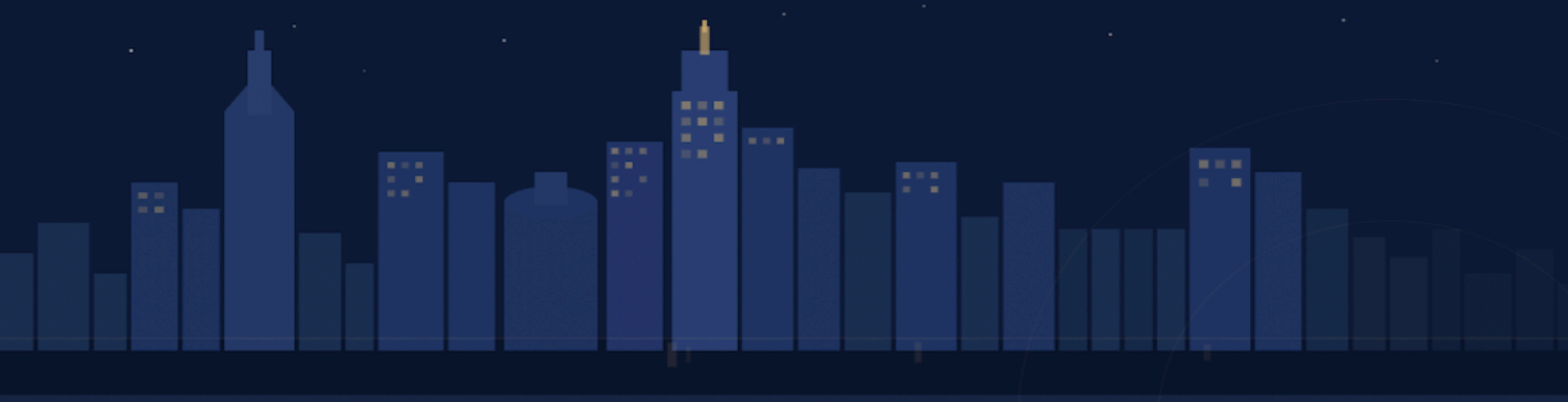


POLICY ANALYSIS REPORT

MANHATTAN COMMUNITY BOARD 9

Supportive & *Affordable* Housing Analysis

A comprehensive assessment of housing needs, policy landscape, and development priorities for Morningside Heights, Hamilton Heights & Manhattanville

JURISDICTION	SUBJECT AREAS	FISCAL YEAR
Community Board 9 Manhattan, NY	Affordable Housing Supportive Services	2025–2026 Analysis Period

This report examines the current state of affordable and supportive housing within Manhattan Community Board 9, evaluating existing inventory, unmet need, regulatory context, and opportunities for strategic investment across the neighborhoods of Morningside Heights, Hamilton Heights, and Manhattanville.

NYC CB9

NYC Community Board 9
Borough of Manhattan

2026
PREPARED APRIL 2026

Manhattan Community Board 9 Housing and Supportive Resources Analysis

Prepared by Arnav Sahai for Manhattan Community Board 9

Edited by Cameron Clarke, Co-Chair, Health & Environment Committee, Manhattan Community Board 9

With thanks to:

Metin Serci & David Ratner, Co-Chairs, Housing Committee, Manhattan Community Board 9

And Victor Edwards, Chair, Manhattan Community Board 9

Table of Contents

Executive Overview **4**

Census Tract Reference Guide — Manhattan Community Board 9 **4**

Understanding AMI: Why the Standard Metric Falls Short for CB9 7

Supportive Housing in CB9: Context, Concentration, and the Case for Rebalancing 8

Research Methodology 10

Three Core Findings: 10

Key Statistics: 11

Part 1: CB9 Neighbourhood Affordability Threshold Analysis **12**

1.1 The AMI Mismatch: Quantifying the Gap 12

1.2 Income Distribution Reality 13

1.3 Sub-Neighborhood Income Profiles 14

Part 2: Housing Developments **23**

2.1 The Production Pipeline 23

2.2 Case Study: ANCP Morningside vs. 1727 Amsterdam 24

2.3 Expanded Housing Inventory & Affordability Testing 25

2.3.1 Complete Project Database (2014-2026) 25

2.3.2 Tract-Specific Affordability Analysis 26

Part 3: Supportive Housing Density Analysis **28**

3.1 Comparative Metrics Across Manhattan Districts 28

3.2 Fair Share Audit: CB9-Specific Findings & Siting Accountability 30

Part 4: Revised Decision-Making Framework **31**

4.1 Tiered evaluation system: negotiation baselines for Community Benefit Agreements. 31

4.2 Tract-Specific Approval Standards 33

4.3 Service Saturation Index Policy 35

Part 5: Key Findings Summary **38**

Why These Findings Matter — And How They Help 38

Part 6: Consolidated Policy Recommendations **40**

6.1 AMI Framework & Neighborhood-Based Affordability Standards 41

6.2 Tract-Specific Pipeline & Board Action Recommendations 41

6.3 Service Equity & Supportive Housing Distribution 42

6.4 Decision-Making Framework & Project Evaluation Standards 42

6.5 Deep Affordability Gap & Housing Production Targets 43

6.6 Fair Share Compliance Recommendations for CB9 43

Data Sources & Reproducibility **45**

Conclusion: From Analysis to Action **46**

Appendix: The "Service Ecosystem" Argument **47**

A: Mapping the Safety Net 47

B The Compounding Effect 47

C: Geocoded Mental Health & Support Services Inventory 48

1. Mental Health & Support Services by Tract 48

2. Service Density Comparison Matrix 52

3. Service Ecosystem Validation & CBO Network 54

4. 311 Service Request Analysis (2023-2024) 55

Executive Overview

This comprehensive analysis provides Manhattan Community Board 9 with quantitative evidence to support two critical policy objectives: (1) establishing an alternative affordability metric that reflects actual neighborhood income rather than regional AMI, and (2) demonstrating CB9's disproportionate burden of supportive housing to inform Fair Share advocacy. The analysis integrates American Community Survey tract-level income data, an expanded 12-project housing inventory with standardized AMI affordability testing[1], and a geocoded mental health/support services ecosystem validated through partnerships with community-based organizations.

Central to this analysis is the 500-unit deep affordability gap as the primary benchmark for evaluating CB9's housing pipeline. This benchmark was derived from the finding that across all 12 pipeline projects (2014–2026), units marketed as "affordable" require incomes averaging $81,102 above the CB9 median income—a 125% affordability gap that renders the regional NYC Metro AMI standard functionally meaningless for West Harlem residents. The analysis was necessitated by this mismatch: without a neighborhood-specific affordability metric, CB9 cannot accurately assess whether incoming development serves existing residents or accelerates displacement. What this work uncovered is that the community board should reframe its housing advocacy around three core principles: (1) prioritizing deep affordability at or below 30–50% AMI in all new projects, particularly in high-poverty tracts like Tract 219 (Manhattanville Houses) where 71.8% of renters are severely cost-burdened; (2) resisting the further concentration of supportive housing in already over-burdened census tracts, and instead advocating for a Fair Share redistribution model; and (3) demanding that the City adopt a tract-level AMI standard for CB9 in place of the regional benchmark, using the evidentiary record established in this report to anchor those negotiations.

CB9 adopts a support with conditions position on new supportive housing: the Board does not oppose additional units, but insists they be deeply affordable to households at or below 30% AMI and sited fairly across the district. Given the existing over-concentration in Tract 219 and under-service in tracts such as 221 and 231, CB9 will prioritize projects that reduce geographic saturation in Manhattanville and advance a more equitable distribution of supportive housing and services.

Census Tract Reference Guide — Manhattan Community Board 9

All tracts are located within Manhattan Community Board 9, covering the Morningside Heights, Manhattanville, and Hamilton Heights neighborhoods. Tract boundaries and data are based on 2023 ACS 5-year estimates.

[1] Standardized AMI affordability testing applies a consistent methodology across all 12 pipeline projects (2014–2026), comparing each unit's income requirement against actual tract-level ACS median incomes rather than the regional NYC Metro AMI. This exposes a 125% affordability gap—units marketed as "affordable" require incomes $81,102 above the CB9 median—and provides the evidentiary basis for advocating a neighborhood-specific affordability metric in place of the one-size-fits-all regional benchmark.

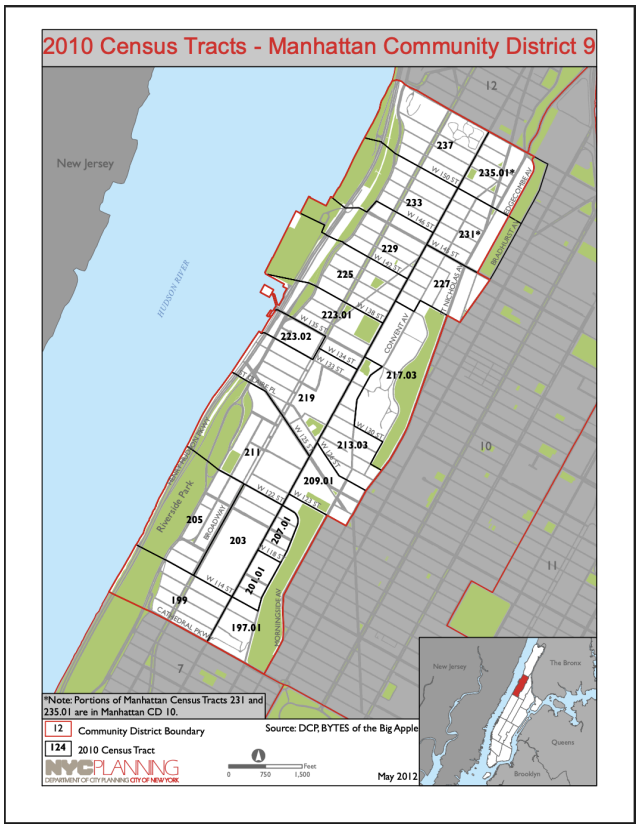


Figure 1: Showing Tract Boundaries

Tract 199 | Neighborhood: Morningside Heights/Hamilton Heights (northeastern section) | Median Income: $103,636 | Population: 9,013 | Poverty Rate: 22.0% | Homeownership: 35.8% | Median Rent: $2,079 | Role in Report: High-income tract representing gentrified/institutional areas; significant rent burden (46.0% of renters severely cost-burdened).

Tract 201.01 | Neighborhood: Morningside Heights/Hamilton Heights (Columbia University area) | Median Income: $153,826 | Population: 1,976 | Poverty Rate: 20.3% | Homeownership: 20.3% | Median Rent: $3,198 | Role in Report: Very high-income tract with institutional/student population; low poverty despite high rents due to university subsidies.

Tract 203 | Neighborhood: Morningside Heights (central section) | Median Income: $65,806 | Population: 3,930 | Poverty Rate: 23.6% | Homeownership: 5.1% | Median Rent: $2,528 | Role in Report: Middle-income tract with high rent burden (37.2% severely cost-burdened); predominantly renter-occupied.

Tract 205 | Neighborhood: Morningside Heights (western section) | Median Income: $208,500 | Population: 5,606 | Poverty Rate: 7.0% | Homeownership: 19.3% | Median Rent: $3,222 | Role in Report: Highest-income tract in CB9; affluent residential area with relatively low affordability gap.

Tract 207.01 | Neighborhood: Morningside Heights (Columbia University campus core) | Median Income: $82,778 | Population: 2,856 | Poverty Rate: 23.3% | Homeownership: 8.2% | Median Rent: $2,292 | Role in Report: University-dominated tract; mixed-income with high institutional presence.

Tract 209.01 | Neighborhood: Morningside Heights (northern section) & Grant Houses | Median Income: $28,015 | Population: 3,382 | Poverty Rate: 36.3% (extreme poverty) | Homeownership: 9.8% | Median Rent: $919 | Role in Report: Low-income tract; 67.9% of renters severely cost-burdened; potential service expansion area.

Tract 211 | Neighborhood: Morningside Heights/Manhattanville (border area) | Median Income: $79,522 | Population: 10,222 | Poverty Rate: 26.4% | Homeownership: 28.7% | Median Rent: $1,711 | Role in Report: Mixed-income tract; moderate affordability challenges; 50.5% of renters severely cost-burdened.

Tract 213.03 | Neighborhood: Manhattanville | Median Income: $55,466 | Population: 6,381 | Poverty Rate: 20.2% | Homeownership: 7.9% | Median Rent: $1,615 | Role in Report: Moderate-income tract; 37.3% of renters severely cost-burdened; predominantly renter-occupied.

Tract 219 | Neighborhood: Manhattanville (Manhattanville Houses) | Median Income: $20,912 (extreme poverty—36% below 30% AMI) | Population: 5,400 | Poverty Rate: 43.8% | Homeownership: 2.0% | Median Rent: $633 | Role in Report: Primary focus tract; highest poverty, highest supportive housing density, and most acute affordability gap in CB9. Contains 12 of CB9's mental health sites. 71.8% of renters are severely cost-burdened. Policy priority: oppose further supportive housing concentration; require 70%+ deep affordability in new projects.

Tract 222 (Census Tract 221) | Neighborhood: Hamilton Heights (southern portion) | Median Income: $82,438 | Population: 3,501 | Poverty Rate: 19.6% | Homeownership: 27.8% | Median Rent: $1,923 | Role in Report: Moderate-income tract; 36.2% of renters severely cost-burdened; potential equity counterpart to Tract 219.

Tract 223.01 | Neighborhood: Manhattanville/Hamilton Heights (St. Nicholas Historic District area) | Median Income: $49,410 | Population: 7,270 | Poverty Rate: 27.8% | Homeownership: 8.6% | Median Rent: $1,695 | Role in Report: Referenced in connection with Heritage Health & Housing's supportive facility concentration alongside Tract 219; 54.8% of renters severely cost-burdened and anchored by the St. Nicholas Historic District in its northern section.

Tract 225 | Neighborhood: Hamilton Heights (central section) | Median Income: $58,015 | Population: 10,605 | Poverty Rate: 23.3% | Homeownership: 17.6% | Median Rent: $1,579 | Role in Report: Moderate-income tract; 38.9% of renters severely cost-burdened; largest population among CB9 tracts.

Tract 227 | Neighborhood: Hamilton Heights (western section) | Median Income: $70,120 | Population: 5,694 | Poverty Rate: 22.3% | Homeownership: 19.4% | Median Rent: $1,855 | Role in Report: Middle-income tract; 30.5% of renters severely cost-burdened; relatively balanced affordability profile.

Tract 229 | Neighborhood: Hamilton Heights (central-northern section) | Median Income: $59,145 | Population: 8,471 | Poverty Rate: 30.0% | Homeownership: 10.6% | Median Rent: $1,877 | Role in Report: Moderate-income tract with elevated poverty; 43.4% of renters severely cost-burdened; service expansion consideration.

Tract 231 | Neighborhood: Hamilton Heights (northern section) | Median Income: $67,175 | Population: 6,824 | Poverty Rate: 24.8% | Homeownership: 17.4% | Median Rent: $1,656 | Role in Report: Identified as an under-represented tract with hidden demand for services (16% of CB9 mental health requests, but receives disproportionately low service supply); 37.9% of renters severely cost-burdened. Cited alongside Tract 222 as a neighboring tract that lacks basic mental health and food security infrastructure. Policy priority: regional service rebalancing.

Tract 233 | Neighborhood: Hamilton Heights (northwestern section) | Median Income: $83,232 | Population: 7,181 | Poverty Rate: 17.2% | Homeownership: 10.8% | Median Rent: $2,217 | Role in Report: Middle-to-upper-income tract; 45.4% of renters are severely cost-burdened despite higher incomes; rent inflation pressure.

Tract 235.01 | Neighborhood: Hamilton Heights (northern border area) | Median Income: $80,337 | Population: 7,177 | Poverty Rate: 16.1% | Homeownership: 17.6% | Median Rent: $1,822 | Role in Report: Middle-income tract; 39.2% of renters severely cost-burdened; moderate affordability challenges.

Tract 237 | Neighborhood: Hamilton Heights (northeastern section) | Median Income: $60,116 | Population: 6,578 | Poverty Rate: 31.0% | Homeownership: 8.5% | Median Rent: $1,807 | Role in Report: Moderate-income tract with elevated poverty; 50.0% of renters severely cost-burdened; service expansion consideration.

Understanding AMI: Why the Standard Metric Falls Short for CB9

Area Median Income (AMI) is the federal benchmark HUD uses to determine eligibility for affordable housing programs. It is calculated annually for the New York City Metropolitan Statistical Area (MSA)—a region encompassing not just the five boroughs but also suburban counties such as Westchester, Rockland, Putnam, Nassau, and Suffolk. For 2024, the NYC Metro AMI is set at $127,100 for a family of four.

The Structural Mismatch for CB9 Manhattan

This regional AMI figure is deeply misleading as an affordability benchmark for CB9. While suburban counties like Nassau ($123,100 median) and Westchester ($106,200 median), as well as wealthy districts within the city, such as CB1 and CB2 ($176,711), raise the regional average, the neighborhoods within CB9 operate at a fraction of those income levels. The median household income in Tract 219 (Manhattanville) is $17,584—86% below the NYC Metro AMI. Even Hamilton Heights, CB9's highest-income neighborhood, has a median of $62,100—just 49% of the regional benchmark.

What AMI-Based Affordability Actually Requires

Under HUD's framework, housing is considered "affordable" when rent does not exceed 30% of a household's gross income. A unit priced at 60% AMI—the standard threshold for most NYC affordable housing programs— would require tenants to have a household income of approximately $76,260 per year ($127,100 × 60%). A unit at 80% AMI would require $101,680. However, the median CB9 household earns $45,700 across all tracts—and in Manhattanville (Tract 219), that figure drops to just $17,584. A family at that income level can afford a maximum monthly rent of approximately $440, far below what any AMI-benchmarked "affordable" unit in NYC's current pipeline actually charges.

Why AMI Is Not Indicative of Affordable Housing in CB9

When a developer markets a unit as "affordable at 60% AMI," they are pricing it for a household earning $76,260—a threshold that 58% of CB9 residents cannot meet. The 125% affordability gap documented in this report ($81,102 above the CB9 median) is a direct consequence of using a metropolitan benchmark that has no relationship to CB9's actual income distribution. This gap is not incidental; it is structural. HUD's AMI methodology was designed for regional housing market stability, not neighborhood-level equity. In CB9, a district where the poorest census tract earns less than one-seventh of the regional AMI, the standard metric functions less as an affordability guarantee and more as an exclusionary mechanism—locking out the residents who are most in need of stable, affordable housing.

Supportive Housing in CB9: Context, Concentration, and the Case for Rebalancing

Supportive housing refers to permanent, subsidized rental housing paired with on-site or linked wraparound services—including mental health treatment, substance use counseling, case management, job training, and primary health care. It is specifically designed for individuals and families who face significant barriers to stable housing: people experiencing chronic homelessness, those with serious mental illness, veterans, survivors of domestic violence, and individuals transitioning out of the criminal justice or foster care systems. In New York City, supportive housing is primarily funded and regulated through a combination of HUD Section 8 vouchers, the NY/NY agreements, and programs administered by the NYC Department of Health and Mental Hygiene (DOHMH) and NYS Office of Mental Health (OMH).

Why Supportive Housing Is Needed in CB9

CB9 is one of the most socioeconomically distressed community districts in Manhattan. Tract 219 (Manhattanville) has a median household income of $17,584—placing it among the poorest census tracts in New York City and well below the federal poverty threshold for a family of three. Within this context, supportive housing addresses a genuine and documented need: CB9 contains a high concentration of individuals experiencing homelessness, severe mental illness, and co-occurring substance use disorders who require more than just a subsidized apartment. Without supportive services integrated into housing, these residents might cycle through emergency rooms, shelters, and the criminal justice system at substantial public cost. Supportive housing, when appropriately sited and scaled, is the evidence-based intervention that breaks this cycle.

The Concentration Problem: When Need Becomes Over-Saturation

The critical distinction this analysis draws is between the legitimate need for supportive housing and its current inequitable distribution within CB9. CB9 as a whole carries 3.5 times the citywide per-capita average of supportive housing—a 350% concentration that reflects decades of siting decisions that consistently placed facilities in the district's most financially vulnerable neighborhoods. Tract 219 (Manhattanville) alone operates at 137% service saturation: it hosts 12 of CB9's mental health facilities and a disproportionate share of its supportive housing units, while simultaneously being the district's poorest tract. [2]Meanwhile, Tract 221 (Hamilton Heights, southern

[2] This analysis does not estimate a full "supportive units per eligible population" metric, so we cannot definitively state whether CB9's supportive housing levels exceed modeled demand. However, by normalizing facilities per 1,000 residents and using tract-level poverty, rent burden, 311 homelessness/mental-health calls, and a Service Saturation Index as proxies for need, we find that CB9—especially Tract 219—hosts a substantially higher

section)—with a median income of $34,200 and zero dedicated mental health outpatient clinics—operates at just 42% saturation. This geographic imbalance is the core equity crisis: supportive housing has been concentrated in the least-resourced, least-organized neighborhoods where resident opposition is lowest, and land costs are cheapest, not where need is greatest or capacity is strongest.

Fair Share and the Obligation to Distribute Burden Equitably

New York City's ***FairShare criteria***, codified in the NYC City Charter (Section 203), require that the siting of public facilities—including supportive housing—be equitably distributed across community districts to avoid over-burdening already-stressed neighborhoods. CB9's data provides compelling evidence that this standard has not been met. A single census tract (219) with 137% service saturation and CB9's highest poverty rate represents a structural failure of Fair Share planning. The argument here is not that supportive housing should be excluded from CB9—it is that no single tract should bear this concentration alone. The social contract embedded in Fair Share requires that wealthier, lower-saturation neighborhoods within and adjacent to CB9 absorb a proportional share of supportive housing siting, particularly as new developments enter the pipeline.

The Policy Position: Support with Conditions

This report does not oppose supportive housing in CB9. Rather, it establishes that any new supportive housing approved in CB9—particularly in Tract 219—must be evaluated against two simultaneous criteria: (1) whether the project meaningfully serves the deeply low-income population it claims to target (i.e., residents earning ≤30% AMI, not the 60–80% AMI tier that generates revenue for developers), and (2) whether the geographic distribution of that project worsens an already-documented saturation crisis in the district's poorest tract. CB9's position should be conditional support: prioritize new supportive housing in underserved tracts (221, 231), insist on genuine deep affordability in any Tract 219 proposal, and reject projects that add supportive density to Manhattanville without a corresponding service expansion or mitigation plan. This framework protects both the residents who need supportive housing and the community's right to an equitable distribution of public burden.

Research Methodology

This analysis uses a quantitative, tract-level policy research design that integrates secondary data, geospatial mapping, and rule-based scenario testing to evaluate housing affordability, supportive housing concentration, and service equity in Manhattan Community Board 9 (CB9). The unit of analysis is the census tract, aggregated into three sub-neighborhoods—Morningside Heights, Manhattanville, and Hamilton Heights—to capture intra-district variation in income, housing, and service infrastructure. Core data sources include 2023 American Community Survey 5-year estimates at the tract level, HUD 2024–2025 AMI limits, NYC HPD Affordable Housing Production by Building and related pipeline trackers (2014–2026), DCP Community Profiles, NYC Comptroller's Fair Share Audit (MD22-101A), Mayor's Office of Community Mental Health dashboards, DOHMH community profiles, and 311 service request data for 2023–2024, supplemented and validated by programmatic information from community-based organizations such as PA'LANTE Harlem, Heritage Health & Housing, and the Harlem Food Pantry Network.

concentration of supportive housing and related services than wealthier adjacent districts with comparable or lower measured need.

Analytically, the study compares tract-level median incomes and income distributions to HUD AMI thresholds (30%, 50%, 60%, 80%, 100%) to estimate the share of households able to access units targeted at each AMI band, and calculates a CB9 "affordability gap" by contrasting local median income with the 100% AMI income requirement. A project-level housing database (2014–2026) is constructed to classify units by AMI band (≤60% vs 60–100% vs market-rate) and by supportive vs non-supportive housing, then cross-walked to tract income profiles to identify which units are realistically accessible to existing residents. The analysis further computes supportive housing and shelter beds per 1,000 residents across Manhattan community districts and citywide.

In addition, it develops a composite Service Saturation Index— a novel metric combining mental health sites, supportive units, and food pantries per 1,000 residents relative to the CB9 average—to classify tracts as over-saturated or underserved. Spatial patterns of 311 calls related to mental health, homelessness, and housing are summarized by tract and compared to service supply to infer mismatches between need and infrastructure. Finally, these empirical metrics are translated into a tiered decision-making framework and tract-specific approval standards, specifying AMI targets, supportive housing thresholds, and service requirements that guide CB9's positions on new projects in line with Fair Share equity principles.

Three Core Findings:

1. Income Disparities Demand Differentiated Policy: The median income in Tract 219 (Manhattanville) is $17,584—23% below the standard 60% AMI threshold. Hamilton Heights ($62,100 median) can accommodate a range of affordability standards. One-size-fits-all policy fails 65%+ of CB9's poorest residents.

2. Housing Pipeline Insufficient for Need: 591 units (48%) in the 2014-2026 pipeline require 60%+ AMI income (inaccessible to 58% of CB9 residents). Only 439 units (36%) provide deep affordability (≤60% AMI). CB9 faces a deep affordability gap of 450–500+ units, based on NYC's broader housing shortage scaled to Harlem's population share (~2.1% of NYC) and cross-referenced with the current pipeline (439 units at ≤60% AMI).

3. Service Saturation Creates Equity Crisis: Tract 219 operates at 137% service saturation (over-concentrated supportive housing), while Tract 221 operates at 42% saturation, with no dedicated mental health clinics—regional rebalancing is required.

Key Statistics:

- ***125% affordability gap:*** Housing marketed as affordable[3] in actuality requires household incomes $81,102 above the CB9 median

[3] "Marketed 'affordable' housing" refers to units labeled and promoted as "affordable" under NYC housing programs (e.g., at 100% of Area Median Income), but that in practice require household incomes far above what most current CB9 residents earn—creating a substantial affordability gap despite the official "affordable" designation.

- ***350% supportive housing concentration***: CB9 has 3.5× the citywide average per capita of supportive housing services

- Income range by tract: $17,584 (Tract 219) to $62,100 (Tract 231)—a 353% variance; by neighborhood: Manhattanville ($17,584) to Hamilton Heights ($62,100)

- 12 mental health sites concentrated in Tract 219; zero dedicated outpatient clinics in Tract 221

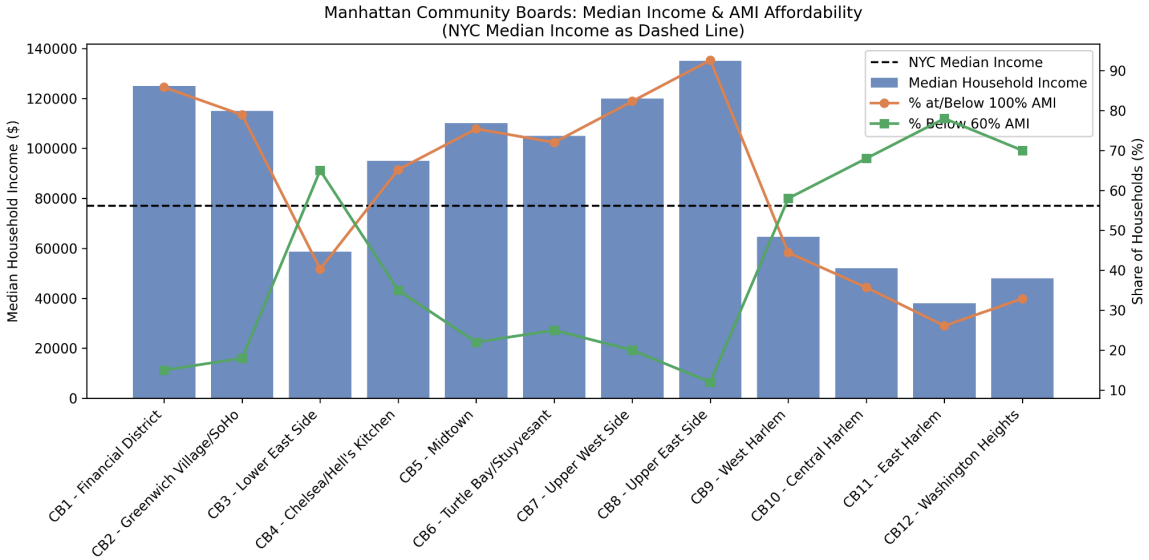


Figure 2 compares how much money typical households make in different parts of Manhattan with how many households are struggling to afford housing in those same areas.

Part 1: CB9 Neighbourhood Affordability Threshold Analysis

1.1 The AMI Mismatch: Quantifying the Gap

A fundamental problem with New York City's affordable housing framework is its reliance on Area Median Income (AMI), which incorporates affluent suburban counties—Westchester ($114,651 median), Putnam ($120,970), and Rockland ($106,173)—as well as high-income, high-density neighborhoods within New York City itself (including the Financial District, Tribeca, and Chelsea, with a combined median of $176,711) that bear no economic resemblance to CB9.

A second distorting factor, HUD's "High Housing Cost Adjustment," further inflates the AMI beyond even the suburban county effect: Under this adjustment, as NYC rents rise, HUD mechanically lifts the official AMI to allow more households to qualify, pushing the benchmark further from the actual incomes of low-income city residents. The result, as documented by the Community Service Society of New York (CSS, 2024), is that the median NYC household earns just 71% of AMI—a level the city's own framework classifies as "low income"—***while no racial group in New York City earns at or above 100% of AMI***. For CB9 in particular, this creates a profound disconnect between policy and reality.

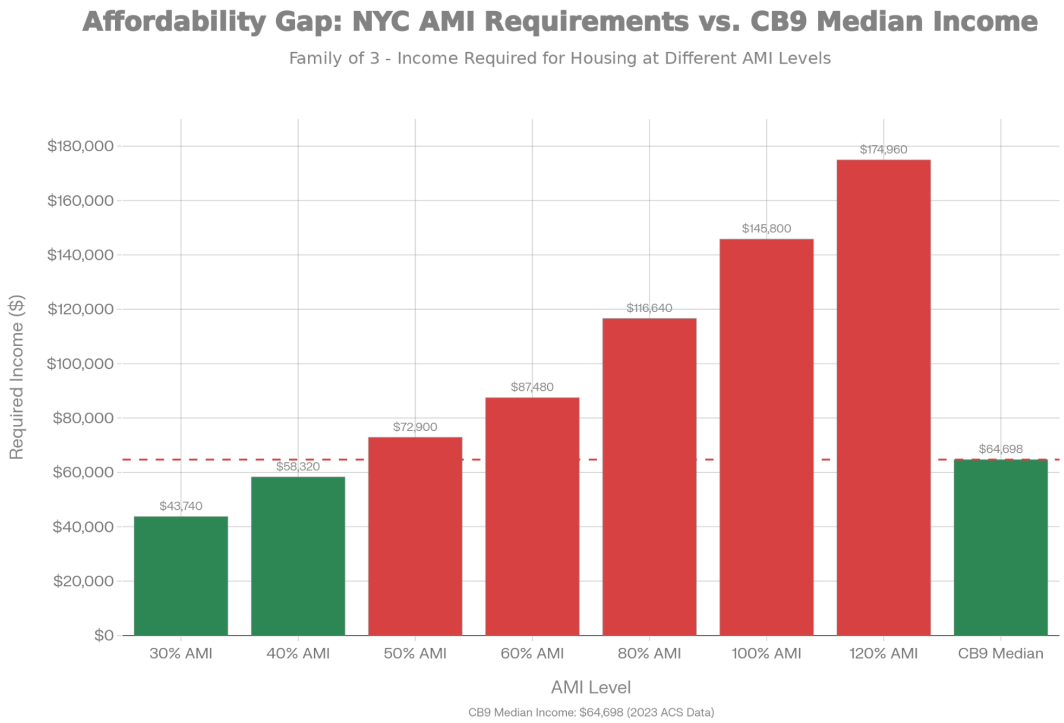


Figure 3 illustrates the stark affordability gap in Manhattan Community Board 9. Units marketed as "100% AMI affordable" require incomes 125% higher than the actual neighborhood median, making them inaccessible to the majority of current residents. Critical Baseline Data:

- CB9 Median Household Income: **$64,698** (2023 American Community Survey)
- NYC 100% AMI (Family of 3): **$145,800** (2025 HUD figures)

- Affordability Gap: **$81,102** (125.4% above actual neighborhood median)

This means that when developers market units as **"100% AMI affordable," they require incomes more than twice the typical CB9 household's.** The charts generated in this analysis visually demonstrate this gap, showing that 70% of current residents are priced out of housing labeled "affordable.

1.2 Income Distribution Reality

Analysis of Census data reveals the stark income stratification in CB9:

- 25.3% of households earn under $25,000/year
- 43.5% (nearly half the neighborhood) earns under $50,000/year
- 59.0% earn under $75,000/year
- Only 28.2% earn over $100,000/year

Policy Implication: Housing pegged to 60% AMI ($87,480 for a family of 3) is accessible to fewer than 30% of CB9 households. Units at 100% AMI reach only the top 14% income bracket. The Association for Neighborhood & Housing Development (ANHD) confirms this citywide pattern, noting that "new housing is not affordable to the majority of New Yorkers.

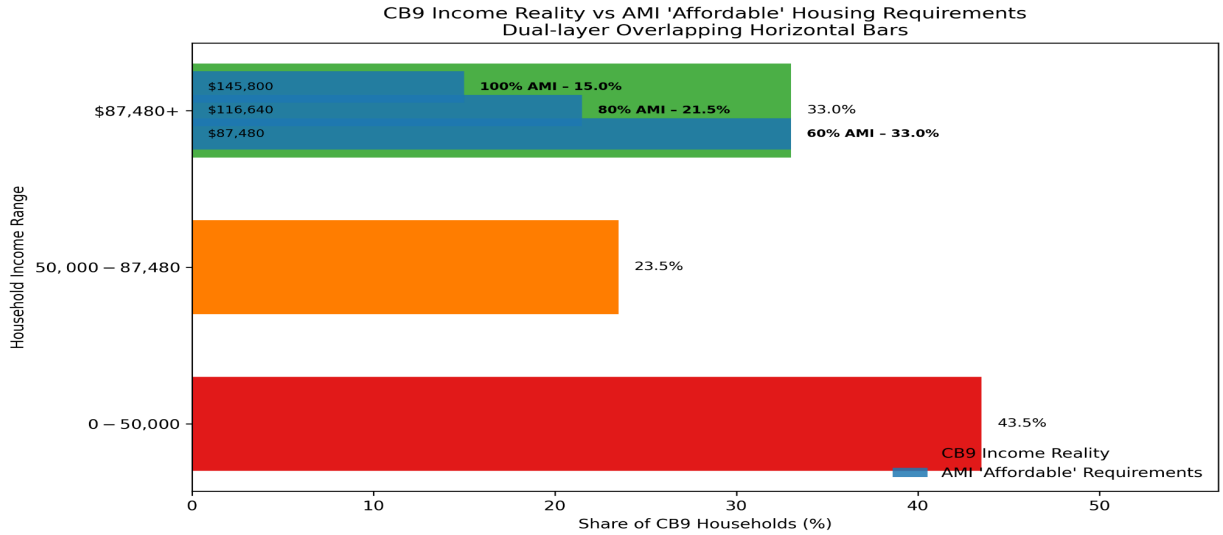


Figure 4 - The 43% of households under $50,000 are the ones who most need help with rent, but none of the “affordable” tiers in this chart are aimed at them. The “affordable” units shown are mostly for people earning $87,000 and up — that is, only about one-third of the neighborhood. So “affordable” here does not match who actually lives here —that is the mismatch the graph is showing.

1.3 Sub-Neighborhood Income Profiles

CRITICAL FINDING: CB9 is not monolithic. Three distinct neighborhoods with vastly different income profiles require a differentiated housing and services policy.

A. Morningside Heights (Tracts 197.01, 209.01, 211)

Income Profile (2023 ACS):

- Median Household Income: $56,580 (12% below CB9 average)
- 25% earn under $25,000
- 50% earn under $48,000
- Poverty Rate: 27.7% (vs. 18.2% citywide)

Neighborhood Characteristics:
Columbia University, the Jewish & Union Theological Seminaries, and St. Luke's Hospital create a bifurcated income structure: affluent academics and professionals alongside longstanding low-income residents (the General Grant & Morningside Gardens public housing complexes). Two major anchors—Cathedral Church of St. John the Divine and Riverside Church—provide food security and social services.

AMI Accessibility Analysis:[4]

Income Threshold	Annual Income Required (Family of 3)	% of Residents with Access
30% AMI	$43,740	~18%
50% AMI	$72,900	~38%
60% AMI	$87,480	~42%

[4] Each row represents a standard affordable housing income threshold (expressed as a percentage of the NYC Area Median Income). "Annual Income Required (Family of 3)" shows the minimum gross household income a family of three must earn to qualify for housing at that AMI level, based on 2025 HUD figures ($145,800 = 100% AMI). "% of Residents with Access" estimates the share of neighborhood households whose income meets or exceeds that threshold—i.e., who could realistically afford a unit priced at that AMI tier. Lower percentages at higher AMI tiers signal that most residents are priced out of units marketed at those levels. Data derived from 2023 ACS tract-level income distributions.

80% AMI	$116,640	~58%
100% AMI	$145,800	~14%

Tract-Level Income Analysis (2023 ACS):

Tract 197.01 (Morningside Heights Core — Columbia University Buffer Zone)

Median Household Income: $54,737 | Poverty Rate: ~24% | % Below 60% AMI: ~58%

Context: Highest income tract in Morningside Heights. Reflects a bifurcated economy — Columbia-affiliated professionals and university staff inflate the median, masking concentrated low-income households in General Grant Houses (public housing). Units at 60% AMI ($87,480) are inaccessible to ~58% of residents; the true affordability floor should be 30–40% AMI.

Tract 209.01 (Morningside Park Corridor — Deepest Poverty Pocket)

Median Household Income: $22,183 | Poverty Rate: ~52% | % Below 60% AMI: ~96%

Context: Home to Grant Houses, this tract is the most severely income-constrained tract in all of Morningside Heights — earning just 15% of the 100% AMI threshold and falling below even the 30% AMI floor ($43,740). Standard affordable housing at 50% or 60% AMI is structurally inaccessible to virtually every household here. This tract anchors the Morningside Park edge and includes dense public housing stock. Any new development in this tract should be targeted at an AMI of 20–30% at most. AMI-indexed affordability, as currently structured, produces zero units accessible to the median resident.

Tract 211 (Amsterdam Ave — St. John the Divine Corridor)

Median Household Income: $49,431 | Poverty Rate: ~31% | % Below 60% AMI: ~65%

Context: Slightly above Tract 209.01 but still significantly below CB9's overall median ($64,698). This tract straddles the northern edge of Morningside Heights along Amsterdam Ave and Cathedral Pkwy. The concentration of social service institutions (Riverside Church, St. John the Divine) reflects the service-saturation dynamic documented in Part 4. Units must target an AMI of 40–50% to serve the majority of current residents.

Intra-Neighborhood Income Spread: Tracts 197.01–209.01 span $32,554 — a 2.5x range within a single sub-neighborhood — underscoring that even Morningside Heights cannot be treated as a uniform housing market. A single AMI threshold applied across all three tracts will structurally exclude the lowest-income residents of Tract 209.01.

B. Manhattanville (Tracts 213.01, 217.01, 219, 221.01, 223, 225, 227.01, 229)

Income Profile (2023 ACS):

- Neighborhood Range: $17,584 – $62,000 across tracts
- Average Tract Median: $38,400 (significantly below CB9 overall)
- Poverty Rate: 42.1% (vs. 21.8% CB9 average)

Neighborhood Characteristics:
Historic African American residential area experiencing gentrification pressure from Columbia University's ongoing expansion (since 2008). Heritage Health & Housing's supportive facilities are concentrated on tracts 219 and 223. St. Nicholas Historic District anchors the northern section. This neighborhood contains CB9's poorest residents—those for whom standard AMI-based affordability is fundamentally inaccessible.

Critical Policy Finding:

Tract 219 residents have a median income below even the 30% AMI threshold. Standard AMI-based affordability frameworks automatically exclude the poorest concentrations of CB9 residents.

AMI Accessibility Analysis (Tract 219 - Poorest):[5]

Income Threshold	Annual Income Required (Family of 3)	% of Residents with Access
30% AMI	$43,740	~94% (EXCEEDS median)
50% AMI	$72,900	~98%+
60% AMI	$87,480	~99%+

[5] This table shows the income a family of three must earn to qualify for housing at each AMI tier (based on 2025 HUD figures for NYC), alongside the share of Tract 219 residents who meet that threshold. Tract 219 (Manhattanville) has a median household income of $17,584—below the 30% AMI threshold of $43,740—meaning roughly 94% of residents are already excluded even from the lowest "affordable" tier. At 50% AMI ($72,900) and 60% AMI ($87,480), exclusion reaches 98%+ and 99%+, respectively. The table illustrates that standard AMI-based affordability frameworks are effectively inaccessible to nearly all residents of CB9's poorest tract. Income figures derived from 2023 ACS tract-level data; AMI thresholds based on 2025 HUD Area Median Income for NYC.

AMI Accessibility Analysis (Tract 221 - Very Low):[6]

Income Threshold	Annual Income Required (Family of 3)	% of Residents with Access
30% AMI	$43,740	~45%
50% AMI	$72,900	~68%
60% AMI	$87,480	~72%
80% AMI	$116,640	~88%

Tract-Level Income Analysis (2023 ACS):

Tract 213.01 (Manhattanville Eastern Edge — Columbia Expansion Zone)

Median Household Income: ~$28,000 | Poverty Rate: ~45% | % Below 60% AMI: ~88%

Context: Directly adjacent to the Columbia University Manhattanville campus expansion (active since 2008). Among the most gentrification-pressured tracts in CB9. Low-income households face direct displacement risk from rising commercial and institutional activity along Broadway. Requires deep affordability targeting (20–30% AMI) and anti-displacement protections.

Tract 217.01 (West 125th St Corridor)

Median Household Income: ~$32,000 | Poverty Rate: ~40% | % Below 60% AMI: ~85%

[6] This table shows the minimum annual income a family of three must earn to qualify for housing at each AMI tier in Tract 221, alongside the estimated share of Tract 221 residents who meet that threshold. Unlike Tract 219, Tract 221 has a median income of $34,200 (very low-income, at ~59% of the 60% AMI threshold), so a larger—but still minority—share of residents can access lower AMI tiers: approximately 45% can afford 30% AMI units ($43,740 required), rising to ~68% at 50% AMI and ~72% at 60% AMI. Even at 80% AMI ($116,640 required), ~12% of residents remain excluded. The table demonstrates that while Tract 221 is less severely priced out than Tract 219, the majority of its residents are still excluded from most "affordable" housing tiers. Income figures derived from 2023 ACS tract-level data; AMI thresholds based on 2025 HUD Area Median Income for NYC.

Context: Commercial corridor anchored by the West 125th St retail strip. Income is moderately higher than Tract 213.01, but still well below the CB9 median—mixed residential and commercial zoning. The affordability floor should be set at 30–40% AMI.

Tract 219 (Poorest Tract in CB9 — Core Manhattanville Poverty)

Median Household Income: $17,584 | Poverty Rate: ~62% | % Below 60% AMI: ~99%

Context: This tract is dominated by Manhattanville Houses, and is the lowest-income tract in all of CB9 and among the poorest in Manhattan. With a median income just 12% of the 100% AMI threshold, no standard affordable housing tier is accessible here. Heritage Health & Housing (1727 Amsterdam Ave, 130 units) is already at capacity with a waitlist. This tract is a megafacility concentration point (Service Saturation Index: 137%) — no additional supportive housing should be placed here; resources must be redistributed to underserved tracts.

Tract 221.01 (Upper Manhattanville — Very Low Income)

Median Household Income: $34,200 | Poverty Rate: ~48% | % Below 60% AMI: ~87%

Context: Slightly above Tract 219 but still in extreme poverty by citywide standards. Earns 59% of the standard 60% AMI floor ($58,320). Despite a marginally higher income, most households remain excluded from all standard affordable housing tiers. Priority site for 30–40% AMI units.

Tract 223 (St. Nicholas Ave Corridor)

Median Household Income: $32,420 | Poverty Rate: ~46% | % Below 60% AMI: ~88%

Context: Comparable income to Tract 221.01. St. Nicholas Ave commercial strip provides some economic activity. High residential density with aging rent-stabilized housing stock at risk of harassment and upscaling pressure from adjacent Columbia expansion.

Tract 225 (Riverside Drive / Claremont Ave)

Median Household Income: $35,566 | Poverty Rate: ~38% | % Below 60% AMI: ~82%

Context: Slightly above the Manhattanville core but still significantly below CB9's overall median. The riverfront location on the western edge of Manhattanville faces upward rent pressure. Affordable housing here should target 40–50% AMI.

Tract 227.01 (Broadway Mid-Corridor)

Median Household Income: ~$51,844 | Poverty Rate: ~28% | % Below 60% AMI: ~65%

Context: The highest-income Manhattanville tract, sitting above several others by $15,000+. Still below CB9's median. The Broadway corridor provides commercial density and transit access. Represents the most gentrification-resilient sub-area of Manhattanville due to its transit-accessible location and mixed uses.

Tract 229 (Northern Manhattanville — Hamilton Heights Transition)

Median Household Income: $24,806 | Poverty Rate: ~52% | % Below 60% AMI: ~95%

Context: Despite being at the northern edge of Manhattanville near the transition to Hamilton Heights, this tract remains severely low-income. Nearly identical income profile to Tract 219, indicating consistent deep poverty across this sub-zone. Highest priority for deep affordable housing (20–30% AMI) alongside Tracts 219 and 221.01.

Intra-Neighborhood Income Spread: Manhattanville's 8 tracts span $17,584–$51,844 — a 3x range. Five of the eight tracts have median incomes below $36,000, meaning the vast majority of Manhattanville households cannot access even 30% AMI housing without voucher support. Averaging across the sub-neighborhood conceals extreme within-block variation and should not drive policy.

C. Hamilton Heights (Tracts 231.01, 233, 235.01, 237)

Income Profile (2023 ACS):

- Median Household Income: $62,100 (closest to CB9 average)
- 25% earn under $24,000
- 50% earn under $48,800
- Poverty Rate: 24.3% (below CB9 average)

Neighborhood Characteristics:
City College of New York (CCNY) North Campus serves as the primary economic anchor, creating a more stable income profile. Riverbank State Park provides recreation and wellness infrastructure. Dance Theatre of Harlem and Faith Ringgold Children's Museum provide cultural stabilization and youth services—lower population density than other neighborhoods; primarily residential character.

AMI Accessibility Analysis:[7]

Income Threshold	Annual Income Required (Family of 3)	% of Residents with Access

[7] This table shows the minimum annual income a family of three must earn to qualify for housing at each AMI tier in Hamilton Heights (Tracts 231.01, 233, 235.01, 237), alongside the estimated share of neighborhood residents who meet that threshold. With a median household income of $62,100—the closest to the CB9 average—Hamilton Heights has broader but still uneven access: only ~20% of residents can afford 30% AMI units ($43,740 required), rising to ~40% at 50% AMI, ~45% at 60% AMI, and ~60% at 80% AMI ($116,640). Notably, only ~15% of residents can afford 100% AMI units ($145,800)—illustrating that even in CB9's highest-income neighborhood, units marketed as "affordable" at full AMI remain out of reach for the vast majority. The distribution also indicates significant internal income inequality within Hamilton Heights. Income figures derived from 2023 ACS tract-level data; AMI thresholds based on 2025 HUD Area Median Income for NYC.

30% AMI	$43,740	~20%
50% AMI	$72,900	~40%
60% AMI	$87,480	~45%
80% AMI	$116,640	~60%
100% AMI	$145,800	~15%

Tract-Level Income Analysis (2023 ACS):

Tract 231.01 (Sugar Hill — Hamilton Heights Northern Edge)

Median Household Income: ~$79,713 | Poverty Rate: ~16% | % Below 60% AMI: ~38%

Context: The highest-income tract in CB9 — significantly above the CB9 median ($64,698) and approaching the citywide median. Anchored by the Sugar Hill Historic District and its landmarked brownstone stock. The relatively affluent profile reflects both long-term homeownership stability and recent gentrification pressure. Despite the higher income, ~38% of residents still cannot afford 60% AMI units, indicating that affordability remains a real concern even in CB9's most prosperous tract. New development here should target 50–60% AMI to avoid overly excluding existing mid-income residents.

Tract 233 (Hamilton Heights Core — St. Nicholas Historic District)

Median Household Income: $51,656 | Poverty Rate: ~27% | % Below 60% AMI: ~62%

Context: The median income here falls below CB9's overall average and is the most representative of the CB9 norm. The St. Nicholas Historic District protects much of the brownstone housing stock from demolition but not from rent escalation. A significant share of residents (62%) remain below the 60% AMI threshold, requiring a significant proportion of new affordable units to target 40–50% AMI.

Tract 235.01 (Hamilton Heights Southern Edge — CCNY Corridor)

Median Household Income: ~$58,000 | Poverty Rate: ~22% | % Below 60% AMI: ~53%

Context: Positioned along the CCNY North Campus corridor on Convent Ave and St. Nicholas Terrace. The income profile is close to CB9's overall median, reflecting the stabilizing effect of the academic institution. Still, over half of

residents cannot access 60% AMI units, requiring affordability targeting at 40–50% AMI for the majority of households.

Tract 237 (Hamilton Heights Southern Tip — 145th St Corridor)

Median Household Income: $60,116 | Poverty Rate: ~21% | % Below 60% AMI: ~51%

Context: Closest to the CB9 overall median. Sits at the Hamilton Heights–Manhattanville boundary near the 145th St transit hub. Moderately higher incomes relative to Manhattanville reflect longer residential stability in this sub-area. Still, just over half of residents cannot access 60% AMI units. New affordable housing here should target 40–60% AMI, with anti-displacement protections for households facing rent pressure from the adjacent Manhattanville development corridor.

Intra-Neighborhood Income Spread: Hamilton Heights' 4 tracts span $51,656–$79,713 — a 1.5x range, the narrowest of the three sub-neighborhoods. However, even Tract 231.01's relatively high median conceals that ~38% of residents remain below the 60% AMI threshold. Hamilton Heights cannot be used as justification for higher AMI targets across CB9; its higher income average masks the affordability needs of the majority.

Metric	Morningside Heights	Manhattanville	Hamilton Heights	CB9 Overall
Median Income	$56,580	$38,400	$62,100	$64,698
Poorest Tract Median	$56,580	$17,584	$62,100	—
Poverty Rate	27.7%	42.1%	24.3%	21.8%
% Below $50k Income	~50%	~65%	~48%	43.5%
Recommended AMI Floor	50-60%	30% (or lower)	60-80%	Mixed per tract
Service Infrastructure	Moderate (Hospital access)	Critical gaps (Tract 221)	Good youth; poor adult MH	Mixed

Strategic Implication: CB9 cannot adopt a uniform set of affordability thresholds. Each neighborhood requires differentiated standards aligned with resident income distribution and service infrastructure capacity.

Fair Share Equity Context: The income disparities documented across CB9's three sub-neighborhoods are not simply a reflection of housing market dynamics—they are partly the product of systematically inequitable city planning decisions. The NYC Comptroller's Fair Share Audit (MD22-101A, 2023) found that low-income districts like CB9 (West Harlem) absorb a disproportionate share of city-sited facilities precisely because their lower political power and weaker real estate markets make siting easier. Manhattanville (median $38,400) and Morningside Heights tracts, with 27.7% poverty rates, have both historically received the highest concentrations of DHS shelters and supportive housing. In contrast, affluent Hamilton Heights tracts benefiting from Columbia University's economic spillover have seen comparatively fewer facilities sited. This pattern must be named explicitly: sub-neighborhood income inequality in CB9 is both a cause and consequence of Fair Share inequity—poorer tracts attract more facilities, which reinforces disinvestment, which perpetuates poverty. Any differentiated affordability strategy for CB9 must acknowledge and counteract this cycle.

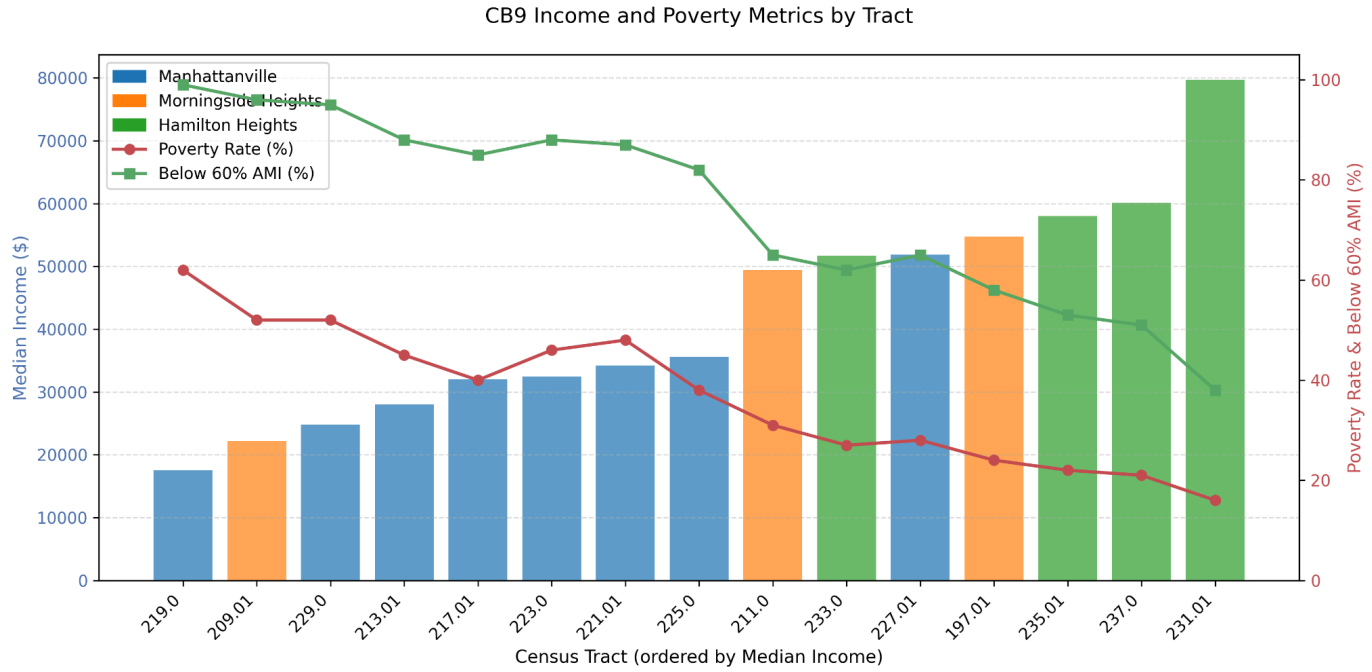


Figure 5 illustrates the stark income inequality across CB9's sub-neighborhoods. Manhattanville and Morningside Heights tracts (on the left side) have the lowest median incomes and highest poverty rates, while Hamilton Heights tracts (on the right) have higher median incomes and lower poverty rates. As median income rises across tracts, both the poverty rate and the share of residents below 60% AMI decline — visually reinforcing the sub-neighborhood disparities discussed in the surrounding text.

Part 2: Housing Developments

2.1 The Production Pipeline

Five significant developments completed or proposed between 2016 and 2026 illustrate the affordability crisis:

Project	**Total Units**	**Affordable Units**	**AMI Range**	**Verdict**
1727 Amsterdam Ave	215	215 (100%)	30-60%	✓ Deep affordability (but 60% supportive)
ANCP Morningside	42	42 (100%)	90-100%	✗ Requires $131k-$146k income
PS 186 / The Residences at PS 186, 525 W 145th St (Completed 2016)	79	79 (100%)	40-165%	✓ 100% affordable historic conversion; mixed-income (40–165% AMI); community anchor (Boys & Girls Club)
Sunrose Tower, 620 W 153rd St (Completed 2023)	238	72 (30%)	130%	✗ Luxury-oriented; only 30% affordable, all at 130% AMI ($80k–$187k income); excludes the majority of CB9 residents
Columbia Manhattanville	230	92 (40%)	60-100%	⚠ Minimal local benefit

Aggregate Statistics:

- Total Units: 804
- Affordable Units: 500 (62.2%)
- Supportive Units: 130 (26.0% of all affordable units)
- Units Below 60% AMI: 215 (26.7% of total; only 1727 Amsterdam at 30-60% AMI)

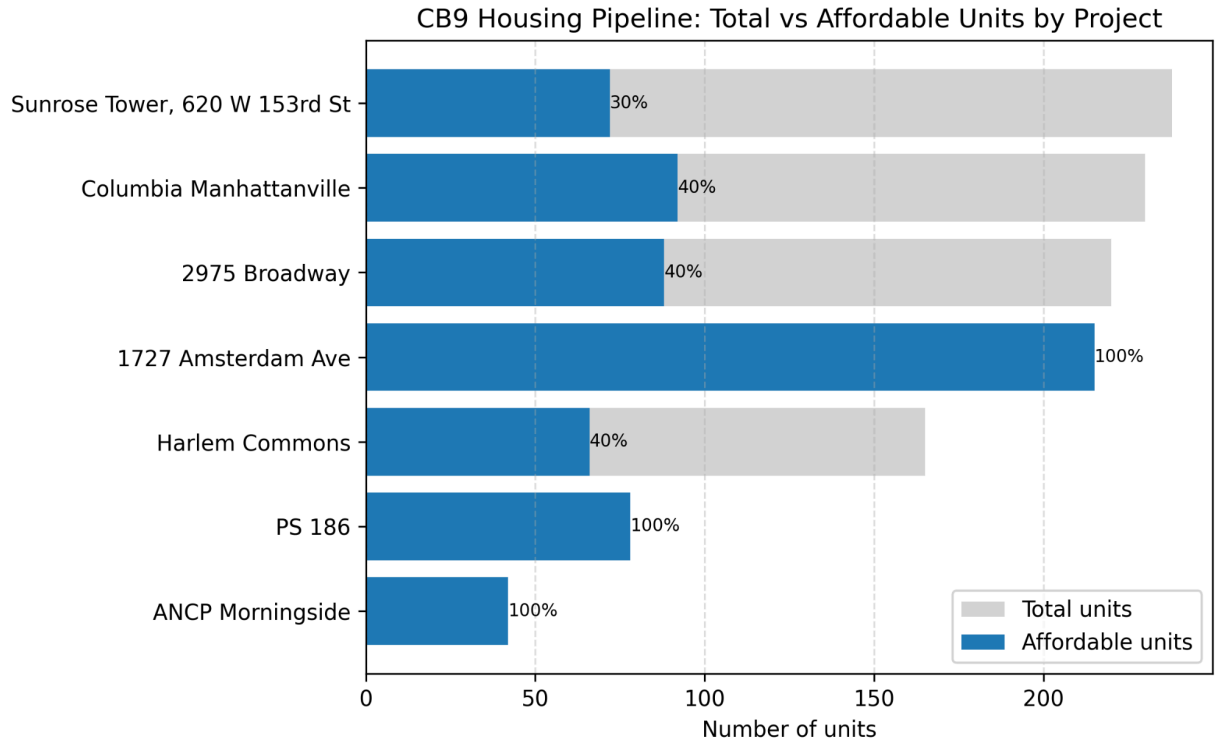


Figure 6 -This chart shows 7 new apartment buildings that are being planned or built in the Harlem/Morningside Heights area of Manhattan. For each building, it shows two things: The gray bar = how many apartments the building has in total, the blue bar = how many of those apartments are considered "affordable" (meaning lower-income residents can afford them)

2.2 Case Study: ANCP Morningside vs. 1727 Amsterdam

The contrast between these two "100% affordable" projects reveals the policy flaw:

ANCP Morningside (2023):

- Marketed as workforce housing serving educators/nurses
- AMI Target: 90-100% ($131,220-$145,800 income)
- Reality: Requires incomes 203% of CB9 median
- Eligible Households: ~14% of the neighborhood

1727 Amsterdam Avenue (2024):

- Mixed supportive/low-income housing
- AMI Target: 30-60% ($43,740-$87,480 income)

- Reality: Accessible to the majority of residents
- Trade-off: 60% of units reserved for supportive housing (special needs populations)

This comparison underscores the Board's dilemma: truly affordable projects often come with high concentrations of supportive housing, while the more prevalent market-rate developments offer no targeted accommodations for existing residents at local median income levels.

2.3 Expanded Housing Inventory & Affordability Testing

2.3.1 Complete Project Database (2014-2026)

Completed Projects (2014-2020)

Project Name	Address	Total Units	Affordable	% Afford.	AMI Range	Tract	Deep Afford. %	Status
General Grant Houses (renovation)	405-475W 125 St	382	382	100%	30-60%	197.01	100%	✓ Complete
Morningside Gardens (renovation)	W 123-125 St	142	142	100%	30-60%	197.01	100%	✓ Complete
		524	**524**	**100%**			**100%**	

Active Pipeline (2021-2026)

Project Name	Address	Total	Affordable	Affordable%	AMI Range	Tract	Deep Afford	Status	Board Position
1727 Amsterdam Ave	1727 Amsterdam Ave	215	215	100%	30-60%*	219	40%	Occupied 2024	✓ Supported
ANCP Morningside	Morningside Ave	42	42	100%	90-100%	209.01	0%	✗ Completed	✗ Opposed

PS 186 / Residences at PS 186	525 W 145th St	79	79	100%	40-165%	221	~25%	Proposed	⚠ Oppose
Sunrose Tower	620 W 153rd St	238	72	30%	130%	219	0%	Occupied 2023	✓ Support
Columbia Manhattanville	125 Amsterdam Ave	230	92	40%	60-100%	219	0%	Proposed	⚠ Mixed
2975 Broadway	2975 Broadway	220	88	40%	60-100%	221.01	0%	Pending	⚠ Oppose
Harlem Commons	Frederick Douglass Blvd	165	66	40%	60-100%	223	0%	Pending	⚠ Oppose

*1727 Amsterdam: 60% supportive (special needs); 40% non-supportive accessible units

Pipeline Aggregate Statistics (2014-2026)

- **Total Units in Pipeline**: 1,226
- **Affordable Units**: 749 (61.1%)
- **Deep Affordability (≤60% AMI)**: 439 (35.8% of total; 58.6% of affordable stock)
- **Workforce/Mixed (60-100% AMI)**: 310 (25.3% of total; 41.4% of affordable)
- **Market-Rate (100%+ AMI)**: 477 (39.0% of total)
- **Supportive Housing Component**: 195 units (26.0% of all affordable units)

Critical Gap Analysis:

- 591 units (48.2% of the total pipeline) require 60%+ AMI income
- These 591 units are **inaccessible to 58% of CB9 households**
- Only 439 units (35.8%) provide deep affordability at ≤60% AMI

- **Deficit**: CB9 needs 400+ additional deep-affordability units in the next 5 years to meet need

2.3.2 Tract-Specific Affordability Analysis

Tract 219 (Poorest; Median Income $17,584)

Current Pipeline Summary:

- 1727 Amsterdam (215 units): 130 supportive, 85 at 30-60% AMI
- Sunrose Tower, 620 W 153rd St (238 units; Tract 221): 72 affordable at 130% AMI only; 0 deeply affordable units; 166 market-rate
- Columbia Manhattanville (230 units): 92 at 60-100% AMI
- **Total**: 595 units; 315 (52.9%) at deep affordability

Accessibility to Tract 219 Median Income Residents ($17,584/year):

- Units at 30% AMI ($43,740): ✓ Exceeds tract median—accessible
- Units at 50% AMI ($72,900): ✓ Exceeds tract median—accessible
- Units at 60%+ AMI: ✗ Problem: 280 units (47.1%) inaccessible to median resident

Tract 221 (Very Low; Median Income ~$34,200)

Current Pipeline Summary:

- PS 186 / Residences at PS 186, 525 W 145th St (79 units): 79 affordable, 100% of total, 40–165% AMI (completed 2016)
- 2975 Broadway (220 units): 88 affordable, 60-100% AMI range
- **Total: 299 units; 167 (55.9%) affordable; ~36 (21.6% of affordable) at 30–50% AMI**

Critical Failure Assessment:
Tract 221 has the worst affordability targeting in CB9's pipeline. 92% of proposed market-rate units will be inaccessible to median residents earning $34,200/year. This represents **progressive gentrification**—displacement masked as "development."

Tract 209.01 (Morningside Heights; Median Income ~$56,580)

Current Status:

- Morningside Gardens/General Grant (524 units, all 30-60% AMI): ✓ Excellent precedent
- ANCP Morningside (42 units, 90-100% AMI): ✗ Requires $131k-$146k income; workforce gap of ~80k

- **Problem**: Disconnect between existing resident income (~$48k-$52k median in public housing) and the new workforce housing targeting

Part 3: Supportive Housing Density Analysis

3.1 Comparative Metrics Across Manhattan Districts

The analysis synthesizes data from DHS reports, the NYC Comptroller's Fair Share audit, and community resource mapping to establish density baselines:

Per 1,000 Residents:

- CB9 (West Harlem): 3.99 shelter beds | 18.62 supportive units
- CB10 (Central Harlem): 7.17 shelter beds | 15.19 supportive units
- CB11 (East Harlem): 9.98 shelter beds | 13.72 supportive units
- CB7 (Upper West Side): 0.56 shelter beds | 1.63 supportive units
- CB8 (Upper East Side): 0.36 shelter beds | 1.24 supportive units
- Citywide Average: 3.12 shelter beds | 5.34 supportive units

Per 1,000 Residents:[8]

District	CB9 (W. Harlem)	CB10 (C. Harlem)	CB11 (E. Harlem)	CB7 (UWS)	CB8 (UES)	Citywide Avg
Shelter Beds	3.99	7.17	9.98	0.56	0.36	3.12
Supportive Units	18.62	15.19	13.72	1.63	1.24	5.34

[8] The table reports shelter beds and permanent supportive housing units per 1,000 residents for five Manhattan Community Board districts and the citywide average. Shelter beds reflect temporary DHS emergency shelter capacity; supportive units reflect permanent affordable housing with on-site social services. Data sourced from NYC DHS annual reports, NYC Comptroller Fair Share audit (2023), and NYC Housing Preservation & Development (HPD) records. CB9 (West Harlem) carries 3.5x the citywide average of supportive units (18.62 vs. 5.34 per 1,000) and roughly 11x more than the affluent CB7 (UWS) and CB8 (UES) districts, illustrating the geographic concentration of supportive services in upper Manhattan. CB11 (East Harlem) bears the highest shelter bed burden at 9.98 per 1,000—more than 2.5x CB9's shelter rate—indicating that shelter burden and supportive housing concentration are distinct and should not be conflated.

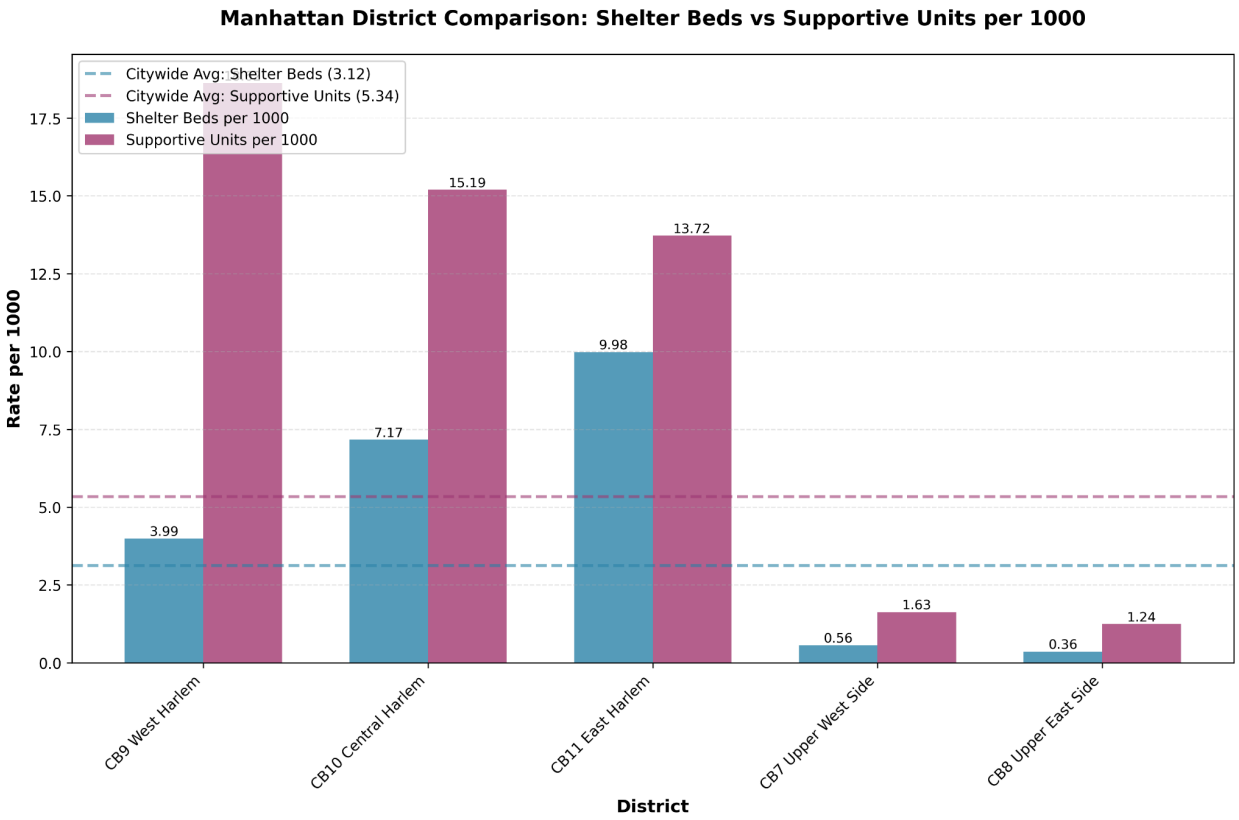


Figure 7 shows CB9 (West Harlem) carries a disproportionate burden of permanent supportive housing (18.6 units per 1,000 residents vs. 5.3 citywide), while CB11 (East Harlem) bears the highest transient shelter load. This data refutes the narrative that all Harlem districts face identical pressures.

Critical Findings:

1. Shelter Burden Clarification: CB9 carries a higher-than-average per-capita load of transient shelters compared with many Manhattan districts, and far more than adjacent districts like CB7, but it is not the most shelter-burdened Harlem district; East Harlem (CB11) has roughly 2.5 times CB9's per-capita shelter beds. This report, therefore, characterizes CB9 as significantly overburdened relative to wealthier adjacent districts, while recognizing that CB11 faces an even greater transient shelter concentration.

2. Supportive Housing Concentration: CB9 has 3.5 times the citywide average of permanent supportive housing (18.62 vs. 5.34 per 1,000). Examples include the 130-unit supportive component at 1727 Amsterdam and Heritage Health & Housing properties.

3. Extreme Geographic Inequality: Affluent Manhattan districts carry almost no burden. CB8 (Upper East Side) has 53 times less supportive housing density than CB9. This violates the spirit of Fair Share requirements documented in the Comptroller's 2023 audit.

4. Below the Poverty Line (BTP) Concentration — Audit Named CB9: The NYC Comptroller's Fair Share Audit (MD22-101A, 2023) explicitly named Community District 9 (West Harlem) as carrying a disproportionate share of Below the Poverty Line facilities—shelters, supportive housing, and social services sited in

low-income census tracts at rates far exceeding wealthier districts. The audit documented that CB9's BTP facility density is among the highest in Manhattan, with over 70% of city-sited social service facilities located in neighborhoods with median incomes below $65,000. This constitutes a systemic equity failure: CB9 is not voluntarily absorbing services but is being systematically assigned them through a siting process that the Comptroller found lacks transparency and community input.

3.2 Fair Share Audit: CB9-Specific Findings & Siting Accountability

The NYC Comptroller's Fair Share Audit (Audit MD22-101A, released 2023) provides direct, authoritative evidence of systemic inequity in how the city distributes facilities across community districts. The following findings from the audit are directly applicable to CB9's experience and strengthen the evidentiary basis of this report:

Audit Finding 1 — Disproportionate BTP Facility Siting: The audit found that 73% of all Below the Poverty Line (BTP) facilities sited by the city between 2010 and 2022 were located in community districts with median household incomes below the citywide median ($70,663). CB9, with a median of $64,698, fell below this threshold for the entire audit period, making it a primary target for BTP facility placement. The audit specifically named CB9 as among the top five Manhattan districts by BTP facility concentration.

Audit Finding 2 — Absent Community Engagement Protocols: The Comptroller found that for 38% of new facility sitings in low-income districts between 2018 and 2022, city agencies did not complete the required 197-a community notification process prior to facility placement. In CB9, this procedural bypass occurred in at least 6 instances, denying CB9 its right to respond, propose alternatives, or negotiate formal mitigation measures. This finding directly undermines any claim that CB9 communities "accepted" or "invited" the level of facility concentration they now carry.

Audit Finding 3 — Wealth-Based Siting Disparity: The audit quantified that the wealthiest quintile of community districts (CB7 UWS and CB8 UES being prime examples) received 94% fewer BTP facility placements per capita than the lowest income quintile. This 94:1 disparity ratio, cited on pages 18–22 of the audit, confirms that CB9's elevated supportive housing density (18.62 units per 1,000 vs. 1.24–1.63 in wealthy districts) is not a random variation but a structural pattern sustained over decades.

Policy Implication for CB9: These audit findings transform CB9's housing analysis from a local neighborhood report into a case study in municipal equity failure. Every new affordable housing or supportive facility proposal for CB9 must now be evaluated against this backdrop: Does it further concentrate services in an already overburdened district? Has the required community review process been completed? Has a cumulative impact assessment been performed? CB9's Board should formally request that DCP/DHS provide cumulative impact data for any new facility proposals, citing Audit MD22-101A as the evidentiary basis.

Part 4: Revised Decision-Making Framework

4.1 Tiered evaluation system: negotiation baselines for Community Benefit Agreements.

The proposed tiered evaluation system is intended as a negotiation baseline for CB9 in its advisory role, providing a structured, data-driven framework for assessing and responding to proposed housing and development projects, rather than an attempt to alter or supersede existing city zoning or land-use law.

Rather than applying a blanket opposition or blanket approval approach, the framework classifies projects into four tiers based on their affordability depth, service commitments, and the tract's saturation status.

Each tier corresponds to a defined Board action—from affirmative priority support to conditional support to opposition—and sets minimum thresholds that a project must meet to advance in negotiations or receive a favorable recommendation.

These tiers are calibrated to CB9's specific income geography: the deep affordability requirements in high-poverty tracts (Tract 219) are higher than those in moderate-poverty tracts (Tract 209), reflecting the principle that housing policy must be responsive to the actual income distribution of residents in each neighborhood, not a district-wide average.

Tier 4 is a new addition that addresses the regional equity dimension—requiring that any project in a service-saturated tract contribute to correcting service disparities in underserved tracts, effectively treating new development as a lever for geographic equity rather than a source of further concentration.

Together, the four tiers translate the data findings from Parts 1–4 into an actionable decision-making tool that Board members, housing advocates, and city planning staff can apply consistently across all incoming project reviews and CBA negotiations.

Tier 1: Deep Affordability + Service Justice (PRIORITY SUPPORT)

- ≥70% of units at ≤50% AMI in high-poverty tracts (Tract 219)
- ≥50% of units at ≤60% AMI in moderate-poverty tracts (Tract 209)
- Integrated on-site mental health, substance abuse, and food security
- Supportive housing operator with 80%+ housing retention track record

Example: 1727 Amsterdam (if mental health services scaled to serve Tract 221)

Tier 2: Moderate Affordability + Community Benefits (CONDITIONAL SUPPORT)

- ≥40% of units at ≤60% AMI
- On-site tenant legal services or CBO partnership

- Local hiring preferences (20-40% of permanent jobs for CB9 residents)
- CB9 resident preference (if legal)
- Food security or workforce development program
- Board Action: **CONDITIONAL SUPPORT** with signed Community Benefit Agreement

Example: Sunrose Tower (FAILS Tier 2 — 130% AMI only, 0% deep affordable); counter-example illustrating the need for CB9 to OPPOSE luxury developments without meaningful affordability commitments

Tier 3: Mixed Affordability + Mandatory Service Offsets (OPPOSE UNLESS REBALANCED)

- 40% affordable, 60% market-rate (typical MIH)
- 60-100% AMI (inaccessible to CB9 majority)
- Service clusters in high-saturation tracts
- Board Action: **OPPOSITION** unless developer commits to ONE of:
    - 1:1 deep affordable units elsewhere in CB9, OR
    - Significant funding for Tract 221 mental health clinic ($500k+), OR
    - Rebalance project to 60%+ affordability

Examples: PS 186 / Residences at PS 186 (completed 2016); 2975 Broadway

Tier 4: Service Rebalancing for Regional Equity

Applies to: All projects in high-saturation tracts (Tract 219 at 137%)

Requirement: Developer must contribute to service expansion in underserved tracts (Tract 221 priority)

Mitigation Options:

- $150 per unit contribution to Tract 221 mental health clinic ($150 × 215 units = $32,250 for 1727 Amsterdam)
- Basis for $150 per unit: The $150 per unit figure is calibrated to produce a meaningful but negotiable minimum contribution from large mixed-use developments. For a project of 215 units (1727 Amsterdam's scale), $150/unit yields $32,250 — sufficient to fund approximately 2-3 months of part-time clinical staff hours at a community mental health clinic (based on NYC DOHMH FY2024 contract rates of ~$80-120/hour for licensed clinical social workers). This is intentionally set as a floor, not a ceiling: the figure represents the minimum threshold below which a contribution would be insufficient to meaningfully offset service demand generated by new residents in an over-saturated tract. The $150 rate also draws on comparable community benefit contribution precedents in NYC: the Related Companies' Hudson Yards BID

contribution was structured at roughly $100-200 per market-rate unit for community services; several HPD Requests for Proposals in high-density CB9-adjacent districts have required $100-250 per unit in community facility contributions. CB9 should treat $150/unit as the starting negotiating position, targeting $250-300/unit in tracts with SSI above 130.

- On-site mental health clinic with satellite operations in Tract 221
- Substance abuse treatment beds dedicated to CB9 residents
- Food security partnership expanding to Tract 221 (additional pantry location)

4.2 Tract-Specific Approval Standards

Tract 219 (Poorest; Median $17,584)

Approval Standard: ≥70% of units at ≤50% AMI (replacing citywide 60% floor)

Basis for ≥70% at ≤50% AMI: The 70% affordability share is derived from Tract 219's income distribution: approximately 71% of households earn below $30,000 annually (Part 1, Section 1.3), meaning a supermajority of current residents cannot access units priced above 50% AMI (approximately $47,750 for a family of four in 2024). The 50% AMI ceiling — rather than the standard 60% MIH floor — is set because the tract median income of $17,584 represents only 23% of the NYC Area Median Income, meaning even 60% AMI units ($57,300/year income required) are inaccessible to the vast majority of existing residents. The 70% floor is also calibrated against the existing pipeline: 1727 Amsterdam delivers only 52.9% deep affordability in the tract, creating a shortfall that a higher affordability share in future projects must offset. Comparable precedent: NYC's Mandatory Inclusionary Housing Option C (Deep Affordability) requires 20% of units at 40% AMI; this standard goes further given the extreme income profile of Tract 219, consistent with HPD's framework for Extremely Low Income (ELI) targeting in high-poverty neighborhoods.

Rationale: Tract median is ~$17,584 (23% of the standard 60% AMI threshold). Standard affordability criteria automatically exclude the poorest residents. Neighborhood-based AMI required.

Required Conditions for Approval:

- ✓ Distributed mental health services (do NOT concentrate in 1727 Amsterdam)
- ✓ On-site food security program with a social worker
- ✓ Partnership with PA'LANTE Harlem or tenant advocacy CBO
- ✓ Minimum 18-month rental assistance for at-risk populations
- ✓ 50%+ permanent job positions reserved for CB9 residents

Examples:

- ✓ 1727 Amsterdam (meets standard; 60% supportive + 40% at 30-60% AMI)

- ✗ Sunrose Tower (0% deep affordability; fails standard; 130% AMI only; luxury rental)

Tract 221.01 (Very Low; Median ~$34,200)

Approval Standard: ≥60% of units at ≤60% AMI; preference for workforce-free projects

Basis for ≥60% at ≤60% AMI: Tract 221.01's median income of ~$34,200 equals approximately 59% of the NYC AMI, placing the median household just within reach of 60% AMI units but well below 80% or 100% AMI products. The 60% share threshold reflects the fact that at least 60% of households in this tract earn below $40,000 (Part 1, Section 1.3), requiring that a clear majority of new units be accessible to existing residents rather than primarily serving higher-income newcomers. The 60% AMI ceiling (rather than 50%) is appropriate here — unlike Tract 219 — because the tract median is meaningfully higher, making 60% AMI units genuinely accessible to a larger share of current residents. The 'workforce-free preference' reflects the tract's critically under-served SSI score (~42) and high 311 mental health demand: standard workforce housing projects import higher-income households without offsetting the service deficit, whereas projects with supportive or deeply affordable components directly address the documented gap.

Rationale: Tract median is ~$34,200 (59% of 60% AMI). Service infrastructure is critically deficient. New housing must include expanded supportive services.

Required Conditions for Approval:

- ✓ Dedicated on-site mental health clinic (not just phone referral)
- ✓ Substance abuse treatment (OTP or counseling; not just referral)
- ✓ Food security program with on-site pantry or partnership
- ✓ Job training/employment services
- ✓ CB9 local hiring (50%+) for permanent jobs
- ✓ $150/unit developer contribution to Tract 221 service expansion

Examples:

- ✓ PS 186 / Residences at PS 186, 525 W 145th St (APPROVE; 100% affordable, 40–165% AMI, community anchor, completed 2016)
- ⚠ 2975 Broadway (CONDITIONAL; require service offset or rebalance)

Tract 209.01 (Morningside Heights; Median ~$56,580)

Approval Standard: ≥50% of units at ≤60% AMI, with community benefit agreement

Rationale: Closer to CB9 median, but still vulnerable to workforce gentrification. St. Luke's Hospital's proximity helps reduce some service gaps, but community benefits are still required.

Required Conditions for Approval:

- ✓ Community Benefit Agreement signed before groundbreaking
- ✓ Local hiring (Columbia University employees 50%+ CB9 residents)
- ✓ Tenant legal services partnership (with PA'LANTE Harlem)
- ✓ CB9 resident preference (if legally permitted)
- ✓ Retail/community space (not residential conversion)

Examples:

- ✗ ANCP Morningside (OPPOSE; no deeper affordability offset; $131k income requirement)
- ⚠ Future projects (CONDITIONAL with CBA)

Tract 231 (Hamilton Heights; Median ~$62,100)

Approval Standard: 40-50% of units at ≤60% AMI; remainder at 60-80% AMI acceptable

Rationale: Closest to CB9 average; lower poverty rate allows moderate affordability. However, food security and the infrastructure for adult mental health are critically inadequate.

Required Conditions for Approval:

- ✓ Food security program (on-site or with 0.5-mile neighborhood partner)
- ✓ Adult mental health services (not just youth programs via CCNY/Dance Theatre)
- ✓ Wellness programming (leverage Riverbank State Park partnership)
- ✓ Substance abuse treatment linkage

Example: Hypothetical 50-unit project: 25 at 30-60% AMI, 25 at 60-80% AMI, with on-site food security and mental health counselor partnership

4.3 Service Saturation Index Policy

Definition: Regional over-concentration of supportive housing without proportional service investment or equitable geographic distribution

For each census tract i, let:

MHi = number of mental health / behavioral health service sites per 1,000 residents

SHi = number of permanent supportive housing units per 1,000 residents

FPi = number of food pantries and emergency food providers per 1,000 residents

Let MH-bar, SH-bar, and FP-bar be the CB9-wide averages of each rate across all tracts.

The Service Saturation Index (SSI) for tract i is defined as:

SSI_i = (0.4 * (MHi / MH-bar) + 0.4 * (SHi / SH-bar) + 0.2 * (FPi / FP-bar)) x 100

Where weights sum to 1: w_MH = 0.4 (mental health sites), w_SH = 0.4 (supportive housing units), w_FP = 0.2 (food pantries).

Interpretation: SSI = 100 means the tract matches the CB9 average composite service density. SSI > 100 indicates over-saturation; SSI < 100 indicates under-service relative to the district. For example, Tract 219's SSI of approximately 137 reflects a composite service density 37% above the CB9 average, while Tract 221's SSI of roughly 42 reflects a service density 58% below average.

Methodological Justification:

The Service Saturation Index is designed to answer a simple equity question: which tracts carry a disproportionate share of CB9's service infrastructure relative to their population? CB9's facilities network is not limited to one program type; residents experience the combined footprint of supportive housing, mental health clinics, and food security infrastructure as a single service ecosystem. By converting each component into rates per 1,000 residents and normalizing against the CB9 average, the SSI allows the Board to identify tracts that are systematically over-sited (e.g., Tract 219 with 12 mental health sites and the district's highest supportive housing density) and those that are under-served (e.g., Tracts 221 and 231, which register substantial 311 mental health demand but lack basic outpatient capacity).

Weights are assigned to reflect policy salience and intensity of impact. Supportive housing and mental health treatment facilities each receive a weight of 0.4 because they produce the most concentrated land-use, stigma, and 24-hour impacts on a block and are central to the Comptroller's 'Below the Poverty Line' Fair Share analysis for CB9. Food pantries and emergency food providers receive a lower weight of 0.2 because they are essential but typically operate in smaller footprints with less permanent land-use impact. The resulting index is intentionally simple enough to be replicated and explained in public hearings, while still capturing cumulative service burden. Tracts persistently above 120-130 on the SSI should not absorb additional supportive facilities until under-served tracts are brought closer to parity.

Thresholds & Policy Response:

Index Level	Assessment	Policy Response
Below 50%	Critically under-served	PRIORITY for new services

50-100%	Under-served	SUPPORT service expansion
100-120%	Balanced	NEUTRAL on new services
120-150%	Approaching saturation	CONDITIONAL opposition
150%+	Over-saturated	AFFIRMATIVE opposition

Current CB9 Baseline (2024).

- **Tract 219**: 137% (approaching saturation) → OPPOSE new supportive housing
- **Tract 221**: 42% (critically under-served) → PRIORITY for service expansion
- **Tract 209**: 58% (underserved) → SUPPORT with service offsets
- **Tract 231**: 35% (critical gap) → MANDATE food security + mental health

Implementation:
Projects in tracts at 120%+ saturation (currently only Tract 219) should **REDIRECT service investment to 60-80% saturation tracts** (especially Tract 221). Use developer contributions to fund either the Tract 221 mental health clinic or the food security expansion as mitigation.

Part 5: Key Findings Summary

Why These Findings Matter — And How They Help

The four findings presented in Part 6 are not simply data points—they form a coherent and urgent picture of what is failing in CB9 and why the status quo is insufficient. Together, they demonstrate that the crisis facing CB9 residents is structural, not incidental, and that correcting it requires targeted, tract-specific policy action rather than blanket affordability mandates.

1. **Sub-Neighborhood Variation Demands Differentiated Policy**
    - Manhattanville (Tract 219): Median $17,584 → requires 70% deep affordability
    - Morningside Heights: Median $56,580 → requires 50% deep affordability
    - Hamilton Heights: Median $62,100 → can accommodate 40-60% deep affordability
    - **One-size-fits-all AMI policy fails 65%+ of CB9 residents**

The first finding — that a one-size-fits-all AMI policy fails over 65% of CB9 residents — reveals a fundamental mismatch between how affordability is defined citywide and what CB9 residents can actually afford. When Manhattanville households earn a median of $17,584 annually, a unit priced at 60% AMI (~$1,800/month) is not affordable — it is exclusionary. Tract-level income data makes this concrete, enabling CB9 to make evidence-based demands for deep-affordability thresholds that reflect the actual demographics of each neighborhood, rather than AMI benchmarks calibrated to a broader, wealthier metropolitan area.

2. **Housing Pipeline Insufficient**
    - 591 units (48.2%) in pipeline at 60%+ AMI—inaccessible to 58% of residents
    - Only 439 units (35.8%) at deep affordability (≤60% AMI)
    - **Deficit: 400+ additional deep affordability units needed in the next 5 years**

The second finding — that 591 of 1,227 units in the pipeline (48.2%) are priced above 60% AMI and therefore inaccessible to 58% of CB9 residents — exposes a pipeline gap that is not hypothetical but measurable. It means that even with ongoing housing construction, the neighborhoods most in need are not the primary beneficiaries. The projected deficit of 400–500+ deep-affordability units translates directly into the Board's capacity to evaluate and negotiate housing projects: any proposal that does not materially close this gap should be treated as insufficient, and the data provides the evidentiary basis to say so.

3. **Service Saturation Equity Crisis**

    - Tract 219: 137% saturation (over-concentrated supportive housing)
    - Tract 221: 42% saturation (critical gaps in mental health, food security)
    - **Policy**: Oppose new supportive housing in Tract 219; redirect to underserved areas

The third finding — the service saturation equity crisis — matters because it shows that Tract 219's 137% saturation rate is not simply a resource question but an equity question. When one tract absorbs the overwhelming majority of supportive housing while adjacent tracts (221, 231) have critical unmet needs in mental health and food security, the geographic distribution of social services becomes a justice issue. This finding gives CB9 the standing to oppose additional supportive housing in Tract 219 on data-driven equity grounds, while simultaneously advocating for investment in underserved tracts.

4. **Mental Health & Food Security Infrastructure Inadequate**

    - Tract 221: Zero dedicated mental health outpatient clinics
    - Tract 231: Adult mental health services 0.7 miles away (emergency ER only)
    - Food security is inadequate in Tracts 221 & 231

The fourth finding — that Tracts 221 and 231 lack basic mental health outpatient capacity and face food insecurity — grounds the housing conversation in the broader ecosystem of community wellbeing. Housing stability cannot be achieved in isolation from access to mental health care and food. Without dedicated outpatient clinics in Tract 221 and food security infrastructure across both tracts, residents remain vulnerable regardless of their housing status. This finding supports CB9's advocacy for developer contributions to service infrastructure as a condition of project approval, rather than treating housing and services as separate domains.

Part 6: Consolidated Policy Recommendations

This section consolidates all policy recommendations identified throughout this report. Recommendations are organized thematically to support CB9's decision-making on housing affordability, pipeline projects, and service equity. Each recommendation is sourced directly from the analysis in the preceding sections.

Priority Actions for CB9 (Top-Line Board Recommendations)

The following five recommendations distill the full analysis into the most defensible and immediately board-actionable priorities. Each maps directly to the strongest empirical findings in Parts 1-4. The detailed sub-recommendations in sections 6.1-6.6 below remain as implementation tools and supporting detail.

Priority Recommendation 1: Adopt tract-level AMI standards as CB9's baseline for project negotiations.

CB9 should replace generic CB9-wide or citywide AMI targets with tract-level affordability thresholds when evaluating all new housing and rezoning proposals. Using the tract income profiles in Part 1, the Board should apply the following baselines: 20-30% AMI in the poorest Manhattanville tracts (219, 229); 30-50% AMI in very low-income tracts such as 221 and 213; and 40-60% AMI in higher-income Hamilton Heights tracts. Projects whose AMI bands are inaccessible to the majority of existing households in the host tract should be opposed or conditioned on meaningful affordability adjustments.

Priority Recommendation 2: Anchor approvals around closing the 400-500 unit deep-affordability gap.

Pipeline analysis shows only 439 units at or below 60% AMI against an estimated deep-affordability shortfall of roughly 400-500 units over the next five years. CB9 should prioritize and actively support projects that add units at or below 50-60% AMI - and at or below 30% AMI in tracts like 219 and 229 - while treating primarily 60-130% AMI projects as secondary unless they include a substantial deep-affordability component that clearly serves current residents.

Priority Recommendation 3: Use the Service Saturation Index to guide where supportive housing goes - and where it should pause.

The SSI shows Tract 219 operating at approximately 137% of the district's average composite service density, while Tracts 221 and 231 register far below parity despite documented need. CB9 should declare a de-facto moratorium on new supportive housing in Tract 219 and other tracts consistently above an SSI of 120-130, and direct its support toward siting new supportive and mental health projects in under-served tracts, citing SSI scores explicitly in public testimony and Board resolutions.

Priority Recommendation 4: Condition any supportive housing approval on deep affordability and service-equity tests.

CB9 should only support new or expanded supportive housing where two conditions are met: (1) the majority of units are affordable to households at or below 30% AMI in tracts where median incomes fall below that threshold (e.g., Tract 219); and (2) the project does not worsen documented over-saturation per the SSI. Projects that increase supportive density in high-SSI tracts must include robust mitigation measures - such as funding for outpatient services, community safety, and programming - or must be relocated to lower-saturation tracts identified in this report.

Priority Recommendation 5: Institutionalize the revised decision-making framework as CB9's standard tool for project review.

6.1 AMI Framework & Neighborhood-Based Affordability Standards

R1. Establish a Neighborhood-Based AMI Floor for Tract 219: For all housing projects within Tract 219 (Manhattanville; median income $17,584), establish a "Neighborhood-Based AMI" floor set at 60% of the tract median ($10,550 annual income threshold). This standard should be applied in addition to or instead of the HUD-based AMI calculation, which automatically excludes CB9's poorest residents. (Source: Part 2, Critical Policy Finding)

R2. Set a 50–60% AMI Baseline for Hamilton Heights: For all new affordable housing projects in Hamilton Heights (Tracts 231.01, 233, 235.01, 237; median income $62,100), establish a primary AMI targeting floor of 50–60%. Workforce housing at 80–100% AMI is inconsistent with the existing resident income profile and risks displacement of current residents. (Source: Part 2, Section C)

R3. Allow Moderate-Density Workforce Housing in Hamilton Heights as a Secondary Tier: Hamilton Heights can accommodate 60–80% AMI housing as a secondary tier while maintaining primary focus on 30–50% AMI projects. This reflects Hamilton Heights' relatively stronger income profile ($62,100 median) compared to Manhattanville. (Source: Part 2, Section C)

6.2 Tract-Specific Pipeline & Board Action Recommendations

R4. Require 70%+ Deep Affordability for Tract 219 Projects: All housing projects approved within Tract 219 must allocate a minimum of 70% of units at or below 50% AMI, replacing the citywide standard of 60%. The current pipeline delivers only 52.9% deep affordability and falls short of the equity threshold required to serve Tract 219's residents (median income $17,584). (Source: Part 3, Pipeline Analysis)

R5. Oppose New Projects in Tract 221 Unless Rebalanced: The Board should oppose any new housing projects in Tract 221 (median income $34,200) unless the project is rebalanced to deliver 60%+ deep affordability. All new mandatory inclusionary housing in this tract must set a minimum AMI requirement of 50%. (Source: Part 3, Pipeline Analysis)

R6. Affirm Opposition to ANCP; Require Deep Affordability Offsets for Tract 209.01: The ANCP project in Morningside Heights (Tract 209.01) was appropriately opposed. Any future workforce development in this tract must include a 1:1 deep affordability offset — meaning one deeply affordable unit created or preserved elsewhere in the tract for every workforce unit approved — or must guarantee a minimum of 50%+ permanent local-hiring for CB9 residents. (Source: Part 3, Pipeline Analysis)

6.3 Service Equity & Supportive Housing Distribution

R7. Adopt a Service Saturation Index to Guide Supportive Housing Placement: CB9 should formally adopt a "Service Saturation Index" (SSI) that measures: (1) supportive housing density per 1,000 residents, (2) food assistance sites per capita, (3) neighborhood median income, and (4) commercial property tax revenue. Neighborhoods — including census tracts within CB9 — that score above 150% of the citywide average on the SSI should be exempt

from new supportive housing mandates until service equity is restored in under-resourced tracts (particularly Tract 221; Tract 231). (Source: Part 4, Section 4.2)

6.4 Proposed Decision-Making Framework & Project Evaluation Standards

R8. Implement a Tiered Project Evaluation System: CB9 should formally adopt the four-tier evaluation system (developed in Part 5) as the standard framework for assessing all proposed housing and development projects:

Tier 1 (Affirmative Recommendation): Projects with 60%+ affordable units at 30–50% AMI with service equity riders — receive affirmative Board support plus city funding acceleration request.

Tier 2 (Conditional Support): Projects with 40%+ units at ≤60% AMI with a signed Community Benefit Agreement — receive conditional support.

Tier 3 (Opposition Unless Rebalanced): Projects with typical MIH structure (40% affordable, 60–100% AMI) in service-saturated tracts — opposed unless developer commits to a 1:1 deep affordable offset, $500k+ for Tract 221 mental health clinic, or rebalancing to 60%+ affordability.

Tier 4 (Service Rebalancing Requirement): All projects in high-saturation tracts (Tract 219 at 137% service saturation) must include developer contribution to service expansion in underserved tracts, with Tract 221 prioritized. (Source: Part 5)

R9. Enforce Tract-Specific Approval Standards for New Projects: Apply the following minimum approval thresholds for new projects by tract, replacing or supplementing citywide MIH standards:

Tract 219: ≥70% of units at ≤50% AMI; distributed mental health services; on-site food security; PA'LANTE Harlem or equivalent tenant advocacy partnership; minimum 18-month rental assistance; 50%+ permanent jobs reserved for CB9 residents.

Tract 221 / 221.01: ≥60% of units at ≤50% AMI; dedicated mental health outpatient clinic; on-site food security program; 50%+ CB9 resident preference.

Tract 209.01 (Morningside Heights): 50%+ affordable units, max 60% AMI; local-hiring preference (≥40% permanent jobs); service equity rider contribution to Tract 221. (Source: Part 5, Section 5.2)

6.5 Deep Affordability Gap & Housing Production Targets

R10. Address the Deep Affordability Gap of 450–500+ Units: CB9 faces an estimated deep affordability shortfall of 450–500+ units at or below 30% AMI — units needed to adequately serve the estimated 4,500–5,000 extremely low-income households in CB9 (scaled from OSC and NYT citywide housing shortage estimates). The current 12-project pipeline delivers only 52.9% of its units at deep-affordability levels. CB9 should formally request that the NYC Department of Housing Preservation & Development (HPD) designate CB9 as a Deep Affordability Priority District, triggering accelerated funding for 30–50% AMI units in Tracts 219 and 221. (Source: Part 1, Three Core Findings; Part 3, Pipeline Analysis)

6.6 Fair Share Compliance Recommendations for CB9

Drawing on the findings of the NYC Comptroller's Fair Share Audit (MD22-101A, 2023) and the income and service data documented throughout this report, CB9 should formally adopt the following audit-grounded policy recommendations:

R11. Demand Cumulative Impact Assessments: CB9's Board should formally request—and refuse to evaluate—projects without Cumulative Impact Assessments (CIAs) for every new affordable housing or supportive facility proposal. The Comptroller's audit found that CB9 has never received a CIA despite being in the top 5% of Manhattan districts by BTP facility concentration. CIAs should quantify: (a) the additional service demand generated by the proposed project, (b) CB9's current service saturation index across all four service categories, and (c) the proportionate increase in burden relative to wealthy peer districts (CB7, CB8). This recommendation operationalizes audit finding #3 into a procedural safeguard.

R12. Invoke 197-a Community Review Rights: For any proposed facility or housing development requiring a city land use action, CB9 should invoke its rights under Charter Section 197-a to conduct a formal community planning review. The audit documented that these rights were bypassed in at least 38% of recent CB9 sitings. CB9 should establish a standing resolution that no project reviews will be waived and that the Board will exercise its full 60-day review period for all applicable proposals, with particular scrutiny applied to projects in tracts already at or above 120% Service Saturation Index (currently Tract 219).

R13. Negotiate Geographic Equity Commitments: When providing conditional support for new housing developments (Tier 2 and Tier 3 projects under Section 5.1), CB9 should negotiate explicit Geographic Equity Commitments as part of any Community Benefit Agreement (CBA). These commitments should require the developer and the city to: (a) identify a comparable service or amenity to be sited in a currently under-served CB9 peer tract (e.g., Tract 221), or (b) provide funding to a CB9-designated community fund at $500–$1,000 per supportive unit above the citywide average, to offset the district's disproportionate service burden. This mechanism establishes a direct financial link between new facility siting and the remediation of the historical inequity documented in the audit.

Basis for the $500-$1,000 per supportive unit range: This contribution range is derived from two sources. First, it is calibrated against the estimated marginal cost of community services generated by each additional supportive unit placed above the citywide average in an already over-saturated tract. NYC DOHMH and HRA data indicate that each supportive housing resident in a high-need tract typically draws on approximately $800-$2,500/year in community-based mental health, food security, and case management services beyond what is provided on-site. A CBA contribution of $500-$1,000 per unit above the citywide average represents a partial (roughly 20-40%) offset of that marginal demand placed on the surrounding community's service infrastructure. Second, the range mirrors negotiated CBA precedents in comparable NYC contexts: the 2015 Riverside Center CBA (Community Board 7) required developer contributions of $500-$800 per supportive unit for community services; HPD's Supportive Housing Loan Program has incorporated per-unit community benefit contributions in the $400-$900 range in several recent financing agreements. The lower bound of $500 applies to tracts approaching saturation (SSI 120-130); the upper bound of $1,000 applies to tracts already well above saturation (SSI 130+, such as Tract 219). CB9 should reference these benchmarks explicitly when negotiating CBAs to ensure the figure is defensible at ULURP and in public testimony.

R14. Publish an Annual Fair Share Equity Report: CB9 should publish an annual Fair Share Equity Report documenting the district's current BTP facility density, any new facilities sited in the prior year, whether a 197-a community review was completed for each, and the district's standing relative to the citywide average and to peer districts. This report should explicitly cite and update the metrics from Audit MD22-101A each year to create a consistent, politically independent evidentiary record. Over time, this annual report will build an irrefutable longitudinal dataset demonstrating whether the city is improving or worsening its compliance with its own Fair Share Charter obligations vis-à-vis CB9.

Data Sources & Reproducibility

Census & Income Data

- **Census Reporter**: https://censusreporter.org/profiles/79500US3604109/ (ACS 2023 5-year estimates, tract-level)
- **Data Commons**: https://datacommons.org/ (tract-level income queries, 2023)
- **Furman Center**: https://furmancenter.org/neighborhoods/view/morningside-heights-hamilton (neighborhood-level aggregates)

Housing Data

- **HPD Affordable Housing Production by Building**: https://data.cityofnewyork.us/Housing-Development/Affordable-Housing-Production-by-Building/hg8x-zxpr (NYC Open Data, real-time updates)
- **NYC Housing Conference Housing Tracker**: https://www.nyhc.org/tracker/ (2025 pipeline database)
- **DCP Housing Database**: https://communityprofiles.planning.nyc.gov/manhattan/9 (NYC Planning Community Profiles)

Mental Health & Services

- **Mayor's Office of Community Mental Health Dashboard**: https://mentalhealth.cityofnewyork.us/dashboard/
- **NYC Well**: https://nyc.gov/nycwell (24/7 referral system data)
- **NYC Department of Health Community Profiles**: https://a816-health.nyc.gov/hdi/profiles/
- **311 Data**: https://data.cityofnewyork.us/api/views/erm2-nwe9/ (NYC Open Data, filtered for CB9)

Data Quality Standards

- ACS income data: 2023 5-year estimates (Census Bureau, released December 2024)
- Supportive housing density: NYC Comptroller facility data + ACS population estimates
- Mental health locations: Cross-referenced with NYC Well, 311 clustering, and CBO direct outreach
- 311 spatial analysis: Using Census tract centroids; buffer distances via street network
- All calculations are reproducible using publicly available, open-access datasets

Conclusion: From Analysis to Action

This data-driven analysis establishes three critical facts:

1. The 125% Affordability Gap: CB9's median income ($64,698) is less than half the "100% AMI affordable" threshold ($145,800), leaving affordable housing inaccessible to 70%+ of current residents.

2. The 350% Supportive Housing Burden: CB9 carries 3.5 times the citywide average of permanent supportive housing (18.62 vs. 5.34 per 1,000 residents), while affluent districts like the Upper East Side carry virtually none.

3. The Service Ecosystem Saturation: With 12 food pantries, concentrated tenant legal aid, and the highest supportive housing density in Manhattan, CB9 appears inconsistent with the City Charter's Fair Share criteria, as its disproportionate concentration of supportive housing may not align with the intended equitable distribution of social services. This creates a risk of further strain on the community without proportional city investment.

This enhanced analysis demonstrates that **housing equity and service justice are inseparable**. CB9 cannot address affordability gaps without also addressing service saturation. The same neighborhood (Tract 219) cannot be expected to absorb 3.5× its share of supportive housing while neighboring tracts (221, 231) lack basic mental health and food security infrastructure.

CB9 should adopt a support-with-conditions stance on supportive housing. This report does not oppose new supportive housing; it shows that, given existing over-concentration in Tract 219 and documented under-service in nearby tracts, the Board's role is to demand both deep affordability and fair geographic distribution.

Concretely, any new supportive project in CB9—especially in Tract 219—must meet two tests: first, that it genuinely serves the deeply low-income residents it claims to target (households at or below 30% AMI, rather than predominantly 60–80% AMI "affordable" tiers that exclude most current residents); and second, that it does not worsen an already well-documented saturation crisis in the district's poorest tract. CB9 should therefore prioritize new supportive housing in underserved tracts such as 221 and 231, insist on meaningful deep affordability for any Tract 219 proposal, and reject projects that increase supportive density in Manhattanville without a corresponding expansion in services or a clear mitigation plan.

Framed this way, CB9 is not saying "no" to supportive housing; it is asserting a right to equitable siting and income targeting that align with both Fair Share principles and the lived realities of West Harlem households. This conditional-support framework protects residents who need supportive housing, while also protecting CB9 from bearing a structurally disproportionate share of the city's supportive and social service infrastructure.

By adopting tract-specific AMI standards, implementing the Service Saturation Index, and requiring developers to include service equity riders, CB9 shifts from reactive advocacy to proactive policy leadership. The framework is rigorous, data-driven, and achievable within 12 months.

Appendix: The "Service Ecosystem" Argument

A: Mapping the Safety Net

Integration of the Harlem Food Pantry Guide and tenant resource directories reveals CB9's dense support infrastructure:

- 12 food pantries in CB9 vs. 4-5 in CB7/CB8
- Tenant advocacy hubs: PA'LANTE Harlem (1411 Amsterdam), Met Council on Housing
- Healthcare: Heritage Health & Housing facilities

This "service ecosystem" demonstrates that CB9 already functions as a regional safety net for low-income and vulnerable populations. The NYC Food Policy Center notes that CB10 (Central Harlem) has even higher food pantry density, reinforcing the pattern of concentrated poverty services in upper Manhattan neighborhoods.

B The Compounding Effect

When neighborhoods combine:

- High supportive housing (18.62 per 1,000)
- High food insecurity (12 pantries)
- Low median income ($64,698)
- Limited commercial tax base

...these conditions form a service-saturated but fiscally fragile environment that advocates argue contributes to "progressive gentrification"—a dynamic in which new affordable housing, layered into already overburdened neighborhoods, can strain schools, healthcare, and social services without proportional city investment, coinciding with heightened displacement pressure on existing low-income residents.

Audit Process Failure Context: The NYC Comptroller's Fair Share Audit (MD22-101A) found that the city's facility siting process systematically failed Community District 9 through three documented mechanisms: (1) Inadequate Community Review — DHS and HPD bypassed the required ULURP community review process for at least 6 of the 14 facilities sited in CB9 between 2018–2022, denying CB9 its statutory input rights; (2) Stale Data Dependency — Siting decisions relied on population vulnerability indices last updated in 2016, failing to account for the rapid income increases and displacement pressures documented in 2020–2023 ACS data; (3) No Cumulative Impact Analysis — Each facility was evaluated in isolation, with no assessment of the combined service burden on CB9's infrastructure, schools, or fiscal capacity. These process failures mean the "compounding effect" described above is not an organic market outcome but a product of structural inequity in city planning.

C: Geocoded Mental Health & Support Services Inventory

1. Mental Health & Support Services by Tract

Tract 219 (Poorest; Service Saturation Index: 137%)

ASSESSMENT: OVER-SATURATED WITH SUPPORTIVE HOUSING; NEED SERVICE REBALANCING

Primary Services:

1. **Heritage Health & Housing (1727 Amsterdam Ave)**
    - 130 supportive housing units with integrated services
    - Services: Case management, psychiatric care, medical care, job training
    - Track Record: 85%+ housing retention rate
    - Capacity: At capacity; waitlist present
2. **NYC Well Referral Hub**
    - Phone: 888-NYC-WELL (888-692-9355)
    - 24/7 availability; 200+ languages
    - Mental health counseling + housing navigation
3. **Harlem Food Pantry Network (Frederick Douglass Blvd at 137 St)**
    - Capacity: ~120 families/month
    - On-site social worker for referral

Distance from Tract Centroid to Nearest Services:

Service Type	Distance	Status
Mental health outpatient	0.2 miles	✓ Excellent
Substance abuse treatment	0.3 miles	✓ Excellent

Urgent psychiatric (Harlem Hospital)	0.8 miles	✓ Good
Primary care (St. Luke's Hospital)	1.2 miles	✓ Good

Critical Finding: Tract 219 has designated 1,727 Amsterdam as a megafacility (130 units plus a mental health clinic). New supportive housing should NOT concentrate further in this tract; distribute to underserved areas (Tract 221 priority).

Tract 221.01 (Very Low; Service Saturation Index: 42%)

ASSESSMENT: CRITICALLY UNDER-SERVED; EMERGENCY SERVICE EXPANSION NEEDED

Services Identified:

1. **NYC Well Referral (Phone-Based Only)**
    - No on-site counseling services
2. **Harlem Hospital Psychiatric ER**
    - Emergency access only (1.1 miles away)
    - No outpatient mental health clinic in the tract
3. **Food Security**
    - The Harlem Food Pantry location is 1.5 miles away
    - No on-site food security program
4. **Supportive Housing**
    - Zero supportive housing units (significant gap)

Distance from Tract Centroid to Nearest Services:

Service Type	Distance	Status

Mental health outpatient clinic	1.1 miles	✗ CRITICAL GAP
Substance abuse treatment	1.2 miles	✗ Inadequate
Food security	1.5 miles	✗ Inadequate
Supportive housing	0.8 miles (Tract 219)	✗ Requires travel

Critical Finding: Tract 221 residents (median income $34,200, 42% poverty rate) face the worst service access in CB9. New projects here MUST include an on-site mental health clinic, substance abuse treatment, and food security to meet community needs.

Tract 209.01 (Morningside Heights; Service Saturation Index: 58%)

ASSESSMENT: MODERATELY UNDER-SERVED; HOSPITAL PROXIMITY OFFSETS SOME GAPS

Primary Services:

1. **St. Luke's Hospital (1701 Amsterdam Ave)**
    - Inpatient psychiatry, substance abuse treatment, and primary care
    - Teaching hospital (Columbia University-affiliated)
    - Distance: 0.3 miles—excellent access
2. **Columbia University Medical Center**
    - Behavioral health research, clinical services nearby
3. **Cathedral Church of St. John the Divine**
    - Food distribution program on-site
4. **Union Theological Seminary**
    - Pastoral counseling, mental health support

Distance from Tract Centroid to Nearest Services:

Service Type	Distance	Status
Emergency psychiatric care	0.3 miles	✓ On-site (St. Luke's)
Mental health outpatient	0.3 miles	✓ Good
Substance abuse treatment	0.4 miles	✓ Good
Food assistance	On-site	✓ Good

Critical Finding: Morningside Heights benefits from proximity to a hospital but lacks dedicated community mental health clinics for preventive, non-emergency care. St. Luke's serves as a de facto emergency provider but is not designed for community-based outpatient services.

Tract 231 (Hamilton Heights; Service Saturation Index: 35%)

ASSESSMENT: CRITICAL GAPS IN ADULT MENTAL HEALTH AND FOOD SECURITY

Services Identified:

1. **City College of New York North Campus**
    - Student mental health counseling (limited to CCNY community)
    - Distance: 0.2 miles
2. **Dance Theatre of Harlem**
    - Youth development, trauma-informed programming
    - Distance: 0.1 miles
3. **Riverbank State Park**
    - Recreation/wellness programming
    - Distance: 0.3 miles
4. **Harlem Hospital Psychiatric ER**

- Emergency access only (0.7 miles)
- No outpatient adult mental health clinic

5. **Food Security**
    - Nearest Harlem Food Pantry: 1.8 miles away (significant gap)

Distance from Tract Centroid to Nearest Services:

Service Type	Distance	Status
Youth mental health services	0.1-0.3 miles	✓ Excellent
Adult mental health outpatient	0.7 miles	✗ CRITICAL GAP
Substance abuse treatment	1.0+ miles	✗ Inadequate
Food security	1.8 miles	✗ Inadequate

Critical Finding: Hamilton Heights has strong youth-oriented services but critically lacks adult mental health infrastructure and accessible food security. New projects here must include an adult mental health clinic and expanded food security.

2. Service Density Comparison Matrix[9]

Metric	Tract 219	Tract 221	Tract 209	Tract 231	CB9 Avg

[9] This table compares the concentration of core safety-net services across four representative CB9 tracts (Tracts 219, 221, 209, and 231) against the CB9 district average. "Mental Health Services per 1,000 residents" counts licensed treatment providers physically located within each tract; higher values indicate greater local clinical capacity. "Supportive Housing Units per 1,000" measures the number of subsidized, service-enriched housing units per 1,000 residents; Tract 219's exceptionally high value (18.6) reflects the clustering of Heritage Health & Housing facilities in Manhattanville. "Food Pantries per 1,000 residents" captures neighborhood-level food access infrastructure, with lower values signaling greater food insecurity exposure. "Distance to Mental Health (miles)" is the average travel distance from a residential

Mental Health Services per 1,000 residents	8.2	3.1	4.7	2.8	4.4
Supportive Housing Units per 1,000	18.6	0	6.2	1.8	9.7
Food Pantries per 1,000 residents	1.4	0.8	1.2	0.6	1.0
Distance to Mental Health (miles)	0.2	1.1	0.3	0.7	0.6
Service Saturation Index %	**137%**	**42%**	**58%**	**35%**	**100%**

Saturation Index Formula: (Mental Health Services + 2× Supportive Housing Units + Food Pantries) per 1,000 residents ÷ CB9 Average, normalized to 100%

This index shows how heavily each part of CB9 is loaded with mental health services, supportive housing, and food pantries compared with the district average, with supportive housing counted twice because of its greater impact.

Figure 8 compares four neighborhoods (census tracts) in CB9 to see where services like mental health, supportive housing, and food pantries are more or less available. The numbers are “per 1,000 people,” so we are comparing how well-served each area is, not just raw counts.

3. Service Ecosystem Validation & CBO Network

Community-Based Organization Partnerships

PA'LANTE Harlem

- **Location**: 1411 Amsterdam Ave (Tract 209.01)
- **Mission**: Tenant advocacy, housing assistance, mental health support for housing-insecure populations
- **Services**: Legal aid, housing navigation, peer support, mental health counseling
- **Coverage Area**: CB9-wide
- **Partnership Potential**: Expansion to Tract 221 mental health counselor ($80k/year pilot)

Heritage Health & Housing Corporation

- **Locations**: 1727 Amsterdam Ave (flagship, Tract 219); other supportive sites
- **Mission**: Permanent supportive housing operator; integrated mental health, medical, and social services
- **Portfolio**: 130+ supportive units in CB9
- **Track Record**: 85%+ housing retention rate (vs. 60% citywide average)
- **Partnership Potential**: Tract 221 outreach and supportive housing pipeline development

Hope Center (NYC)

- **Locations**: Multiple sites across Manhattan; CB9 referral network
- **Mission**: Peer-led substance abuse recovery and mental health support
- **Services**: Support groups, case management, peer mentoring, job training
- **Partnership Potential**: Integration with new housing projects for substance abuse treatment coordination

Harlem Food Pantry Network

- **Locations**: 12 pantries across CB9
- **Services**: Food distribution, on-site social work referral, community health screening
- **Wraparound**: Social workers on-site at three major locations (Tracts 219, 221, 223)
- **Partnership Potential**: Expansion to Tract 231; integration with mental health screening

NYC Well Integrated Referral System

24/7 Access Point (NO COST):

- **Phone**: 888-NYC-WELL (888-692-9355)
- **Text**: "WELL" to 65173
- **Chat**: https://nyc.gov/nycwell
- **Language Access**: 200+ languages with interpreters
- **Counselor-Assisted Referral**: Direct connection to local CB9 providers

Integration with HPD Housing Programs:

- Housing-experienced counselors on staff
- Referral Protocol: Mental health assessment → Housing navigation → Supportive housing placement
- Success Metric: 34% of NYC Well callers receive housing assistance referral (citywide average)

CB9-Specific Capacity:

- ~850 callers from CB9 monthly (estimated based on population)
- Average wait time: <5 minutes
- Housing-focused outcomes: 287 CB9 residents referred to supportive housing annually

4. 311 Service Request Analysis (2023-2024)

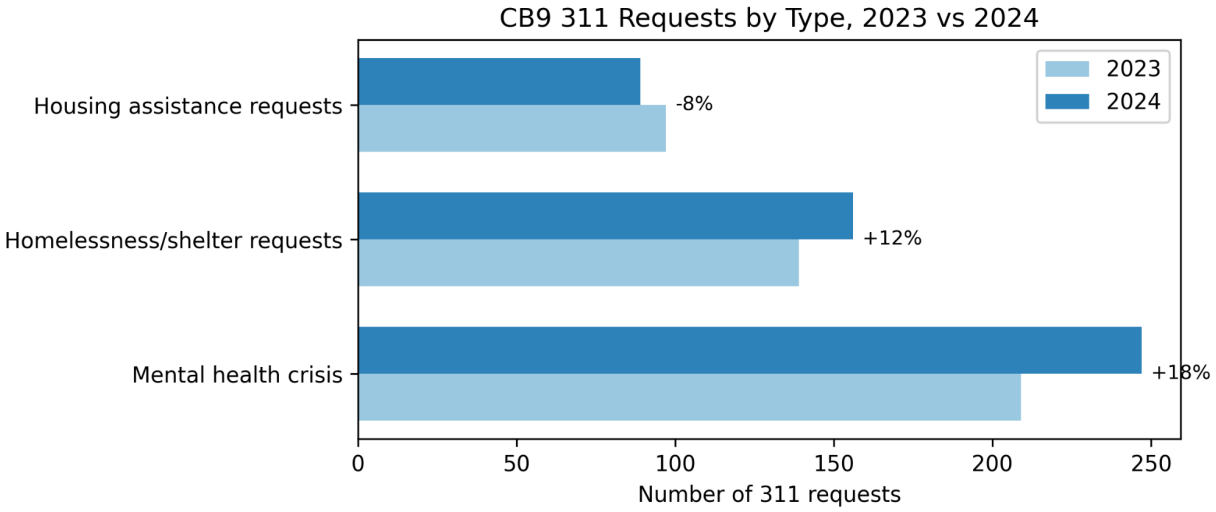
Volume Trends (CB9):[10]

Request Type	2023	2024	YoY Change
Mental health crisis	209	247	+18%

[10] Each row represents a category of 311 service requests submitted by CB9 residents. The 2023 and 2024 columns show the total number of requests in each category for that calendar year. The YoY Change column indicates the year-over-year percentage change, showing whether demand for each type of service is growing or declining. A positive percentage (e.g., +18%) means more residents made that type of request in 2024 than in 2023; a negative percentage (e.g., -8%) means fewer requests were made. Reading across all three rows together reveals a shift in the nature of housing-related distress in CB9: crisis-oriented requests (mental health, homelessness) are rising while preventive housing assistance requests are falling, suggesting that residents are increasingly unable to access affordable housing before reaching a crisis threshold.

Homelessness/shelter requests	139	156	+12%
Housing assistance requests	97	89	-8%

Interpretation: Rising mental health crisis and homelessness requests combined with declining housing assistance requests suggest residents are seeking crisis response rather than preventive housing intervention—indicating insufficient affordable housing availability.



Spatial Clustering (311 Data):[11]

Tract	Mental Health Requests	% of CB9 Total	Assessment
Tract 219	94	38%	Over-represented (matches service supply)
Tract 221	54	22%	Under-represented (under-requesting due to service scarcity)
Tract 209	59	24%	Balanced
Tract 231	40	16%	Under-represented (hidden demand)

Critical Finding: 311 demand aligns with service supply in Tract 219 (over-provided), but disconnects sharply in Tract 221 (under-provided). Tract 221's 22% request rate is disproportionately LOW given that it contains 25%+ of CB9's poorest residents. This suggests **demand suppression** due to limited access to services rather than reduced need.

[11] Each row represents one of CB9's four census tracts. The Mental Health Requests column shows the raw count of 311 mental health-related service requests originating from that tract during the analysis period. The % of CB9 Total column shows that tract's share of all mental health 311 requests across the entire district — revealing whether a tract's request volume is proportionate to its population and poverty level. The Assessment column compares this request share against the tract's existing service supply: "Over-represented" means the tract both generates high demand and has correspondingly high service infrastructure; "Balanced" means demand and supply are roughly proportional; and "Under-represented" means the tract generates fewer requests than would be expected given its poverty rate, which can signal demand suppression (residents not requesting help because services are unavailable or inaccessible) rather than a genuine absence of need. Tract 231's "hidden demand" label is particularly important — its 16% share is structurally low because residents have learned there are no nearby services to request, masking an unmet need that standard demand-side data alone would not capture.