



## TESTIMONY IN SUPPORT OF SB 530

### Housing Opportunities Made Equal (HOME) Act

Senate Judicial Proceedings Committee

February 4, 2020

*Submitted by Stacey Jefferson and Margo Quinlan, Co-Chairs*

#### Member Agencies:

Advocates for Children and Youth  
Baltimore Jewish Council  
Behavioral Health System Baltimore  
CASH Campaign of Maryland  
Catholic Charities  
Episcopal Diocese of Maryland  
Family League of Baltimore  
Fuel Fund of Maryland  
Health Care for the Homeless  
Homeless Persons  
Representation Project  
Job Opportunities Task Force  
League of Women Voters of Maryland  
Loyola University Maryland  
Maryland Catholic Conference  
Maryland Center on Economic Policy  
Maryland Community Action  
Partnership  
Maryland Family Network  
Maryland Hunger Solutions  
Paul's Place  
Public Justice Center  
St. Vincent de Paul of Baltimore  
Welfare Advocates

#### Marylanders Against Poverty

Stacey Jefferson, Chair  
P: 410-637-1900 ext 8578  
C: 443-813-9231

E: [stacey.jefferson@bhsbaltimore.org](mailto:stacey.jefferson@bhsbaltimore.org)

Margo Quinlan, Co-Chair  
C: 410-236-5488

E: [mquinlan@familyleague.org](mailto:mquinlan@familyleague.org)

**The Marylanders Against Poverty (MAP) strongly supports SB 530**, which would prohibit landlords from discriminating against prospective tenants based on their legal sources of income.

**There is a dearth of affordable housing options in Maryland.** The wealthiest state in the union, Maryland's relative prosperity has been accompanied by increased costs of basic necessities – especially housing. Maryland is among the least-affordable states with regard to housing. In order to afford the Fair Market Rent (FMR) for a two-bedroom unit without paying more than 30% of income on housing-related expenses, a family must earn a “housing wage” of \$27.52. For those receiving \$771 per month in federal Supplemental Security Income (SSI) disability benefits, even an efficiency unit at FMR is far out of reach.<sup>1</sup> Given the large and growing need for affordable housing in Maryland – and the consequent number of Marylanders living without stable housing - it is imperative to maximize affordable housing resources.

**SB 530 increases housing opportunities for vulnerable seniors, veterans, working families, individuals experiencing homelessness and persons with disabilities.** Sixty percent (60%) of families using housing choice vouchers rely on SSI, social security or pensions. Fifty-nine percent (59%) of families using housing choice vouchers are employed. Thirty-nine percent (39%) of people who benefit from vouchers are children and forty-two percent (42%) of voucher households are single mothers with children. Unfortunately, many Maryland residents are unable to utilize this legal source of income to obtain housing because of discrimination, which ultimately leads to concentrated poverty and economic isolation.

**SB 530 supports employment.** For low-income Maryland families, safe and reliable housing provides the stability needed to secure and maintain employment. Simple luxuries - from showers to kitchens - allow individuals to concentrate on their careers, education, and future. The inability to locate housing because of income discrimination is therefore a barrier for low-income individuals and families who are trying to transition out of poverty and build economic stability.

**SB 530 supports good health.** Poor housing is intricately connected to poor health outcomes – especially for families living in concentrated poverty. This is the reason why housing is the proven first-line response to fixing dramatic health disparities across populations. Many low-income Marylanders are forced to live in substandard housing with pest infestations, lead paint exposure, and indoor allergens. Simultaneously, these low-income families live in neighborhoods deficient in green space, access to healthy foods, safe places to play, and efficient transportation. A 2011 study published in the *New England Journal of Medicine* found that moving from a high poverty neighborhood to a low poverty neighborhood results in health benefits, specifically in the areas of obesity and diabetes.<sup>2</sup> SB 530 will allow families to find housing in safe, quality neighborhoods - thereby improving the health of the household and the health of our state.

**SB 530 saves State resources.** When individuals suffer illness related to inadequate shelter - such as asthma or hypothermia - they often seek acute services in emergency departments, which is not cost-effective health care. Additionally, when families are unable to locate landlords willing to accept their income, they have to resort to state-funded emergency and transitional shelters. Removing undue barriers to housing for Marylanders living in or near poverty will result in financial savings to the State during this crucial period of economic recovery.

**Affordable housing remains one of the most critical needs for many Marylanders living in or near poverty.** Across the country, over 16 states and the District of Columbia, and 91 cities and counties around the country – including Howard, Montgomery, Frederick, Prince George’s, Ann Arundel, Baltimore Counties and Baltimore City – have laws prohibiting source of income discrimination, and the State of Maryland should follow suit. Passing SB 530 will increase access to housing, decrease the incidence of homelessness and concentrated poverty, and increase the overall health and economic stability of Maryland communities.

**MAP appreciates your consideration and urges your support of SB 530.**

*Marylanders Against Poverty (MAP) is a coalition of service providers, faith communities, and advocacy organizations advancing statewide public policies and programs necessary to alleviate the burdens faced by Marylanders living in or near poverty, and to address the underlying systemic causes of poverty.*

---

<sup>1</sup> National Low Income Housing Coalition. Out of Reach 2015. <http://nlihc.org/oor/maryland>.

<sup>2</sup> *Neighborhoods, Obesity, and Diabetes – A Randomized Social Experiment*. Ludwig, Jens et. al. (2011). The New England Journal of Medicine. <http://www.nejm.org/doi/pdf/10.1056/NEJMsa1103216>