr>
</tbody>
</table>

Notes: * see Appendix J for a list of responses provided
Seventy-six percent of respondents indicated that the housing unit they selected did not require physical modifications to make it suitable to their needs, while 24% (n=20) of respondents indicated that the housing unit they selected required physical modifications (see Table 13a). Twelve respondents out of the 20 selected the answer choice “other,” to list modifications made (see Appendix J for a list of responses). Six respondents indicated that they adapted their bathrooms to meet their needs, while four indicated adding extra lighting, such as task lighting in the kitchen and/or bathroom. Three respondents indicated making physical modifications to the apartment community where they live: adding a ramp, an elevator, and railings (See Table 13b). When asked, “how were physical modifications to your unit and/or community paid for,” 12 respondents indicated they paid for modifications with personal funds; 5 individuals indicated using a VA grant; and 5 individuals indicated that the landlord paid for the modification. No one reported using not for profit agency funding (see Table 14).

<table>
<thead>
<tr>
<th>Modification made to housing unit</th>
<th>Frequency (n)</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Handicapped or accessible parking</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>A ramp was added at the entrance to my unit</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>Stair railings were added</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>The door at the entrance to my housing unit was modified</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>Doorways throughout my housing unit were made wider</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Lever door handles were added to doors in my housing unit</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>Extra lighting, such as task lighting in the kitchen and/or bathroom was added</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>The kitchen was adapted to meet my needs</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>The bathroom was adapted to meet my needs</td>
<td>6</td>
<td>30</td>
</tr>
<tr>
<td>Other *</td>
<td>12</td>
<td>60</td>
</tr>
</tbody>
</table>

Notes: * see Appendix J for a list of responses provided
Table 13b: Modification made to apartment community

<table>
<thead>
<tr>
<th>Modification</th>
<th>Frequency (n)</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical alterations to common use areas were added</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Stair railings were added at a location within the apartment community</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>A ramp was added at a location within the apartment community</td>
<td>1</td>
<td>14</td>
</tr>
<tr>
<td>The doorways within the apartment community were modified</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Grab bars were added in the public bathrooms within the community</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other *</td>
<td>3</td>
<td>43</td>
</tr>
</tbody>
</table>

Notes: * see Appendix J for a list of responses provided

Table 14: Source of funding for modifications
(N= 22)

<table>
<thead>
<tr>
<th>Source of funding</th>
<th>Frequency (n)</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal funds</td>
<td>12</td>
<td>60</td>
</tr>
<tr>
<td>VA grant</td>
<td>5</td>
<td>24</td>
</tr>
<tr>
<td>Landlord</td>
<td>5</td>
<td>24</td>
</tr>
<tr>
<td>Not for profit agency grant</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

Satisfaction with current housing. The level of satisfaction with housing was measured with individual items that measured satisfaction with accessibility features and satisfaction with culturally normative aspects of housing. An overall question about housing satisfaction was also included. (Note that the satisfaction score scale is 1 = very satisfied and 5 = very dissatisfied, so when reporting that someone had higher satisfaction, their score was actually lower as reflected on the scale). Respondents could answer not applicable, if appropriate.

Among the satisfaction with accessibility features variables, 69% of respondents reported that they were very satisfied or somewhat satisfied with the usability of the kitchen (M = 2.13, SD = 1.166) (see Table 15). Sixty-three percent of respondents were very or somewhat satisfied
with their ability to reach/use environmental controls, outlets, thermostats ($M = 2.17, SD = 1.179$). Sixty-one percent of respondents were very or somewhat satisfied with the barrier free or unobstructed route to their unit ($M = 2.22, SD = 1.292$).

Overall satisfaction with current housing was modest. Only 54% of the respondents were very satisfied or somewhat satisfied with their current housing ($M = 2.88, SD = 1.47$). Among the six housing satisfaction variables representing the cultural norms for housing, 63% of respondents reported that they were very satisfied or somewhat satisfied with the neighborhood where housing is located ($M = 2.17, SD = 1.457$) (see Table 16). Sixty percent of respondents reported that they were very or somewhat satisfied with the number of bedrooms ($M = 2.47, SD = 1.448$) and 56% of respondents were very or somewhat satisfied with the type of housing structure ($M = 2.55, SD = 1.349$). The variables that respondents were most dissatisfied with include costs (rent and utilities) per month, management, and the quality of the current housing unit. Forty-eight percent of respondents stated that they were somewhat dissatisfied or very dissatisfied with the monthly cost of housing ($M = 3.22, SD = 1.420$), 37% of respondents reported that they were somewhat dissatisfied or very dissatisfied with the management of their housing ($M = 2.82, SD = 1.575$), and 33% of respondents reported that they were somewhat dissatisfied or very dissatisfied with the quality of current housing unit ($M = 2.90, SD = 1.402$).

**Table 15: Satisfaction with accessibility features**

<table>
<thead>
<tr>
<th></th>
<th>% very satisfied</th>
<th>% somewhat satisfied</th>
<th>M</th>
<th>SD</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Usability of the kitchen</td>
<td>69%</td>
<td>21%</td>
<td>2.13</td>
<td>1.166</td>
<td>70</td>
</tr>
<tr>
<td>Usability of the bathroom</td>
<td>60%</td>
<td>21%</td>
<td>2.33</td>
<td>1.359</td>
<td>70</td>
</tr>
<tr>
<td>Barrier free or unobstructed routes within the unit</td>
<td>59%</td>
<td>20%</td>
<td>2.23</td>
<td>1.308</td>
<td>69</td>
</tr>
<tr>
<td>A barrier free/ unobstructed route to my unit</td>
<td>61%</td>
<td>18%</td>
<td>2.22</td>
<td>1.292</td>
<td>72</td>
</tr>
<tr>
<td>Ability to reach/use environmental controls, outlets, thermostat</td>
<td>63%</td>
<td>14%</td>
<td>2.17</td>
<td>1.179</td>
<td>70</td>
</tr>
</tbody>
</table>

*Notes. Scale: 1= very satisfied to 5 = very dissatisfied*
Table 16: Satisfaction with cultural housing norms

<table>
<thead>
<tr>
<th></th>
<th>% very to somewhat satisfied</th>
<th>% very to somewhat dissatisfied</th>
<th>M</th>
<th>SD</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Structure type</td>
<td>56%</td>
<td>28%</td>
<td>2.55</td>
<td>1.34</td>
<td>80</td>
</tr>
<tr>
<td>Number of bedrooms</td>
<td>60%</td>
<td>28%</td>
<td>2.47</td>
<td>1.45</td>
<td>78</td>
</tr>
<tr>
<td>Costs (rent and utilities) of housing</td>
<td>33%</td>
<td>48%</td>
<td>3.22</td>
<td>1.42</td>
<td>78</td>
</tr>
<tr>
<td>Quality of housing</td>
<td>46%</td>
<td>33%</td>
<td>2.90</td>
<td>1.40</td>
<td>80</td>
</tr>
<tr>
<td>Neighborhood</td>
<td>63%</td>
<td>14%</td>
<td>2.17</td>
<td>1.45</td>
<td>70</td>
</tr>
<tr>
<td>Management</td>
<td>48%</td>
<td>37%</td>
<td>2.82</td>
<td>1.58</td>
<td>79</td>
</tr>
<tr>
<td>Overall satisfaction with current housing</td>
<td>54%</td>
<td>34%</td>
<td>2.88</td>
<td>1.47</td>
<td>80</td>
</tr>
</tbody>
</table>

Notes. Scale: 1= very satisfied to 5= very dissatisfied

**Pearson's correlation.** In an attempt to examine veterans with disabilities’ overall satisfaction with current housing, a correlation analysis was employed (see Table 17). According to Virginia Tech’s Statistics Activity Based Learning Environment Project website, a correlation analysis reveals the linear relationship between continuous variables and indicates the strength and direction (whether positive or negative) of the relationship between variables. An evaluation was made of the linear relationship between overall satisfaction with current housing (dependent variable), satisfaction with different accessible features (independent variables) and satisfaction with different cultural housing norms (independent variables) using Pearson's correlation. An analysis of the results of the Pearson's correlation coefficient indicates that the linear relationship between the dependent variable and the independent variables was positive and significant at $p < .01$. All 11 correlations are above $r = .40$. The significant positive correlations indicated that it would be appropriate to use the variable *overall housing satisfaction* as the dependent variable in hypotheses testing.
Table 17: Means, standard deviations, and correlations of overall satisfaction with current housing, satisfaction with different accessible features and satisfaction with different cultural housing norms

<table>
<thead>
<tr>
<th>Variables</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Usability of the kitchen</td>
<td>–</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Usability of the bathroom</td>
<td>.596</td>
<td></td>
<td>**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Barrier free or unobstructed routes within the unit</td>
<td>.606</td>
<td>.675</td>
<td>**</td>
<td>**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. A barrier free/unobstructed route to my unit</td>
<td>.544</td>
<td>.703</td>
<td>.795*</td>
<td>**</td>
<td>**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Ability to reach/use environmental</td>
<td>.722</td>
<td>.692</td>
<td>.678*</td>
<td>.643</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Management</td>
<td>.377</td>
<td>.519</td>
<td>.718*</td>
<td>.624</td>
<td>.523</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Structure type</td>
<td>.548</td>
<td>.581</td>
<td>.541*</td>
<td>.653</td>
<td>.435</td>
<td>.661</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Number of bedrooms</td>
<td>.490</td>
<td>.534</td>
<td>.390*</td>
<td>.480</td>
<td>.373</td>
<td>.477</td>
<td>.620</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Quality of housing</td>
<td>.478</td>
<td>.394</td>
<td>.514*</td>
<td>.417</td>
<td>.336</td>
<td>.678</td>
<td>.719</td>
<td>.509</td>
<td>.315</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Neighborhood</td>
<td>.243</td>
<td>.222</td>
<td>.232</td>
<td>.290</td>
<td>.203</td>
<td>.455</td>
<td>.472</td>
<td>.304</td>
<td>.239</td>
<td>.555</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Overall satisfaction with current housing</td>
<td>.405</td>
<td>.467</td>
<td>.589*</td>
<td>.603</td>
<td>.443</td>
<td>.665</td>
<td>.635</td>
<td>.528</td>
<td>.455</td>
<td>.719</td>
<td>.506</td>
<td></td>
</tr>
<tr>
<td>Means</td>
<td>2.13</td>
<td>2.33</td>
<td>2.23</td>
<td>2.22</td>
<td>2.17</td>
<td>2.82</td>
<td>2.55</td>
<td>2.47</td>
<td>3.22</td>
<td>2.90</td>
<td>2.56</td>
<td>2.88</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>1.16</td>
<td>1.35</td>
<td>1.30</td>
<td>1.29</td>
<td>1.17</td>
<td>1.57</td>
<td>1.34</td>
<td>1.44</td>
<td>1.42</td>
<td>1.40</td>
<td>1.45</td>
<td>1.47</td>
</tr>
</tbody>
</table>

Notes: **Correlation is significant at the 0.01 level (2-tailed); *Correlation is significant at the 0.05 level (2-tailed).
Testing the Hypotheses

The researcher formulated and tested three hypotheses for this study. ANOVA and t-tests were used to investigate the associations between the dependent continuous variable and independent variables. Chi square tests of association were used when analyzing categorical variables. In evaluating the association between dependent variable and independent variables, the significant level was set at $p < .10$; therefore, the variables below were significant at a $p$-value of .10.

**Hypothesis 1.** Veterans’ with disabilities overall satisfaction with current housing is associated with:

a) Demographic characteristics
b) Military service and service-connected disabilities
c) Rental housing search process and perception of discrimination
d) Current housing characteristics
e) Accessibility features

*Demographic characteristics.* Tables 18 and 19 show that there are no significant differences between *overall housing satisfaction* and the demographic variables identified in Hypothesis 1.
Table 18: Overall satisfaction with current housing by demographic characteristics (ANOVA)

<table>
<thead>
<tr>
<th></th>
<th>n</th>
<th>M</th>
<th>SD</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (N=80)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 – 29</td>
<td>15</td>
<td>3.33</td>
<td>1.589</td>
<td>1.510</td>
<td>.219</td>
</tr>
<tr>
<td>30 – 40</td>
<td>24</td>
<td>3.08</td>
<td>1.248</td>
<td></td>
<td></td>
</tr>
<tr>
<td>41 – 50</td>
<td>18</td>
<td>2.83</td>
<td>1.654</td>
<td></td>
<td></td>
</tr>
<tr>
<td>51 – over</td>
<td>23</td>
<td>2.39</td>
<td>1.406</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Race (N=80)</td>
<td></td>
<td></td>
<td></td>
<td>2.037</td>
<td>.116</td>
</tr>
<tr>
<td>White</td>
<td>39</td>
<td>2.69</td>
<td>1.436</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black or African American</td>
<td>22</td>
<td>2.59</td>
<td>1.501</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>14</td>
<td>3.64</td>
<td>1.393</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>3.40</td>
<td>1.342</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marital status (N=78)</td>
<td>2.120</td>
<td>.127</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single, Never Married</td>
<td>17</td>
<td>2.76</td>
<td>1.437</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>26</td>
<td>2.46</td>
<td>1.272</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Widowed, Separated &amp; Divorced</td>
<td>35</td>
<td>3.23</td>
<td>1.592</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current household size (N=76)</td>
<td>.577</td>
<td>.564</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>25</td>
<td>2.96</td>
<td>1.567</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>26</td>
<td>2.54</td>
<td>1.476</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 or more</td>
<td>25</td>
<td>2.84</td>
<td>1.281</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level of Education (N=77)</td>
<td>.526</td>
<td>.717</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High school or GED</td>
<td>12</td>
<td>2.67</td>
<td>1.670</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post-secondary training</td>
<td>16</td>
<td>2.80</td>
<td>1.474</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some college</td>
<td>30</td>
<td>2.67</td>
<td>1.373</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Four-year college degree</td>
<td>13</td>
<td>3.27</td>
<td>1.421</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Graduate work or degree</td>
<td>9</td>
<td>3.22</td>
<td>1.716</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Household Income (N=78)</td>
<td>2.178</td>
<td>.120</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than $29,999</td>
<td>42</td>
<td>3.02</td>
<td>1.473</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$30,000 - $69,999</td>
<td>27</td>
<td>3.12</td>
<td>1.423</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$70,000 or over</td>
<td>9</td>
<td>2.00</td>
<td>1.323</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 19: Overall satisfaction with current housing by demographic characteristics (t-test)

<table>
<thead>
<tr>
<th></th>
<th>n</th>
<th>M</th>
<th>SD</th>
<th>t</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender (N=80)</td>
<td></td>
<td></td>
<td></td>
<td>-.282</td>
<td>.779</td>
</tr>
<tr>
<td>Female</td>
<td>13</td>
<td>2.77</td>
<td>1.641</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>67</td>
<td>2.90</td>
<td>1.447</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Employment (N=79)</td>
<td>-.653</td>
<td>.516</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working full &amp; part time</td>
<td>26</td>
<td>2.73</td>
<td>1.511</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not working at this time</td>
<td>53</td>
<td>2.96</td>
<td>1.467</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Military service and service-connected disabilities. As Table 20 shows, ANOVA analyses found that the mean scores of overall housing satisfaction were significantly different among the categories of the variable years served in the military (F 2, 77 = 2.924, p = .060), but did not find a significant relationship between satisfaction and disability rating. Table 21 reports findings the t-tests that were performed on the yes/no responses on type of disability, served in OEF/OIF, and number of disabilities. A significant relationship was found between overall housing satisfaction and the “other” category of the variable type of disability.

Table 20: Overall satisfaction with current housing by military service and service-connected disabilities (ANOVA)

<table>
<thead>
<tr>
<th></th>
<th>n</th>
<th>M</th>
<th>SD</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability rating</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(N=76)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20% or less</td>
<td>19</td>
<td>3.21</td>
<td>1.512</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30% - 60%</td>
<td>23</td>
<td>2.87</td>
<td>1.325</td>
<td></td>
<td></td>
</tr>
<tr>
<td>70% or more</td>
<td>34</td>
<td>2.76</td>
<td>1.519</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Years served in military (N=80)</td>
<td></td>
<td></td>
<td></td>
<td>2.924</td>
<td>.060</td>
</tr>
<tr>
<td>1-4 years</td>
<td>29</td>
<td>3.24</td>
<td>1.573</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5-8 years</td>
<td>23</td>
<td>3.04</td>
<td>1.461</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9+ years</td>
<td>28</td>
<td>2.36</td>
<td>1.254</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 21: Overall satisfaction with current housing by military service/service-connected disabilities (t-test)

<table>
<thead>
<tr>
<th></th>
<th>n</th>
<th>M</th>
<th>SD</th>
<th>t</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of disability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>40</td>
<td>3.05</td>
<td>1.484</td>
<td>1.065</td>
<td>.290</td>
</tr>
<tr>
<td>Mental Health</td>
<td>55</td>
<td>2.84</td>
<td>1.488</td>
<td>0.346</td>
<td>.730</td>
</tr>
<tr>
<td>Trauma related</td>
<td>17</td>
<td>3.29</td>
<td>1.448</td>
<td>1.331</td>
<td>.187</td>
</tr>
<tr>
<td>Neurological</td>
<td>32</td>
<td>3.13</td>
<td>1.519</td>
<td>1.246</td>
<td>.216</td>
</tr>
<tr>
<td>Other*</td>
<td>13</td>
<td>1.85</td>
<td>1.144</td>
<td>-2.882</td>
<td>.005</td>
</tr>
<tr>
<td>Served in OEF/OIF (N=80)</td>
<td></td>
<td></td>
<td></td>
<td>.972</td>
<td>.334</td>
</tr>
<tr>
<td>Yes</td>
<td>43</td>
<td>3.02</td>
<td>1.472</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>37</td>
<td>2.70</td>
<td>1.469</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of disabilities (N=80)</td>
<td></td>
<td></td>
<td></td>
<td>-.556</td>
<td>.580</td>
</tr>
<tr>
<td>One disability</td>
<td>28</td>
<td>2.75</td>
<td>1.430</td>
<td></td>
<td></td>
</tr>
<tr>
<td>More than one disability</td>
<td>52</td>
<td>2.94</td>
<td>1.501</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes: *see Appendix J for other service-connected disabilities reported under the category of Other
Post-hoc tests. The Scheffe post-hoc comparisons indicated that there is a statistically significant difference \((p = .073)\) between the mean scores on overall housing satisfaction of those individuals who served one to four years \((M= 3.24, SD = 1.573)\) and those who served nine years and beyond \((M= 2.36, SD = 1.254)\). This means that respondents who served more years in the military were more likely to be satisfied with their current housing than those who served shorter terms (see Figure 2).

![Figure 2: Years served in the military](image)

An independent-samples t-test revealed that there was a significant difference in the mean scores for individuals in the “other” type of disability category \((M = 1.85, SD = 1.144)\) and those who were not part of this category \((M = 3.07, SD = 1.449)\); \(t (78) = -2.882, p = .005\) (two-tailed). This means that respondents who selected the “other” category were more likely to be satisfied with their housing than individuals who were not part of this category (see Figure 3).
Figure 3: Other type of disabilities

**Rental housing search process and perception of discrimination.** Significant relationships were found between overall housing satisfaction and expectation in finding suitable housing and awareness of the FHAA (see Table 22a). An independent-samples t-test revealed that there was a significant difference in the mean scores for individuals who perceive they were discriminated against \( (M = 3.61, SD = 1.539) \) and those who did not perceive they were discriminated against \( (M = 2.67, SD = 1.399) \); \( t (77) = -2.446, p = .017 \) (two-tailed). This means that respondents who indicated they had been discriminated against were more likely to be less satisfied with their housing than individuals who did not report incidences of discrimination (see Table 22b).
Table 22a. Overall satisfaction with current housing by rental housing search process and perception of discrimination (ANOVA)

<table>
<thead>
<tr>
<th>Expectation of finding suitable housing (N=80)</th>
<th>n</th>
<th>M</th>
<th>SD</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>No difficulty</td>
<td>25</td>
<td>2.64</td>
<td>1.38</td>
<td>2.72</td>
<td>.05</td>
</tr>
<tr>
<td>Some difficulty</td>
<td>33</td>
<td>2.67</td>
<td>1.45</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Considerable difficulty</td>
<td>16</td>
<td>3.13</td>
<td>1.36</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Great deal of difficulty</td>
<td>6</td>
<td>4.33</td>
<td>1.63</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Awareness of FHAA (N=80)</th>
<th>n</th>
<th>M</th>
<th>SD</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>.00= zero awareness level of the FHAA</td>
<td>20</td>
<td>3.70</td>
<td>1.41</td>
<td>4.88</td>
<td>.001</td>
</tr>
<tr>
<td>.25= knowing one of the FHAA awareness questions</td>
<td>16</td>
<td>3.19</td>
<td>1.37</td>
<td></td>
<td></td>
</tr>
<tr>
<td>.50= knowing two of the FHAA awareness questions</td>
<td>8</td>
<td>2.88</td>
<td>1.55</td>
<td></td>
<td></td>
</tr>
<tr>
<td>.75= knowing three of the FHAA awareness questions</td>
<td>14</td>
<td>2.93</td>
<td>1.49</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.00= knowing all four of the FHAA awareness questions</td>
<td>1</td>
<td>1.90</td>
<td>.995</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 22b. Overall satisfaction with current housing by search process and discrimination experience (t-test)

<table>
<thead>
<tr>
<th>Perception of discrimination (N=79)</th>
<th>n</th>
<th>M</th>
<th>SD</th>
<th>t</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>61</td>
<td>2.67</td>
<td>1.39</td>
<td>-2.446</td>
<td>.017</td>
</tr>
<tr>
<td>Yes</td>
<td>18</td>
<td>3.61</td>
<td>1.54</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Post-hoc tests. ANOVA test illustrates that the mean scores among the categories of the variable expectation of finding suitable housing (F 2, 76 = 2.723, p = 0.050) were significantly different. The Scheffe post-hoc comparisons indicated that there are statistically significant differences (p = .086; p = .082) between the mean scores on overall housing satisfaction of those who indicated expecting “no difficulty” (M= 2.64, SD = 1.381) and “some difficulty” (M= 2.67, SD = 1.451) and those who expected to have a “great deal of difficulty (M= 4.33, SD = 1.633). Respondents who expected to have a less than favorable experience during the search process were more likely to be dissatisfied with their current housing (see Figure 4).
Figure 4: Expectation of finding suitable housing

For the variable awareness of the FHAA, Scheffe post-hoc comparisons indicated that there is a statistically significant difference (p = .002; p = .091) between those who indicated having no awareness of the FHAA ($M = 3.70$, $SD = 1.418$) or those who indicated knowing one of the FHAA awareness questions ($M = 3.19$, $SD = 1.377$) and those who answered yes to all four FHAA awareness questions ($M = 1.90$, $SD = .995$). Those who answered all four questions correctly were considered to have high awareness of the FHAA; therefore respondents who were more aware of the FHAA were more likely to be satisfied with their housing (see Figure 5).
Current housing characteristic variables. There was a significant relationship between overall housing satisfaction and number of bedrooms (see Table 23). There was no significant relationship between overall housing satisfaction and location, type of housing structure, % of income spent on housing and rent subsidy (see Table 24).
Table 23: Overall satisfaction with current housing by current housing characteristics (ANOVA)

<table>
<thead>
<tr>
<th>Location (N=77)</th>
<th>n</th>
<th>M</th>
<th>SD</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>City downtown</td>
<td>25</td>
<td>3.04</td>
<td>1.594</td>
<td>.353</td>
<td>.787</td>
</tr>
<tr>
<td>Rural area</td>
<td>13</td>
<td>3.15</td>
<td>1.345</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Small town</td>
<td>16</td>
<td>2.81</td>
<td>1.377</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City suburb</td>
<td>23</td>
<td>2.70</td>
<td>1.579</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of housing structure (N=78)</th>
<th>n</th>
<th>M</th>
<th>SD</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multi-family</td>
<td>39</td>
<td>3.08</td>
<td>1.546</td>
<td>.797</td>
<td>.454</td>
</tr>
<tr>
<td>Single family house</td>
<td>14</td>
<td>2.50</td>
<td>1.160</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other*</td>
<td>5</td>
<td>2.88</td>
<td>1.509</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of bedrooms (N=78)</th>
<th>n</th>
<th>M</th>
<th>SD</th>
<th>t</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>24</td>
<td>3.29</td>
<td>1.517</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>33</td>
<td>3.00</td>
<td>1.521</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 or more</td>
<td>21</td>
<td>2.33</td>
<td>1.197</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% Income spent on housing (N=78)</th>
<th>n</th>
<th>M</th>
<th>SD</th>
<th>t</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 30%</td>
<td>13</td>
<td>2.15</td>
<td>1.345</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between 30% &amp; 50%</td>
<td>38</td>
<td>3.11</td>
<td>1.503</td>
<td></td>
<td></td>
</tr>
<tr>
<td>More than 50%</td>
<td>27</td>
<td>3.00</td>
<td>1.414</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes: *see Appendix J for a list of responses provided

Table 24: Overall satisfaction with current housing by current housing characteristics (t-test)

<table>
<thead>
<tr>
<th>Rent subsidy (N=79)</th>
<th>N</th>
<th>M</th>
<th>SD</th>
<th>t</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>9</td>
<td>2.44</td>
<td>1.590</td>
<td>-.953</td>
<td>.344</td>
</tr>
<tr>
<td>No</td>
<td>70</td>
<td>2.94</td>
<td>1.463</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Post-hoc tests. As Table 25 shows, ANOVA test illustrates that the mean scores among the categories of the variable number of bedrooms (F 2, 75 = 2.590, p = .082) were significantly different. Scheffe post-hoc comparisons indicated that there is a statistically significant difference (p < .091) between the mean scores on overall housing satisfaction. Those who indicated having one bedroom (M= 3.29, SD = 1.517) were less satisfied than those who had three or more bedrooms (M= 2.33, SD = 1.197) (See Figure 6).
Figure 6: Number of bedrooms

**Accessibility features.** There was a significant relationship between overall housing satisfaction and the number of accessible features (see Table 25). There were no significant differences between overall housing satisfaction and needed modification, financial aid for modifications.

| Table 25: Overall satisfaction with current housing by accessibility features (ANOVA) |
|-----------------------------------------------|-------|-------|-------|-------|-------|
| Financial assistance for modifications (N= 80) | n     | M     | SD    | F     | P     |
| No Modifications needed                        | 61    | 2.79  | 1.473 |       | .138  |
| Modifications needed, no money received        | 9     | 3.78  | 1.481 |       | .094  |
| Modifications needed, money received           | 10    | 2.60  | 1.265 |       | .284  |

| Number of accessible features (N= 80)         |       |       |       | 7.577 | .001  |
| 0                                             | 17    | 3.06  | 1.560 |       |       |
| 1-3                                           | 40    | 3.33  | 1.509 |       |       |
| 4+                                            | 23    | 1.96  | .825  |       |       |
Post-hoc tests. ANOVA test illustrates that the mean scores among the categories of the variable number of accessible features identified (F 2, 77 = 7.577, p < .001) were different. The Scheffe post-hoc comparisons indicated that there are statistically significant differences (p < .046; p < .001) between the mean scores on overall housing satisfaction with current housing by respondents who had no accessible features (M = 3.06, SD = 1.560) or had one to three accessible features (M = 3.33, SD = 1.509), and those who had four or more accessible features (M = 1.96, SD = .826). Respondents who were able to identify four or more accessible features in their current housing were more likely to be satisfied with their current housing than those who identified three or fewer features (see Figure 7).

Figure 7 Number of accessible features
Summary of Hypothesis 1. Hypothesis 1 was partially accepted. There were significant relationships found between overall housing satisfaction and years of military service, type of disability, expectations for finding suitable housing, perception of discrimination, awareness of the FHAA, number of bedrooms, and number of accessible features. These results indicate that veterans with disabilities are more likely to be satisfied with larger housing units with more accessible features.

Additionally, those who did not expect to have difficulties finding housing, those who reported knowing more about their rights under FHAA, and those who had been in the military longer were also more likely to be satisfied with their current housing situation. Individuals who experienced discrimination during their search process reported being less satisfied with their current housing. This could mean that expecting difficulty and encountering discrimination has an ongoing impact on satisfaction with housing, while knowing about Fair Housing may lead to more satisfaction.

Veterans who selected the category of “other” from the list of types of disabilities were more likely to be satisfied with their housing than individuals who were not part of this category. Disabilities reported under this category were less visible and less stigmatizing (e.g. gastrointestinal disorders or diabetes), presenting less of a challenge in interactions with landlords or the physical demands of the housing environment when living with a service connected disability.

Hypothesis 2. Veterans’ perception that they have been discriminated against is related to:

a) Demographic characteristics
b) Military service and service-connected disabilities
c) Rental housing search process
d) Current housing characteristics

e) Accessibility features

In an effort to investigate whether veterans’ perception that they have been discriminated against is associated with demographic characteristics, military service and associated disabilities, rental housing search process and current housing characteristics, expectation for finding suitable housing, and awareness level of the FHAA, several contingency table analyses were conducted. Different Chi-square tests of association were conducted to assess whether the association between the dependent variable and the independent variable was significantly different. For example, a Pearson’s Chi-square statistic was used to find statistically significant associations when cell values in the contingency tables were greater than 5, a Fisher Exact Test was used when cell values were less than 5 and a Linear-by-Linear Association was used when the independent variables were ordinal. In evaluating the associations, the significant level was set at p < .10.

**Demographic characteristics.** As Table 26 shows, the result of Linear-by-Linear Association analysis revealed that there is a significant association between the dependent variable *perception of discrimination* and the independent variable *level of education* ($\chi^2 = 6.618, p = .010$). The standardized residual values in the categories of four-year college degree (.8) and graduate work or degree (1.6) suggest that those with more education reported being discriminated against more than expected. Those who indicated completing high school or GED, for example, did not report any incidents of discrimination. There is no association between the following demographic variables and those who reported experiencing discrimination: *gender, age, race, marital status, current employment, current household size, and household income.*
Table 26: Chi-Square tests of association between veterans’ with disabilities perceptions of discrimination and demographic characteristics

<table>
<thead>
<tr>
<th>Perception of discrimination</th>
<th>Yes</th>
<th>No</th>
<th>$\chi^2$</th>
<th>$P$</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender (N=82)</strong></td>
<td></td>
<td></td>
<td></td>
<td>1.00</td>
</tr>
<tr>
<td>Female</td>
<td>3</td>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>15</td>
<td>53</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Age (N=82)</strong></td>
<td></td>
<td></td>
<td>.85 (1)</td>
<td>.354</td>
</tr>
<tr>
<td>18 – 29</td>
<td>2</td>
<td>13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30 – 40</td>
<td>4</td>
<td>21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>41 – 50</td>
<td>7</td>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>51 – over</td>
<td>19</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Race (N=82)</strong></td>
<td></td>
<td></td>
<td>1.68 (1)</td>
<td>.116</td>
</tr>
<tr>
<td>White</td>
<td>5</td>
<td>36</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black or African</td>
<td>8</td>
<td>14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>American</td>
<td>3</td>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>2</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Marital status (N=79)</strong></td>
<td></td>
<td></td>
<td>2.42 (1)</td>
<td>.119</td>
</tr>
<tr>
<td>Single, Never Married</td>
<td>2</td>
<td>15</td>
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<td></td>
</tr>
<tr>
<td>Married</td>
<td>4</td>
<td>21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Widowed, Separated &amp; Divorced</td>
<td>11</td>
<td>26</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Household size (N=82)</strong></td>
<td></td>
<td></td>
<td>.78 (2)</td>
<td>.564</td>
</tr>
<tr>
<td>1</td>
<td>7</td>
<td>20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>6</td>
<td>20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 or more</td>
<td>4</td>
<td>21</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Level of Education (N=79)</strong></td>
<td></td>
<td></td>
<td>6.61</td>
<td>.010</td>
</tr>
<tr>
<td>High school or GED</td>
<td>0</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post-secondary training</td>
<td>3</td>
<td>13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some college</td>
<td>5</td>
<td>24</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Four-year college degree</td>
<td>4</td>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Graduate work or degree</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current Employment (N=81)</strong></td>
<td></td>
<td></td>
<td>1.28 (1)</td>
<td>.257</td>
</tr>
<tr>
<td>Working full &amp; part time</td>
<td>4</td>
<td>23</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not working at this time</td>
<td>14</td>
<td>40</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Household Income (N=77)</strong></td>
<td></td>
<td></td>
<td>1.51 (1)</td>
<td>.219</td>
</tr>
<tr>
<td>Less than $29,999</td>
<td>12</td>
<td>29</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$30,000 - $69,999</td>
<td>5</td>
<td>22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$70,000 or over</td>
<td>1</td>
<td>8</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Notes: * see Appendix: J for a list of responses provided
Military service and service-connected disabilities. The result of Pearson chi-square analysis revealed that there is a significant association between the dependent variable perception of discrimination and the type of disability reported (see Table 27). Veterans who reported having musculoskeletal disabilities were more likely to have been discriminated against ($\chi^2 = 4.556, p = .033$). Additionally, veterans with trauma-related disabilities were more likely to be discriminated against ($\chi^2 = 4.627, p = .031$). The standardized residual value of 1.7 reveals that more respondents with trauma-related disabilities reported experiencing discrimination than expected. This could mean that individuals with apparent and visible disabilities were more likely to have encountered a discriminatory act. There were no associations between perception of discrimination and the following variables: service-connected disability rating; number of disabilities, served in OEF/OIF, years served in military, having a mental health disability, neurological disability and other types of disability.
Table 27: Chi-Square: Association of veterans’ perception that they have been discriminated on disability variables

<table>
<thead>
<tr>
<th>Perception of Discrimination</th>
<th>Yes</th>
<th>No</th>
<th>$\chi^2$</th>
<th>$p$</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Disability rating (N=77)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20% or less</td>
<td>3</td>
<td>15</td>
<td>.254 (1)</td>
<td>.614</td>
</tr>
<tr>
<td>30% - 60%</td>
<td>6</td>
<td>19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>70% or more</td>
<td>8</td>
<td>26</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Served in OEF/OIF (N=82)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>8</td>
<td>36</td>
<td>.787 (1)</td>
<td>.375</td>
</tr>
<tr>
<td>No</td>
<td>10</td>
<td>28</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Years served in military (N=82)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-4 years</td>
<td>6</td>
<td>23</td>
<td>.835 (2)</td>
<td>.659</td>
</tr>
<tr>
<td>5-8 years</td>
<td>7</td>
<td>18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9+ years</td>
<td>5</td>
<td>23</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Number of disabilities (N=82)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One disability</td>
<td>5</td>
<td>23</td>
<td>.416(1)</td>
<td>.519</td>
</tr>
<tr>
<td>More than one disability</td>
<td>15</td>
<td>41</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Type of disability</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Musculoskeletal</em> (N=82)</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>36</td>
<td>5</td>
<td>4.556 (1)</td>
<td>.033</td>
</tr>
<tr>
<td>Yes</td>
<td>28</td>
<td>13</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Mental Health</em> (N=82)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>6</td>
<td>20</td>
<td>.028 (1)</td>
<td>.867</td>
</tr>
<tr>
<td>Yes</td>
<td>12</td>
<td>44</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Trauma related</em> (N=82)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>11</td>
<td>54</td>
<td>4.627 (1)</td>
<td>.031</td>
</tr>
<tr>
<td>Yes</td>
<td>7</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Neurological</em> (N=82)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>9</td>
<td>39</td>
<td>.692 (1)</td>
<td>.405</td>
</tr>
<tr>
<td>Yes</td>
<td>9</td>
<td>25</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Other</em> (N=82)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>17</td>
<td>52</td>
<td>1.811 (1)</td>
<td>.178</td>
</tr>
<tr>
<td>Yes</td>
<td>1</td>
<td>12</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes: * see Appendix: J for a list of responses provided
Rental housing search process. The results of the Linear-by-Linear Association analysis revealed that there is a significant association between *perception of discrimination* and *awareness of the FHAA* ($\chi^2 = 3.0$, $p = .083$) (see Table 28). The standardized residual values of those who indicated having zero awareness (1.2), those who correctly answered one of the FHAA questions (.1), and those who correctly answered two of the FHAA questions (.2) suggest that more respondents within these categories reported being discriminated against than expected, with those who correctly answered two of the FHAA questions reporting more discrimination incidences. This could mean that individuals who are more aware of the FHAA can address the discriminatory behavior before or while it takes place. This could also mean that individuals with more awareness of the FHAA recognized that some behaviors encountered were not discriminatory as defined by the FHAA.

The result of Linear-by-Linear Association analysis also revealed a significant association between *perception of discrimination* and *expectation of finding suitable housing* ($\chi^2 = 13.5$, $p = .000$). Veterans who expected to have more difficulty during their housing search were more likely to have experienced discrimination. For example, the standardized residual values in the categories of considerable difficulty (2.4) and great deal of difficulty (1.5) suggest that more respondents within these categories reported being discriminated against than expected, with those who indicated considerable difficulty reporting discrimination more often.
Table 28: Chi-Square tests of association between veterans’ with disabilities perception of discrimination on rental housing search process

<table>
<thead>
<tr>
<th>Perception of discrimination</th>
<th>Yes</th>
<th>No</th>
<th>$\chi^2$</th>
<th>$P$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness of the FHAA (N=81)</td>
<td></td>
<td></td>
<td>3.0 (1)</td>
<td>.083</td>
</tr>
<tr>
<td>.00= zero awareness level of the FHAA</td>
<td>7</td>
<td>13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>.25= knowing one of the FHAA awareness questions</td>
<td>4</td>
<td>13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>.50= knowing two of the FHAA awareness questions</td>
<td>2</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>.75= knowing three of the FHAA awareness questions</td>
<td>2</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.00= knowing all four of the FHAA awareness questions</td>
<td>3</td>
<td>19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expectation of finding suitable housing (N=82)</td>
<td>13.5 (1)</td>
<td>.000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No difficulty</td>
<td>1</td>
<td>24</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some difficulty</td>
<td>6</td>
<td>29</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Considerable difficulty</td>
<td>8</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Great deal of difficulty</td>
<td>3</td>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In some instances “what” influenced the veterans’ expectations for finding suitable housing was associated with individuals’ perception of discrimination (see Table 29). Some of the answer choices for the variable *influences on expectation for finding suitable housing* were: experiences of others who struggled with lack of accessibility; education provided directly by military or Veterans Administration; and “other.” The results of a Fisher Exact Test revealed that people whose expectations were influenced by the experiences of others who struggled with lack of accessibility were more likely to have been discriminated against ($p = .018$). Respondents who had their expectations influenced by education provided directly by the military or the Veterans Administration were also more likely to have perceived they had been discriminated against ($p = .020$), and respondents who selected the answer category “other” were also more likely to have experienced discrimination ($p = .017$). In this category individuals said that lack of public information or being new to their disability influenced their expectations for finding suitable
There is no association between *perception of discrimination* and *education provided by agency affiliated with military or Veterans Administration* or an *advocacy group or agency*.

**Table 29: Chi-Square tests of association between veterans’ with disabilities perception of discrimination and rental housing search experience**

<table>
<thead>
<tr>
<th>Perception of discrimination</th>
<th>Yes</th>
<th>No</th>
<th>( \chi^2 )</th>
<th>( p )</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lack of accessibility in previous residence</strong> ( (N=82) )</td>
<td></td>
<td></td>
<td>1.34 (1)</td>
<td>.247</td>
</tr>
<tr>
<td>Not Selected</td>
<td>11</td>
<td>48</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Selected</td>
<td>7</td>
<td>16</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Experiences of others who struggled with lack of accessibility</strong> ( (N=82) )</td>
<td></td>
<td></td>
<td>.018</td>
<td></td>
</tr>
<tr>
<td>Not Selected</td>
<td>9</td>
<td>51</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Selected</td>
<td>9</td>
<td>13</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Education provided directly by military or Veterans Administration</strong> ( (N=82) )</td>
<td></td>
<td></td>
<td>.020</td>
<td></td>
</tr>
<tr>
<td>Not Selected</td>
<td>12</td>
<td>58</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Selected</td>
<td>6</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Education provided by agency affiliated with military or Veterans Administration</strong> ( (N=82) )</td>
<td></td>
<td></td>
<td>.699</td>
<td></td>
</tr>
<tr>
<td>Not Selected</td>
<td>15</td>
<td>56</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Selected</td>
<td>3</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Advocacy group or agency</strong> ( (N=82) )</td>
<td></td>
<td></td>
<td>.468</td>
<td></td>
</tr>
<tr>
<td>Not Selected</td>
<td>14</td>
<td>55</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Selected</td>
<td>4</td>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other</strong> ( (N=82) )</td>
<td></td>
<td></td>
<td>.017</td>
<td></td>
</tr>
<tr>
<td>Not Selected</td>
<td>17</td>
<td>42</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Selected</td>
<td>1</td>
<td>22</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Notes: * see Appendix J for a list of responses provided

**Current housing characteristics.** As Table 30 shows below, the results of the Chi-Square analyses show that there are no significant association between perception of discrimination and any of the variables under current housing characteristics.
Table 30: Chi-Square tests of association between veterans’ with disabilities perception of discrimination and current housing characteristics.

<table>
<thead>
<tr>
<th>Perception of discrimination</th>
<th>Yes</th>
<th>No</th>
<th>$\chi^2$</th>
<th>$P$</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Location (N= 80)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City downtown</td>
<td>6</td>
<td>18</td>
<td>.642 (3)</td>
<td>.887</td>
</tr>
<tr>
<td>Rural area</td>
<td>3</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Small town</td>
<td>4</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City suburb</td>
<td>4</td>
<td>20</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Type of housing structure (N= 79)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multi-family</td>
<td>8</td>
<td>30</td>
<td>.199 (2)</td>
<td>.905</td>
</tr>
<tr>
<td>Single family house</td>
<td>4</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other*</td>
<td>5</td>
<td>21</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Number of bedrooms (N=79)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>7</td>
<td>17</td>
<td>1.21 (2)</td>
<td>.546</td>
</tr>
<tr>
<td>2</td>
<td>6</td>
<td>26</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 or more</td>
<td>4</td>
<td>19</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>% Income spent on housing (N= 79)</strong></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 30%</td>
<td>4</td>
<td>9</td>
<td>.875 (2)</td>
<td>.646</td>
</tr>
<tr>
<td>Between 30% &amp; 50%</td>
<td>7</td>
<td>31</td>
<td></td>
<td></td>
</tr>
<tr>
<td>More than 50%</td>
<td>6</td>
<td>22</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Rent subsidies (N=81)</strong></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Yes</td>
<td>2</td>
<td>7</td>
<td>.009 (1)</td>
<td>.923</td>
</tr>
<tr>
<td>No</td>
<td>15</td>
<td>57</td>
<td></td>
<td></td>
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</tbody>
</table>

**Accessible features.** The result of Pearson chi-square analysis revealed that there is a significant association between the dependent variable perception of discrimination and number of accessible features identified (see Table 31). Veterans who identified 1 to 3 accessible features in their housing were more likely to have been discriminated against ($\chi^2 = 12.68$, $p = .002$). The standardized residual value of 2.1 reveals that more respondents who identified 1 to 3 accessible features reported experiencing discrimination than expected. This could mean that veterans who are aware of accessible features are more likely to detect discriminatory acts. There were no associations between perception of discrimination and the variable needed modification, financial aid for modifications.
Table 31: Chi-Square tests of association between veterans' with disabilities perception of discrimination and accessible features

<table>
<thead>
<tr>
<th>Perception of discrimination</th>
<th>Yes</th>
<th>No</th>
<th>( \chi^2 )</th>
<th>( p )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needed modifications and financial aid for modification (N=83)</td>
<td></td>
<td></td>
<td>3.778 (2)</td>
<td>.151</td>
</tr>
<tr>
<td>No Modification needed</td>
<td>11</td>
<td>52</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Modification needed but no $ received</td>
<td>4</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Modification needed &amp; $ received</td>
<td>3</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of accessible features (N= 80)</td>
<td></td>
<td></td>
<td>12.68</td>
<td>.002</td>
</tr>
<tr>
<td>0</td>
<td>3</td>
<td>15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-3</td>
<td>15</td>
<td>25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4+</td>
<td>0</td>
<td>24</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Summary of Hypothesis 2.** Hypothesis 2 was partially accepted. There were significant relationships found between the variable perception of discrimination and level of education, awareness of the FHAA, *expectations for finding suitable housing*, *influences on expectation for finding suitable housing*, type of disability (more specifically veterans with musculoskeletal and trauma disabilities), and *number of accessible features*. The findings suggest that more educated veterans with disabilities, those who expected to have higher levels of difficulties in finding suitable housing in relation to their disabilities, those who knew the least about FHAA, those with obvious disabilities (*musculoskeletal and trauma disabilities*) and those who were able to identified accessible features in the current housing, were more likely to report experiencing housing discrimination. For example, respondents with a high school or GED did not report any incidents of discrimination. Respondents whose expectations for finding suitable housing were influenced by: (a) experiences of others who struggled with lack of accessibility; (b) education provided directly by the military or Veterans Administration; and (c) other responses were more likely to have reported being discriminated against.
Hypothesis 3. There is a significant difference between veterans with disabilities who served in OEF/OIF and those who served in other conflicts on the following variables:

a) Demographic characteristics
b) Military service and service-connected disabilities
c) Rental housing search experience and perception of discrimination
d) Current housing characteristics
e) Accessibility features

In order to test this hypothesis, several contingency table analyses were conducted. Chi-square tests of association were conducted to assess statistically significant differences between the two groups. In evaluating the differences between the two groups of veterans, the significance level was set at $p < .10$.

**Demographic characteristics variables.** The results of the Linear-by-Linear Association analysis revealed that OEF/OIF veterans with disabilities were significantly younger in age than non-OEF/OIF veterans with disabilities ($\chi^2 = 30.88, p=.000$) (see Table 23). The standardized residual values in the age categories of 18-29 (2.1) and 30-40 (1.8) suggest that more OEF/OIF respondents within these categories than expected, with the age category of 18-29 having more OEF/OIF veterans.

The results of Linear-by-Linear Association analysis revealed that the average household size of the OEF/OIF veterans was significantly larger than the non-OEF/OIF veterans ($\chi^2 = 16.00, p =.000$) (see Table 29). The standardized residual values in the categories of household size of 2 (.4) and household size of 3 plus (1.7) suggest that there were more OEF/OIF respondents within these categories than expected. Thus, fewer OEF/OIF veterans lived alone compared to non-OEF/OIF veterans.
As Table 32 shows, the results of the Chi-Square analysis indicated that *current employment* status was different between the two groups. OEF/OIF veterans with disabilities were more likely to be employed as compared to non-OEF/OIF veterans with disabilities ($\chi^2 = 4.52, p=.033$). The standardized residual value of 1.2 reveals that more OEF/OIF respondents reported working than expected. There were no significant differences between OEF/OIF veterans and non-OEF/OIF veterans with regards to *gender, race, marital status, level of education, and household income*.

**Military service and service-connected disabilities.** In comparing the two groups of veterans with regards to the *types of disabilities* they had, the results of the Pearson’s Chi-square statistical analysis revealed that OEF/OIF veterans had more trauma-related disabilities than the non-OEF/OIF veterans ($\chi^2 = 4.3, p = .039$). The standardized residual value of 1.2 reveals that more OEF/OIF respondents reported having a trauma-related disability than expected. The results of the Linear-by-Linear Association analysis also indicated that OEF/OIF veterans served longer periods in the military than non-OEF/OIF veterans ($\chi^2 = 4.4, p = .036$). For example, the standardized residual values in the categories of 5-8 years (.4) and 9 plus years (.8) suggest that there were more OEF/OIF veterans within these categories than expected.

There were no significant differences between OEF/OIF veterans and non-OEF/OIF veterans with regards to *disability rating, number of disability* and the following types of disabilities: *musculoskeletal; mental health; neurological and other*. 
Table 32: Chi-Square comparisons of OEF/OIF veterans with disabilities to others veterans with disabilities on demographic characteristics variables

<table>
<thead>
<tr>
<th></th>
<th>Served in support of OIF/ ORF</th>
<th>$\chi^2$</th>
<th>$P$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Gender (N=83)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>7</td>
<td>7</td>
<td>.121</td>
</tr>
<tr>
<td>Male</td>
<td>38</td>
<td>31</td>
<td></td>
</tr>
<tr>
<td>Age (N=83)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 – 29</td>
<td>14</td>
<td>1</td>
<td>30.88</td>
</tr>
<tr>
<td>30 – 40</td>
<td>20</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>41 – 50</td>
<td>7</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>51 – over</td>
<td>4</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>Race (N=83)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>28</td>
<td>18</td>
<td>1.99</td>
</tr>
<tr>
<td>Black or African American</td>
<td>8</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>10</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Marital status (N=80)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single, Never Married</td>
<td>11</td>
<td>6</td>
<td>2.57</td>
</tr>
<tr>
<td>Married</td>
<td>15</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>Widowed, Separated &amp; Divorced</td>
<td>15</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>Household size (N=79)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>7</td>
<td>20</td>
<td>16.00</td>
</tr>
<tr>
<td>2</td>
<td>16</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>3 or more</td>
<td>21</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Level of Education (N=80)</td>
<td></td>
<td></td>
<td>.152</td>
</tr>
<tr>
<td>High school or GED</td>
<td>7</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Post-secondary training</td>
<td>7</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Some college</td>
<td>18</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Four-year college degree</td>
<td>8</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Graduate work or degree</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Current Employment (N=82)</td>
<td></td>
<td></td>
<td>4.52</td>
</tr>
<tr>
<td>Working full &amp; part time</td>
<td>19</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Not working at this time</td>
<td>25</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>Household Income (N=78)</td>
<td></td>
<td></td>
<td>.375</td>
</tr>
<tr>
<td>Less than $29,999</td>
<td>21</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>$30,000 - $69,999</td>
<td>14</td>
<td>13</td>
<td>.786</td>
</tr>
<tr>
<td>$70,000 or over</td>
<td>6</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>
Table 33: Chi-Square comparisons of OEF/OIF veterans with disabilities to others veterans with disabilities on disability type variables

<table>
<thead>
<tr>
<th>Served in support of OEF/OIF</th>
<th>Yes</th>
<th>No</th>
<th>$\chi^2$</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability rating (N=78)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20% or less</td>
<td>11</td>
<td>8</td>
<td>0.52(2)</td>
<td>.769</td>
</tr>
<tr>
<td>30% - 60%</td>
<td>12</td>
<td>13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>70% or more</td>
<td>19</td>
<td>15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Years served in military (N=83)</td>
<td></td>
<td></td>
<td>4.39 (1)</td>
<td>.039</td>
</tr>
<tr>
<td>1-4 years</td>
<td>11</td>
<td>18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5-8 years</td>
<td>15</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9+ years</td>
<td>19</td>
<td>15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of disabilities (N=83)</td>
<td></td>
<td></td>
<td>.11(1)</td>
<td>.738</td>
</tr>
<tr>
<td>One disability</td>
<td>15</td>
<td>14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>More than one disability</td>
<td>30</td>
<td>34</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type of disability</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Musculoskeletal (N=83)</td>
<td></td>
<td></td>
<td>.29 (1)</td>
<td>.588</td>
</tr>
<tr>
<td>No</td>
<td>24</td>
<td>18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>21</td>
<td>20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health (N=83)</td>
<td></td>
<td></td>
<td>.09 (1)</td>
<td>.764</td>
</tr>
<tr>
<td>No</td>
<td>14</td>
<td>13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>31</td>
<td>25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trauma related (N=83)</td>
<td></td>
<td></td>
<td>4.26(1)</td>
<td>.039</td>
</tr>
<tr>
<td>No</td>
<td>32</td>
<td>34</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>13</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurological (N=83)</td>
<td></td>
<td></td>
<td>.41 (1)</td>
<td>.521</td>
</tr>
<tr>
<td>No</td>
<td>28</td>
<td>21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>17</td>
<td>17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other * (N=83)</td>
<td></td>
<td></td>
<td>.12 (1)</td>
<td>.728</td>
</tr>
<tr>
<td>No</td>
<td>38</td>
<td>31</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>7</td>
<td>7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes: * see Appendix J for a list of responses provided

**Rental housing search experience and perception of discrimination.** As Table 34 shows, there were no significant differences between OEF/OIF veterans and non-OEF/OIF veterans with regards to: awareness of the FHAA, perception of discrimination, and expectation of finding suitable housing.
Table 34: Chi-Square comparisons of OEF/OIF veterans with disabilities and other veterans with disabilities on rental housing search process and perception of discrimination

<table>
<thead>
<tr>
<th>Served in support of OEF/OIF</th>
<th>( \chi^2 )</th>
<th>( p )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>5.1 (4)</td>
<td>.278</td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Awareness of the FHAA (N=82)

<table>
<thead>
<tr>
<th>Level of Awareness</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zero</td>
<td>9</td>
<td>11</td>
</tr>
<tr>
<td>One</td>
<td>13</td>
<td>4</td>
</tr>
<tr>
<td>Two</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Three</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Four</td>
<td>12</td>
<td>11</td>
</tr>
</tbody>
</table>

Perception of discrimination (N=82)

<table>
<thead>
<tr>
<th>Perception</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>36</td>
<td>28</td>
</tr>
<tr>
<td>Yes</td>
<td>8</td>
<td>10</td>
</tr>
</tbody>
</table>

Expectation of difficulty finding suitable housing (N=83)

<table>
<thead>
<tr>
<th>Difficulty</th>
<th>No difficulty</th>
<th>Some difficulty</th>
<th>Considerable difficulty</th>
<th>Great deal of difficulty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>15</td>
<td>18</td>
<td>10</td>
<td>2</td>
</tr>
<tr>
<td>No</td>
<td>10</td>
<td>18</td>
<td>6</td>
<td>4</td>
</tr>
</tbody>
</table>

Current housing characteristics. The results of Linear-by-Linear Association analysis also indicated that OEF/OIF veterans with disabilities paid a significantly greater portion of their income for housing than did non-OEF/OIF veterans with disabilities (\( \chi^2 = 8.309, p = .004 \)). For example, the standardized residual values in the categories of respondents who reported paying between 30% and 50% of their income on housing related expenses (.7) and those who reported paying more than 50% (.8) suggest that there were more OEF/OIF respondents within these categories than expected. There were no significant differences between the two groups of veterans with regards to: location, type of housing structure, number of bedrooms, and rent subsidies.
Table 35: Chi-Square comparisons of OEF/OIF veterans with disabilities and other veterans with disabilities on current housing characteristics

<table>
<thead>
<tr>
<th>Served in support of OEF/OIF</th>
<th>$\chi^2$</th>
<th>$P$</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Location</strong> (N=80)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City downtown</td>
<td>13</td>
<td>12</td>
</tr>
<tr>
<td>Rural area</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>Small town</td>
<td>11</td>
<td>5</td>
</tr>
<tr>
<td>City suburb</td>
<td>13</td>
<td>11</td>
</tr>
<tr>
<td><strong>Housing structure type</strong> (N=81)</td>
<td>.24 (2)</td>
<td>.886</td>
</tr>
<tr>
<td>Multi-family</td>
<td>21</td>
<td>18</td>
</tr>
<tr>
<td>Single family</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Other</td>
<td>15</td>
<td>11</td>
</tr>
<tr>
<td><strong>Number of bedrooms</strong> (N=80)</td>
<td>.29 (2)</td>
<td>.864</td>
</tr>
<tr>
<td>1</td>
<td>14</td>
<td>10</td>
</tr>
<tr>
<td>2</td>
<td>17</td>
<td>16</td>
</tr>
<tr>
<td>3 or more</td>
<td>12</td>
<td>11</td>
</tr>
<tr>
<td><strong>% Income Spent on housing</strong> (N=83)</td>
<td>8.30 (1)</td>
<td>.004</td>
</tr>
<tr>
<td>Less than 30%</td>
<td>1</td>
<td>12</td>
</tr>
<tr>
<td>Between 30% and 50%</td>
<td>24</td>
<td>15</td>
</tr>
<tr>
<td>More than 50%</td>
<td>18</td>
<td>10</td>
</tr>
<tr>
<td><strong>Rent subsidies</strong> (N=82)</td>
<td>1.9 (1)</td>
<td>.169</td>
</tr>
<tr>
<td>Yes</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>No</td>
<td>42</td>
<td>31</td>
</tr>
</tbody>
</table>

**Accessibility features.** The result of Linear-by-Linear Association analysis revealed that the OEF/OIF veterans were different from the non-OEF/OIF veterans in terms of their need for physical home modifications and securing financial aid for modification related expenses ($\chi^2 = 9.7$, $p = .002$). Non-OEF/OIF veterans were more likely to need more modifications to their units and to have received funding to perform the modification than OEF/OIF veterans. The standardized residual value of 2.1 reveals that there were more non-OEF/OIF respondents reported needing home modification and obtaining financial aid for modification related expenses than expected. There were no significant differences between OIF/OEF/OEF/OIF
veterans and non-OIF/OEF veterans concerning number of accessible features identified (see Table 36).

### Table 36 Chi-Square comparisons of OEF/OIF veterans with disabilities and other veterans with disabilities on accessible features

<table>
<thead>
<tr>
<th>Served in support of OEF/OIF</th>
<th>( \chi^2 )</th>
<th>( p )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needed modifications and financial aid for modification</td>
<td>( 9.7 ) (1)</td>
<td>002</td>
</tr>
<tr>
<td>(N=83)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Modification needed</td>
<td>40</td>
<td>24</td>
</tr>
<tr>
<td>Modification needed but no $ received</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Modification needed &amp; $ received</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>Number of accessible features</td>
<td>( 1.001 )</td>
<td>.606</td>
</tr>
<tr>
<td>(N= 80)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>1-3</td>
<td>24</td>
<td>17</td>
</tr>
<tr>
<td>4+</td>
<td>11</td>
<td>13</td>
</tr>
</tbody>
</table>

**Summary of Hypothesis 3.** Hypothesis 3 was partially accepted. In comparing the two groups, OEF/OIF veterans were: significantly younger, had larger households, were more likely to be employed, had more trauma-related disabilities, served longer periods in the military, spent a significantly greater portion of their incomes on housing, needed fewer modifications to their units, and were less likely to have received funding to perform the modification. Since OEF/OIF veterans were younger, they were more likely to be in the job market. The need for fewer home modifications by OEF/OIF veterans can be explained by the fact that respondents in this group reported more trauma related injuries which may not require physical modifications or these respondents may not be familiar with the concept of physical home modification or funding resources. Additionally, older veterans might have already navigated the VA system for disability related resources/benefits thus providing older veterans with an opportunity to take
advantage of such resources. On the other hand, a large portion of newly injured veterans are still waiting to have a disability determination so that they understand what they are entitled to and may not be as familiar with the complexity of the system or resources available. Almost all OEF/OIF veterans paid more than 30% of their income for housing compared to non-OEF/OIF veterans.

**Open-ended Question: Analysis of Responses**

The researcher asked respondents to provide any comments that they thought would help the researcher better understand veterans’ experiences with finding suitable housing. Forty-five responses were provided, but only 39 responses were used in the analysis; the others were either not applicable or did not address the question (see Appendix K for a list of responses). In analyzing the useable responses, the researcher identified major categories and common themes within the major categories. The major categories identified are as follows: (1) Affordable housing, (2) Availability of accessible housing, (3) Education and information needs, (4) Neighborhood location, (5) Property management /maintenance, and (6) Quality housing, and (7) Specific housing for veterans.

**Affordable housing.** Under the category of affordable housing, common themes included: *discounts for housing-related expenses* (2 cases); *affordability of neighborhood* (4 cases); *shortage of affordable housing* (3 cases); unemployment *period after transitioning from military to civilian life* (2 cases); education *on affordable housing programs* (2 cases); and *affordable housing and/or fixed rent* (2 cases).

Under the theme *discounts for housing-related expenses*, a respondent suggested that discounts could be made by communities similar to those made to police officers, firefighters and other civil servants. Another respondent stated:
There are thousands of military discounts for thousands of services, but none for utilities, basic house security systems, or phone companies for emergency home response systems. Rent is costly, but the $400-$600 for additional considerations per month adds up.

Regarding the theme of **affordability and neighborhood**, a respondent stated that the neighborhood where he is able to afford housing is unsafe because gunshots are heard regularly. Another respondent attributed living in economically depressed neighborhoods (where there are “no role models for their children to emulate”) to housing affordability and lack of information on housing programs. There were observations about the difficulty finding affordable housing due to shortage in the housing market: “Anyone trying to find housing in this area would be hard pressed to find housing without at least two thousand dollars in hand and three months of time to wait.”

The unemployment period during the transition from military to civilian life could lead to a lack of income, which impacted affordability:

At first I had a hard time finding an apartment because I just got discharged from the military and I had no job at that time. They are refusing me because, my income is not enough. I needed a 3 bedroom apartment to accommodate my family and the location that I needed (close to the school that I enrolled) is pretty expensive.

In this case, the neighborhood the veteran identified as appropriate did not have affordable housing.

**Availability of accessible housing.** Under the category of **availability of accessible housing**, the most common theme mentioned by respondents was the lack of accessible housing in the housing market (4 cases). Under this theme, one respondent reported that he knew he had
located accessible housing when he saw several ramps already in place in the apartment complex.

The following concerns were mentioned in regard to locating accessible housing: finding units on the ground level (1 case) and having to pay someone to prepare meals because their kitchens are not wheelchair accessible (2 cases). One of these two respondents expressed the concern that since he lived in rental housing, he did not want to pay for home modifications. This same respondent stated that he must pay someone to bathe him. He stated:

It is very difficult to find wheelchair accessible housing. Almost always you must pay for modification out of your own pocket. Because I am only renting, I don't like to spend that kind of money. Instead, I just do without. I cannot get into my bathroom or kitchen. I pay to have someone cook my meals and bathe me.

Another concern expressed under the theme of availability of accessible housing by a respondent was that the real estate agent he worked with during his 2008 housing search did not know of the concept of accessible housing. This same respondent also mentioned that older homes, which seemed to be what the respondent was able to afford, contained small rooms with smaller doors.

Regarding the lack of accessible features in current units, one respondent stated:

My building is not a good building for persons with disabilities in general; we have one elevator, servicing six floors and the elevator is normally not properly functioning so that persons blind or visually impaired have concerns that are not addressed. Second concern: the elevator does not make audible announcements (or make sounds) indicating you have reached a particular floor. Third concern: There is no emergency egress plan in place for persons with disabilities. Example: In case of a fire the design of the building is flawed
(the footprint which is T Shape with the elevator in the middle). For example, the elevator is in front of my unit and in case of a fire; I am unable to escape because I am unable to access the stairs. The other two sides of the T have stairs and I have the elevator which is not to be used in case of emergencies.”

**Education and information needs.** Under the category of education and information needs of veterans, common themes mentioned among respondents were: the need to have information about service dogs (2 cases); and the need for veterans to have information on programs on home modification and/or the Home Improvements and Structural Alterations (HISA) from the VA (2 cases). For example, one of these two respondents stated, “I have spent a lot of money on home modification. Send me information about HISA.” The other respondent stated:

> The VA has been very helpful but they have not told me about the modification provisions under the FHAA. Everyone who has my disabilities (paralysis of my left side) should be told about these types of provisions; especially combat vets who have so many disabilities.

One respondent expressed the need around providing education on housing “locator” in the desired community in which the veteran decides to live. This same individual mentioned the need to provide education on housing accessibility for the disabled veteran and the need for education regarding subsidized housing for disabled veterans.

One concern mentioned by one respondent under the theme of education and the need for information is that there is not much information available about cognitive disabilities and their impact on veterans’ access to housing. This respondent stated:
Most information on the subject seems to be geared toward physical disabilities and accessibility concerns. However when combined, mild physical disabilities with major cognitive disabilities can lead to serious barriers in veterans' ability to access suitable housing and other resources.

One respondent expressed a desire that more people with “the knowledge of what veterans deserve” should reach out to veterans to let them know what is available to them as they integrate back into civilian life.

**Neighborhood location.** Under the category of neighborhood, the most common themes mentioned among respondents were providing veterans with assistance and education in identifying better neighborhood locations for housing to avoid crime, prostitution/drugs, economically depressed areas (6 cases). For example, one respondent stated:

> It’s frustrating when you live on disability funds and when you deal with the VASH [HUD-Veterans Affairs Supportive Housing] ([it is] very restrictive on the option that they place you in – e.g. [around] drugs/prostitution. Especially when you are dealing with certain issues having negative influences around, you can return very easily to old habits.

Additionally, one respondent expressed the desire that veterans with mental health issues be assisted in finding housing near needed community services.

**Property management/maintenance.** Under the category of property management/maintenance, the most common themes mentioned were: making sure that accessible features are maintained [e.g., ramp is cleared of snow and salted] (2 cases); the importance of doing repairs within housing units (4 cases); and the unfriendly nature (or lack of professionalism) of the property management staff (3 cases).
Regarding the importance of fixing/repairing things, one of the four respondents stated:

My dissatisfaction with how the owner manages where I live causes a great deal of housing dissatisfaction – he does not take care of the place. We should get support in finding adequate housing, VA does not care. The Transition Assistance Program did not assist me in finding housing.

Another of the four respondents expressed the need of having a clear understanding of who is responsible for preventive maintenance (landlord or tenants).

Regarding the concerns about the lack of professionalism of property management staff, one of the respondents explained that:

When I was first informed of the newly developed properties by my VA Rep, and I inquired, the reception was not welcoming, the people were rude, very unfriendly, no patience for questions, and I decided I spent too much time serving my country to deal with people who believed I was looking for a hand out. I choose to continue house hunting on my own, with my dignity as a woman and a human being first! The selection of management for these places in my opinion were not people friendly.

Another respondent stated, “They treat us like crap. I am tired of the way they treat us, then comes the thing about the service dog, they look at you as if you are supposed to be blind, the lack of information and education these management have.”

One respondent made the following statement regarding obtaining better treatment from property owners:

The best way to avoid the entire anti-veteran discrimination problem created by ignorant landlords is to mention immediately that I am a disabled veteran. Since we are in a
period of war, usually the landlord will be reasonable. Before 9/11, landlords routinely discriminated against veterans with physical and/or mental health conditions.

**Quality housing.** Under the category of quality housing, the most common themes mentioned among respondents were access to suitable housing (3 cases) and mental health issues impacting veterans’ ability to acquire quality housing (2 cases). For example, one respondent who indicated having PTSD/depression/TBI, stated that due to being hospitalized and the inability to remember to pay bills, his credit score has suffered. Property owners typically utilize credit score/history in determining a person’s ability to pay rent. If a potential tenant’s credit score is low, this can prevent him/her from obtaining quality housing. This was the case with one of the respondents and as a result, he has not been able to find quality housing. This respondent stated: “We can't get a nice apartment because they won't take our credit, even with a higher deposit. Also, landlords don't have to tell you why they're turning you down - I have had one say that certain people wouldn't have suitable credit before even seeing the credit.”

**Specific housing for veterans.** Under the category of housing specifically for veterans, the most common theme reported by respondents was that there should be housing specifically for veterans (5 cases). One respondent stated, “I think there should be more specific apartments for vets.” Another theme was that of homeownership; for instance, two respondents expressed the desire for veterans to own their homes as opposed to renting. The following statement was provided by one of these two respondents:

Renting a place to live is great, but every veteran, disabled or not, deserves the right to own a home that is affordable. Housing developments such as Levittown were created after WWII for veterans to have housing. Where are these types of communities and houses today? Section 8 housing is offered to people who are disabled and have not
served their country. There should be affordable, well-kept housing available to veterans so that they can land on their feet and be the great leaders they were in the military, in our real world.
Chapter 6: Summary, Discussion, Conclusions, and Implications

The purpose of this study is to investigate and document the housing search and occupancy experiences of veterans with disabilities. The study describes the current rental housing situation of these veterans and examines their satisfaction with their current housing. The study also explores the veterans’ with disabilities expectations for their housing, documents their perceptions of housing discrimination and awareness of Fair Housing Amendment Act provisions, and identifies factors that impact their housing satisfaction. This chapter provides a summary of the study, discussion of hypotheses, conclusions, implications, limitations, and recommendations for future research.

Summary and Discussion

The search for rental housing can be a very stressful and complex process for veterans with disabilities. This process requires the evaluation of different factors, such as one’s credit score, housing costs in relation to income and employment status, space requirements, type of housing structure, quality preferences, and neighborhood preferences. The purpose of this study was to investigate and document the housing search and occupancy experiences of veterans with disabilities sustained while serving in the U. S. military.

Through the statement of the problem and seven formulated objectives, the researcher sought: (1) to describe the most recent rental housing search experiences of veterans with disabilities; (2) to describe the current rental housing situation of veterans with disabilities; (3) to describe the housing satisfaction of veterans with disabilities; (4) to assess veterans with disabilities awareness of their rights under the Fair Housing Amendments Act (FHAA); (5) to determine factors that influence satisfaction with current housing; (6) to determine factors that influence veterans’ with disabilities perceptions of experiencing discrimination under the FHAA:
and (7) to compare veterans with disabilities who fought in OEF/OIF with veterans with disabilities who fought in other military conflicts.

The researcher attributed the challenges veterans with disabilities have in finding and occupying quality accessible and affordable rental housing to: (a) limited availability of accessible rental housing in the housing market; (b) limited availability of affordable rental units; (c) discriminatory actions against persons with disabilities; and (d) the disability. Prior research and reports highlighted several factors associated with housing crisis for veterans, which are: unstable job circumstances, substance abuse, housing affordability, housing stability or lack of housing before enlisting in the military, low income, and mental/physical disabilities. (Berg, 2008; Fairweather, 2006; Institute for Policy & Governance, 2009, 2010; Perl, 2007; Sanford, 2010; U.S. Department of Health and Human Services, 2010).

The contextual framework of this study was developed based on Morris and Winter’s (1975, 1978) theory of housing adjustment, which identifies the key role of housing satisfaction in determining a resident’s need to move or change their housing situation. Key cultural norms, such as home ownership, single-family housing, costs, space, quality, and neighborhood are used by most households to evaluate their satisfaction, although demographic and socio-economic characteristics also play a role. In the case of the study sample, issues associated with veterans with disabilities and their experience with accessibility, discrimination and FHAA provisions were incorporated into the analysis of satisfaction. Descriptive statistics (frequencies, percentages, and means) were used to provide profiles of the respondents: demographic characteristics, military service and service-connected disabilities, rental housing search process and perception of discrimination, and current housing characteristics, including accessibility features. One-way ANOVA, t-test, and Chi-Square were used to analyze associations when
testing the three hypotheses.

Data collection occurred utilizing a mixed-mode survey design via a self-administered online survey and interviews (utilizing a paper copy version of the survey). An independent-samples t-test revealed that there was no significant difference in the mean scores for individuals who were interviewed (M = 2.88, SD = 1.453) and those who took the survey online (M = 2.90, SD = 1.479) in relation to the question on overall housing satisfaction: \( t(77) = -0.052, p = .959 \) (two-tailed). This means that the two groups of respondents did not differ on their overall housing satisfaction.

Data for this study were collected between October 9, 2012 and February 2, 2013. Survey respondents were identified, through the following mechanisms:

- Job fairs and veteran community sponsored events
- Facebook and online newsletters
- Virginia Wounded Warrior Program
- Iraq and Afghanistan Veterans of America
- Disabled Veterans of America
- ADA National Network

**Descriptive Findings**

Typical respondents were male (83%), between the ages of 18 and 40 (48%), white (49%), unmarried (68%), with less than a 4 years of college (73%), and not working at the time of the survey (68%). Fifty-four percent of respondents had household incomes of less than $29,999. Respondents were evenly divided among the size of households, with about one-third living alone (33%), in two-person households (32%), or in a three- or more person household (36%). The majority of the respondents served in the Army (52%), in support of OEF/OIF
(54%), and reported having a mental health condition related to their military service (68%). Forty-four percent of respondents reported having two disabilities and 44% of respondents indicated having a 70% or higher disability rating.

Forty percent of respondents reported searching for housing less than one year ago with many respondents (43%) indicating that they expected to have some difficulty finding suitable housing related to their disabilities. Most respondents (55%) reported that the lack of accessibility in previous residences and experiences of others who struggled with lack of accessibility influenced their expectations for finding housing that met their needs. Only 14% of respondents reported that education provided directly by the military or Veterans Administration influenced their expectations for finding suitable housing. Eighteen respondents reported experiencing housing discrimination. When respondents were asked what they did when they encountered discriminatory action from a housing provider, only one reported filing an official complaint with a government agency while three indicated they had complained to a housing management supervisor.

Slightly more than half (51%) of the respondents indicated not being aware that under the FHAA, they could ask housing providers to change policies, services, rules or procedures in order to accommodate their disability-related needs. However, there was some knowledge of the FHAA, as more than half (59%) of survey respondents indicated that they were aware that if an apartment complex has a no pet policy, it is appropriate to request to have a service animal. Although 61% of respondents reported being aware that most housing providers could not refuse to rent multi-family housing to them because of their disability, 66% reported that they were not aware that the FHAA applies to persons with disabilities such as PTSD, TBI, depression or substance abuse.
Nearly half of respondents (48%) indicated living in a multi-family rental apartment or condominium. About one-third, described the area where they lived as a city downtown (31%). A large portion of respondents indicated having two bedrooms (41%). Almost half (49%) were moderately rent burdened, spending between 30% and 50% of their income on housing related expenses, and over one-third (35%) were severely rent burdened, spending over 50% of their income on housing. A small portion of respondents (11%) reported currently receiving a rental subsidy.

The three most frequently noted accessibility features among respondents were that doors throughout the housing unit were usable and wide enough (37%); the physical locations of the thermostats, outlets, and/or light controls were within reach (37%); and there were clear pathways throughout the unit that allowed for ease in maneuvering within the dwelling. Most respondents (76%) indicated that the housing unit they selected did not require physical modification to meet their disability-related needs. Of individuals who did perform home modifications (24%), 12 respondents reported paying for modifications with personal funds; 5 indicated using a VA grant; and 5 indicated that the landlord paid for the modification.

Most respondents (M=2.13) were very satisfied or somewhat satisfied with the usability of their kitchen, their ability to reach/use environmental controls, outlets, thermostats (M=2.17) and the barrier-free or unobstructed route to their unit (M=2.22). Regarding cultural housing norms, typically respondents were very satisfied or somewhat satisfied with the neighborhood where their housing was located (M=2.17) and the number of bedrooms within their dwelling (M=2.47). Most respondents were very or somewhat dissatisfied with the cost (rent and utilities) of housing (M=3.22). Slightly more than half of respondents (54%) indicated being very satisfied or somewhat satisfied with their current housing. Results from the Pearson's correlation
coefficient analysis showed that the linear relationship between overall housing satisfaction and all 11 individual satisfaction variables was positive and significant at $p < .01$

**Hypotheses Tests**

**Hypothesis 1.** The formulation of Hypothesis 1 was to investigate the association of overall housing satisfaction to demographic characteristics, military service and service-connected disabilities, rental housing search process and perception of discrimination, current housing characteristics, and accessibility features.

Respondents who served more years in the military were more likely to be satisfied with their current housing than those who served shorter terms. Respondents who selected the category “other” under types of disability were more likely to be satisfied with their current housing than individuals who reported musculoskeletal, mental health, trauma-related or neurological disability. Disabilities reported under this category were less visible, demanded less collaboration from existing physical and social environments, and were less stigmatized (e.g., gastro disorder or diabetes). Stineman, et al. (2007), Cook (2011) and Weathers (2005), acknowledged that some health conditions may impede social interaction and a persons’ ability to function, especially, if the social and physical environment present challenges in the ability to participate. This is important to note since individuals with musculoskeletal, mental health, trauma-related or neurological disabilities may demand more from their physical environment. Veterans with disabilities under the category “other,” tended to have fewer demands from physical environment (e.g., need for a reasonable modification) and social environment (e.g., interaction with an incorporative landlord). This may account for their higher level of housing satisfaction as compared to veterans with more apparent disabilities.
Veterans with disabilities who were more aware of the FHAA were more likely to be satisfied with their housing. Perhaps knowledge of the Act enabled these veterans to stop or address the discriminatory behaviors and stop an adverse behavior from occurring. In this study, those who reported experiencing housing discrimination were less satisfied with their housing than veterans who did not report incidences of discrimination. This finding demonstrates the need to increase awareness of the FHAA among veterans and encourage them to file formal complaints. Additionally, veterans with disabilities who expected to have less than favorable experiences in finding housing due to their disabilities were more likely to be dissatisfied with their current housing. Veterans who were influenced by the experiences of others who struggled with lack of accessibility were also found to report experiencing housing discrimination; these respondents might have experienced similar incidents, which contributed to their housing dissatisfaction.

Results reveal that respondents who indicated having more bedrooms and accessible features were more satisfied with their housing. These findings are supported by Morris and Winter’s (1978) concept of housing satisfaction in relation to space adequacies and housing needs of persons with disabilities. When assessing spacing adequacies and necessities for individuals with disabilities, it is important to consider not only whether there are enough bedrooms for the household, but also to consider the usability of the space by the individual, given his or her impairments. These findings are further supported by the work of Kwon (2012), which found a significant association between unit design and residential satisfaction among older adults living in multifamily housing.
**Hypothesis 2.** The formulation of Hypothesis 2 was to assess whether veterans’ perceptions that they have been discriminated against were associated with demographic characteristics, military service and service-connected disabilities, rental housing search process, current housing characteristics, and accessibility features. To do this, contingency table analyses were conducted.

These analyses revealed that more educated veterans with disabilities (e.g., individuals with four-year college degrees and graduate degrees or beyond), were more likely to report being discriminated against than less educated veterans. This is supported by HUD’s report (2006) titled, *Do We Know More Now? Trends in Public Knowledge, Support and Use of the Fair Housing Law*, which found that individuals with higher levels of education reported more incidences of discriminatory behaviors than those with lower levels of education.

Results revealed that veterans with musculoskeletal and trauma-related disabilities were more likely to have experienced discrimination. These disabilities are more likely to be visible and place more demands from the physical environment and social environment. Thus veterans with more visible service-connected disabilities were more likely to have encountered discriminatory acts. This is supported by Turner et al., (2005) and a 2011 study conducted by HUD, which found that individuals with physical disabilities were more likely to be denied reasonable accommodations and faced adverse treatment in the housing market when searching for rental housing when compared to those with non-physical disabilities.

Those respondents with less awareness of the FHAA, in relation to the four questions asked in this study, were more likely to report being discriminated against. This finding necessitates a closer examination of whether veterans with disabilities understand the major provisions of this law and how discriminatory behaviors can be addressed. For example, more
than half (59%) of the sample indicated that they were aware that if an apartment complex had a no pet policy, it is appropriate to request to have a service animal. This is a practical example of how the reasonable accommodation provision translates into a policy change to accommodate a disability. However, 51% of respondents indicated not being aware that under the FHAA, they could ask housing providers to change policies, services, rules or procedures in order to accommodate their disability needs, which is the stated reasonable accommodation provision under the FHAA. Additionally, 66% percent of respondents indicated that they were not aware that the FHAA applies to persons with disabilities such as PTSD, TBI, depression and persons recovering from substance abuse, although 61% of respondents reported being aware that most housing providers could not refuse to rent multifamily housing to them because of their disability.

These examples indicate that veterans may be vaguely aware of the provisions under the law, but many do not have a clear understanding of the major components of the law or its applicability to their situation. Specific areas of confusion seem to be: the definition of who qualifies (e.g., individuals with physical and/or mental conditions), the determination of reasonable modifications, and clarity around who is responsible for the cost of modifying a rental unit. This is supported by the case study discussed in Chapter 3, where participants demonstrated having limited knowledge or no awareness on how the FHAA relates to persons with disabilities, nor of the concept of reasonable accommodation and modifications. This is also supported by HUD’s 2006 report, *Do We Know More Now? Trends in Public Knowledge, Support and Use of the Fair Housing Law*, where the public’s awareness of FHAA was found to range widely, from substantial to modest, with less awareness of regulations about refusing to rent to applicants with mental illness and refusing a renter’s request for accommodations due to a disability.
Additionally, one respondent in this study commented that he felt that showing veterans apartment units by the garbage disposal was a form of discrimination. From a legal standpoint, this is incorrect.

Veterans with disabilities who expected to have more difficulty during their house search were more likely to report having experienced discrimination. Results also revealed that those whose expectations were influenced by the experiences of others who struggled with lack of accessibility and those who received housing information from the military or the Veterans Administration were more likely to perceive that they had experienced discrimination. Those who selected the “other” and mentioned a variety of reasons for low expectations were also more likely to have reported experiencing discrimination.

**Hypothesis 3.** The formulation of hypothesis 3 was to assess whether there were significant differences between veterans with disabilities who served in OEF/OIF and those who served in other conflicts on demographic characteristics, military service and service-connected disabilities, rental housing search process and perception of discrimination, current housing characteristics, and accessibility features.

The results revealed that OEF/OIF veterans with disabilities were significantly younger, were more likely to be employed, and on an average their households were larger than the households of non-OEF/OIF veterans with disabilities. OEF/OIF veterans had more trauma-related disabilities (e.g., TBI) than non-OEF/OIF veterans did and they had served longer periods in the military. These findings are supported by Tanielian and Jaycox (2008) and a report by Defense Manpower Data Center (2011), which highlights the unprecedented number of trauma-related injuries, that OEF/OIF veterans have endured due to the use of improvised explosive devices (IED) at the beginning stages of OEF/OIF operations.
OEF/OIF veterans with disabilities paid a significantly greater portion of their income for housing than did non-OEF/OIF veterans with disabilities. For example, the majority (64%) of those who reported paying more than 50% of their income on housing-related expenses (severe rent burdened) were OEF/OIF veterans. Likewise, 62% of OEF/OIF veterans reported that 30% to 50% of their income went to housing-related expenses. This could be attributed to their larger household size in proportion to their income. By HUD’s standards (2011), severe rent burden is a key indicator (along with physical adequacy of living conditions) for estimation of overall necessity for safe and affordable housing. These findings are supported by literature that states that new veterans are experiencing a housing crisis at a faster rate than other veteran cohorts (Berg, 2008; Department of Veterans Affairs, n.d.; Fairweather, 2006; Institute for Policy & Governance, 2009; Perl, 2007; U.S. Department of Health and Human Services, 2010;).

The results showed that non-OEF/OIF veterans were more likely to report needing modifications to their units and to have received funding to complete the modification than have the OEF/OIF veterans. This finding is partially supported by recent reports by the Iraq and Afghanistan Veterans of America organization (2013) and Government Accountability Office (GAO) (2013), which documented the significant delay in processing disability benefits of new veterans in a timely manner. This in turn affects the benefits that veterans know about or are able to receive, such as the Home Improvements and Structural Alterations (HISA). This was evident in the open-ended responses of individuals who indicated not knowing of HISA or other similar resources. As the case study interviews indicate, new veterans may not be familiar with the concept of reasonable modification and may not know what to ask for.

**Open-ended question.** Veterans with disabilities expressed concerns around the lack of professionalism of property management staff and the importance of housing maintenance as
contributing factors to housing dissatisfaction. Survey respondents expressed the need to access suitable housing and the need to conduct research that evaluates how mental health conditions related to their military service influence their ability to access quality, permanent housing. Respondents also expressed a desire to have apartments specifically for veterans and discounts to offset housing expenses. Some respondents expressed concerns about the quality of the neighborhoods in which affordable housing was available. Respondents also expressed the desire for assistance and education in identifying better neighborhoods to avoid crime, prostitution/drugs, and economically depressed areas.

**Conclusions**

The following conclusions can be made based on the findings of this study.

**Housing Satisfaction.** The importance of households meeting the cultural norms for space in achieving housing satisfaction was found in this study, supporting Morris and Winter’s Theory of Housing Adjustment. Those who indicated having more bedrooms and accessible features were more satisfied with their housing. For people with disabilities, having accessible space is critical to the usability of their housing and their housing satisfaction.

Those who expected to have a difficult experience during the search process were more likely to be dissatisfied with their current housing. Twenty-eight percent of the sample indicated that the lack of accessibility in a previous residence influenced their expectations for finding housing that met their needs in relations to their disability. Veterans with disabilities whose expectations for finding suitable housing were influenced by the experiences of others who struggled with the lack of accessibility reported experiencing discrimination. Morris and Winter (1978) discuss the role of expectations for housing features in housing satisfaction. The associations between low expectations, perceived housing discrimination, and low housing
satisfaction may be due to a realistic assessment of the difficulties of the process, available housing, and the compromises that have to be made to secure housing.

On the other hand, those who were more aware of the FHAA were more likely to be satisfied with their current housing and less likely to have experienced discrimination. This finding supports Morris and Winter’s theory that a more knowledgeable person is able to combat the constraint of discrimination and address the situation right away. In general, those who experienced discrimination were less satisfied with their housing. Societal constraints, such as discrimination, can limit the available housing options and the type of housing adjustment behavior a person can exercise; thus limiting housing options for persons with disabilities and resulting in less satisfactory housing.

**Housing Discrimination.** Housing discrimination was experienced by several of the veterans with disabilities who participated in this study. Veterans with musculoskeletal and trauma-related disabilities were more likely to report experiencing housing discrimination. This supports findings from Turner et al., (2005) and HUD (2011) that persons with physical disabilities were more likely to be denied reasonable accommodations and face adverse treatment in the housing market when searching for rental housing when compared to those with non-physical disabilities. Trauma-related disabilities are often visible and highly stigmatizing resulting in many people with these disabilities being treated unfavorably in a housing market that does not offer enough housing options for them.

Education seems to play a role in whether or not an individual perceives that they have experienced discrimination. Veterans with disabilities who had more education reported experiencing discrimination more often than those with less education. Additionally, veterans with disabilities whose expectation for finding suitable housing was influenced by education
provided by the military or Veterans Administration were more likely to have reported experiencing discrimination. This suggests that having more education and direct education about Fair Housing could cause people either to be discriminated against more often or to more readily detect that they have been discriminated against when discrimination occurs.

OEF/OIF veterans with trauma-related injuries were more likely to be dissatisfied with their housing and more likely to have experienced discrimination during the housing search process. The associations between perceived housing discrimination, trauma-related injuries, and serving in support of OEF/OIF may speak to a perception by housing providers about how these types of war related injuries impact behaviors. This in turn may cause the providers to avoid renters with these types of conditions.

**OEF/OIF Veterans.** OEF/OIF veterans in this study are also confronting housing affordability issues. For example, 64% of those who reported being severely rent burdened and 62% of those who reported being moderately rent burdened were OEF/OIF veterans. In addition to the need for further employment possibilities (68% of respondents were unemployed), the addition of more affordable housing in the housing market or more rent subsidies would greatly benefit veterans with housing affordability issues.

**Implications**

**Implications for veterans.** This study provided insights into the rental housing experiences and concerns of veterans with disabilities. Specifically, the study investigated the experience of searching for suitable rental housing, encounters with housing discrimination, satisfaction with current housing, and awareness of the FHAA and its applicability to the needs of veterans with disabilities. The findings from this research would be useful to veterans who are looking for rental housing. The study results indicate that veterans with disabilities are often
unaware of important resources such as HISA, which may provide funding for home modifications. Additionally, the results demonstrate that these veterans could benefit from increased awareness of the provisions of the FHAA. Further, findings suggest there is a need to educate these veterans about the value of filing formal complaints about housing discrimination in order to potentially reduce the frequency of housing discrimination behaviors against veterans with disabilities.

**Implications for multi-family housing property managers.** Veterans in this study often expressed concerns around the lack of professionalism of the property management staff and the importance of managements’ performing housing maintenance. Both of these issues contributed to decreased housing satisfaction. The probability of a satisfied renter moving is small, which minimizes vacancies. It was not clear if veterans lived in communities managed by professional firms or by individual landlords, who may not be impacted by some of the FHAA provisions. Training housing personnel managing all types of housing on the housing needs of veterans with disabilities (e.g., their need for accommodations or modifications) is essential. Veterans are more likely to patronize an apartment complex that respects and treats veterans with dignity. Veterans in this study expressed a desire to receive discounts such as those offered to other civil servants to help offset expenses related to housing.

**Implications for housing industry.** The housing industry should be conscious of the great need for and the lack of accessible housing in the United States, whether it is single-family or multifamily housing stock. As veterans age and require accessible housing (e.g. Vietnam veterans) and new veterans experience housing accessibility needs due to their newly acquired disabilities, it is important to promote the concept of universal design when designing and constructing new dwellings. Additionally, the concept of universal design should be adhered to
when renovating existing dwellings. This is important in minimizing adaptations by renters to rental property, as this is a housing adjustment behavior that the Housing Adjustment Theory suggests is not preferred by renters. This was confirmed by the case study findings in Chapter 3 and the open-ended responses in Chapter 5. Education about universal design should continue to be provided to industry personnel and organizations, as part of staff professional development. Demand for accessible housing will continue to expand as baby boomers age and make demands for accessible housing (Kwon, 2012). Additionally, the need to advocate to governmental agencies, such as HUD and the Department of Agriculture, for funding or tax credits to build more affordable and accessible housing people with disabilities will be important.

**Implications for organizations that serve veterans.** This study provided information about the housing search experiences of veterans with disabilities - including their experiences of housing discrimination. Additionally, this study considered veterans’ awareness of the FHAA. Results revealed that those who had housing education provided directly by the military or the Veterans Administration were more likely to report having experienced a discriminatory act. This finding highlights the need to ensure that effective methods are employed to educate all veterans - not only veterans with disabilities. This is because a veteran’s disability may not manifest itself until after he or she has been discharged from military service. For example, many Vietnam veterans did not experience the symptoms of debilitating health conditions until more than three decades after exposure to Agent Orange (Committee to Review the Health Effects in Vietnam Veterans of Exposure to Herbicides Institute of Medicine, 2011).

The results of the current study demonstrate the need to educate veterans with disabilities on the different housing programs available to assist with the cost of disability-related housing modifications. Since veterans are more likely to listen to veterans, HUD should try to
disseminate information on the FHAA to non-health related veteran serving organizations, (e.g. Iraq and Afghanistan Veterans of America). Veterans who belong to organizations such as Paralyzed Veterans of America are more likely to know FHAA information and home modification information; this organization’s website states “paralyzed Veterans of America’s website supports efforts to enforce and extend laws and regulations that advance accessibility in housing – both publicly funded and privately financed.” Additionally, Paralyzed Veterans of America was an early advocate of FHAA. Informational materials for dissemination should make clear who qualifies under the law, for example, people with visible and invisible disabilities (PTSD, depression or persons recovering from substance abuse). This is important since 66% of the sample in the study indicated not being aware that the FHAA applied to people with PTSD, depression or persons recovering from substance abuse. Additionally, information provided should be offered in alternative formats to consider the different disabilities that veterans face.

In addressing this educational need, efforts should also be coordinated with the Department of Defense to inform eligible veterans with a disability rating of 30% or more (or any functional limitation that necessitates the information) about programs that provide funding for home modifications. Efforts should also be made to more efficiently process paperwork to prevent unnecessary delay in applying for and benefiting from such programs. Organizations that serve veterans should also advocate for the availability of affordable, accessible and quality housing for veterans with disabilities. These organizations should also advocate for the ready availability of accessible information on home modifications and funding for needed modifications for new veterans disabilities who may not know of these. Information
dissemination should be provided in alternative formats. Additionally, information dissemination must take into consideration those both with and without Internet access.

**Implications for Government Agencies.** According to the results of this study, veterans with obvious musculoskeletal disabilities and trauma-related disabilities are more likely to report experiencing housing discrimination. Additionally, there seem to be mixed responses related to awareness of the FHAA among veterans. These responses suggest a misunderstanding on the part of veterans about the clarity of who qualifies under the law as a person with a disability and what changes are covered under the reasonable accommodation provisions. The low rate of veterans filing formal complaints with a government agency after experiencing a discriminatory behavior proves that awareness of the law may not, in many cases, be sufficient to initiate a formal complaint. These results demonstrate a vital need for strategic partnerships with the VA or other agencies respected by veterans in order to educate veterans on the FHAA and encourage the filing of formal complaints. Emphasis should be placed on the timing and different points of encounter with the VA or the veterans serving organizations. If veterans experience information overload on their discharge, where they are provided with information on the FHAA or home modifications, there need to be reminder points during their engagement with VA or other agencies. Reminders are also important for individuals with certain types of disabilities (e.g. TBI or depression) who experience difficulties processing or remembering information. Additionally, information packets can be designed so that facts about home modifications (and financial aid for modifications) and FHAA are readily available. Rehabilitation center discharge planners and social workers should receive information on the importance of providing information on the FHAA and home modification/financial assistance.
Rental housing is a good choice for many and may be preferable for veterans with disabilities because of costs and location. Much rental stock is single-family housing, and individuals rather than professional property managers wholly manage a small number of these units. Multifamily rental housing falls under the FHAA, but in many instances single-family housing is not covered. However, 20% of veterans in this study rented single-family housing structures. Small landlords and those who do not have to comply with the FHAA should still be provided with sensitivity training on the housing needs of veterans with disabilities and others with disabilities.

Limitations and Recommendations

Limitations of the Study. The major limitation of this study was its inability to generalize its findings to all veterans with disabilities. There was not a readily available sampling frame for veterans with disabilities, requiring the researcher to use convenience sampling. An effort was made to compare the sample to the sample of veterans with disabilities who rent in the American Community Survey. Veterans in this study had three demographic characteristics that reflected characteristics of respondents in the general population. The study respondents were largely male; had household size representative of ACS data and had similar representation within the education categories as ACS respondents. There were six demographic characteristics that differed from the general population of veterans with disabilities who rent. The sample respondents were more racially diverse, less likely to be currently married and more likely to have never married, more likely to be unemployed, and more likely to have lower household income.

Additionally, the lack of a sampling frame and the snowball convenience sampling resulted in a less than desirable sample size. Veterans with disabilities are difficult to reach, as
they tend to be very reluctant to speak with or be interviewed by non-veterans. A large portion of the sample was recruited from job fairs while the vast majority of respondents accessed the survey online. It is well documented that online distribution of surveys fail to reach audiences without a computer and that online survey participants are normally more educated (Dillman, et al., 2009). Thus the study participants tended to have access to computers and to be more educated than might have been the case if other data collection methods had been utilized.

The p-value was set to reject or accept the null hypotheses at .10 as opposed to .05, which is a standard for the social sciences (Rudestam & Newton, 2001). This mean that detected significance when testing the hypotheses might also be attributed to chance or other independent variables besides the effects of the independent variables mentioned in this study. Nevertheless, the G* Power calculator estimates on Table 7, page 66, revealed that a sample size of 83 falls within the desire power estimate of .80, a p = .05 and an effect sizes of 0.40. The researcher obtained significant differences when testing the hypotheses, of less than .10; thus estimates are more conservative and increasing the sample size could only increase the effects that the independent variables have on the dependent variable.

**Recommendations for future research.** Based on the case study reported in Chapter 3 and the findings and open-ended responses reported in Chapter 5, there exists a need for future research. Some specific areas for further investigation include:

- Veterans expressed concerns about how mental health disabilities (e.g., PTSD) that may influence employment stability may also influence the ability to obtain quality housing. Future research should focus on investigating the impact on mental health conditions to determine their long-term impacts on stable and quality housing choices for veterans.
• The low rate of veterans filing formal complaints with a government agency after experiencing a discriminatory behavior proves that awareness of the law may not, in many cases, be sufficient to initiate a formal complaint. For example, 18 respondents indicated experiencing discrimination but only one person filed a formal complaint. Future research should focus on looking at what leads veterans who know of the law to file or not file a formal complaint.

• Veterans expressed concerns about the long-term impacts of housing choices based on the employment outcome in the first two years after military discharge. Research that considers the significance of the lengthy disability-compensation processing time is warranted. Future research should focus on investigating how the first two years of reintegration back into civilian life impacts housing choices based on a veteran’s ability to obtain employment and disability compensation by the VA.

• Goodwill towards veterans has somewhat changed, as mentioned by a participant who believes that telling landlords of his service-connected injuries has contributed to his experiencing less housing discrimination. Nevertheless, OEF/OIF veterans with trauma-related injuries were more likely to have experienced discrimination in housing. Future research should focus on investigating how societal responses to veterans throughout different eras have impacted veterans’ housing outcomes.

• A larger number of OEF/OIF veterans reported not needing modifications or obtaining funding for home modifications; however, in the case study in chapter 3 and in the open-ended responses in chapter 5, OEF/OIF veterans also expressed concerns about not knowing of programs like the Home Improvement and Structural Alterations Program (HISA), which provides renters up to $6,800 for home modification by the VA. Veterans
were not aware of the concepts of home modification and accommodation. Future research should focus on the level of utilization of the HISA program by veterans with disabilities and best methods of increasing knowledge of such programs. Additionally, education should be provided around the concept of home modifications and landlord’s obligation to allow these at the expense of the tenant.

• There exists a lack of clarity as to all the variables that contribute to a veteran’s housing stability and satisfaction. Veterans with disabilities often have multiple sources of income (SSI or disability compensation) and understanding how these different income sources influence their ability to obtain quality housing is another topic worthy of further exploration.

• Eighty-four percent of the sample reported experiencing housing affordability issues, with a large majority of these veterans reporting serving in support of OEF/OIF. Future research should focus on contributing factors that are leading OEF/OIF veterans to experience housing crisis at such a faster rate than other veteran cohorts. In addition to poor economic conditions and mental health issues, emphasis should be placed on the impacts of housing discrimination, and the lack of suitable, affordable and accessible housing on the housing crisis of all veterans.

Given the limited body of research on the housing needs of veterans, the current study contributes to this literature and expands upon it by considering the specific and unique needs of veterans with service-connected disabilities. Future research that compares the housing satisfaction of veterans with service-connected disabilities who are renters to the satisfaction of veterans with service-connected disabilities who are homeowners should be performed utilizing
the theoretical framework of Morris and Winter (1975, 1978). This comparison could also help determine if their utilization of VA home modifications is different.
References


Rental Housing Search and Occupancy Experiences of Veterans with Disabilities


Department of Housing and Urban Development. (2013, April 3). Personal communication - disability cases likely related to veterans' issues. Washington, DC: Department of Housing and Urban Development.


Rental Housing Search and Occupancy Experiences of Veterans with Disabilities


Hotopf M., Wessely S. Neuropsychological changes following military service in Iraq: case proven, but what is the significance? *JAMA*. 296(5), 574-575.


Institute for Policy & Governance. (2010). *Assessing the experiences, supportive service needs and service gaps of veterans in the commonwealth of Virginia final report*. Blacksburg: Virginia Polytechnic Institute and State University


Rental Housing Search and Occupancy Experiences of Veterans with Disabilities


Appendix A: Questions to Guide Case Study Interviews
1. I’d like to get some background information about you.
   - How old are you?
   - Where do you live?
   - Who do you live with?
   - How long have you lived there?
   - Where did you live before moving to your current residence?

2. I understand you were injured during your service in Iraq or Afghanistan. Tell me about your disability?

3. I’d like to ask about your experience in looking for and deciding about the apartment you currently live in.

4. How did you obtain information about the apartments you were interested in?
   - Web site
   - Registry
   - Word of mouth

5. Did you consult the National Resource Center website?

6. How did you make the contact with the various apartment communities you investigated?

7. How many communities did you contact?

8. How many communities did you visit during the search?

9. When did you share with the leasing agent or community representative that you had a disability?

10. Describe what happened when you visited a community.

11. Why did you select your current apartment?
   - Location
   - Unit features
   - Community features

12. Were you familiar with the provisions of the Fair Housing Act before you started looking for an apartment?
13. Did you ask for any modifications for the unit or community?
   Describe this interaction.

14. Did you ask for any accommodations to policies or amenities?
   Describe this interaction.

15. How satisfied are you with your current housing situation?

16. Is it accessible to meet your needs?
Appendix B: Institutional Review Board Approval for Case Study
MEMORANDUM

DATE:    July 24, 2012
TO:      Julia C Beamish, Luz Mairena Semeah
FROM:    Virginia Tech Institutional Review Board (FWA00000572, expires May 31, 2014)
PROTOCOL TITLE: Rental Housing Search and Occupancy Experiences of OIF/OEF Veterans with Disability
IRB NUMBER: 12-642

Effective July 24, 2012, the Virginia Tech Institutional Review Board (IRB) Chair, David M Moore, approved the New Application request for the above-mentioned research protocol.

This approval provides permission to begin the human subject activities outlined in the IRB-approved protocol and supporting documents.

Plans to deviate from the approved protocol and/or supporting documents must be submitted to the IRB as an amendment request and approved by the IRB prior to the implementation of any changes, regardless of how minor, except where necessary to eliminate apparent immediate hazards to the subjects. Report within 5 business days to the IRB any injuries or other unanticipated or adverse events involving risks or harms to human research subjects or others.

All investigators (listed above) are required to comply with the researcher requirements outlined at:

http://www.irb.vt.edu/pages/responsibilities.htm

(Please review responsibilities before the commencement of your research.)

PROTOCOL INFORMATION:
Approved As: Exempt, under 45 CFR 46.110 category(ies) 2
Protocol Approval Date: July 24, 2012
Protocol Expiration Date: N/A
Continuing Review Due Date*: N/A

*Date a Continuing Review application is due to the IRB office if human subject activities covered under this protocol, including data analysis, are to continue beyond the Protocol Expiration Date.

FEDERALLY FUNDED RESEARCH REQUIREMENTS:

Per federal regulations, 45 CFR 46.103(f), the IRB is required to compare all federally funded grant proposals/work statements to the IRB protocol(s) which cover the human research activities included in the proposal / work statement before funds are released. Note that this requirement does not apply to Exempt and Interim IRB protocols, or grants for which VT is not the primary awardee.

The table on the following page indicates whether grant proposals are related to this IRB protocol, and which of the listed proposals, if any, have been compared to this IRB protocol, if required.
Appendix C: Case Study Informed Consent Form
Title of Project: Rental Housing Search and Occupancy Experiences of Veterans with Disabilities

Investigator(s): Dr. Julia O. Beamish, Professor, and Luz M. Semeah, PhD Candidate, Department of Apparel, Housing, and Resource Management

I. Purpose of this Research/Project
The purpose of this study is to gather information to document the rental housing search and occupancy experiences of U.S. military veterans with disabilities sustained while serving in Iraq or Afghanistan. Fifteen veterans will be interviewed about their current housing situation and the experiences they had while searching for housing. Patterns in incidence or experiences reported by qualified veterans will be studied and further investigated to detect common or different phenomenons experienced by the observed population.

II. Procedures
Willing participants will be interviewed about their current housing situation and their experience in trying to find appropriate housing. Participants are expected to answer questions honestly and provide an accurate account of their housing search and current occupancy experiences in rental housing. In addition, if the participant agrees, he/she will be asked to allow the Interviewer to conduct a home accessibility evaluation on their current residence. Part of this evaluation will include explanation and demonstration of accessibility concerns.

In total, the interview and home accessibility evaluation are expected to take a total of 2 hours: 1 hour for the interview and 1 hour for the home evaluation. A participant can participate in the interview and then decline to participate in the home accessibility evaluation portion of the study. Participants have the option of scheduling the interview and home evaluation on the same day or to schedule the home evaluation for a later date. The interview can take place at a convenient location to be determined by the participant.

III. Risks
Participants may experience some discomfort, if there is emotional distress in describing their disability or in recalling an unpleasant situation in the rental housing search process. Participants are free to refuse to answer a question or to stop the interview if they become uncomfortable.

IV. Benefits
This research is being conducted in order to bring awareness to the rental housing search experience of veterans with disabilities. This study and studies developed from its findings may help increase the supply and availability of accessible housing units by highlighting the role of the Fair Housing Act Amendments and the Fair Housing Accessibility Guidelines to various government agencies and the housing industry.
By signing this consent form, you agree that no promise or guarantee of benefits have been made to encourage you to participate.

**V. Extent of Anonymity and Confidentiality**
Information provided by participants to the interviewer will be held in confidence. The interview will be taped with an audio recording device. The researchers will transcribe the recording and analyze the transcripts to develop and report findings.

Photographs and/or video recordings will be taken during the home accessibility evaluation. These recordings will be analyzed using behavioral mapping techniques. If portions of the photographs or videos are reported in presentations, the image of the participant will be altered to prevent recognition. In addition, other household members within the home (i.e., non-participants) will not be captured in pictures / videos during the home evaluation.

At no time will the researchers release the recorded tapes to any person or organization unless written approval is received from participants beforehand. The tapes will be stored in Wallace Hall at Virginia Tech under the supervision of Dr. Beamish.

It is possible that the Institutional Review Board (IRB) may view this study’s collected data for auditing purposes. The IRB is responsible for the oversight of the protection of human subjects involved in research.

**VI. Compensation**
Participants will not be compensated for their involvement in this study.

**VII. Freedom to Withdraw**
Participants can refuse to answer any question in the interview and are free to withdraw from the study at any time.

**VIII. Subject’s Responsibilities**
Participants will be responsible for answering questions during the interview.

Participant will be responsible for demonstrating accessibility issues in their home during the home accessibility evaluation.

**IX. Subject’s Permission**
I have read the Consent Form and conditions of this project. I have had all my questions answered. I hereby acknowledge the above and give my voluntary consent to participate in:

*Interview*

________________________________________________ Date__________
Subject signature

Home Accessibility Evaluation

________________________________________________________________________Date __________

Subject signature

Should I have any pertinent questions about this research or its conduct, and research subjects' rights, and whom to contact in the event of a research-related injury to the subject, I may contact:

Julia O. Beamish, Faculty Advisor 540-231-8881/ jbeamish@vt.edu

__________________________________________
Investigator Telephone/e-mail

David M. Moore 540-231-4991/moored@vt.edu
Chair, Virginia Tech Institutional Review
Board for the Protection of Human Subjects
Office of Research Compliance
2000 Kraft Drive, Suite 2000 (0497)
Blacksburg, VA 24060
Appendix D: Pilot Study Survey
Finding the perfect home is always challenging, and finding one that meets the individual needs of someone who has been injured can be especially difficult. The process of searching for housing and actually finding the “right” home can be a challenge, since there are so many things to consider. The purpose of this study is to investigate the rental-housing search and occupancy experiences of U.S. military veterans with disabilities sustained while serving in Iraq or Afghanistan. Thus, willing participants are invited to complete a survey about their current housing situation and their experience in trying to find appropriate housing. If you are a veteran:
• who has a service-connected disability
• who rents housing
• and/or who is searching for rental housing

Please participate in this research study, so that your experiences and the experiences of veterans like you can be better understood. Participants are expected to answer questions honestly and provide an accurate account of their housing search and current occupancy experiences in rental housing. The survey is expected to take approximately 25 minutes to complete. Participants have until Friday, September 7, 2012 to complete the survey.

This research is being conducted in order to bring awareness to the rental housing search experience of veterans with disabilities. This study and studies developed from its findings may help increase the supply and availability of accessible housing units by highlighting the role of the Fair Housing Act Amendments and the Fair Housing Accessibility Guidelines to various government agencies and the housing industry.

By completing this survey you are agreeing to participate in the research. Participants can refuse to answer any question in the survey and are free to withdraw from the study at any time. Your participation is voluntary and there is no penalty if you choose not to participate. For participating in this study, you have the opportunity to enter into a drawing to win 1 of 4 money orders in the amount of $50.00. To enter the drawing, follow the instruction at the end of the survey.

Your answers will be kept strictly confidential, and digital data will be stored in secure computer files. Reports based on this survey will not include any individually identifiable information. It is possible that the Virginia Tech Institutional Review Board (IRB) may view this study’s collected data for auditing purposes. The IRB is responsible for the oversight of the protection of human subjects involved in research.

Thank you in advance for sharing your time and experience with us.

* The main researchers conducting this study are Julia O. Beamish and Luz M. Semeah at Virginia Tech. If you have any questions, you may contact Julia O. Beamish, Faculty Advisor, at 540-231-8881/ jbeamish@vt.edu.

1 a. Are you a person with a military related physical and/or psychological disability?
Yes - Please continue with the survey, by answering question 1b.

No - If no, thank you for being willing to participate, but you do not match the study criteria.

1b. If yes on question 1, check all that apply regarding your service-connected injuries:
   - Sensory loss (hearing and vision loss)
   - Head injury (TBI)
   - Nerve damage
   - Spinal cord injury/back injury
   - Anxiety disorder (PTSD; Panic disorder)
   - Depression
   - Loss of limb(s)
   - Other - Please specify:

2. Did you serve in: (Check all that apply)
   - Afghanistan
   - Iraq
   - Both (Afghanistan and Iraq)

If you did not serve in Afghanistan or Iraq: thank you for your willingness to participate, but you do not match the study criteria.

3. Do you rent your housing?
   Yes - Please continue to question 4
   No - Thank you for being willing to participate, but you do not match the study criteria.

4. Do you live in a housing unit in a multifamily community with 4 or more units in the building?
   Yes
   No

Please answer the following questions related to the last time you searched for housing.

5. When was the last time you searched for rental housing?
   - Less than year
   - 1 to 2 years ago
   - 3 to 4 years ago
5 to 6 years ago

6. Which of the following resources did you use during your most recent search for housing?
   - Apartment communities web pages.
   - Craigslist or another on-line bulletin board site.
   - Military OneSource
   - Newspaper advertising
   - National Resource Directory
   - Employee of the Veterans Administration
   - Community-based Organization
   - Other - Please specify:

7. Before you started your housing search, what were your expectations that you would find suitable housing for the needs you have related to your disability?
   - I expected to have no difficulty in finding suitable housing.
   - I expected to have some difficulty finding suitable housing.
   - I expected to have difficulty finding suitable housing.
   - I expected to have a great deal of difficulty finding suitable housing

8. What influenced your expectations for finding suitable housing for the needs you have related to your disability [service-connected injury] (Check all that apply)?
   - Lack of accessibility in previous residence
   - Experiences of others who struggled with lack of accessibility
   - Education provided directly by military or VA
   - Education provided by agency affiliated with military or VA (provide name)
   - Advocacy group or agency
   - Other - Please specify:

During the most recent housing search process, I encountered the following behaviors that I perceived were due to my disability:
9. A housing provider refused to rent a unit to me due solely to my disability.
   Yes
   No

10. A housing provider refused to show me an available unit because of my disability.
    Yes
    No

11. A housing provider falsely told me a housing unit was unavailable for rent because the provider assumed that the unit would not be suitable to me due to my disabilities.
    Yes
    No

12a. What did you do if you encountered one of these behaviors from a housing provider? (Check one)
   - Ignored it
   - Confronted the housing provider
   - Complained to a supervisor in the apartment community management
   - Filed an official complaint with a government agency

12b. If yes, who did you file the official complaint with? (Check all that apply)
   - U. S. Department of Housing and Urban Development
   - Local or state housing advocacy group
   - The Veterans administration
   - Other - Please specify

Current Housing Situation

For each of the following questions, please select your response about your current housing occupancy

13a. How would you describe the area where you currently live? (Check one)
    Suburban
    Urban
    Rural

13b. Name the city where you currently live?
14. What type of housing structure best describes where you currently live?
Multi-family apartment (5 or more units in the building)
- Single family house
- Multi-family condominium
- Town House
- Duplex
- Tripleplex
- Quadruplex
- Mobile home
- Room in a house or building
- Other:

15. Who owns or manages where you live? (Check one)
- An individual/private owner
- A for-profit company
- A not-for-profit agency
- A local housing authority
- I don’t know

16. Which of the following applies to you? (Check one)
- I currently spend less than 30% of my income in housing-related expenses (utilities included)
- I currently spend 30% of my income in housing-related expenses (utilities included)
- I currently spend more than 30% of my income in housing-related expenses (utilities included)
- I currently spend 50% of my income in housing-related expenses (utilities included)

17. Do you currently receive any rent subsidies to bring your rent payment below market value in your current area?
18. Did the current unit you selected require physical modifications to make it accessible considering your service-connected injury?
   Yes
   No
   If your answer is no, skip questions 19 – 22

19. If you did make any modifications to the current unit you selected, what type of physical modifications were performed (Check all that apply)?
   - Physical alteration to a common use areas (such as mailboxes, laundry rooms, and recreation areas)
   - Stair railings within apartment community were added
   - Accessible parking (also known as handicapped parking) was added
   - A ramp was added at the entrance to my unit
   - A ramp was added at locations within the apartment community
   - Lever door handles were added to doors in my unit
   - The door thresholds were made lower
   - The door at the entrance to my housing unit was made wider
   - Doorways throughout my housing unit were made wider
   - Doorways within the apartment community were made wider
   - The physical location of the thermostats, outlets, and/or light controls were adjusted to be made within my reach
   - Extra lighting, such as task lighting in the kitchen and/or bathroom was added
   - The height of kitchen wall cabinets was lowered or elevated
   - The height of kitchen countertops were lowered or elevated
   - Stair railings within the house were added
   - A roll-in shower was installed
   - Grab bars were added in the bathroom
20. How was this physical modification paid for (Check all that apply)?
   Personal funds
   - VA grant
   - Not-for-profit agency grant
   - Landlord
   - Other - Please specify:

21. If you used personal funds, about how much did you spend? Do you need ranges inserted here?

22. Did you search out financial assistance to pay for modifications you needed for your selected housing?
   Yes
   No

Satisfaction with Current Housing
We are interested in knowing how satisfied you are with your housing unit and the apartment community where you live. Some of the questions ask about your satisfaction with general aspects of your housing, while others ask about your satisfaction with features that may be relevant due to your service related injury.

On a scale from 1 to 5, where 5 is the very dissatisfied and 1 is very satisfied, please indicate your level of satisfaction with each of the following aspects of your current housing. If the feature is not available in your unit or it does not apply to you, answer “Not applicable”

23. Usability of the kitchen considering your injury:

24. Usability of the bathroom considering your injury:

25. Barrier free route within the unit:
26. A barrier free route to my unit:

27. Ability to reach environmental controls, outlets, thermostats considering your injury:

28. Cost of rent:

29. Cost of utilities:

30. Quality of appliances:

31. Building maintenance:

32. Housing structure-type:

33. Complaint handling by the property management team:

34. The amount of time required to complete repairs:

35. The amount of noise in the community:

36. The safety of my housing unit:

37. Having an elevator where I live:
Rental Housing Search and Occupancy Experiences of Veterans with Disabilities


38. Number of bedrooms:

39. Size of rooms:

40. Ease of emergency evacuation: (For example: Audible Alarms within the apartment unit and apartment community or Emergency flashing lights within the apartment unit and apartment community)

41. Accessible parking (also known as handicapped parking):

42. The leasing staffs’ knowledge of features that help people with my injury enjoy their living quarters:

43. Overall satisfaction with current housing:

Satisfaction with Current Neighborhood

We’d also like to know about your satisfaction with the neighborhood that surrounds you apartment community. Most of these are general questions, but some are more focused on aspects of the community that could relate to you service related injury.

On a scale from 1 to 5, where 5 is the very dissatisfied and 1 is very satisfied, please indicate your level of satisfaction with features in your current neighborhood. If the feature is not available in your neighborhood or not relevant to your disability, please mark “Not applicable.”

How satisfied or dissatisfied are you with the following aspects of your neighborhood?
44. Conditions of sidewalks:
45. Traffic condition:

46. Neighborhood cleanliness:

47. Nearby accessible parking (also known as handicapped parking):

48. Directional signage for ease in getting around:

49. Audible traffic/crosswalk signals:

50. Closeness to public transportation:

51. Safety of the neighborhood:

55. Closeness to work:

56. Closeness to school:

57. Closeness to a VA medical facility:

58. Closeness to shopping:

59. Closeness to restaurants:

### 60. Closeness to entertainment:

### 61. Closeness to a medical facility:

### 62. Overall neighborhood satisfaction:

### Awareness of the rights and entitlements under the Fair Housing Amendments Act

For each of the following questions, please select your response

63. Are you aware of how to file a housing discrimination complaint?
- Yes
- No

64. Are you aware of where to file a housing discrimination complaint?
- Yes
- No

65. Are you aware that a housing provider can change a policy, services, rules or procedures if you cannot enjoy your housing due to your disability?
- Yes
- No

66. Are you aware that if your apartment complex has a no pet policy, it is appropriate to request to have an animal that has been trained to do a task for you or provide you with emotional support?
- Yes
- No

67. Are you aware that most housing providers cannot refuse to rent to you in multifamily housing because of your disability?
- Yes
- No
68. Are you aware that the Fair Housing Amendments Act also applies to persons with such disabilities as PTSD, TBI, depression and persons recovering from substance abuse? 
   Yes 
   No 

Military Experience and Demographic questions 

For each of the following questions, please select your responses 

Military Experience 

69. What branch of the military did you serve in?  
   - Marine Corps  
   - Navy  
   - Air Force  
   - Army  
   - Coast Guard 

70. How many years did you serve in the military?  
   - 1-4  
   - 5-8  
   - 9-12  
   - 13-16  
   - 17-20  
   - Beyond 20 

71. How many times were you deployed to a combat zone?  
   - One  
   - Two  
   - Three  
   - Four  
   - Five and beyond
72. What is your service-connected disability rating?
   - 10 %
   - 20 %
   - 30 %
   - 40 %
   - 50 %
   - 60 %
   - 70 %
   - 80 %
   - 90 %
   - 100%

Demographic Characteristics

73. Gender:
   Female
   Male

74. Age:
   - 18-21
   - 22-25
   - 26-30
   - 31-40
   - 41-50
   - 51-60
   - 61-or over

75. Race:
   - White
   - Black or African American
Rental Housing Search and Occupancy Experiences of Veterans with Disabilities

- Hispanic or Latino
- American Indian
- Alaska Native
- Asian
- Native Hawaiian
- Pacific Islander
- Other (write in race):

76. Total household income:
- Less than $10,000
- $10,000 - $19,999
- $20,000 - $29,999
- $30,000 - $39,999
- $40,000 - $49,999
- $50,000 - $59,999
- $60,000 - $69,999
- $70,000 - $79,999
- $80,000 - $89,999
- $90,000 - $99,999
- $100,000 - $149,999
- $150,000 or more

77. What is your current marital status?
- Single, Never Married
- Married
- Separated
- Divorced
Widowed

78. What is your current household size, including you:
   1
   2
   3
   4
   5
   6
   Other:

79. What is the highest level of education you completed?
   - Completed high school or GED
   - Post secondary training at a vocational school
   - Some college, but did not finish
   - Two-year college degree
   - Four-year college degree
   - Some graduate work
   - Completed Masters or professional degree
   - Advanced Graduate work or Ph.D.

80. Are you currently employed?
   - Working full time
   - Working part time
   - Not working at this time
   Other:

When you press submit you will be provided the opportunity to enter into a drawing for a chance to win 1 of 4 money orders for the amount of $50.00

Thank you for your participation!

If you have any questions, you may contact Julia O. Beamish, Faculty Advisor, at 540-231-8881/jbeamish@vt.edu
Appendix E: Recruitment Materials for Pilot Study
Are you a veteran with a disability?

Have you been deployed to Iraq or Afghanistan?

Have you searched for accessible rental housing/ or lived in rental housing?

If your answers to these 3 questions are: yes, yes and yes! We would like to invite you to participate in this research study. It is the goal of the researchers to bring awareness of the rental housing search and occupancy experience of veterans with disabilities.

This study and studies developed from its findings may help increase the supply and availability of accessible housing units by highlighting the role of the Fair Housing Act Amendments and the Fair Housing Accessibility Guidelines to various government agencies and the housing industry.

Willing participants will be interviewed about their current housing situation and their experience in trying to find appropriate housing and current occupancy experiences in rental housing.

Two to three veterans will be interviewed about their current housing situation and the experiences they had while searching for housing. There will be two steps that willing participants will undergo: there will be an interview and a home accessibility evaluation (the home accessibility evaluation is optional).

In total, the interview and home accessibility evaluation are expected to take a total of 2 hours: 1 hour for the interview and 1 hour for the home evaluation. A participant can participate in the interview and then decline to participate in the home accessibility evaluation portion of the study.

Participants have the option of scheduling the interview and home evaluation on the same day or to schedule the home evaluation for a later date. The interview can take place at a convenient location to be determined by the participant.

If you are interested in participating in this research study, please contact Luz Semeah via phone or email at (561) 603-2350 or l msemeah@vt.edu
Survey: Rental Housing Search and Occupancy Experiences of OIF & OEF Veterans with Disabilities

- Are you a veteran with a disability?
- Have you been deployed to Iraq or Afghanistan?
- Have you searched for accessible rental housing or lived in rental housing?

If your answers to these 3 questions are: yes, yes and yes! We would like to invite you to participate in this research study to bring awareness of the rental housing search and occupancy experience of veterans with disabilities.

This research may help increase the supply and availability of accessible housing units by highlighting the role of the Fair Housing Amendments Act and the Fair Housing Accessibility Guidelines to various government agencies and the housing industry.

We are seeking for 450 veterans to take a survey about their current housing situation and the experiences they had while searching for rental housing. In total, the survey is expected to take approximately 25 minutes to complete. Participants have until Friday, September 7, 2012 to complete the survey.

For participating in this study, you have the opportunity to enter into a drawing to win 1 of 4 money orders in the amount of $50.00!

If you are interested in participating in this research study, please cut and paste the following link to your internet browser to access an electronic version of this study: https://survey.vt.edu/survey/entry.jsp?id=1343941175459 - (or if you know someone who meets the study criteria, please encourage their participation by providing them the electronic version of the survey and this recruitment material).

If you have any questions regarding this research, contact: Luz Semeah via phone or email at (561) 603-2350 or lsesemeah@vt.edu. This study was approved by the Virginia Tech’s Institutional Review Board.

Freedom Isn’t Free
Thank You, Veterans
Survey: Rental Housing Search and Occupancy Experiences of OIF & OEF Veterans with Disabilities

Veterans with military associated disabilities who served in Iraq or Afghanistan and who searched for accessible rental housing or lived in rental housing are invited to participate in a research study to bring awareness of their rental housing search and occupancy experiences. If you are interested in participating in this research study, please cut and paste the following link to your internet browser to access the electronic version of this study: https://surveyvt.edu/survey/entry.jsp?id=1343941175459

Participants have until Friday, September 7, 2012 to complete the survey. For participating in this study, you have the opportunity to enter into a drawing to win 1 of 4 money orders in the amount of $50.00! If you have any questions regarding this research, contact: Luz Semeah via phone or email at (561) 603-2350 or lnsemeah@vt.edu.
Appendix F: Final Survey
Finding a great home that meets your needs is always challenging, and finding one that meets the needs of someone who acquired a disability while serving in the military can be especially difficult. There is a shortage of housing that is suitable and affordable for individuals with disabilities to rent. Laws have been passed that should make searching for rental housing easier, this survey research will help us to see if these laws have helped. Researchers at the Housing program at Virginia Tech and Cornell University are conducting a study to gather information and bring awareness to the rental housing search experience and occupancy situation of veterans with disabilities. Findings from this study may help improve the housing search process and housing conditions for veterans with disabilities.

As a veteran, you may have had experiences searching for rental housing that are important for both housing providers and policymakers to understand. In order to participate in this study, only people meeting these three conditions can participate. You must:

- Be a veteran of military service
- Have a service-connected disability, and
- Rent housing

Because there are a limited number of people meeting these conditions and because these people are sometimes hard to identify, it is important that you complete this questionnaire if you qualify. Participants have until Saturday December 15, 2012 to complete the survey.

Your participation is voluntary and there is no penalty if you choose not to participate. Your answers will be kept strictly confidential, and the data will be stored in secure electronic files. Reports based on this survey will not include any individually identifiable information. By completing this survey, you are agreeing to participate in the research. Participants can refuse to answer any question in the survey and are free to withdraw from the study at any time. To encourage your participation in this study, you have the opportunity to enter into a random drawing to win 1 of 4 money orders in the amount of $50.00. The odds of winning 1 of the 4 money orders in the amount of $50.00, is 1 out of 32 individuals. To be eligible, you must include contact information at the end of the survey. This information will only be used for the drawing and will not affect the confidentiality of your responses.

The Virginia Tech’s Institutional Review Board approved this study.
Your participation in the survey will be greatly appreciated. If you have any questions contact: Luz M. Semeah at lsmeelah@vt.edu; lsmeelah@cornell.edu or (561-603-2350) or Dr. Julia O. Beamish at jbeamish@vt.edu or (540-231-8881)

Please complete the following survey about your housing search and occupancy situation in rental housing. Please answer all questions as accurately and completely as possible.

The following two questions are related to your qualification to participate in this survey.

**Now let us see if you qualify to participate in this study by how you answer the following two questions regarding to having a military related physical and/or psychological disability or whether you own or rent your housing**

**1. Are you a person with a military related physical and/or psychological disability?**
   - [ ] Yes - Please continue with the survey.
   - [ ] No - Thank you for being willing to participate, but you do not match the study criteria

**2. Do you rent your housing?**
   - [ ] Yes - Please continue to question 3
   - [ ] No - Thank you for being willing to participate, but you do not match the study criteria

Thank you for agreeing to participate in this survey about veterans with disabilities searching for rental housing. Now the first section of the survey will ask you six questions related to the last time you searched for housing.

**3. How long ago did you (or someone helping you) search for rental housing?**
   - [ ] Less than 1 year ago
   - [ ] 1 to 2 years ago
   - [ ] 3 to 4 years ago
Rental Housing Search and Occupancy Experiences of Veterans with Disabilities

☐ 5 or more years

4. Before you started searching for housing, what was your expectation that you would have difficulty finding suitable housing for the needs you have related to your disability?
☐ No difficulty
☐ Some difficulty
☐ Considerable difficulty
☐ Great deal of difficulty

5. What influenced your expectations for finding suitable housing that met the needs you have related to your disability? (Check all that apply)
☐ Lack of accessibility in previous residence
☐ Experiences of others who struggled with lack of accessibility
☐ Education provided directly by military or Veterans Administration
☐ Education provided by agency affiliated with military or Veterans Administration
☐ Advocacy group or agency
☐ Other - Please specify: ____________________________

During your most recent housing search, did you encounter one or both of the behaviors below?

6. A housing provider refused to show or rent a dwelling to me because of my disability
☐ Yes
☐ No

7. A housing provider falsely told me a housing unit was unavailable for rent because the provider assumed that the unit would not be suitable for me due to my disabilities.
☐ Yes
☐ No

IF YOU ANSWERED NO TO QUESTIONS 6 AND 7 SKIP QUESTION 8 – BUT IF YOU ANSWER YES TO EITHER 6 OR 7 ANSWER QUESTION 8.

8. What did you do when you encountered one of these behaviors from a housing provider? (Check all that apply)
Ignored it
☐ Confronted the housing provider
☐ Complained to a housing management supervisor
☐ Filed an official complaint with a government agency

Current Housing Situation

Now the next section of the survey covers questions relating to the housing where you currently live. For each of the following questions, you must select the response that best describes your housing situation.

9. How would you describe the area where you currently live? (Check one)
   ☐ City downtown
   ☐ Rural area
   ☐ Small town
   ☐ City suburb

10. What type of housing structure best describes where you currently live? (Check one)
    ☐ Multi-family rental apartment or condominium (4 or more units in the building)
    ☐ Single family house
    ☐ Town House
    ☐ Duplex or Triplex
    ☐ Mobile home
    ☐ Room in a house or building
    ☐ Other: ____________________________

11. How many bedrooms do you have in your current housing unit? (Check one)
    ☐ 1
    ☐ 2
    ☐ 3
    ☐ 4 or more
12. What percentage of income would you say you spend on your housing related expenses, including utilities, each month? (Check one)

☐ Less than 30%
☐ Between 30% and 50%
☐ More than 50%

13. Do you currently receive a rent subsidy?

☐ Yes
☐ No

---

### Accessible Features

Now let us talk about the accessible features that you may have in your home. This part of the survey asks information about the possible physical modifications that you have made. Just for your understanding: accessible features are design elements in the housing unit that make the physical environment safe and easy to use. Physical modifications are alterations made to improve the accessibility of your housing.

14. What accessible features were present in the housing unit you selected? (Check all that apply)

☐ There were handicapped or accessible parking spaces close to my housing unit.
☐ There was an unobstructed and accessible pathway from the parking or entrance of the building to my dwelling unit.
☐ The doors throughout the housing unit were usable and wide enough.
☐ There were clear pathways within the unit that allowed for ease in maneuvering.
☐ The physical locations of the thermostats, outlets, and/or light controls were within my reach.
☐ The kitchen had floor space in front of appliances for ease in maneuvering.
☐ The bathroom had floor space in front of plumbing fixtures for ease in maneuvering.
☐ Grab bars were installed in the bathroom of the housing unit.

Other -Please specify: __________________________
15. Did the housing unit you selected require physical modifications to make it suitable to needs you have related to your disability?

☐ Yes
☐ No *(SKIP TO QUESTION 19)*

16. What modifications were made? (Check all that apply)?

☐ Handicapped or accessible parking was added
☐ A ramp was added at the entrance to my unit.
☐ Stair railings were added.
☐ The door at the entrance to my housing unit was modified.
☐ Doorways throughout my housing unit were made wider
☐ Lever door handles were added to doors in my housing unit.
☐ The location of the thermostats, outlets, and/or light controls were adjusted to be made within my reach
☐ Extra lighting, such as task lighting in the kitchen and/or bathroom was added.
☐ The kitchen was adapted to meet my needs.
☐ The bathroom was adapted to meet my needs.

☐ Other -Please specify: ____________________________

**ONLY ANSWER QUESTION 17, IF YOU LIVE IN AN APARTMENT COMMUNITY**

17. If your housing unit is in an apartment community, what physical modifications were performed in the community to accommodate your needs (Check all that apply)?

☐ Physical alterations to common use areas (such as mailboxes, laundry rooms, and/or recreation areas) were made.
☐ Stair railings within the apartment community were added
☐ A ramp was added at a location within the apartment community
☐ Doorways within the apartment community were modified
☐ Grab bars were added in the public bathrooms within the community
☐ Other -Please specify: ____________________________
18. How were physical modifications to your unit and/or your community paid for? (Check all that apply)
- [ ] Personal funds
- [ ] VA grant
- [ ] Not-for-profit agency grant
- [ ] Landlord
- [ ] Other - Please specify: ____________________________

<table>
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<tr>
<th>Satisfaction with Current Housing</th>
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Now let us talk about your satisfaction with your housing. We are interested in knowing how satisfied you are with your housing unit and the community where you live. Some of the questions ask about your satisfaction with general aspects of your housing, while others ask about your satisfaction with features that may be relevant to you because of your service-connected disabilities.

On a scale from 1 to 5, where 1 is very satisfied and 5 is very dissatisfied, please indicate your level of satisfaction with each of the following aspects of your current housing. If the feature is not available in your unit or it does not apply to you, answer “Not applicable”

19. Usability of the kitchen considering my disability
   1. Very satisfied
   2. Somewhat satisfied
   3. Neutral
   4. Somewhat dissatisfied
   5. Very dissatisfied
   6. Not applicable

20. Usability of the bathroom considering my disability
   1. Very satisfied
   2. Somewhat satisfied
   3. Neutral
   4. Somewhat dissatisfied
   5. Very dissatisfied
   6. Not applicable
21. Barrier free or unobstructed routes within the unit
   1. Very satisfied
   2. Somewhat satisfied
   3. Neutral
   4. Somewhat dissatisfied
   5. Very dissatisfied
   6. Not applicable

22. A barrier free or unobstructed route to my unit
   1. Very satisfied
   2. Somewhat satisfied
   3. Neutral
   4. Somewhat dissatisfied
   5. Very dissatisfied
   6. Not applicable

23. Ability to reach/use environmental controls, outlets, thermostats considering my disabilities
   1. Very satisfied
   2. Somewhat satisfied
   3. Neutral
   4. Somewhat dissatisfied
   5. Very dissatisfied
   6. Not applicable

24. The overall satisfaction with the management of my housing
   1. Very satisfied
   2. Somewhat satisfied
   3. Neutral
   4. Somewhat dissatisfied
5. Very dissatisfied
6. Not applicable

25. The structure-type of my housing
   1. Very satisfied
   2. Somewhat satisfied
   3. Neutral
   4. Somewhat dissatisfied
   5. Very dissatisfied
   6. Not applicable

26. The number of bedrooms in my housing unit
   1. Very satisfied
   2. Somewhat satisfied
   3. Neutral
   4. Somewhat dissatisfied
   5. Very dissatisfied
   6. Not applicable

27. The costs (rent and utilities) of my housing per month
   1. Very satisfied
   2. Somewhat satisfied
   3. Neutral
   4. Somewhat dissatisfied
   5. Very dissatisfied
   6. Not applicable

28. The quality of my housing unit
   1. Very satisfied
   2. Somewhat satisfied
3. Neutral
4. Somewhat dissatisfied
5. Very dissatisfied
6. Not applicable

29. The neighborhood where my housing is located
   1. Very satisfied
   2. Somewhat satisfied
   3. Neutral
   4. Somewhat dissatisfied
   5. Very dissatisfied
   6. Not applicable

30. Your overall satisfaction with current housing?
    1. Very satisfied
    2. Somewhat satisfied
    3. Neutral
    4. Somewhat dissatisfied
    5. Very dissatisfied
    6. Not applicable

<table>
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<tr>
<th>Fair Housing Amendments Act</th>
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Now let’s talk about your awareness of some of the provisions of the Fair Housing Amendments Act. For your understanding: the Fair Housing Amendments Act prohibits discriminatory practices by housing providers based on race, color, religion, sex, national origin, familial status, and disability.

31. If you cannot enjoy or access your housing due to your disability, are you aware that you can ask your housing provider to change policies, services, rules or procedures in order to accommodate your needs?
   ☑ Yes
32. Are you aware that if an apartment complex has a no pet policy, it is appropriate to request to have an animal that has been trained to do a task for you or provide you with emotional support?

☐ Yes
☐ No

33. Are you aware that most housing providers cannot refuse to rent multifamily housing to you because of your disability?

☐ Yes
☐ No

34. Are you aware that the Fair Housing Amendments Act applies to persons with disabilities such as PTSD, TBI, depression and persons recovering from substance abuse?

☐ Yes
☐ No

<table>
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<tr>
<th>Military</th>
<th>Experience</th>
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Now let us talk about your military experiences

35. In which branch of the military did you serve?

☐ Marine Corps
☐ Navy
☐ Air Force
☐ Army Coast Guard
☐ Reserves
☐ National Guard

36. Did you serve in support of Operation Enduring Freedom or Operation Iraqi Freedom?

☐ Yes
☐ No - **IF YOUR ANSWER TO QUESTION 38 IS NO, WHICH WAR CONFLICT DID YOU SUPPORT?**
37. How many years did you serve in the military?
   - 1-4
   - 5-8
   - 9-12
   - 13-16
   - 17-20
   - Beyond 20

38. What service-connected disabilities do you have? Check all that apply.
   - Sensory loss (hearing and/or vision loss)
   - Head injury (TBI)
   - Neurological disorder
   - Spinal cord injury/back injury
   - Anxiety disorder (PTSD; Panic disorder)
   - Depression
   - Loss of limb(s)
   - Other - Please specify: [ ]

39. What is your service-connected disability rating?
   - Less than 10%
   - 10% or 20%
   - 30% or 40%
   - 50% or 60%
   - 70%, 80, or 90
   - 100%
40. What is your gender?
☐ Female
☐ Male

41. What is your age?
☐ 18 – 29
☐ 30 – 40
☐ 41 – 50
☐ 51 – 64
☐ 65 & over

42. What is your race?
☐ White
☐ Black or African American
☐ Hispanic or Latino
☐ American Indian
☐ Alaska Native
☐ Asian
☐ Native Hawaiian
☐ Pacific Islander
☐ Other (write in race):

43. What is your current marital status?
☐ Single, Never Married
☐ Married
☐ Separated
☐ Divorced
☐ Widowed

44. What is your current household size, including you?
☐ 1
☐ 2
☐ 3
45. What is the highest level of education you completed?
- Completed high school or GED
- Post-secondary training at a vocational school
- Some college, but did not finish
- Two-year college degree
- Four-year college degree
- Some graduate work
- Completed Masters or professional degree
- Advanced graduate work or Ph.D.

46. Are you currently employed?
- Working full time
- Working part time
- Not working at this time
- Other: [ ]

47. What is your household’s total income?
- Less than $29,999
- $30,000 - $69,000
- $70,000 - $99,999
- $100,000 or over

48. Please add any comments that you think will help us better understand veteran’s experiences with finding suitable housing:
How did you hear about this research project?

- A job fair
- Facebook page
- Link provided in a newsletter
- Organization serving veterans
- Community sponsored event for veterans
- Other: ____________

You will now be provided with a contact form to give you the opportunity to enter into a drawing for a chance to win 1 of 4 $50 money orders. Please provide your contact information and we will contact you to inform you whether you won 1 of the 4 money orders.

Thank you for your participation!
Appendix G: Institutional Review Board (IRB) Approvals
MEMORANDUM

DATE: October 3, 2012

TO: Julia C Beamish, Luz Mairena Someah

FROM: Virginia Tech Institutional Review Board (FWA00000572, expires May 31, 2014)

PROTOCOL TITLE: Rental Housing Search and Occupancy Experiences of Veterans with Military Associated Disabilities

IRB NUMBER: 12-642

Effective October 2, 2012, the Virginia Tech Institution Review Board (IRB) Chair, David M Moore, approved the Amendment request for the above-mentioned research protocol.

This approval provides permission to begin the human subject activities outlined in the IRB-approved protocol and supporting documents.

Plans to deviate from the approved protocol and/or supporting documents must be submitted to the IRB as an amendment request and approved by the IRB prior to the implementation of any changes, regardless of how minor, except where necessary to eliminate apparent immediate hazards to the subjects. Report within 5 business days to the IRB any injuries or other unanticipated or adverse events involving risks or harms to human research subjects or others.

All investigators (listed above) are required to comply with the researcher requirements outlined at:

http://www.irb.vt.edu/pages/responsibilities.htm

(Please review responsibilities before the commencement of your research.)

PROTOCOL INFORMATION:

Approved As: Exempt, under 45 CFR 46.110 category(ies) 2
Protocol Approval Date: July 24, 2012
Protocol Expiration Date: N/A
Continuing Review Due Date*: N/A

*Date a Continuing Review application is due to the IRB office if human subject activities covered under this protocol, including data analysis, are to continue beyond the Protocol Expiration Date.

FEDERALLY FUNDED RESEARCH REQUIREMENTS:

Per federal regulations, 45 CFR 46.103(t), the IRB is required to compare all federally funded grant proposals/work statements to the IRB protocol(s) which cover the human research activities included in the proposal / work statement before funds are released. Note that this requirement does not apply to Exempt and Interim IRB protocols, or grants for which VTL is not the primary awardee.

The table on the following page indicates whether grant proposals are related to this IRB protocol, and which of the listed proposals, if any, have been compared to this IRB protocol, if required.

Invent the Future

VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY
An equal opportunity, affirmative action institution
Institutional Review Board for Human Participants

Concurrence of Exemption

To: Luz Semarah
From: Susan Lewis, CIP
IRB Administrator
Date: October 30, 2012
RE: Protocol ID#: 1210003372
Project(s): Rental Housing Search and Occupancy Experiences of Veterans with Military Associated Disabilities

I have reviewed the above-referenced project and found it to qualify for Exemption from IRB Review according to paragraph #2 of the Department of Health and Human Services Code of Federal Regulations 45 CFR 46.101(b).

This proposal has not been evaluated for scientific merit, except to weigh the risk to the human participants in relation to the potential benefits.

Please be aware of the following:

- Exemption from IRB review does not absolve the investigator from ensuring that the welfare of the research subjects is protected and that methods used and information provided to gain participant consent are appropriate to the activity. It is your responsibility as a researcher to familiarize yourself with and conduct the research in accordance with the ethical standards of the Belmont Report (http://nihic.nih.gov/guidelines/belmont.html).
- You must notify the IRB office of changes or amendments to the above-referenced protocol BEFORE their implementation.
- You are not required to submit progress reports or requests for continuing review/approval to the IRB office, unless you modify your study protocol.
Appendix H: List of Organizations Assisting with Dissemination
List of Organizations that Agreed to Disseminate Recruitment Materials

Paralyzed Veterans of America
Virginia Wounded Warrior Program
Department of Veterans Affairs
Cornell University Vets group
VetCorps
Veteran of Foreign War
Iraq and Afghanistan Veterans of America
ADA National Network
Veteran Services & Programs
Cuyahoga Community College
Wheatley SPI
Easter Seals
Soldier On
Putting Our Heroes to Work
VA Health Care
Syracuse University
US Department of Labor
Appendix I: Final Recruitment Materials
Rental Housing Search and Occupancy Experiences of Veterans with Military Associated Disabilities

For participating in this study, you have the opportunity to enter into a drawing to win 1 of 4 money orders in the amount of $50.00!

Veterans with military associated disabilities who live in rental housing are invited to participate in a research study to bring awareness of their rental housing search and occupancy experiences. If you are interested in participating in this research study, please cut and paste the following link to your internet browser to access the electronic version of this study: https://vtsurveycenter.us2.qualtrics.com/SE/?SID=SV_5BVhEcHNiAKnXqB

Participants have until Saturday, December 15, 2012 to complete the survey. For participating in this study, you have the opportunity to enter into a drawing to win 1 of 4 money orders in the amount of $50.00! The odds of winning 1 of the 4 money orders in the amount of $50.00, is 1 out of 32 individuals.

If you have any questions regarding this research, contact Luz Semeah via phone or email at (561) 603-2350 or lmsemeah@vt.edu; lmsemeah@cornell.edu.
Appendix J: Open Ended Responses
Question 5

Other reported Influences on Expectations for Finding Suitable Housing

- Suitable for family (including children).
- Lack of public information.
- Normal housing.
- 15 plus years ago when I looked for rental housing I did not have the effects of the Agent Orange exposure so I did have to worry about anything -however 15 years ago the effects of the condition surfaced.
- Finding a 1st floor apartment with an easy entrance.
- I just wanted to find a place to live.
- Didn't think I'd have any difficulty finding appropriate housing.
- Lack of familiarity with the area I was moving to.
- Price.
- I received no help and made do on my own.
- I need help to find some apartments.
- None. I was living here before I joined the military.
- Finding location and price affordability.
- My disabilities are progressing and I know I would need an accessible residence in the near future.
- Previous rental turned to Condo's.
- My expectations were influenced by an understanding that my needs cannot be accommodated by all rental properties.
- I was new to my disability and was unsure about everything.
- Suitable housing was not based on disability.
Question 10

Other reported type of housing structure

- Row Home.
- I am currently homeless with a mailing address to my parents’ home. I have a 5 yr old daughter who I have every other weekend and try to find the resources to facilitate all the private utilities for her. Given my unemployment, and my current lack of a residence I am hoping to qualify for this program. My current living situation is sometimes I sleep in my car, and sometimes in a park or PADS church.
- 2 family home.
- 2 Family Rental Property

Question 14

Other reported accessible features present in the housing unit selected

- Given the range of locations that I have resided in over the past few months, I have checked the applicable boxes given the variety of residences.
- Once again, I was just looking for a place to live; I did not have the time or resources to ask for anything more than a dry spot to sleep. Asking for or expecting anything else would have dropped my chances of finding a place to zero.
- Rails were placed on the steps.
- The stairs.
- Availability.
- No special needs are needed.
- Multiple layers of security, proximity to police station, and easy access to mass transit.
- The apartment has a decent layout to defend against an attacker.
- Shower head changed so I could sit when needed

Question 16

Other reported physical Modification Made to housing

- Laundry and railings were added. I was also allowed a dog for therapy.
- Balcony was modified railing removed and gate.
- Grab bars in the bathroom, kitchen and living room.
- A ramp was also installed in the rear of the apartment's patio.
- I have to add stairs; I only have a ramp to leave my place because a ramp works against my disability.
- Doorways within the apartment community were modified.
- Nothing still waiting.
- Landlord is willing to allow all modifications needed. However, I must pay for all modifications.
- Stair glide to upstairs.
- Mental disability.
- Bars handles in the tub and shower head with ext to shower while sitting

**Question 17**

**Physical modifications performed in the apartment community**

- Paid for new railing.
- Elevator.
- Nothing

**Question 18**

**Who paid for the Modification Made**

- VA Medical Center provided grab bars.
- A construction cone was given to reserve spot next to ramp leading to my apartment.

**Question 24**

**Served in support of another war conflict other than OEF/OIF**

- Vietnam.
- Post-Vietnam.
• Vietnam.
• WW II.
• Gulf war.
• I was attached to a marine special forces unit on an amphibious assault ship in Norfolk, Va. I was out to sea a good portion of my small time in the service. The option the doctors gave me was working in a shore duty location or being medically discharged. I elected to leave and be medically discharged if I couldn’t be with my friends and comrades and be aboard ship.
• Vietnam war.
• Vietnam era, Grenada.
• Vietnam.
• WW 2.
• I believe veterans of my service era are considered "gulf war veterans" by some classifications.
• Desert storm.
• Gulf war.
• Served during 1996 and 1998.
• Panama.
• The Bosnian and Kosovo conflicts.
• Persian Gulf war, Somalia, and Operation Uphold Democracy Haiti.
• Gulf war 1991.
• Lebanon peacekeeping mission Mediterranean 1983.
• Vietnam.
• Gulf war.
• Vietnam era.
• Persian gulf, Bosnia.
• Vietnam.
• Desert storm.
• Vietnam era.
• Gulf.
• Vietnam & Gulf War.
• Vietnam era (one month).
• I support our troops whenever they are in conflict, even when I disagree with the politics behind it.

Question 35

Other types of disabilities reported

• Elbow/wrist
• service-connected left foot and service-connected chronic arthritis
• Respiratory ailment
• COPD -Chronic obstructive pulmonary disease
• Hip
• Degraded disk disorder
• I injured my knees while serving and exhausted all resources to try to stay in. I also was diagnosed with a cardiovascular condition related to my service, however I am not sure how
• Venous insufficiency
• Misdiagnosed personality disorder & dysthymia.
• Plantar Fasciitis.
• Ankle pain.
• Asthma, and knee injury.
• Gastro Disorder
• Knee and Ankle
• Knee Injury
• Broken wrist.
• Diabetes.
• Hysterectomy due to incontinence.
• Gunshot wound.
• Knee surgery.
• Lung issues.
• Leg injury.
• Nerve Sensitivity to Fabrics

Question 42

Other reported Race

• Irish American.
• White/American Indian.
• West Indian (Trinidad and Tobago).
• White and Asian.
• Black/Hispanic.

Question 44

Other reported household size

• Myself & service dog.
- I am alone with the exception of my daughter every other weekend.
- One, but two children live elsewhere.
- Should be all of us, but we are separated because of PTSD

**Question 46**

**Other reported current employment status**

- Retired.
- Retired disabled veterans.
- Retired.
- Relocating to another state. Resigned from job.
- Retired.
- Laid Off (not working at this time).
- Working under the table -thus the amount of hours work varies.
- Attending college.
- Disabled.
- Retired on Disability from OPM.
- Full time student.
- I dropped out of school recently to work on my health more intensively. I want to return to classes in the fall 2013.
- 11 grade.
- Retired.
- Retired.
- Disabled
Appendix K: Open Ended Question Responses to Experiences Dealing with Finding Suitable Housing
Please add any comments that you think will help us better understand veterans' experiences with finding suitable housing.

Homeless veterans who might be receiving social security or supplemental security benefits while they wait for their veterans benefits to be determined (which can take two or more years) can apply for New York City housing. This application can be done along with section 8 (which is currently not available). When the NYCHA application is approved you are informed that you have time constraints to utilize the section 8 voucher but you can obtain permanent housing with the NYCHA. What is left out of the presentation is the opportunity to obtain access to your own home through a little known program called the “home of your own program”. In New York State under OMH or OMRDD, it is known as the wealth creation program. Project based subsidies do not become portable and follow the applicant. The voucher stays within the project. Veterans have no vehicle by which entrance into the wealth creation program is granted; the voucher that should be reissued stays within the project. This in effect limits all persons including veterans to reside within areas where economic development activities are depressed and moving from low income to middle income becomes less of a possibility. Veterans with families have no role models for their children to emulate. And crime and violence is more than often possible to visit his/her family. Disabled veterans awaiting final determination for their compensation are not eligible for low income housing mainly because the terminology leads one to believe there is such a thing. The on-the-ground reality is that is does not exist. The income constraints that guide developers limit the acceptance of persons below their minimum and maximum income amounts. The
government attempted to reduce the number of homeless veterans by issuing HUD vouchers especially for the veterans and did not reauthorize the funding after the first round was awarded. The process for obtaining the HUD vouchers was not clear and succinct. My building is not a good building for persons with disabilities in general; we have one elevator, servicing six floors and the elevator is normally not properly functioning so that persons blind or visually impaired have concerns that are not addressed. Second concern: the elevator does not make audible announcements (or make sounds) indicating you have reached a particular floor. Third concern: There is no emergency egress plan in place for persons with disabilities. Example: In case of a fire the design of the building is flawed (the footprint which is T Shape with the elevator in the middle). For example the elevator is in front of my unit and in case of a fire; I am unable to escape because I am unable to access the stairs. The other two sides of the T have stairs and I have the elevator which is not to be used in case of emergencies.

There are thousands of military discounts for thousands of services, but none for utilities, basic house security systems, or phone companies for emergency home response systems. Rent is costly, but the $400-$600 for additional considerations per month adds up.

Have more information about housing available to veterans.

Education on housing locater in the desired community in which the veteran decides to live. Education to handicap accessibility for the disabled veteran. Education as to fair housing for convicted felon veteran re-entering society and thereafter. Education for subsidized housing for disabled veterans.

More field work needed daily (employment related). Filled out by Luz. Send him a copy
of the research results.

Vets who are so depressed that isolation is not a good thing. Need to be located around community services. Availability of "Buddy" or "Mentor". Guidelines on Service Dogs.

Filled out by Luz.

Base closed down and was left with no immediate help or resources. I have spent a lot of money on home modification. Send me information about HISA.

Make sure that you or your caretaker let the landlord know if you can or cannot do preventive maintenance.

Fixed reasonable rent would be nice.

I believe that as someone that is single with a condition that allows me to tolerate certain variables in living situations; I am a good barometer for your test. I am easy going and flexible relative to my living conditions. I don’t have many belongings and can accommodate your move in immediately.

At first I had a hard time finding an apartment because I just got discharged from the military and I had no job at that time. They are refusing me because, my income is not enough. I needed a 3 bedroom apartment to accommodate my family and the location that I needed (close to the school that I enrolled) is pretty expensive.

The VA has been very helpful but they have not told me about the modification provisions under the FHAA. Everyone who has my disabilities (paralysis of my left side) should be told about these types of provisions; especially combat vets who have so many disabilities.

I believe the management of the property is important. Maintenance makes sure the ramp is cleared of snow and salted. When we first came to this apartment complex, there were
several ramps already in place. That alone was an indication of being accessible.

**Given my current situation, I'm satisfied with the current housing.**

One major problem with seeking housing as someone with PTSD/depression/TBI is that you often have bad credit as it is hard to remember bills or confront people. I have bad credit dating to a period of time that includes a hospitalization. Your credit rating is what determines your ability to rent. We can't get a nice apartment because they won't take our credit, even with a higher deposit. Also, landlords don't have to tell you why they're turning you down - I have had one say that certain people wouldn't have suitable credit before even seeing the credit.

**Greetings, I just became an AmeriCorps VISTA-Vet for the White Swan Washington. I live in an area where people do not move out of their houses often. The places that are available are often run down and by standard should be condemned. Anyone trying to find housing in this area would be hard pressed to find housing without at least two-thousand dollars in hand and three months of time to wait. Also, if that person has any standards about how they think a living unit should be, they should expect to dump those standards or be ready to fix it themselves.**

There is not much information available about cognitive disabilities and their impact on veteran’s access to suitable housing or employment. Most information on the subject seems to be geared toward physical disabilities and accessibility concerns. However when combined, mild physical disabilities with major cognitive disabilities can lead to serious barriers in veterans' ability to access suitable housing and other resources.

**Thank you for conducting this integral research.**
Provide a list to DAV local chapters for CSO's to have available and ready to assist and give info to disabled veterans.

I think our nation as a whole has let down our returning past and present veterans.

I think there should be more specific apartments for vets.

I really need help finding a nice apartment for my family.

My dissatisfaction with how the owner manages where I live causes a great deal of housing dissatisfaction – he does not take care of the place. We should get support in finding adequate housing, VA does not care. The Transition Assistance Program did not assist me in finding housing.

We need more housing for our vets.

We should be able to get a house if you are disabled regardless of your credit history.

They treat us like crap. I am tired of the way they treat us, then comes the thing about the service dog, they look at you as if you are supposed to be blind, the lack of information and education these management have.

Renting a place to live is great, but every veteran, disabled or not, deserves the right to own a home that is affordable. Housing developments such as Levittown were created after WWII for veterans to have housing. Where are these types of communities and houses today? Section 8 housing is offered to people who are disabled and have not served their country. There should be affordable, well kept housing available to veterans so that can land on their feet and be the great leaders they were in the military, in our real world. Maybe if more veterans were running the show in this great nation of ours we wouldn't be in such a mess.

Some of the restrictions should be lifted. Such as I was declined housing because I was
not rated 1% and I also believed I did not fit the profile of person in need by my appearance. I was well groomed.

One thing I have noticed is that when looking for apartments, it’s really hard to always get a place on the bottom floor so that we are not climbing up and down stairs all the time.

There is a shortage of affordable housing that can be adapted for veterans. Most veterans can only afford older homes that have smaller rooms with smaller doors. When we were looking for a home, the real estate agent really did not know what accessible housing was. We were looking in 2008.

It is very difficult to find wheelchair accessible housing. Almost always you must pay for modification out of your own pocket. Because I am only renting, I don’t like to spend that kind of money. Instead, I just do without. I cannot get into my bathroom or kitchen. I pay to have someone cook my meals and bathe me.

Trying to find housing right now and having a difficult time finding housing that I can afford and that meets my needs.

I don’t think there is enough handicapped accessible rental units for those of us who do not qualify for low income units. I like my apartment but the kitchen is a narrow galley style so it is not wheelchair accessible, so I have to hire help to prepare meals and snacks for me. I would enjoy doing this myself.

The best way to avoid the entire anti-veteran discrimination problem created by ignorant landlords is to mention immediately that I am a disabled veteran. Since we are in a period of war, usually the landlord will be reasonable. Before 9/11, landlords routinely discriminated against veterans with physical and/or mental health conditions. Subtle
forms of discrimination include showing veterans units near the garbage dumpsters or entrances that have more lights and loud noises. Other forms are asking about any violent criminal history, or asking if veteran friends visit with loud parties, etc.

What I find disappointing is that some complexes will offer a discount to Federal, State, County, City workers, i.e. teachers, fire fighters, police and some corporations. Though they will not offer any equal discounts to disabled veterans.

If someone could meet with a Director of the VA Medical Center, partner with an agency, this could be a route to spread the word.

For me, affordable housing is often in neighborhoods where I cannot feel safe. I once lived on Rugby Blvd., Roanoke and heard gunshots regularly. I understand it is terrible for the others in the neighborhood, also.

Although I find it very easy to defend others and take a stand for them to ensure that they are treated fairly, I'm no good at fighting for myself or advocating for my own position. I just wish that more people with the knowledge of what veterans deserve were reaching out to us to let us know what's out there. We go through our military careers doing our best to never complain about anything so as to maintain our discipline and bearing, but when we come home it's hard to make the transition in our minds back into being treated like a regular, decent human being, again--let alone, an American citizen with more rights and freedoms than anyone else in the world.

Affordable housing.

It's frustrating when you live on disability funds and when you deal with the VASH (very restrictive on the option that they place you in) e.g. drugs/prostitution. Especially when you are dealing with certain issues having negative influences around you-can return
Better recommendations of location (neighborhood selection); having management fixing/repairing things.

I think they should give vets help identifying better locations for housing (neighborhoods).

All housing reserved for vet's in the Syracuse area are full. When I was first informed of the newly developed properties by my VA Rep, and I inquired the reception was not welcoming, the people were rude, very unfriendly, no patience for Question, and I decided I spent to much time serving my country to deal with people who believed I was looking for a hand out. I choose to continue house hunting on my own, with my dignity as a woman and a human being first! The selection of management for these places n my opinion where not people friendly.
Appendix L: How Respondents Heard about the Survey
Other responses reported by responders about how they heard about the study

- A colleague of Luz [researcher] told me about it (Luz entered this survey record.)
- Friend.
- Email.
- Filled out by Luz
- Administrator.
- I received and email forward from personnel who are aware of my situation.
- Interview
- Friend
- Email
- A friend from our group
• Family
• NYC Veterans’ Parade
• 2012 Veterans Day Parade
• Friend
• Friend - combat brother Jarvis
• Luz M. Semeah
• Independent Living Center
• Family who works in the ADA field with DOT
• E-mail from someone from a local non-profit which works with people with physical disabilities.
• LinkedIn