SPECIAL CONCERNS

OF

AGING HOMEOWNERS

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Special Concerns of Aging Homeowners

"Life begins when the kids move out and the dog dies." For many Americans, there's a fair bit of truth to that slogan. Some 80 percent of the retirees surveyed recently for the American Association of Retired Persons owned their own homes, three-quarters of them free and clear. For many, a lifetime of earning and investing has provided a tidy income to spend on travel and recreation. Their biggest choices for the near future may be whether to stay in their well-tended Colonial near the kids or move to a beachfront condo in some tropical paradise.

For others, the "golden years" have turned to brass. The death of a husband or wife has made the family home a lonely place to be. Inflation has eroded their savings, leaving them property-rich but cash-poor. Joints ache, eyes go bad, and plans for celebrating retirement turn into worries about long-term care.

Now's the time to consider ways to increase your income without having to sell your house. Home equity conversion plans from reverse mortgages to charitable annuities can offer the best of both worlds: a steady income to cover all those expenses, and a chance to keep on living in the home you love.

If the family home isn't meeting your needs any more, it may be time to think about a move. Since your home has probably increased in value in recent years, selling it now could give you a nice chunk of money to invest in a more amenable place to live. Older Americans now have a wide range of options for housing, from retirement communities on the golf course to assisted-living apartments to continuing-care facilities and nursing homes.

This chapter explains some of the personal and financial decisions you'll need to make, the risks and benefits involved with various options, and your legal rights.

HOME-EQUITY CONVERSION

Suppose that after years of paying on the mortgage, you finally own your home outright. That's a nice, secure feeling, but it doesn't mean you have enough money to live on. Your assets are tied up in the house; they can't pay your electric bill or finance your trips to the supermarket. You don't want to sell the house, but it's hard to make ends meet. Take a look at **home equity conversion plans,** which can help you add to your monthly income without having to leave your home.

These plans fall into two broad categories: loans and sales. Loan plans permit you to borrow against the equity in your home. They include reverse mortgages and special-purpose loans on which repayment is deferred. They should not be confused with "home equity loans" and "home equity lines of credit," which require you to make monthly payments or risk losing your house. Sale plans include **sale-leasebacks, life estates** and **charitable annuities.** Let's consider each of these options.

Reverse Mortgages

A reverse mortgage lets you borrow against the equity in your home. It's a "rising-debt loan," which means that the interest is added to the principal loan balance each month because it isn't being paid.

The interest keeps compounding, so the longer you have a reverse mortgage, the more you owe. But unless you agree to a specific loan term, the debt doesn't come due until you sell your home, move permanently or die. In some new plans, you can continue to receive payments even if you move.

When the loan does come due, the amount to be repaid cannot exceed the appraised value of the property--because you use the proceeds of the sale to pay off the loan. Of course, that means you won't receive as much money from the sale; you'll already have spent it on living expenses.

Depending on your needs and the deal you arrange, you can get a lump sum, receive monthly installments, or draw on a line of credit. The amount of the loan you will receive is based on your age, the value of your home and your equity, the interest rate, the term of the loan and some other factors. Except for some special-purpose state plans, like those designed to pay for home repairs, there are no restrictions on how you use the money.

To get a reverse mortgage, you have to be at least 62 years old and own the property free and clear (except for liens or mortgages that can be paid off with proceeds from the loan). Unlike traditional loans or home-equity lines of credit, the lender doesn't care about your income. Only single-family residences (including some condominiums) are eligible; mobile homes, multi-family dwellings (including duplexes) and cooperatives are not. As with any loan, you have to pay origination fees and closing costs.

Reverse mortgages can be obtained in more than 35 states and the District of Columbia. Some states sponsor home repair plans that are essentially reverse mortgages. The most common product, though, is the federally insured Home Equity Conversion Mortgage, or HECM. The federal government guarantees that you'll keep receiving your payments even if the lender defaults on your payments.

Then there are lender-insured plans. These include a mortgage-insurance premium and higher costs, so your loan balance grows faster. But you can usually get larger loan advances, and you may be able to mortgage less than the full value of your home.

Finally, there are uninsured plans. These are fixed-term loans, so you'd have to repay the whole amount (with interest) after a certain number of years. If you couldn't repay it, you'd have to sell your house and move.

A consumer guide entitled *Home Made Money* and a list of reverse-mortgage lenders is available from the American Association of Retired Persons, Consumer Affairs, and 601 E. STREET, N.W., WASHINGTON, D.C. 20049.

Sale-Leasebacks

In a **sale-leasebacks,** you sell the equity in your home, but retain the right to continue living there, often paying a monthly rent. This approach is often used by the homeowner's grown son or daughter as a way of keeping the home in the family while providing retirement income for the parents.

The buyer (often your grown child) usually makes a substantial down payment to you, the homeowner. You act as a lender by granting the buyer a mortgage. You receive the buyer's mortgage payments; the buyer receives your rent payments. You remain in the home and can use the down payment and the mortgage payments as income. The buyer can deduct the mortgage interest payment from his or her income, and will also benefit if the value of the property increases. Although family members are usually motivated by a desire to help, be aware that the IRS requires that both the sale price and the rental payments be fair-market rate. Before 1986, the tax laws made sale-leasebacks good investments, but there are fewer tax advantages now.

Life Estates

In a **life estate** (also called a **sale of a remainder interest),** you sell your home to a buyer but keep the right to live there during your lifetime. Again, this is most often arranged between parents and their grown children as part of their estate plan. Chances are you wouldn't find an outside investor to do this.

The buyer pays you a lump sum, monthly payments, or both. You are usually responsible for taxes and repairs while you live in the house. At your death, full ownership passes automatically to the buyer.

Charitable Remainder Trusts

Another possibility is a **charitable remainder trust**, in which you donate your home to a charity in return for a lifetime annuity and possibly a tax deduction. You keep a life estate, which means you can stay there as long as you live. You remain responsible for taxes and maintenance. When you die, your home becomes the property of the organization.

The down side is that your beneficiaries wouldn't inherit your home. If they have adequate resources of their own, though, this arrangement can be an excellent way to accomplish two goals: provide needed retirement income for yourself and give a significant gift to your favorite charity.

Home-Equity Loans

A traditional **home-equity loan** is very different from a reverse mortgage, and can be a risk for an older person on a fixed income. As with a reverse mortgage, you borrow against the equity you have built up in your home. But in a home-equity loan, you must make regular monthly payments or you may lose your home.

If you expect enough income to make the payments, though, these loans do have tax advantages. Since it's no longer possible to deduct interest on loans for consumer goods such as car loans and credit card bills, many homeowners have turned to home equity loans. With such loans, you can borrow up to $100,000 on the equity in your first and second homes, use the money for any purpose, and deduct all the interest you pay. You can even deduct the interest on a home-equity loan that exceeds $100,000 if you use the money for home improvements

If you're not going to use such a large loan for home improvements and still want to deduct the interest, you must be able to prove that your home equity, plus improvements, equals the amount of the loan.

Government Benefits

Remember that home-equity conversion isn't the only way to increase your income. If you find that your monthly income doesn't meet your expenses, you may be eligible for government benefits such as Supplemental Security Income, food stamps or Medicaid.

Some states also have property tax credit or deferral programs you may be eligible for. To find out more about these programs, call your local agency on aging.

Thinking about tapping your home's equity? Consider all of available options before you make your decision. If you're already receiving public benefits, make sure that any home-equity conversion plan you choose does not affect those benefits.

HOUSING OPTIONS

As you get older and your circumstances change, staying in the home you now own may no longer be ideal. Maybe you and your spouse are rattling around in the house you built years ago to rear your six children. Maybe your spouse has died and it's just too hard to stay in that house with all those memories. Maybe you'd rather be in a warmer climate with lots of like-minded people and a host of recreational facilities. Or maybe your health isn't what it used to be and you're afraid you'll soon need to be taken care of.

You have a wide range of choices, depending on your current and future health needs, your financial circumstances, and your personal preferences. One is to take advantage of new models for senior living in a home setting, with assistance as needed. These include:

- **Home-sharing programs** that match homeowners with companionable people who are willing to pay rent or perform some services in exchange for housing.

- **Assisted living,** which combines a home-like setting with services designed to meet individual needs. These programs may be privately owned and operated, government-supported, or sponsored by religious or other non-profit organizations. For information, contact your local agency on aging.

- **Elder Cottage Housing Opportunities** (ECHO units). These are small, attractive manufactured homes that you can lease and install behind or beside a family member's house. When they're no longer needed, they can be removed and returned. They give you the opportunity to live independently, close to your loved ones but not right on top of them.

Be aware that many communities have zoning ordinances that can be a barrier to even the most appealing little ECHO unit, because they're often classified as mobile homes and banned from single-family lots. The law in this area is still developing, so you may have to fight city hall for the right to live next to your family through this sensible solution. For more information, see the AARP publication, "Key Issues in Elder Cottage Housing Opportunity: Restrictions on Manufactured Housing."

Moving to Paradise

A lot of adults dream of the day they can retire and move to that lakeside property they bought years ago. Others have always hated those cold Midwestern winters and plan to buy a condo in Arizona. Although 86 percent of those interviewed for the AARP survey preferred to stay in their present home and never move, the dream of retiring somewhere better is alive and well. In fact, you can bet that some of those surveyed have already done just that!

If you're thinking of pulling up your roots and buying a new home somewhere else, chances are you've already checked out the climate and the scenery. Be sure, though, that you've considered all the other factors that can make or break your move. These include:

- **Cost of living.** Can you afford to live there? How do housing costs stack up to those in the area you're leaving? What do goods and services cost there? Before making your final decision, try subscribing to the local newspaper in your dream community to get a feel for the economic climate as well as the leisure opportunities.

- **State and local taxes.** Is there a state income tax, and do retirees get any special tax breaks? Is there a sales tax or a tax on stocks, bonds and other "intangibles?" How about state inheritance tax? What can you expect in the way of property taxes? Is there an over-65 exemption?

- **State tax policies.** If you move, will your former state keep taxing your retirement plan payouts? Some states do, figuring that you earned the money in their state so it's only fair. Some only tax lump-sum distributions. But as state budgets get tighter, more legislatures are likely to reach their arms into retiree's pension plans. If your old state taxes your pension plan, will your new state allow a credit?

- **Your kind of town?** Vacation in the areas you're considering at different times of the year, and talk to local residents about what they like and don't like. Then try renting for a few months; it's cheaper than buying a home and then deciding you don't like the area.

Retirement Communities

An increasingly popular alternative is moving into a community specifically designed to meet the needs of seniors. There's a wide range of architectural options, from high-rise developments to garden apartments on a wooded campus.

The modern model of retirement community first sprung up in the 1950s in the sun-belt states. Senior communities offered independent living on the golf course, with a handy swimming pool and a full schedule of social activities. As the idea caught on all sorts of hybrids developed, offering choices that cover the gamut from independent living through total nursing care.

Facility definitions differ among states and sometimes even within states. For the sake of simplicity, let's consider three types of community along a continuum of services.

- **Independent Living Communities** offer little or no health and supportive services, although they may have recreational and social programs.
- **Continuing-care retirement communities (CCRCs)** provide a fairly extensive range of housing options, care and services, including nursing home services. You may be able to start in a nice little apartment with a dining hall nearby, move to an assisted-living complex if you need it, and know you'll have a space in the community's nursing home if your health deteriorates.
- **Assisted living communities** are in between these extremes. They offer a wide variety of housing and health or supportive services, but not nursing home care. They're also called "congregate care," "board and care", "personal care," and "housing with supportive services," among other names.

Most retirement communities are developed privately, although many are sponsored by nonprofit groups and agencies, including churches and charitable organizations. All states regulate one or more types of assisted living, and most states regulate continuing-care communities, but the extent of regulation varies considerably among states. Many independent-living communities are structured as conventional home ownership, legally no different from standard real estate purchase and governed by local real estate law. Others have you rent your unit like any apartment, so the transaction is governed by landlord-tenant law. If you opt for either of these forms, you pay the cost of your mortgage or lease, plus condominium or association fees if applicable.

In facilities that promise additional services, facilities, or health care, the payment arrangement includes some mechanism to pay for these added benefits. There are four basic types of contract, distinguished by payment arrangement. Keep in mind, though, that state regulations may categorize facilities differently.

- **"Turnover of assets" or "total fee in advance"** contracts without monthly fees. These contracts are all but extinct today. They were common in the original continuing-care communities, often called "life care" communities, developed by religious or fraternal organizations. Residents turned all their assets over to the community in exchange for a lifetime of care. Many communities using this model failed, because the assets received by the sponsors were not sufficient to keep up with rising health care expenses of residents over their lifetimes.
- **Entrance fee plus monthly fee contracts.** Most continuing-care retirement facilities today charge an entrance fee ranging from $15,000 to over $200,000, essentially a partial prepayment for future services such as eye exams or personal care. It normally does not buy an interest in the real estate. Residency rights and obligations are governed by a long-term lease or occupancy agreement. Monthly fees are subject to periodic adjustments for inflation and, in some cases, for the resident's needed level of care. Increasingly CCRCs are providing greater

refundability of entrance fees, even 100% refundability, but this usually results in higher monthly fees.

- **"Pay-as-you-go" contracts.** With no entrance fee, these contracts are essentially straight rental arrangements with a defined set of services available when needed for an additional charge. Most assisted-living and an increasing number of continuing-care facilities offer this arrangement. This type of contract involves the least initial investment, but is subject to greater changes in monthly fees, since the resident assumes all or most of the financial risk for services.
- **Condominiums** or cooperatives with continuing care contracts. Retirement communities that offer an ownership interest to residents under a condominium or cooperative arrangement with a service package included are relatively new to the scene. These ownership/contractual arrangements are unavoidably complex and bring with them special advantages and risks.

Another way to categorize continuing-care retirement communities is by how much nursing care is pre-paid. The American Association of Homes for the Aging distinguishes three types:

- **Type A communities,** the most expensive, guarantee as much care as the resident might need, for as long as needed. They provide two or three meals per day, and may require residents to buy a certain number of meals per month.
- **Type B communities** sell contracts guaranteeing a specified number of days of nursing care, either per year or throughout the resident's lifetime. After that, the resident (or her family) must pay for daily fees. Personal services may not be covered by the monthly fees.
- **Type C communities** offer nursing care on a pay-per-day basis. Likewise, meals and personal care are rarely included in the basic monthly fees.

All these potential differences could add up to a confusing number of choices. Not that you'd seriously consider every possible community; most people are limited by their chosen city or state and look at just a few. But be sure you know what the fee and service arrangements are for any community you're considering.

After all, moving into a continuing-care community is a major financial investment, which may well use up all or most of your financial resources. You may not be able to get your money back. Consider it carefully, visit the facility at length, talk to both staff and residents, and seek professional advice from a lawyer or financial advisor before you make a commitment.

Here are some questions to ask:

- What is the provider's background and experience? The provider is the person or entity legally and financially responsible for providing continuing care. Some facilities advertise that they are "sponsored" by non-profit groups or churches that in reality have no legal control or financial responsibility. Be wary if such illusory sponsorship is trumpeted in sales literature.
- Is the provider financially sound? Have the facility's financial, actuarial and operating statements reviewed by a professional. Determine whether it has sufficient financial reserves.
- Are all levels of care licensed or certified under applicable state statutes?
- How does the facility ensure the quality of care and services provided? Is it accredited by any recognized private accrediting organization?
- What is the entrance fee, and when can you get all or part of it back? The facility should provide a formula for a pro rata refund of the entrance fee based on the resident's length of stay, regardless of whether the facility or the resident initiates the termination. Some facilities offer the option of fully refundable entrance fees.

- What is the monthly fee? When and how much can it be increased? What happens if fee increases exceed your ability to pay? Some facilities have a program that grants financial assistance to residents whose income becomes inadequate to pay increasing monthly fees and personal expenses.
- Will fees change when your living arrangements or level-of-care needs change? That is, what happens to the fee if you have to transfer from independent living to assisted living or nursing care?
- What does your living unit consist of, and to what extent can you change or redecorate it?
- What happens if you marry, divorce, become widowed, or wish to have a friend or family member move into the unit?
- Exactly what services are included in your regular fees? What costs extra, and how much? What limitations apply? See box for a checklist of things to look for.
- Does the facility provides a nursing unit? What happens if a bed is not available when you need it?
- To what extent does the facility have the right to change the fees or cut back, change or eliminate services?
- Does the facility limit its responsibility for certain health conditions or pre-existing conditions? When can you become too sick or impaired to be cared for by the facility? A pre-existing health condition is one diagnosed or treated in a certain period of time before entering the facility.
- Can you receive Medicare and Medicaid coverage in the facility?
- Does the facility require residents to buy private insurance or participate in a special group insurance program for residents?

- What are the criteria and procedures for determining when a resident needs to be transferred from one unit to another? Who is involved in these decisions?
- What rights do residents have to participate in facility management and decision-making?
- How are complaints handled?
- On what grounds can residents' contracts or leases be terminated against their wishes?
- What other rules and policies cover day-to-day operation of the facility?
- Does the contract release the facility from any liability for injury to a resident resulting from negligence by the facility or third parties? Such waivers should be avoided.

Nursing Home Care

At the opposite end of the spectrum from the Sun Belt-style senior living community is the nursing home, an institution that provides skilled nursing care and related services, as well as rehabilitation services for the injured, disabled and sick.

Only about 5 percent of Americans aged 65 and older live in nursing homes at any given time, but researchers estimate that older Americans have about a 40 percent chance of spending at least some time in a nursing home. While some nursing home residents stay for extended periods, the majority stay in a facility less than six months.

If you need to choose a nursing home for yourself or a loved one, you'll want to ask many of the same questions you would for a continuing-care retirement community (see above). In addition, you'll want to be aware of the legal rights of residents, which are particularly important given the institutional character of the nursing home environment.

Many people dread the prospect of living in a nursing home because of the loss of privacy and dignity. Be aware, though, that people don't check their rights and privileges at the door when they enter a nursing home. Although institutional care by its nature substantially limits one's lifestyle and scope of privacy, one should nevertheless expect high quality, compassionate, and dignified care from nursing facilities.

The federal Nursing Home Reform Amendments of 1987, and corresponding state laws, protect residents in nearly all-nursing facilities. For residents who lack capacity, the resident's agent under a power of attorney for health care or another legal surrogate recognized by state law (typically a family member) may exercise the resident's rights.

Federal law requires that nursing homes meet strong basic standards for the quality of life of each resident and for the provision of services and activities. Under the Basic Quality of Life Standard for Nursing Homes, every nursing facility must "care for its residents in such a manner and in such an environment as will promote maintenance or enhancement of the quality of life of each resident." The Basic Service and Activities Standard requires each nursing facility to "provide services and activities to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident in accordance with a written plan of care which... is initially prepared with participation to the extent practicable of the resident or the resident's family or legal representative."

The federal Older Americans Act requires every state to operate a long-term-care ombudsman program. The ombudsman is responsible for advocating on behalf of residents of nursing homes and other long-term-care facilities, such as assisted- living or board-and-care facilities. The ombudsman staff provide education on long-term-care options and residents' rights, and investigates and resolves complaints made by or on behalf of residents.

Most states operate local or regional programs with local paid or volunteer ombudsman staff. Residents and family members often find these go-betweens to be essential partners in resolving problems. Federal law requires nursing homes to allow the ombudsman access to residents and access to resident records. In addition, the ombudsman usually has special authority under state law to inspect records and take other steps necessary to respond to complaints.

Specific rights guaranteed by federal and state law include the following:

- **Information rights.** Nursing homes must provide:

    - Written information about residents' rights.
    - Written information about the services available under the basic rate and any extra charges for extra services.
    - Advance notice of changes in room assignment or roommate.
    - Upon request, latest facility-inspection results and any plan of correction submitted to state officials.
    - Explanation of the resident's right to make a health care advance directive--i.e. Power of Attorney for Health Care or Living Will--and facility policies on complying with advance directives.
    - Information about eligibility for Medicare and Medicaid and the services covered by those programs.

- **Self-Determination Rights.** Each resident has the right to:

- Participate in an individualized assessment and care planning process that accommodates the resident's personal needs and preferences.
- Choose one's personal physician.
- Voice complaints without fear of reprisal and receive a prompt response.
- Organize and participate in resident groups (such a resident councils) and family groups.

- **Personal and Privacy Rights.** Residents have the right to:
  - Participate in social, religious and community activities as they choose.
  - Privacy in medical treatment, accommodations, personal visits, written and telephone communications and meetings of resident and family groups.
  - Confidentiality of personal and clinical records.
  - Access to the long-term care ombudsman, one's physician, family members, and reasonable access to other visitors subject to the resident's consent.
  - Freedom from physical or mental abuse, corporal punishment, and involuntary seclusion.
  - Freedom from any physical restraint or psychoactive drug used for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.
  - Protection of resident's funds held by the facility with a quarterly accounting.

- **Transfer and Discharge Rights**

  Residents may be transferred or discharged only for the following reasons:

  ----The health, safety, or welfare of the resident or other residents requires it.

  ----The non-payment of fees.

  ----Improvement of the resident's health so that he or she no longer needs nursing home care.

----Closure of the facility.

Normally residents must receive at least 30 days' advance notice of a transfer or discharge, with information about appealing the transfer and how to contact the state long-term care ombudsman program. The facility must prepare and orient residents to ensure safe and orderly transfer from the facility.

- **Protection Against Medicaid Discrimination.** Nursing homes must:

  - Have identical policies and practices regarding services to residents regardless of the source of payment. (However, be aware that not all facilities participate in Medicaid.)
  - Provide information on how to apply for Medicaid.
  - Explain the Medicaid "bed-hold" policy--that is, how many days Medicaid will hold the resident's bed, or ensure priority re-admission, after temporary absences.
  - Not request, require or encourage residents to waive their rights to Medicaid.
  - Not require a family member to guarantee payment as a condition of a resident's admission or continued stay.
  - Not "charge, solicit, accept or receive gifts, money, donations or other considerations" as a precondition for admission or continued stay for persons eligible for Medicaid.

What if you think a nursing home is not providing adequate care or respecting your rights or those of your loved one? That depends on the circumstances, but the following steps should help resolve most cases. The order may vary depending on the problem:

- Keep a log of the relevant details, including dates and personnel involved.
- Try to resolve the problem informally by talking to supervising staff.
- Many facilities have active resident councils or family councils. Bring the problem before these groups.
- Contact your long-term care ombudsman.
- Contact the state regulatory agencies that license, certify and survey nursing homes. Usually, the state department of health has this responsibility.
- Contact a community legal assistance program, other advocacy organization, or private attorney experienced in long-term care issues.

Sidebar: QUESTIONS ABOUT REVERSE MORTGAGES

If I get a reverse mortgage on my home that pays regular income, will it affect my eligibility for Social Security or Medicare?

No, because these benefits are not based on need. The same goes for pensions you or your spouse has earned.

However, without careful planning, the income from a reverse mortgage could affect eligibility for Supplemental Security Income (SSI), Medicaid, food stamps and some state benefit programs.

In general, reverse mortgage payments are considered to be a loan, and will not affect benefits if the money is spent during the month in which it is received. But if the money is not spent during that month, it will be counted as a resource, and may lead to termination of benefits. Be aware that payments received under the new reverse-annuity mortgage plans will be considered income, even if they are spent in the month in which they are received.

What are the tax consequences of a reverse mortgage?

There are two issues here. The first is whether the income from a reverse mortgage is taxed. So far it has not been, under the assumption that it's a loan advance. Second is whether the interest can be deducted. Generally, interest cannot be deducted until it is paid. Since the interest on a reverse mortgage is not paid until the loan comes due, it cannot be deducted until that time.

What happens when I die?

A reverse mortgage is really a loan that becomes due when you sell your home or die. The lender doesn't take title to your home, but your heirs have to pay it off. If they want to keep the family home, they could do that by refinancing the debt with a regular (forward) mortgage, provided they're eligible. Otherwise, they could sell it and using the proceeds to pay off the loan.

Sidebar: A CHECKLIST FOR RETIREMENT COMMUNITY SERVICES

If you're thinking of moving into a continuing-care community or nursing home, inquire about coverage, limitations, and costs of the following matters:

- Meal services
- Special diets/tray service
- Utilities

- Cable television
- Furnishings
- Unit maintenance
- Linens/personal laundry
- Housekeeping
- Recreational/cultural activities
- Transportation Physician services
- Nursing care facility services
- Nursing services outside a nursing unit (e.g., assistance with medications)
- Private duty nursing
- Dental and eye care
- Personal care services (i.e., assistance with eating, dressing, bathing, toileting, etc.)
- Homemaker/companion services
- Drugs, medication, and medical equipment/supplies

Sidebar: FINDING A RETIREMENT FACILITY

The American Association of Homes for the Aging publishes The Consumer's Directory of Continuing Care Retirement Communities, profiling not-for-profit retirement communities around the country and providing an overview of CCRC types, terminology, and features that consumers might want to consider. For ordering information, contact AAHA Publications, 901 E Street, N.W., Suite 500, Washington, D.C. 20004.

The American Association of Retired Persons maintains a computer database of retirement housing, including CCRCs and assisted living, and will provide a free printout for your geographic area. Request a printout (and specify your geographic area) from Membership Communications, AARP, 601 E Street, N.W., Washington, D.C. 20049.

State or local agencies on aging frequently prepare directories or guides on housing options for older persons and persons with disabilities. Find the agency's number in your local phone book.