

# FAIR & AFFORDABLE HOUSING COMMISSION



Randy Baukol  
Commission Chair

[FAHC@ci.moscow.id.us](mailto:FAHC@ci.moscow.id.us)

## Regular Meeting

~Agenda~

Aimee Hennrich

Staff Liaison

208.883.7095

<http://www.ci.moscow.id.us/358/Fair-Affordable-Housing-Commission>

Thursday  
November 4, 2021

5:15 PM

Paul Mann Building  
221 E Second Street

## WELCOME AND ATTENDANCE

## REGULAR AGENDA

### 1. Approval of October 7, 2021 Minutes (ACTION ITEM)

Presentation of minutes for approval.

**PROPOSED ACTIONS:** Approve minutes as presented; approve minutes with amendments; or provide staff further direction.

### 2. Approval of Assessment of Fair Housing Survey Questions (ACTION ITEM)

**PROPOSED ACTION:** Discuss topic and provide staff with direction as deemed appropriate.

### 3. Annual Fair Housing Training Discussion (ACTION ITEM)

**PROPOSED ACTIONS:** Discuss topic and provide staff with direction as deemed appropriate.

## REPORTS

ARPA Workshop – Affordable Housing Funds

## ANNOUNCEMENTS

## UPCOMING EVENTS / MEETINGS

Annual Fair Housing Training by IFHC (virtual)

## ADJOURN

**NOTICE:** Moscow City Council and Commission meetings can be televised, videotaped and/or recorded. Individuals attending the meeting who require special assistance to accommodate physical, hearing, or other impairments, please contact the City Clerk, at (208) 883-7015 or TDD 883-7019, as soon as possible so that arrangements may be made.

# FAIR & AFFORDABLE HOUSING COMMISSION



Randy Baukol  
Commission Chair

[FAHC@ci.moscow.id.us](mailto:FAHC@ci.moscow.id.us)

## Regular Meeting

~Minutes~

Aimee Hennrich  
Staff Liaison

208.883.7095

<https://www.ci.moscow.id.us/358/Fair-Affordable-Housing-Commission>

**Thursday  
October 7, 2021**

**5:15 PM**

**Paul Mann Building  
221 E Second Street**

**The meeting was called to order at 5:18 PM**

MEMBERS PRESENT: Casey Holcomb-Hawkes, Vice Chair; Jo Ellen Force, Linda Pike (virtual),  
Bruce Pitman, Olivia Sivula  
MEMBERS ABSENT: Randy Baukol, Arthur Garro, Rebecca Marquez  
OTHERS: Gina Taruscio  
STAFF: Aimee Hennrich

## REGULAR AGENDA

### 1. Approval of August 5, 2021 Minutes (ACTION ITEM)

*Presentation of minutes for approval.*

Force moved for approval of the minutes as corrected, seconded by Pitman. Vote by Acclamation; Ayes: Unanimous (5). Nays: None. Abstentions: None. Motion carried.

### 2. Sustainable Environment Commission Discussion (ACTION ITEM)

There was discussion about the questions proposed by the Sustainable Environment Commission (SEC) and support for the recommended climate mitigation actions, especially building and energy code modifications, programs that incentivize actions to reduce the impact of climate change as they relate to the housing sector, and creating mixed use developments. The biggest challenge to climate change mitigation strategies would be the execution and education of the plan. The Commission agreed that Staff would draft a statement in response to the SEC regarding their conclusions.

### 3. Assessment of Fair Housing Survey Questions (ACTION ITEM)

There was discussion about the draft survey and a few minor modifications were proposed. The final draft and approval agenda item will be at the next meeting, after Staff makes the requested edits.

## REPORTS

Staff worked with Idaho Fair Housing Council (IFHC) on the upcoming annual training, regarding "Basics of Fair Housing" and other "Hot Topics" to be held virtually.

## ANNOUNCEMENTS

## UPCOMING EVENTS / MEETINGS

*Next regular meeting scheduled for Thursday, November 4th, 2021.*

**The meeting adjourned at 6:15 PM**

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Randy Baukol, Chair



# Fair Housing Survey

*Access to fair housing for everyone is important. Please complete this survey to assist us in understanding any impediments to fair housing in Moscow based on race, color, religion, sexual orientation, gender identity, disability, familial status, or national origin. We value your input!*

|                                                                                                                                                                                                                             |                                     |                                                      |                                                             |                                                         |                          |                          |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 1. Access to fair housing for everyone is important to the Moscow City Council and our community. Please rate each factor from 0 (no effect) to 5 (significant effect) in limiting your choice of housing in Moscow, Idaho. |                                     |                                                      |                                                             |                                                         |                          |                          |                          |
|                                                                                                                                                                                                                             | N/A                                 | 0                                                    | 1                                                           | 2                                                       | 3                        | 4                        | 5                        |
| Age                                                                                                                                                                                                                         | <input type="checkbox"/>            | <input type="checkbox"/>                             | <input type="checkbox"/>                                    | <input type="checkbox"/>                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Race                                                                                                                                                                                                                        | <input type="checkbox"/>            | <input type="checkbox"/>                             | <input type="checkbox"/>                                    | <input type="checkbox"/>                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Color                                                                                                                                                                                                                       | <input type="checkbox"/>            | <input type="checkbox"/>                             | <input type="checkbox"/>                                    | <input type="checkbox"/>                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sexual Orientation                                                                                                                                                                                                          | <input type="checkbox"/>            | <input type="checkbox"/>                             | <input type="checkbox"/>                                    | <input type="checkbox"/>                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Gender Identity                                                                                                                                                                                                             | <input type="checkbox"/>            | <input type="checkbox"/>                             | <input type="checkbox"/>                                    | <input type="checkbox"/>                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Religion                                                                                                                                                                                                                    | <input type="checkbox"/>            | <input type="checkbox"/>                             | <input type="checkbox"/>                                    | <input type="checkbox"/>                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| National Origin                                                                                                                                                                                                             | <input type="checkbox"/>            | <input type="checkbox"/>                             | <input type="checkbox"/>                                    | <input type="checkbox"/>                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Familial Status                                                                                                                                                                                                             | <input type="checkbox"/>            | <input type="checkbox"/>                             | <input type="checkbox"/>                                    | <input type="checkbox"/>                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Being a Student                                                                                                                                                                                                             | <input type="checkbox"/>            | <input type="checkbox"/>                             | <input type="checkbox"/>                                    | <input type="checkbox"/>                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Having Pets                                                                                                                                                                                                                 | <input type="checkbox"/>            | <input type="checkbox"/>                             | <input type="checkbox"/>                                    | <input type="checkbox"/>                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A Disability                                                                                                                                                                                                                | <input type="checkbox"/>            | <input type="checkbox"/>                             | <input type="checkbox"/>                                    | <input type="checkbox"/>                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Income                                                                                                                                                                                                                      | <input type="checkbox"/>            | <input type="checkbox"/>                             | <input type="checkbox"/>                                    | <input type="checkbox"/>                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. How did you find your current housing unit?                                                                                                                                                                              | Realtor<br><input type="checkbox"/> | Newspaper<br>ad OR flyer<br><input type="checkbox"/> | University<br>Housing<br>office<br><input type="checkbox"/> | Online (non-<br>university)<br><input type="checkbox"/> | Other:<br>_____          |                          |                          |
| 3. Please select what factors influence your choice of housing? (mark all that apply)                                                                                                                                       |                                     |                                                      |                                                             |                                                         |                          |                          |                          |
| Price                                                                                                                                                                                                                       | <input type="checkbox"/>            | Provision for children or dependents                 |                                                             |                                                         |                          | <input type="checkbox"/> |                          |
| Accessibility                                                                                                                                                                                                               | <input type="checkbox"/>            | Family-friendly community                            |                                                             |                                                         |                          | <input type="checkbox"/> |                          |
| Proximity to work, daycare, or school                                                                                                                                                                                       | <input type="checkbox"/>            | Condition of property                                |                                                             |                                                         |                          | <input type="checkbox"/> |                          |
| Availability of transportation                                                                                                                                                                                              | <input type="checkbox"/>            | Safety of neighborhood                               |                                                             |                                                         |                          | <input type="checkbox"/> |                          |
| Size of housing unit                                                                                                                                                                                                        | <input type="checkbox"/>            | Pet-friendly                                         |                                                             |                                                         |                          | <input type="checkbox"/> |                          |
| Proximity to nightlife                                                                                                                                                                                                      | <input type="checkbox"/>            | Walkability                                          |                                                             |                                                         |                          | <input type="checkbox"/> |                          |
| Proximity to parks                                                                                                                                                                                                          | <input type="checkbox"/>            | Other (Please specify)                               |                                                             |                                                         |                          |                          |                          |
| 4. Do you feel you could/would move to any other part of the city if the housing were available and affordable for you?                                                                                                     | Yes<br><input type="checkbox"/>     |                                                      | No<br><input type="checkbox"/>                              |                                                         |                          |                          |                          |
| 5. If you selected <b>NO</b> to the previous question, please select what factors influence your decision to <b>NOT</b> move to any other part of the city if housing was available and affordable to you.                  |                                     |                                                      |                                                             |                                                         |                          |                          |                          |
| Price                                                                                                                                                                                                                       | <input type="checkbox"/>            | Provision for children or dependents                 |                                                             |                                                         |                          | <input type="checkbox"/> |                          |
| Accessibility                                                                                                                                                                                                               | <input type="checkbox"/>            | Family-friendly community                            |                                                             |                                                         |                          | <input type="checkbox"/> |                          |
| Proximity to work, daycare, or school                                                                                                                                                                                       | <input type="checkbox"/>            | Condition of property                                |                                                             |                                                         |                          | <input type="checkbox"/> |                          |
| Availability of transportation                                                                                                                                                                                              | <input type="checkbox"/>            | Safety of neighborhood                               |                                                             |                                                         |                          | <input type="checkbox"/> |                          |
| Size of housing unit                                                                                                                                                                                                        | <input type="checkbox"/>            | Pet-friendly                                         |                                                             |                                                         |                          | <input type="checkbox"/> |                          |
| Proximity to nightlife                                                                                                                                                                                                      | <input type="checkbox"/>            | Walkability                                          |                                                             |                                                         |                          | <input type="checkbox"/> |                          |
| Proximity to parks                                                                                                                                                                                                          | <input type="checkbox"/>            | Other (Please specify)                               |                                                             |                                                         |                          |                          |                          |
| Of the above, which factor would you say is the most important for you?                                                                                                                                                     |                                     |                                                      |                                                             |                                                         |                          |                          |                          |

|                                                                                                                                       |                                                 |                                                      |                                                |                                          |                                            |              |
|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|------------------------------------------------------|------------------------------------------------|------------------------------------------|--------------------------------------------|--------------|
| 6. Do you have access to public transit?                                                                                              | Yes<br><input type="checkbox"/>                 | No<br><input type="checkbox"/>                       |                                                |                                          |                                            |              |
| 7. Which form of transportation do you use most often?                                                                                | Walk<br><input type="checkbox"/>                | Bicycle<br><input type="checkbox"/>                  | Car (owned)<br><input type="checkbox"/>        | Car (shared)<br><input type="checkbox"/> | Public Transit<br><input type="checkbox"/> | Other: _____ |
| 8. Do you think housing discrimination is an issue in Moscow, Idaho?                                                                  | Yes<br><input type="checkbox"/>                 | No<br><input type="checkbox"/>                       | Please explain: _____                          |                                          |                                            |              |
| 9. Are you aware of any zoning or land-use laws that create barriers to fair and affordable housing or encourage housing segregation? | Yes<br><input type="checkbox"/>                 | No<br><input type="checkbox"/>                       | Please explain: _____                          |                                          |                                            |              |
| 10. Do you feel you have been discriminated against because of belonging to any of the following groups? (leave blank if not)         | Minority Households<br><input type="checkbox"/> | Female-headed households<br><input type="checkbox"/> | Elderly households<br><input type="checkbox"/> | Other: _____                             |                                            |              |
| 11. Do you think any of the following are barriers to fair and affordable housing in Moscow, Idaho? (mark all that apply)             |                                                 |                                                      |                                                |                                          |                                            |              |
|                                                                                                                                       | Yes                                             | No                                                   |                                                |                                          |                                            |              |
| Income levels of minority and female-headed households                                                                                | <input type="checkbox"/>                        | <input type="checkbox"/>                             |                                                |                                          |                                            |              |
| Sellers of homes refusing to show their homes to certain buyers                                                                       | <input type="checkbox"/>                        | <input type="checkbox"/>                             |                                                |                                          |                                            |              |
| Poor credit histories                                                                                                                 | <input type="checkbox"/>                        | <input type="checkbox"/>                             |                                                |                                          |                                            |              |
| Concentrations of affordable housing in certain areas                                                                                 | <input type="checkbox"/>                        | <input type="checkbox"/>                             |                                                |                                          |                                            |              |
| Housing providers placing certain tenants in the least desirable units                                                                | <input type="checkbox"/>                        | <input type="checkbox"/>                             |                                                |                                          |                                            |              |
| Housing providers using discriminatory advertising (i.e. advertising for married couples only, or females only)                       | <input type="checkbox"/>                        | <input type="checkbox"/>                             |                                                |                                          |                                            |              |
| Lack of knowledge among landlords, real estate agents, bankers/lenders, and/or residents regarding fair and affordable housing        | <input type="checkbox"/>                        | <input type="checkbox"/>                             |                                                |                                          |                                            |              |
| Other:                                                                                                                                |                                                 |                                                      |                                                |                                          |                                            |              |

### **HOMEOWNERS (If you rent, please proceed to the renters' section – Question 16)**

|                                                                                                  |                                  |                                      |                                                           |
|--------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------|-----------------------------------------------------------|
| 13. Please select the level of difficulty experienced in securing a home loan.                   | Easy<br><input type="checkbox"/> | Moderate<br><input type="checkbox"/> | Difficult<br><input type="checkbox"/>                     |
| 14. Have you owned a house previously?                                                           | Yes<br><input type="checkbox"/>  | No<br><input type="checkbox"/>       | <b>If no, skip to question 25</b>                         |
| 15. Was your former house located in Moscow? If not, please tell us where the house was located. | Yes<br><input type="checkbox"/>  | No<br><input type="checkbox"/>       | If no, where? _____<br><b>If yes, skip to question 25</b> |

**RENTERS (homeowners proceed to question 25 and students living on campus please proceed to question 22)**

|                                                                                                                                                                                                            |                                                           |                                             |                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------|
| 16. Do you share your rental space (apartment or house) with at least one other person?                                                                                                                    | Yes<br><input type="checkbox"/>                           | No<br><input type="checkbox"/>              | <b>If no, skip to question 25</b>                                              |
| 17. Are you related to the other individual(s) you share a rental space with? (related shall mean persons related by blood, marriage, adoption, and/or guardianship or other duly authorized relationship) | Yes<br><input type="checkbox"/>                           | No<br><input type="checkbox"/>              |                                                                                |
| 18. How much do <b>YOU</b> or <b>YOUR HOUSEHOLD</b> (if related) pay for rent per month?                                                                                                                   | _____                                                     |                                             |                                                                                |
| 19. What type of rental do you live in?                                                                                                                                                                    | Traditional Apartment Complex<br><input type="checkbox"/> | Boarding House (rented room within a house) | House/Duplex<br><input type="checkbox"/> Other: <input type="checkbox"/> _____ |
| 20. Are you a first-time renter?                                                                                                                                                                           | Yes<br><input type="checkbox"/>                           | No<br><input type="checkbox"/>              | <b>If yes, skip to question 25</b>                                             |
| 21. Was your former rental located in Moscow?                                                                                                                                                              | Yes<br><input type="checkbox"/>                           | No<br><input type="checkbox"/>              | If no, where did you live and rent previously?<br>_____                        |

**STUDENTS (If you are not a student, please skip to question 25)**

|                                                             |                                                         |                                                           |                                                    |
|-------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------|
| 22. Do you live on campus?                                  | Yes<br><input type="checkbox"/>                         | No<br><input type="checkbox"/>                            | <b>If no, skip to question 26</b>                  |
| 23. Where do you live on campus?                            | Dormitory or Residence Hall<br><input type="checkbox"/> | Sorority or Fraternity<br><input type="checkbox"/>        | Other: _____                                       |
| 24. What factors affected your choice of on-campus housing? | Price/Rent<br><input type="checkbox"/>                  | Proximity to campus resources<br><input type="checkbox"/> | Community<br><input type="checkbox"/> Other: _____ |

## DEMOGRAPHIC QUESTIONS

|                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 25. Please mark which age group you are in (note: respondent must be at least 18 years of age)                                                                               | 18-24<br><input type="checkbox"/> 25-34<br><input type="checkbox"/> 35-44<br><input type="checkbox"/> 45-54<br><input type="checkbox"/> 55-64<br><input type="checkbox"/> 65-74<br><input type="checkbox"/> 75 or older<br><input type="checkbox"/>                                                                                                                   |
| 26. How many people currently live in your household, including yourself?                                                                                                    | _____                                                                                                                                                                                                                                                                                                                                                                 |
| 27. Are you the head of this household? (unmarried, paying more than 50% of cost to maintain home, and have 1 or more dependent living with you for more than half the year) | Yes<br><input type="checkbox"/> No<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                        |
| 28. Do you rent or own this housing unit?                                                                                                                                    | Rent<br><input type="checkbox"/> Own<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                      |
| 29. What is your race?                                                                                                                                                       | Hispanic or Latino<br><input type="checkbox"/><br>White<br><input type="checkbox"/><br>Black or African American<br><input type="checkbox"/><br>Native Hawaiian or Other Pacific Islander<br><input type="checkbox"/><br>Asian<br><input type="checkbox"/><br>American Indian or Alaska Native<br><input type="checkbox"/><br>Multiracial<br><input type="checkbox"/> |
| 30. What is your sexual orientation?                                                                                                                                         | Heterosexual<br><input type="checkbox"/> Not Heterosexual<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                 |
| 31. What is your gender identity/expression?                                                                                                                                 | Man<br><input type="checkbox"/> Woman<br><input type="checkbox"/> Non-Binary<br><input type="checkbox"/>                                                                                                                                                                                                                                                              |
| 32. What is your religion?                                                                                                                                                   | None<br><input type="checkbox"/> Christian<br><input type="checkbox"/> Muslim<br><input type="checkbox"/> Jewish<br><input type="checkbox"/> Atheist<br><input type="checkbox"/> Agnostic<br><input type="checkbox"/><br>Other: _____                                                                                                                                 |
| 33. Do you have minor children? (under 18 years of age) If yes, what are their ages?                                                                                         | Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Ages: _____                                                                                                                                                                                                                                                                                            |

|                                                                          |                                                  |                                                  |
|--------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------|
| 34. Do you have any pets?                                                | Yes<br><input type="checkbox"/>                  | No<br><input type="checkbox"/>                   |
| 35. Does anyone in your household have a disability, including yourself? | <div></div>                                      |                                                  |
| 36. What is <b>YOUR</b> household monthly gross income?                  | Less than \$1,000/month <input type="checkbox"/> | \$1,001 - \$2,000/month <input type="checkbox"/> |
|                                                                          | \$2,001 - \$3,500/month <input type="checkbox"/> | \$3,501 - \$4,500/month <input type="checkbox"/> |
|                                                                          | \$4,501 - 6,0000/month <input type="checkbox"/>  | More than \$6,001/month <input type="checkbox"/> |

*Please let us know what improvements you would recommend to Moscow’s housing market to increase its fairness. Thank you for your time in completing this survey.*



# SAVE THE DATE

## 2021 Annual Fair Housing Training

Four Part Online Training Event:

**Thursday, December 2, 2021 from 2-4PM**

**Thursday, December 16, 2021 from 2-4PM**

**Thursday, January 6, 2021 from 2-4PM**

**Thursday, January 27, 2021 from 2-4PM**

The annual training for landlords and property managers sponsored by the City of Moscow and Intermountain Fair Housing Council has been broken into a four part series and will be a free virtual event.

More details to come!



Housing Justice For All

### CITY OF MOSCOW

Community Planning & Design  
221 E Second St  
Moscow ID 83843



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