

# 2025 POINT-IN-TIME HOMELESS COUNT



HOMELESS COUNT DATE  
02/19/2025

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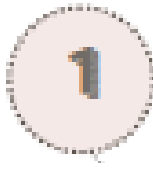
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## INTRODUCTION

Each year, the City of Glendale conducts its annual Point-in-Time (PIT) Count to measure the scope of homelessness within the community. This count includes both sheltered and unsheltered individuals experiencing homelessness and serves as a vital tool for understanding local trends, evaluating existing programs, and identifying the needs of the unhoused population in Glendale. The PIT Count is part of a nationwide initiative to provide a comprehensive "snapshot" of homelessness on a single day each year. While the U.S. Department of Housing and Urban Development (HUD) requires local jurisdictions to conduct the PIT Count biennially, typically during the last 10 days of January, to remain eligible for Continuum of Care (CoC) funding, Glendale goes further by conducting the count annually. This approach allows the city to maintain a more consistent, data-driven strategy for addressing homelessness. As one of over 400 jurisdictions that apply annually for HUD CoC funding, Glendale's yearly count strengthens its ability to respond to emerging needs.



### **When Was the 2025 Count Conducted?**

Due to wildfires in January, the 2025 PIT Count was rescheduled and conducted on February 19, during two time windows: 5:00 AM–9:00 AM and 7:00 PM–11:00 PM. During these periods, teams were dispatched throughout Glendale to identify and survey unsheltered individuals. The count also incorporated data from emergency shelters and transitional housing programs, capturing individuals who had stayed in these facilities the previous night.

### **Who Was Counted?**

In accordance with the U.S. Department of Housing and Urban Development (HUD) guidelines, individuals were considered homeless, and therefore included in the Point-in-Time Count, if they were residing in any of the following locations on the night of the count:

- Places not meant for human habitation, such as cars, tents, parks, sidewalks, or abandoned buildings
- Emergency shelters
- Hotels or motels paid for by government programs
- Transitional housing designated for people experiencing homelessness
- Safe Havens

### **Who Was Not Counted?**

Individuals were not included in the homeless count if they were staying in:

- Medical facilities (e.g., hospitals, psychiatric facilities, or nursing homes)
- Jails, prisons, or juvenile detention centers
- Substance abuse treatment or detox centers
- Foster care homes or group homes for minors



### **Data Limitations**

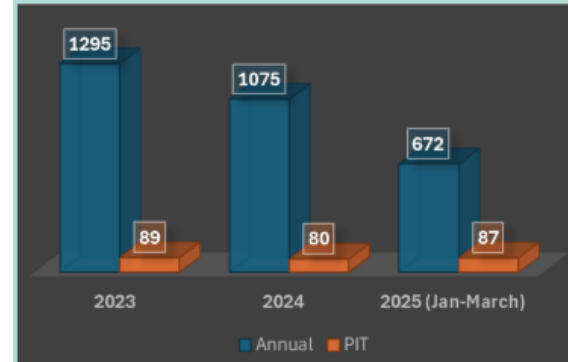
While the Point-in-Time (PIT) Count provides valuable insights, it also comes with inherent limitations that should be considered when interpreting the results. One key limitation is its temporal scope—because the count is conducted on a single night, it cannot fully capture the dynamic nature of homelessness throughout the year. Seasonal changes, policy shifts, and economic conditions may all cause fluctuations that are not reflected in this one-day snapshot. Another significant limitation is the potential for underreporting. The PIT Count relies on visual identification and in-person interviews, which may miss individuals who are in hidden or hard-to-reach locations. People who avoid contact or reside in less visible, informal shelters may not be counted, leading to an underestimation of the true extent of homelessness. To address these gaps, Glendale also relies on data from the Homeless Management Information System (HMIS). Unlike the PIT Count, HMIS tracks individuals over time, capturing patterns of entry into and exit from homelessness.

For instance, our annual data consistently reveals a higher number of unsheltered individuals in Glendale than what is recorded in the PIT Count. In 2024, the PIT Count identified 80 unsheltered individuals, while our services reached 1,075 unduplicated unsheltered individuals throughout the year. Similarly, the 2025 PIT Count recorded 87 unsheltered individuals, but between January

and March of 2025 alone, we have already served 672 unduplicated individuals. This disparity highlights the challenge of capturing the full extent of homelessness in a single, one-night survey, as many individuals may not be visible during the count or may not seek assistance on that particular night.

It underscores the importance of using continuous data collection methods alongside the PIT Count to gain a more accurate understanding of the homeless population and its evolving needs.

**Annual Unsheltered vs PIT Count  
2023-2025**



## 2

## METHODOLOGY AND DATA COLLECTION

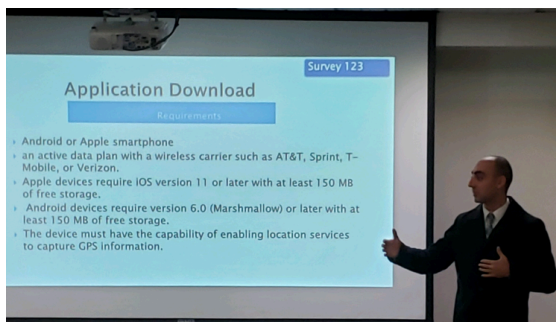
The methodology behind the PIT Count is carefully designed to ensure that data collected is as accurate and representative as possible. The process involves two key components:

- **Street Outreach & Interviews:** Trained volunteers and staff conduct interviews with unsheltered individuals and visually survey public areas during designated early morning and evening hours.
- **Shelter and Program Data:** Information is also gathered from emergency shelters, transitional housing programs, and other service providers, many of which report through HMIS.

Incorporating both direct engagement and administrative data allows the city to create a more complete picture of homelessness in Glendale. The approach prioritizes data integrity, dignity, and respect for those being surveyed, while minimizing bias and ensuring demographic representation.

**The unsheltered count** focuses on areas within Glendale that have high concentrations of homelessness. These high-priority areas are identified using local data, prior knowledge, and input from service providers and law enforcement. To ensure the count's accuracy, trained survey teams conduct face-to-face interviews with individuals living on the streets or in places not meant for habitation. These teams are supervised by Glendale Police officers to guarantee both the effectiveness and safety of the process.

The survey instrument for this count is developed using ESRI's ArcGIS software and Survey123. This tool helps capture critical demographic information, such as age, gender, race, ethnicity, housing status, and the duration of homelessness. Volunteers, staff from community organizations, and City of Glendale personnel are all trained to administer the survey. Data gathered from these interviews is processed through ArcGIS software for further analysis.



To ensure the accuracy of the count, a unique identifier is assigned to each respondent based on demographic data and a detailed description of their situation. If duplicate surveys are detected during data entry, they are promptly removed to avoid skewing the results. In cases where demographic data is missing- whether from individuals who declined to participate or were missed in the count- an

extrapolation tool is used to estimate the missing information. This tool employs regression analysis, a statistical method that examines relationships between variables. By analyzing correlations between collected demographic data (such as age, gender, race, and location) and data within the HMIS system, the city can project missing characteristics for individuals encountered during the street count. This method ensures that even incomplete data sets provide an accurate representation of the homeless population.

**The sheltered count** is an important complement to the unsheltered Count, focusing on individuals residing in formal housing arrangements, such as shelters and transitional housing programs. While the unsheltered count addresses those living on the streets or in places not meant for habitation, the sheltered count captures individuals experiencing homelessness who are temporarily housed in structured settings, like emergency shelters or transitional housing programs.

**The goal of the sheltered count** is to identify and collect data on individuals residing in emergency shelters, transitional housing, or temporary housing provided by third-party social service agencies. Although temporarily housed, these individuals are still considered homeless under the HUD definition due to the lack of permanent, stable housing. Tracking those in shelters helps to fully capture the scope of homelessness, including individuals who may face challenges in securing long-term housing.

**Data collection for the Sheltered Count** is primarily managed through the HMIS system, a federally mandated system recommended by HUD for managing and reporting homeless populations, especially in shelter settings. HMIS is an integrated software platform used by agencies that provide services to individuals experiencing homelessness. It centralizes data across shelters, transitional housing programs, and other supportive housing services. In compliance with HUD guidelines, each organization or agency managing shelter beds is required to input data into the HMIS system, including demographic information, housing status, duration of homelessness, and other relevant data points about the individuals they serve. This data is collected at various points of entry, such as when a person first arrives at a shelter or enters transitional housing and can be updated as they progress through services or move to permanent housing. HMIS data includes:

- **Demographic Information:** Basic details such as age, gender, race, ethnicity, and family composition. This data helps identify trends across demographic groups and highlights the unique needs of different sub-populations within the homeless community.
- **Housing Status:** Information on the current housing situation, including whether individuals are in emergency shelters, transitional housing, or another form of temporary housing.
- **Length of Homeless Time:** Data regarding the duration of homelessness, crucial for understanding the severity and persistence of homelessness. This information can help identify individuals who may require more intensive support services.
- **Supportive Services Received:** Many shelter programs offer additional services like case management, job training, or mental health support. These services are tracked in HMIS to evaluate their impact on outcomes for those experiencing homelessness.



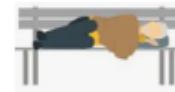
## 2025 SURVEY RESULTS



56% (110)  
sheltered



197 experiencing  
homelessness



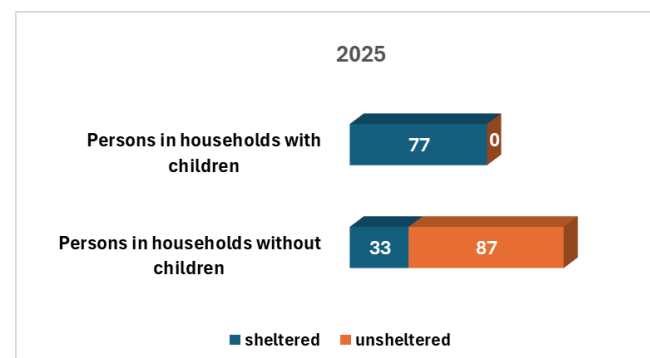
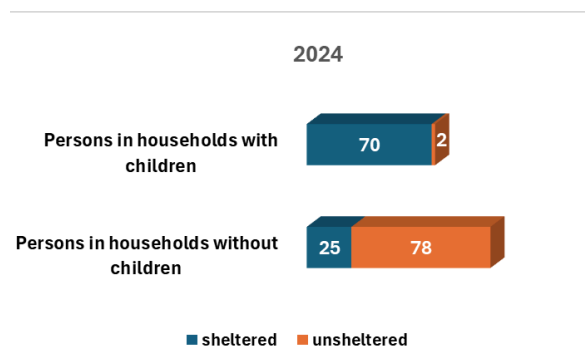
44% (87)  
unsheltered

|            | Sheltered  | Unsheltered | Total      |
|------------|------------|-------------|------------|
| 2025       | 110        | 87          | 197        |
| 2024       | 95         | 80          | 175        |
| Difference | 15<br>+16% | 7<br>+9%    | 22<br>+13% |

This year's total homeless population was recorded at 197 individuals, reflecting a 13% increase compared to the 175 individuals counted in 2024. The unsheltered population, or those living in places not meant for habitation, rose by 9%, with 87 individuals identified in this category. The sheltered population, consisting of individuals in emergency shelters or transitional housing, saw a 16% increase, with 110 individuals staying in shelters.

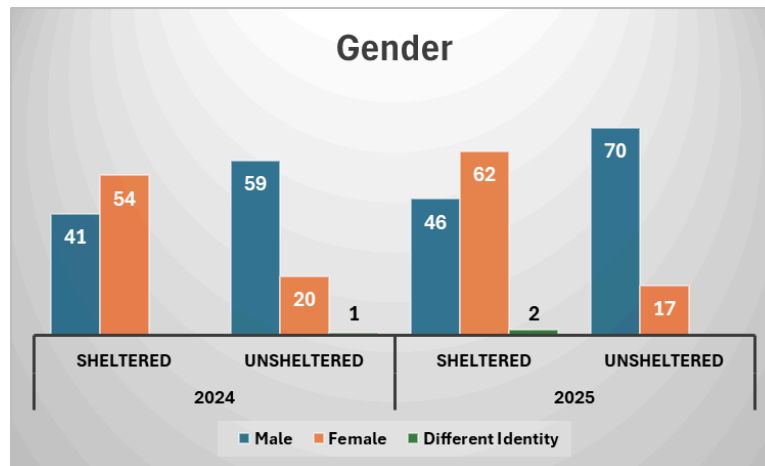
### Demographic Breakdown

**Household Type:** Glendale's homeless population was composed of 61% (120 individuals) in adult-only households without children and 39% (77 individuals) in households with children, out of a total of 197 individuals. This marks a slight shift from 2024, when out of 175 individuals, 59% (103 individuals) were in adult-only households and 41% (72 individuals) were in households with children. From 2024 to 2025, adult-only households increased by 17%, while households with children saw an increase of 7%. While both categories saw an increase in total numbers, the proportion of adult-only households rose from 59% to 61%, suggesting a growing number of single adults or adult couples experiencing homelessness.



**Gender distribution** revealed that 59% (116 of the 197) of the homeless population were male, 40% (79 of the 197) were female, and 1% (2 of the 197) identified as transgender and more than one gender.

Among the sheltered population, the number of males increased by 12%, from 41 in 2024 to 46 in 2025, while females rose by 15%, from 54 to 62. Individuals identifying with a different gender also appeared for the first time, increasing from 0 to 2. In the unsheltered population, males saw a significant 19% increase, rising from 59 to 70 and continuing to represent the majority. Females in this group decreased by 15%, from 20 to 17. While one unsheltered individual identified with a different gender identity in 2024, none were recorded in this category in 2025.



**The age distribution** showed notable patterns among the homeless population 26% of individuals experiencing homelessness were under 18, while 4% were between the ages of 18 and 24, an age group that often faces housing challenges due to limited income or support networks. The majority, 70%, were adults aged 25 and older, including 13% who were 65 years or older.

|          | Sheltered | Unsheltered | Total | %   |
|----------|-----------|-------------|-------|-----|
| Under18  | 51        | 0           | 51    | 26% |
| 18-24    | 6         | 3           | 9     | 4%  |
| 25-34    | 15        | 8           | 23    | 12% |
| 35-44    | 17        | 20          | 37    | 19% |
| 45-54    | 9         | 19          | 28    | 14% |
| 55-64    | 5         | 18          | 23    | 12% |
| 65 older | 7         | 19          | 26    | 13% |

#### **Racial and Ethnic Composition:**

Between 2024 and 2025, the racial and ethnic composition of the sheltered population shifted notably. The most significant increase was among individuals identifying as Black, African American, or African, whose number more than tripled- from 9 to 30 - representing a 233% increase. The number of individuals identifying as Hispanic/Latina/e/o grew modestly from 36 to 40, an 11% rise. Those identifying as White remained steady at 26 in both years, while the number of individuals identifying as both White and Hispanic dropped sharply from 12 to 5, a 58% decrease. New representation appeared among individuals identifying as American Indian, Alaska Native, or Indigenous (increasing from 0 to 6) and those identifying as Middle Eastern or North African (from 0 to 3). Conversely, individuals identifying as Asian and Multiracial were no longer represented, with both groups decreasing from 6 in 2024 to 0 in 2025.

In contrast, the unsheltered population experienced a different set of demographic shifts between 2024 and 2025. Hispanic representation increased by 23%, rising from 22 to 27 individuals. The number of White individuals, including those identifying as Armenian, grew by 39%, from 31 to 43. In contrast, the Black population declined sharply by 61%, dropping from 18 to 7, while the Asian population decreased by 20%, from 5 to 4. Those identifying as Multiracial grew by 33%, from 3 to 4. Meanwhile, representation among American Indian, Alaska Native, or Indigenous individuals remained unchanged at 1.

|                                               | Sheltered |      | Unsheltered |      |
|-----------------------------------------------|-----------|------|-------------|------|
|                                               | 2024      | 2025 | 2024        | 2025 |
| Hispanic/Latina/e/o                           | 36        | 40 ↑ | 22          | 27 ↑ |
| Black, African American, or African           | 9         | 30 ↓ | 18          | 7 ↓  |
| White                                         | 26        | 26   | 31          | 43 ↑ |
| White & Hispanic/Latina/e/o                   | 12        | 5 ↓  | 0           | 0    |
| American Indian, Alaska Native, or Indigenous | 0         | 6 ↑  | 1           | 1    |
| Middle Eastern or North African               | 0         | 3 ↑  | 0           | 1 ↑  |
| Asian or Asian American                       | 6         | 0 ↓  | 5           | 4 ↓  |
| Multi-Racial                                  | 6         | 0 ↓  | 3           | 4 ↑  |

\* The HMIS (Homeless Management Information System) does not include a specific category for “Armenian” as a race or ethnicity. As a result, it is difficult to determine exactly how many individuals of Armenian descent are sheltered in Glendale. Some may identify as “White,” others as “Middle Eastern or North African,” or “Other.” This limitation should be considered when interpreting the racial and ethnic composition data, as it may affect the accuracy of representation for the Armenian community within the homeless population.

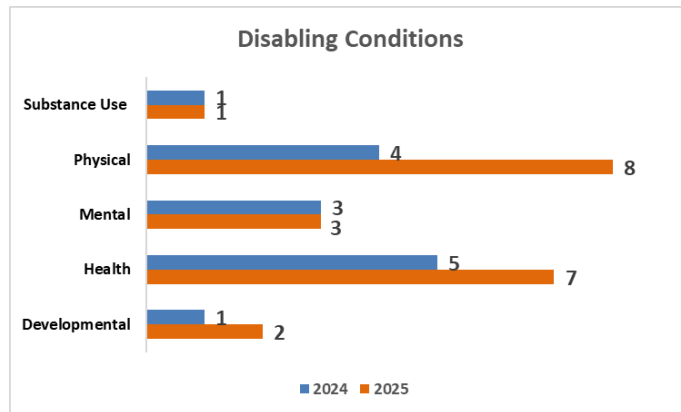
### Chronic Homelessness in Glendale

In the 2025 homeless count, 26 individuals were identified as chronically homeless, an increase from 18 in 2024. Of these, 17 were unsheltered and 9 were sheltered. This 44% year-over-year increase underscores a troubling rise in chronic homelessness in the region.

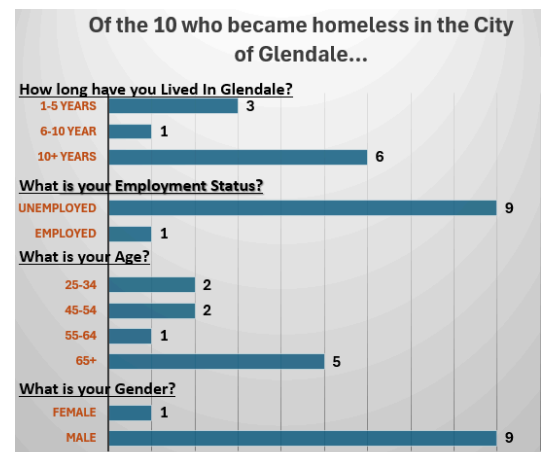
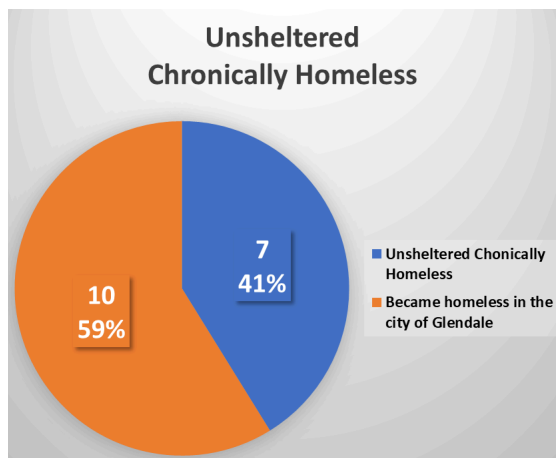
\*Chronic homelessness refers to individuals who have been homeless for at least one year or have experienced multiple episodes of homelessness, combined with the presence of one or more disabling conditions such as mental health issues, substance use disorders, chronic physical health conditions, and severe cognitive impairments that make it difficult to maintain stable housing and employment. These individuals face deeper-rooted challenges than the general homeless population, making it extremely difficult for them to exit homelessness. Chronic homelessness is often marked by repeated cycles of homelessness, wherein individuals may transition in and out of shelters or temporary housing, but are unable to secure permanent housing due to their health, economic, and social barriers.

**Unsheltered Chronic Homeless Population:** 17 individuals were identified as chronically homeless and unsheltered, a stark increase from just 6 individuals in 2024. This represents a 183% increase in the number of chronically homeless individuals within just one year. This significant rise is a clear indication of escalating homelessness in the region, driven by several interrelated factors, including the housing affordability crisis, rising rent costs, and insufficient mental health services. Many of the chronically homeless individuals are entrenched in a cycle of unemployment, substance abuse, and physical and mental health challenges that prevent them from breaking free of homelessness.

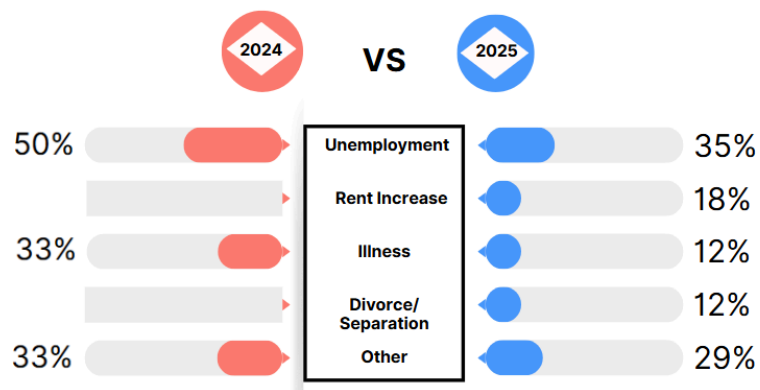
- Disabling Conditions:** Among the 17 unsheltered chronically homeless individuals, 12% reported developmental disabilities, 41% had general health issues, 18% experienced mental health conditions, 47% had physical disabilities, and 6% reported substance use disorders. Compared to 2024, these figures reveal concerning trends: the prevalence of physical disabilities and developmental disabilities doubled, indicating a growing number of individuals facing severe functional impairments. General health issues also saw an increase of 40%, suggesting worsening overall health among this population. In contrast, rates of mental health conditions and substance use disorders remained stable, reflecting persistent challenges in these areas that continue to require focused attention. These shifts highlight the evolving and complex needs of the chronically homeless community, emphasizing the importance of integrated healthcare, accessible disability services, and targeted support programs to address both physical and cognitive impairments alongside ongoing mental health and substance use concerns.



- Length of Residency in Glendale:** A substantial number of the chronically homeless individuals surveyed have long-standing ties to Glendale. Specifically, 10 of the 17 chronically homeless individuals became homeless while living in the city. When asked about their prior living situations, many individuals indicated that they had been living in Glendale for several years, with some having resided in the city for over a decade before losing their housing. For many, Glendale is not just the place they are experiencing homelessness—it's their home, where they grew up, worked, or raised families. This highlights the complexity of the homelessness issue in the city and the necessity for solutions that reflect the unique challenges of Glendale residents.



- The causes of chronic homelessness** in Glendale are multifaceted and include both individual and structural factors. According to the 2025 survey, unemployment and rising rent costs were the most frequently cited reasons for homelessness.



- Unemployment:** Of the 17 individuals surveyed, 6 (35%) reported becoming homeless due to unemployment. A lack of job opportunities, compounded by barriers such as mental health issues, substance use, and discrimination, makes it especially difficult for many to secure or maintain employment, further entrenching them in homelessness. Among those surveyed, only 2 individuals were currently employed, each earning \$501 or more per month. Interestingly, income levels among the unemployed were higher overall: 1 unemployed person reported earning between \$251–\$500 per month, while 7 reported earning \$501 or more. These findings highlight the complex and varied financial circumstances faced by homeless individuals—suggesting that employment status alone may not always align with income level, and that informal or non-traditional income sources may be at play.

|              | Employed | Unemployed |
|--------------|----------|------------|
| \$1,000+     | 1        | 5          |
| \$501-\$1000 | 1        | 2          |
| \$251-\$500  |          | 1          |
| \$1-\$250    |          |            |
| \$0          |          | 6          |
| Refused      |          | 1          |

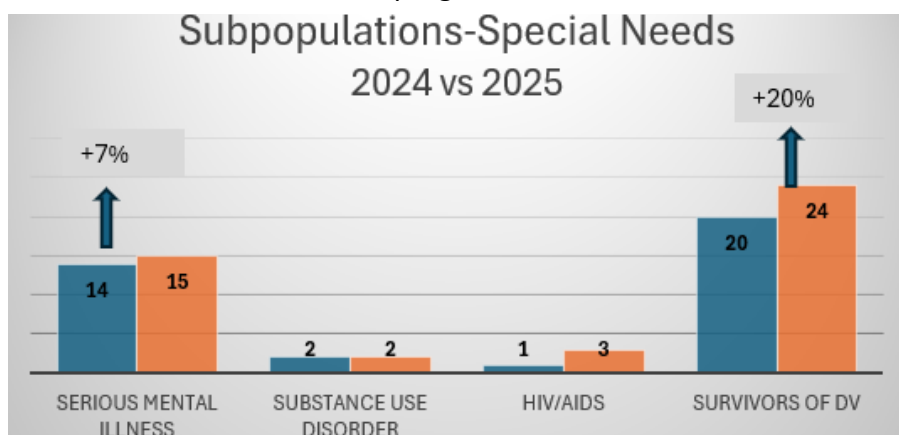
- Rising Rent Costs:** High housing costs were another major contributing factor. 3 of the 17 individuals surveyed (18%) attributed their homelessness to rising rent prices. As rent continues to increase in Glendale, individuals with limited or unstable incomes struggle to maintain housing. This reflects a broader affordability crisis across California and the nation. For chronically homeless individuals, the combination of high rents, low wages, limited affordable housing, and unstable employment opportunities creates significant barriers to securing and maintaining permanent housing. Additionally, evictions—whether due to non-payment or other reasons—remain a common pathway into homelessness.
- Family Conflicts and Health Issues:** Beyond economic challenges, personal and health-related issues also play a significant role. Some chronically homeless individuals reported becoming homeless due to family conflict, divorce, or serious health problems. When family support systems break down, individuals may have nowhere else to turn. Health-related issues, such as chronic illness or untreated mental health conditions, can also prevent individuals from working or maintaining stable housing. In the 2025 survey, 2 of the 17 individuals (12%) cited illness as a cause of their homelessness, while another 2 (12%) reported divorce or separation as contributing factors.

**Sheltered Chronic Homeless Population:** While the unsheltered population saw a marked increase in chronic homelessness, the sheltered population in Glendale showed a different trend. Of the 110 sheltered individuals counted on the night of the count, only 9 individuals (8%) were identified as chronically homeless. This represents a 25% decrease from the 12 individuals identified as chronically homeless in the 2024 sheltered count. The decrease in chronic homelessness among the sheltered population is likely due to the availability of emergency housing vouchers and more temporary housing options, which have provided a pathway out of homelessness for some individuals. These vouchers help individuals secure housing while they work through the underlying issues of chronic homelessness, such as substance abuse or mental health conditions. While this decrease is a positive development, it is clear that a comprehensive approach is needed to address the rising rates of chronic homelessness in Glendale, particularly among the unsheltered population.

### **Subpopulations**

Each year, the homeless count provides an important snapshot of the prevalence of specific disabilities and health conditions within the homeless population. For many individuals and families experiencing homelessness, health issues are a significant contributing factor to the financial crises that result in the loss of stable housing. Without access to essential support services, even minor illnesses can escalate into more severe or chronic conditions. Exposure to harsh environmental elements, physical violence, inadequate nutrition, and a lack of preventive care often intensifies health issues, leading to more serious illnesses and placing an increasing financial burden on local communities.

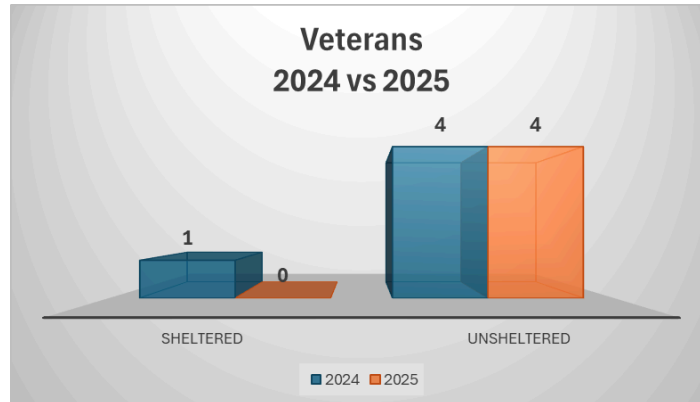
**Special Needs:** This year's count highlights a few key subpopulations of homeless individuals with specific needs. There were 15 adults identified with serious mental illness, representing a 7% increase from 14 individuals counted in 2024. Mental health disorders remain a significant challenge, and the lack of appropriate treatment or housing can worsen the instability these individuals experience. Similarly, 2 adults were reported with substance use disorder, showing no change from 2024. Substance abuse often both contributes to and results from homelessness, and the need for better access to treatment programs is evident.



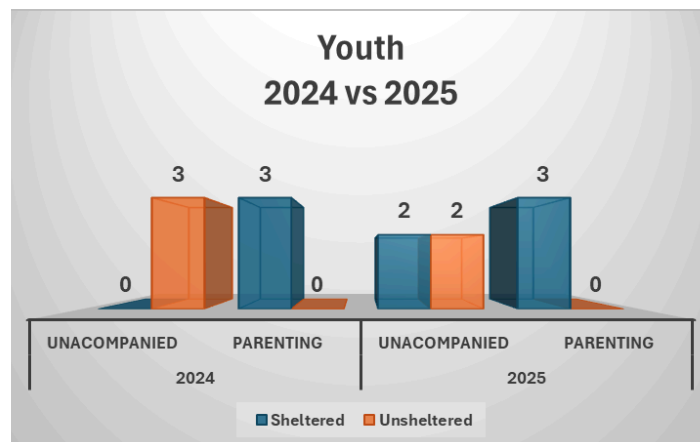
In contrast, there was a notable increase in the number of adults with HIV/AIDS. This year, 3 individuals with HIV/AIDS were identified, double the number reported in 2024.

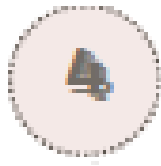
Furthermore, the count included 24 victims of domestic violence, a 20% increase from 2024. Domestic violence remains a leading cause of homelessness, particularly for women and children, and these individuals often require specialized care and housing options that can support their recovery from trauma.

**Veterans** continue to represent a unique sub-population within the homeless community. In 2025, 4 unsheltered veterans were identified, consistent with the number found in 2024. However, the number of sheltered veterans decreased by 100% from 2024. Over the past three years, coordinated efforts at the federal, state, and local levels have led to a notable decline in veteran homelessness. Key strategies included a Housing First approach, increased funding for housing and support services, and targeted outreach through veteran-led case management teams. Veterans were connected to permanent housing along with mental health care, job training, and other essential services. Public-private partnerships also played a critical role in expanding housing access and employment opportunities.



**Youth:** In the 2025 count, 7 individuals aged 18 to 24 were identified, marking a 17% increase from the previous year. This increase in youth homelessness is particularly troubling, as young people are at a heightened risk of long-term instability. Among these youth, 2 were unsheltered, a slight decrease from the 3 unsheltered youth reported in 2024. While this suggests some progress in sheltering youth, there is still a long way to go. The majority of the youth in this group, 5 individuals, were sheltered. Of these, 2 were unaccompanied and 3 were parenting youth with minor children, an increase from 2024, when 3 parenting youth were sheltered.

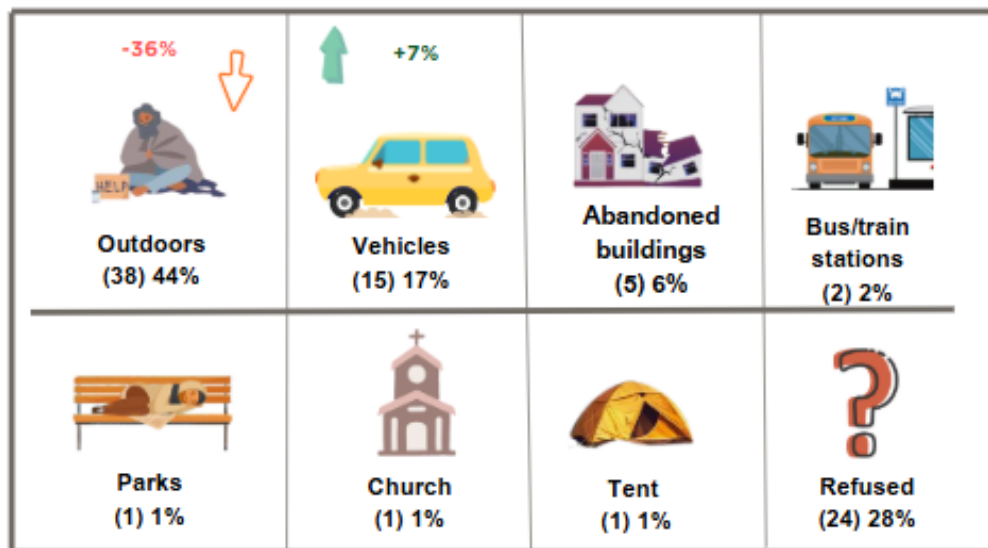




## UNSHELTERED POPULATION

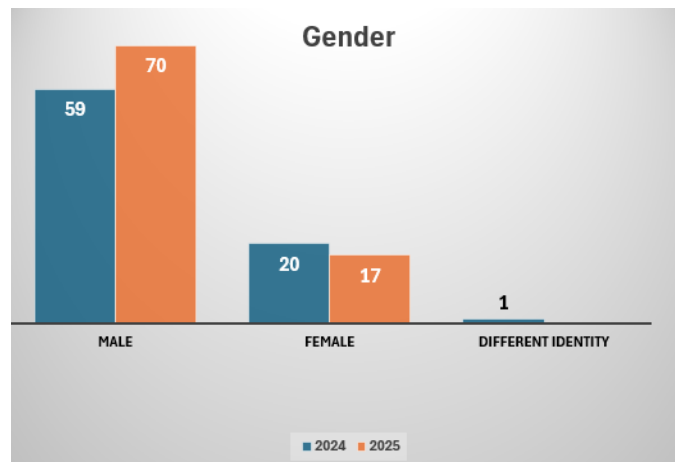
The unsheltered homeless population in Glendale continues to be a significant concern, with an increase of 9% from 2024. The 2025 PIT count recorded 87 unsheltered individuals, compared to 80 in the previous year. This increase highlights not only the housing affordability crisis but also the growing intersection of homelessness with mental health challenges. Many unsheltered individuals struggle with untreated or under-treated mental health conditions, which can hinder their ability to access services, maintain employment, or navigate housing systems.

### SLEEPING CONDITIONS



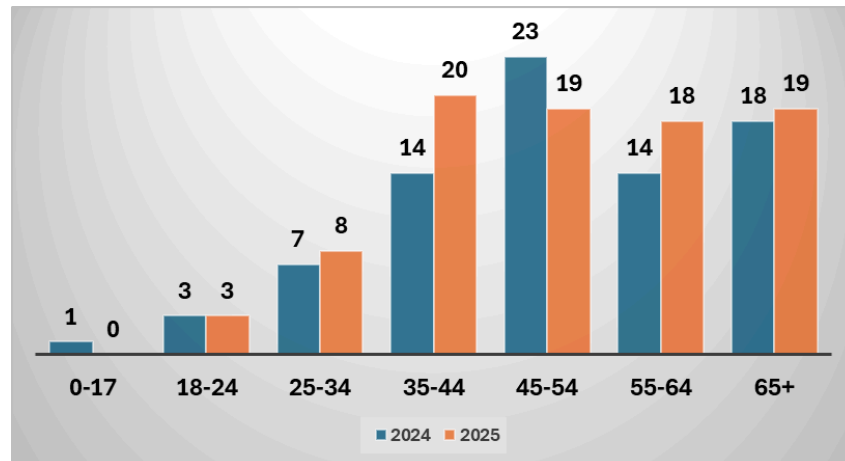
### Demographic Breakdown

**Gender:** Between 2024 and 2025, the gender composition of Glendale's unsheltered population shifted modestly. The number of unsheltered males increased from 59 to 70, a 19% rise, maintaining their status as the majority demographic. In contrast, the number of unsheltered females declined by 15%, from 20 to 17. Individuals identifying with a gender identity other than male or female were no longer represented in 2025, decreasing from 1 individual in the previous year to none.



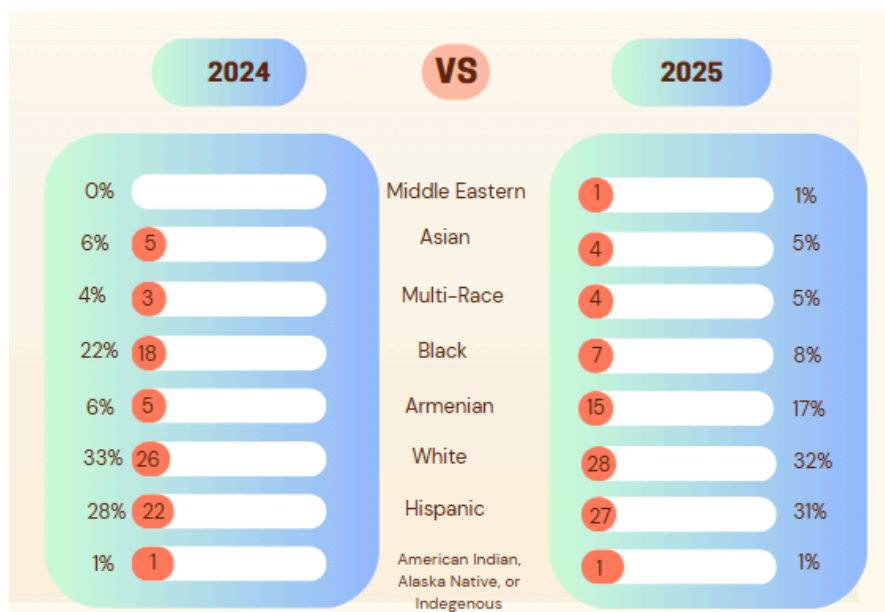
**The age** distribution of the unsheltered population reveals notable and concerning trends, particularly among older adults. Between 2024 and 2025, the most significant growth occurred in two age groups. The 25-54 age group increased by 7%, rising from 44 to 47 individuals, and the number of individuals aged 55 and older grew by 16%, from 32 to 37.

By 2025, older adults made up a significant portion of the unsheltered population: 37 individuals (43%) were aged 55 or older, including 19 (22%) who were 65 and above. This aging population is particularly vulnerable, often facing greater health challenges and limited access to resources, highlighting the need for targeted support and intervention.



**The racial and ethnic composition** of Glendale’s unsheltered population shifted notably between 2024 and 2025. The number of Hispanic individuals increased by 23%, rising from 22 to 27. White individuals grew modestly by 8%, from 26 to 28, while those identifying as Armenian experienced a sharp increase of 200%, from 5 to 15 individuals. In contrast, the number of Black individuals declined significantly by 61%, dropping from 18 to 7. Asian representation also decreased, falling by 20%, from 5 to 4 individuals. The Multiracial population saw a 33% increase, rising from 3 to 4. Notably, a new racial/ethnic category—Middle Eastern—was recorded for the first time, accounting for 1% of the population.

These demographic shifts underscore the evolving nature of homelessness in Glendale and highlight the need for culturally responsive, community-informed services that address the diverse experiences and needs of those affected.



## Barriers and Contributing Factors

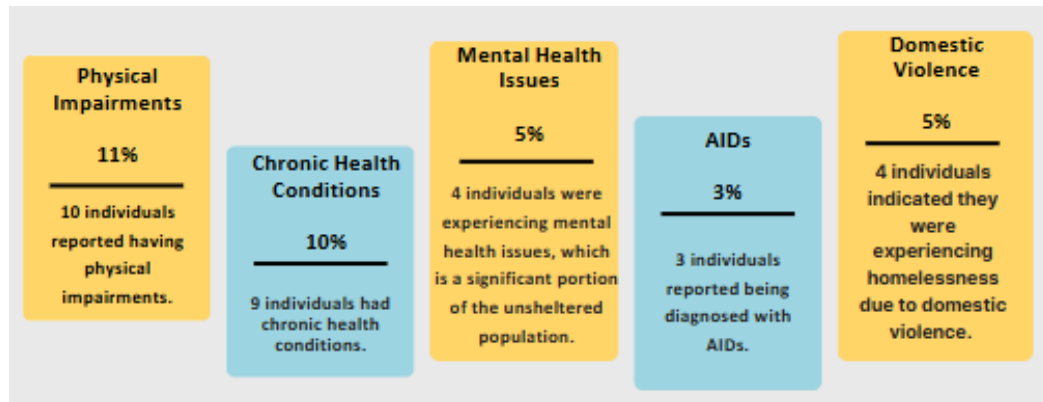
**Disabling Conditions** Health issues remain a major barrier to overcoming homelessness. In 2025, a total of 20 individuals (23%) reported having at least one disabling condition, nearly double the 12 cases reported in 2024. Among these 20 individuals, many were living with multiple co-occurring health issues, including:

- 10 individuals (11%) with physical impairments
- 9 individuals (10%) with chronic health conditions
- 4 individuals (5 %) experiencing mental health issues

These overlapping conditions contribute to greater vulnerability and underscore the need for comprehensive, coordinated health and housing services.

Additionally, 3 individuals (3%) reported being diagnosed with AIDS, and 4 individuals (5%) indicated they were experiencing homelessness due to domestic violence.

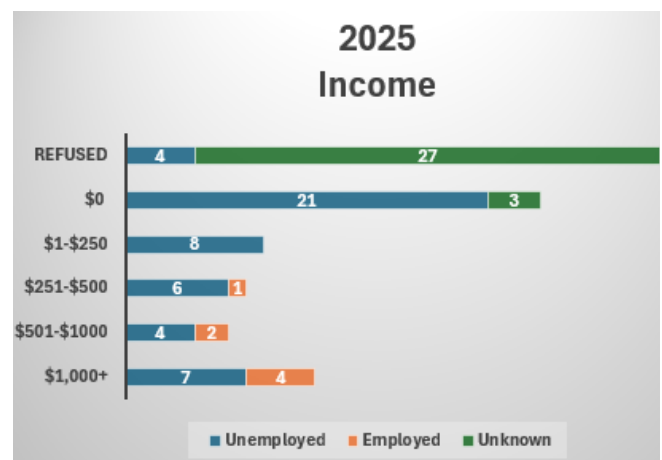
These health-related challenges illustrate the complex needs of the unsheltered population, with many individuals requiring access to healthcare services, mental health counseling, and substance abuse treatment. Expanding access to these critical services is essential to helping people exit homelessness and prevent them from falling back into it.



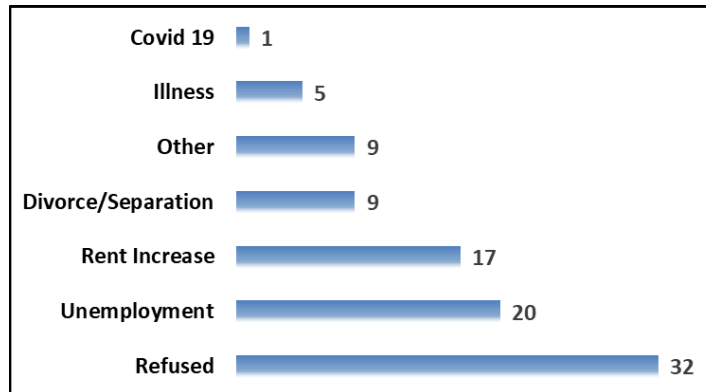
**Employment Status:** Economic hardship remains a contributing driver of homelessness. In 2025, 50 unsheltered individuals (57%) reported being unemployed—an increase from 35 individuals in 2024. This trend highlights the growing role of unemployment in perpetuating homelessness. Even for those who are employed, many job opportunities in Glendale do not offer a livable wage, leaving low-income individuals unable to afford stable housing.

Among unsheltered individuals who reported having some form of income:

- 7 individuals (8%) reported earning more than \$1,000 per month.
- 6 individuals (6.9%) reported earning between \$501 and \$1,000 per month.
- 7 individuals (8%) earned between \$251 and \$500 per month.
- 8 individuals (9%) earned between \$1 and \$250 per month.
- 24 individuals (27.6%) reported having no income at all, making it nearly impossible for them to afford housing.



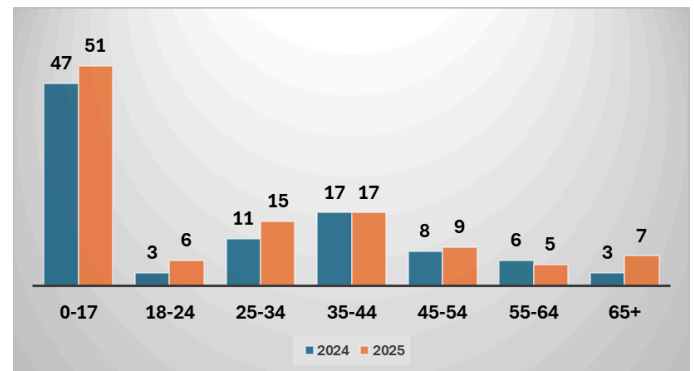
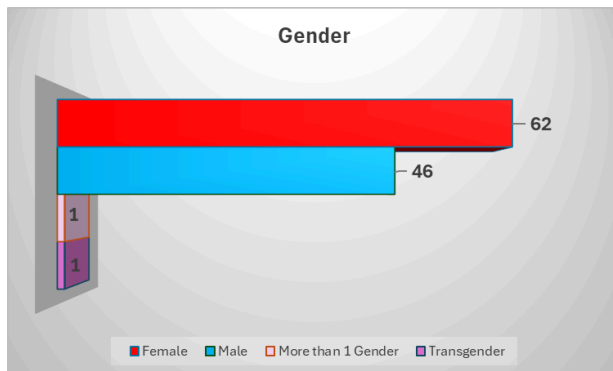
**Factors Contributing to Homelessness:** Of the 87 unsheltered individuals counted, 20 (23%) reported unemployment as the primary cause of their homelessness, 17 (20%) cited high rent, 9 (10%) mentioned divorce or separation, 5 (6%) pointed to illness, and 1 (1%) attributed their homelessness to COVID-19. An additional 9 individuals (10%) identified other reasons, including family conflict, incarceration, disputes with landlords, substance abuse, and fleeing domestic violence. 32 individuals declined to answer the question.



## SHELTERED POPULATION

### Demographic Breakdown

**Gender:** Sheltered homelessness increased across all gender categories between 2024 and 2025. The number of sheltered males rose by 12%, from 41 to 46, while the number of sheltered females increased by 15%, from 54 to 62, representing a larger share of the overall growth. In total, the sheltered population grew by 16%, increasing from 95 to 110 individuals.



**Age:** The 0–17 age group increased slightly from 47 to 51 individuals (a 9 % rise), continuing to makeup a substantial portion of the sheltered homeless population. The 18–24 group doubled from 3 to 6 individuals, marking a significant 100% increase. Adults aged 25–54 grew from 36 to 41 (a 14% increase), highlighting ongoing demand for services among working-age individuals. Notably, the 55+ group saw a sharp increase from 9 to 12 individuals, a 33.3% rise, underscoring the growing presence of older adults in the sheltered population and the urgent need for more age-appropriate services and support for seniors.

Racial and Ethnic Composition: Between 2024 and 2025, the racial and ethnic composition of the sheltered population shifted notably. The most significant increase was among individuals identifying as Black, African American, or African, rising from 9 to 30, a 233% increase. The number of individuals identifying as Hispanic/Latina/e/o grew modestly from 36 to 40, an 11% rise.

|                                               | Sheltered |      |
|-----------------------------------------------|-----------|------|
|                                               | 2024      | 2025 |
| Hispanic/Latina/e/o                           | 36        | 40 ↑ |
| Black, African American, or African           | 9         | 30 ↑ |
| White                                         | 26        | 26   |
| White & Hispanic/Latina/e/o                   | 12        | 5 ↓  |
| American Indian, Alaska Native, or Indigenous | 0         | 6 ↑  |
| Middle Eastern or North African               | 0         | 3 ↑  |
| Asian or Asian American                       | 6         | 0 ↓  |
| Multi-Racial                                  | 6         | 0 ↓  |

Those identifying as White remained steady at 26 in both years, while the number of individuals identifying as both White and Hispanic dropped sharply from 12 to 5, a 58% decrease. New representation appeared among individuals identifying as American Indian, Alaska Native, or Indigenous (increasing from 0 to 6) and those identifying as Middle Eastern or North African (from 0 to 3). Conversely, individuals identifying as Asian and Multi-Racial were no longer represented, with both groups decreasing from 6 in 2024 to 0 in 2025.

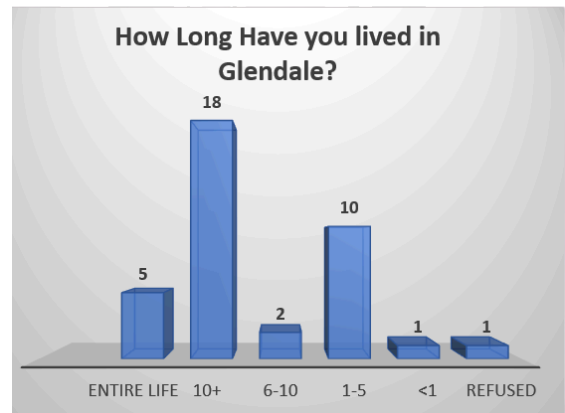
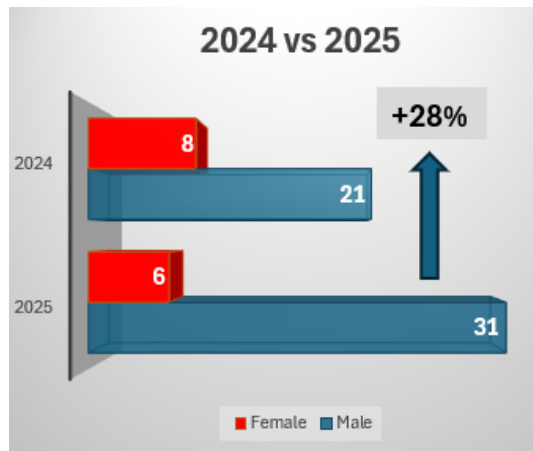
**Households without Children** were primarily composed of adults, with no individuals under 18. Among this group, there were 11 females (33%), 20 males (61%), 1 transgender individual (3%), and 1 person identifying with more than one gender (3%). Racially, 15 individuals (46%) identified as White, 12 (36%) as Black or African American, and 6 (18%) as Hispanic/Latina/o.

**Within households with children**, the majority were female, with 51 individuals (66%) compared to 26 males (34%). The group was predominantly Hispanic/Latina/o, with 34 individuals (45% of the subgroup), followed by 18 Black or African American (23%), 11 White (14%), 6 American Indian or Alaska Native (8%), 5 identifying as White and Hispanic/Latina/o (6%), and 3 Middle Eastern or North African (4%).



## HOMELESSNESS AMONG GLENDALE RESIDENTS

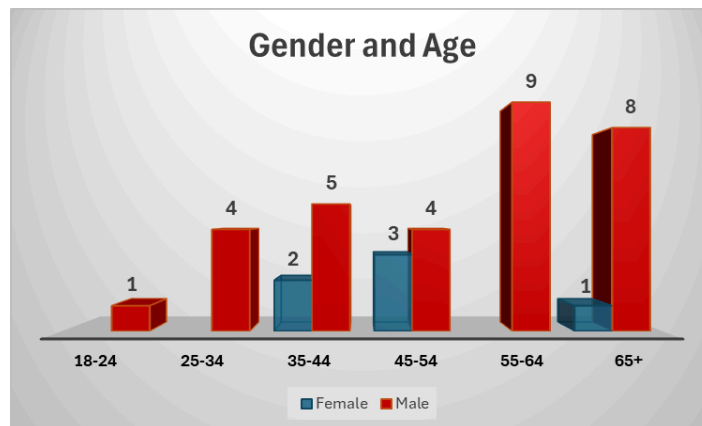
Homelessness in Glendale has escalated in recent years, with a 28% increase in the number of residents experiencing homelessness in 2025 compared to 2024. According to the 2025 Unsheltered Homeless Count, 43%, 37 out of 87 unsheltered individuals surveyed reported that they were experiencing homelessness for the first time in Glendale. One of the most striking findings from the 2025 survey is that 62%, or 23 of the 37 individuals who became homeless for the first time in Glendale have lived in the city for more than a decade, and in some cases, for their entire lives. These 23 individuals have deep ties to the community, having lived and worked in the city for over 10 years before experiencing homelessness.



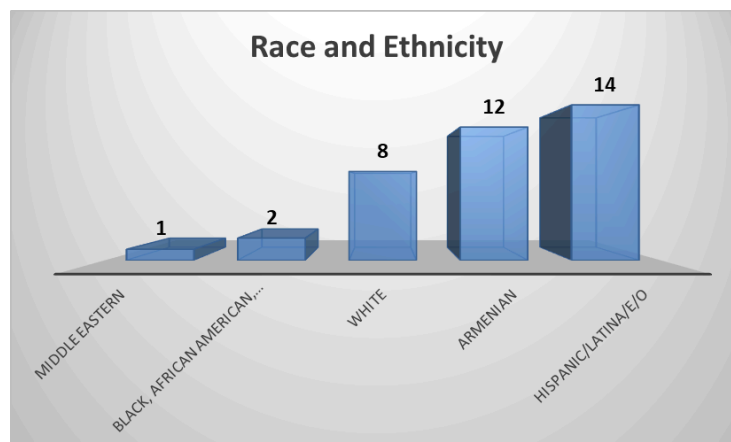
## Demographic Breakdown

The demographic profile of the 37 individuals who became homeless for the first time in Glendale reveals significant trends in terms of gender, age, and employment status:

- **Gender:** An overwhelming 84% of these individuals, or 31 out of 37, were male.
- **Age:** Among the 37 individuals, 46% (or 17 individuals) were aged 55 or older. This reflects a concerning trend of older adults increasingly facing homelessness, a group that often faces unique challenges such as limited earning capacity, health problems, and fewer resources to navigate the housing system.

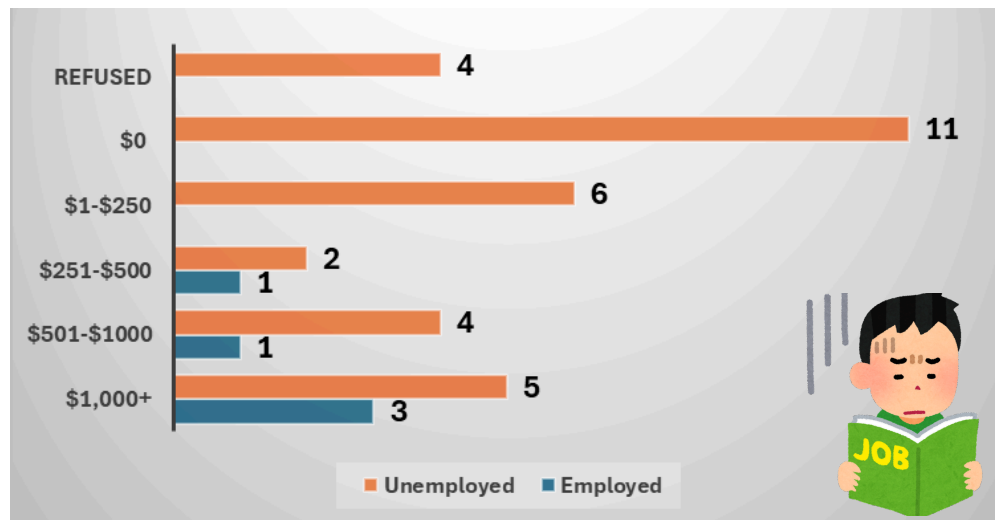


**The ethnic composition** of Glendale's homeless population reflects a diverse community. Hispanic/Latina/e/o individuals made up the largest group, accounting for 14 people, followed closely by those identifying as Armenian, with 12 individuals. White individuals represented 8 people within the homeless population, while 2 identified as Black, African American, or African. One individual identified as Middle Eastern. This distribution highlights the presence of both long-standing and immigrant communities among those experiencing homelessness in Glendale.



## Barriers and Contributing Factors

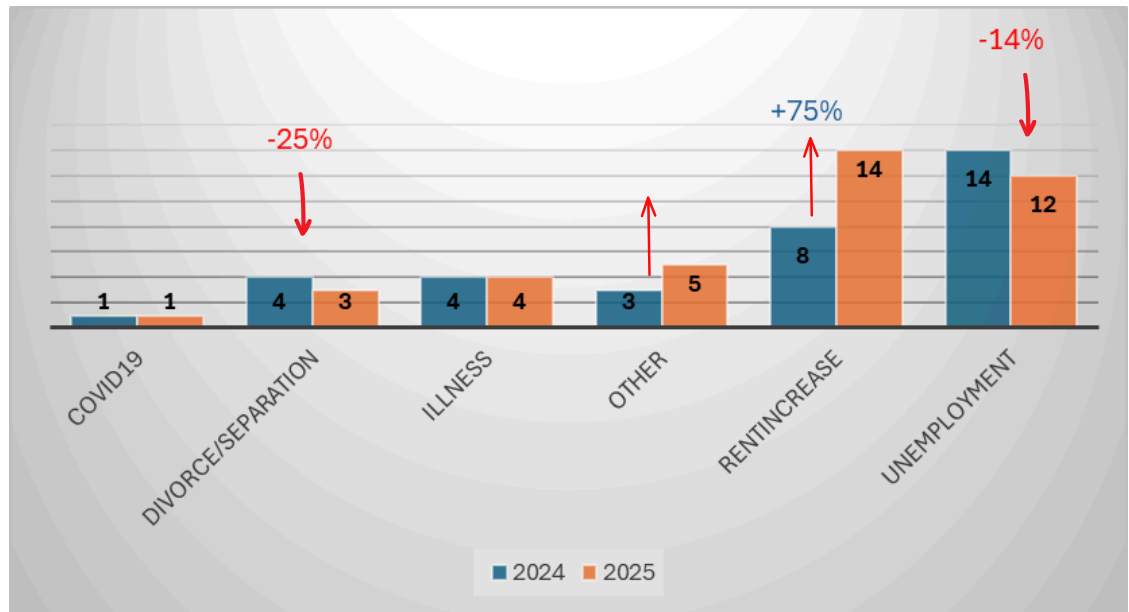
**Employment Status:** Of the 37 individuals, a substantial 84% (or 31 individuals) reported being unemployed at the time they became homeless. Among the unsheltered individuals surveyed, 1 person was employed and earning between \$251 and \$500 per month, while 1 person earned between \$501 and \$1000, and 3 people earned more than \$1000 per month. These figures show that even among those employed, many still face significant financial challenges. On the other hand, 11 unemployed individuals reported earning \$0 income, 6 individuals earned between \$1 and \$250, 2 earned between \$251 and \$500, 4 earned between \$501 and \$1000, and 5 earned over \$1000. These figures highlight the extreme financial insecurity many individuals face, with the majority struggling to earn enough to secure stable housing.



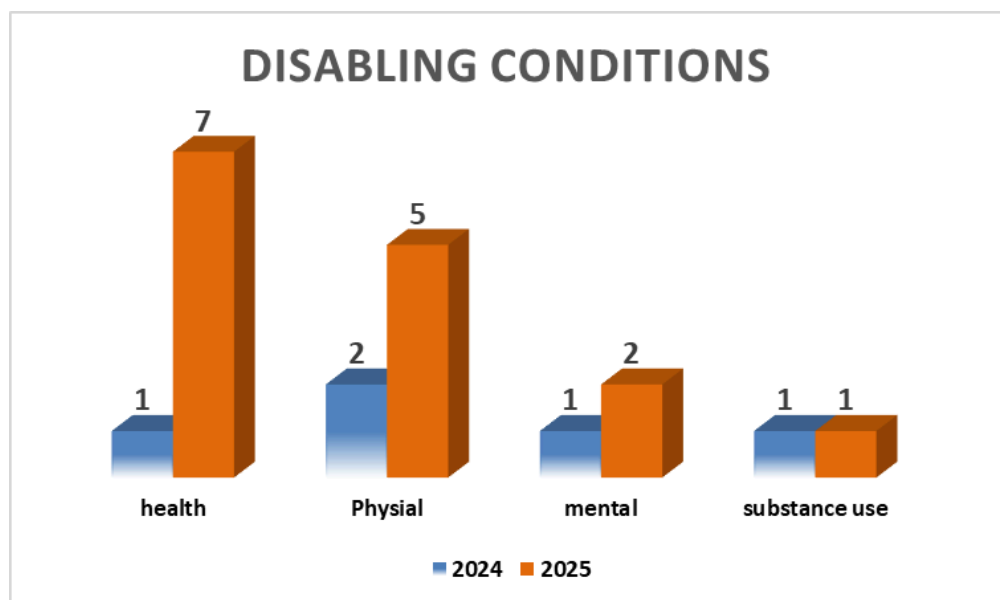
**The factors contributing to homelessness** for the 37 individuals who became homeless for the first time in Glendale reflect a complex mix of personal, economic, and structural issues. When asked about the main causes of their homelessness, respondents identified several key factors:

- **Rent Increases (38%):** A significant number of individuals cited rising rent costs as a major factor leading to their homelessness, with 38% of the respondents indicating rent hikes as the primary reason for losing their housing. This marks a 75% increase in rent-related responses compared to the 2024 survey.
- **Unemployment (32%):** Unemployment was another significant factor contributing to homelessness, with 32% of individuals citing job loss or inability to secure employment as the cause. Compared to 2024, the percentage of people reporting unemployment as a factor actually decreased by 14%. However, unemployment remains one of the largest contributing factors, pointing to the vulnerability of low-income residents who may lack job security, particularly in low-wage or precarious employment sectors.
- **Unexpected Illness (11%):** Health issues have consistently played a role in contributing to homelessness, and 11% of the respondents in the 2025 survey pointed to unexpected illness as a cause. This response mirrors the findings from the 2024 survey, showing that health problems—whether physical or mental—remain a major vulnerability for individuals at risk of homelessness.
- **Divorce or Separation (8%):** Divorce or separation accounted for 8% of responses, marking a 25% decrease from the 2024 survey. While it remains a significant factor, the decrease suggests that family breakdowns might be somewhat less prominent as a cause of homelessness compared to previous years.

- **COVID-19 (1%):** Only 1 person reported falling into homelessness due to the COVID-19 pandemic, a figure that mirrors the response from the 2024 survey. While the pandemic certainly exacerbated homelessness for many individuals, it appears to have had a lesser impact on the 2025 cohort of homeless individuals in Glendale compared to previous years.



**Disabling Conditions:** In 2025, 5 out of 37 individuals surveyed (14%) reported health-related issues, including general health problems (8%), physical health conditions (5%), mental health issues (3%), and substance use (3%). This represents an increase from 2024, when only 3 out of 37 individuals (8%) reported health challenges, with general health issues at 3%, physical health conditions at 5%, mental health issues at 3%, and substance use at 3%. The rise in health-related issues from 8% in 2024 to 14% in 2025 suggests that health problems are becoming an increasingly significant barrier to stability and housing among the homeless population.





## CONCLUSION AND RECOMMENDATIONS

**Conclusion:** The 2025 homeless count in Glendale reveals a deepening and increasingly complex homelessness crisis, with the total population rising to 197 individuals, a 13% increase from 2024. While both sheltered and unsheltered populations grew by 16% and 9%, respectively, the most concerning development is the 183% rise in chronic homelessness among the unsheltered population, indicating a troubling escalation in long-term, entrenched homelessness driven by systemic and personal barriers such as unemployment, rising rent costs, and disabling health conditions.

Chronic homelessness, in particular, presents urgent challenges. A majority of these individuals suffer from disabling conditions, notably physical and general health issues, and many have long-standing ties to Glendale, having lived in the city for years before becoming homeless.

Despite the overall rise in homelessness, the decrease in chronic homelessness among the sheltered population suggests that interventions like emergency housing vouchers have had a positive impact. However, this progress remains limited, as these vouchers offer only a temporary solution and are no longer available. Without additional resources or permanent housing options, sustaining this progress will be challenging.

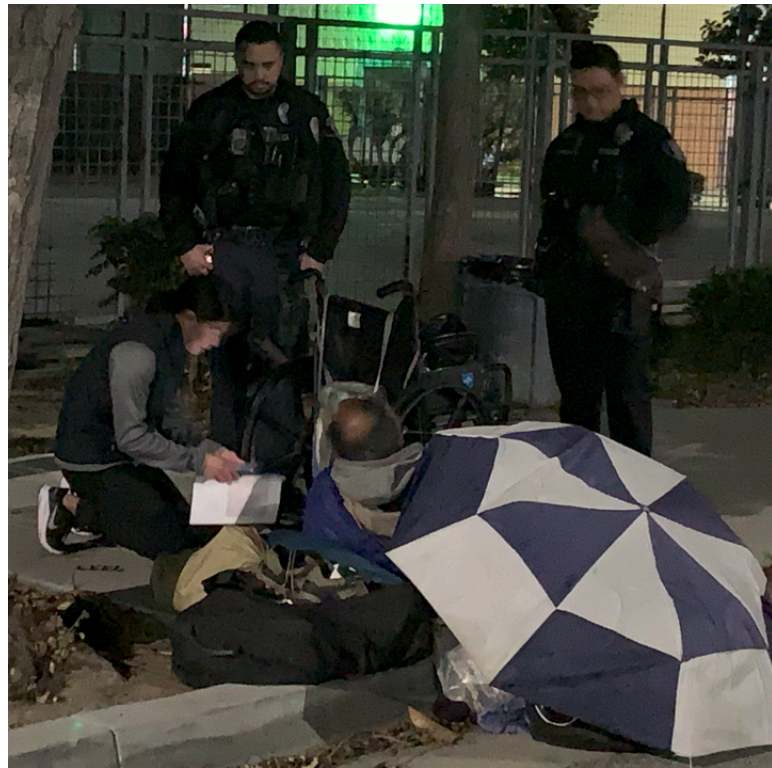
Demographic shifts further underscore the evolving nature of Glendale's homeless population. Among the sheltered, there was a dramatic rise in individuals identifying as Black and Hispanic/Latina/e/o, along with new representation of American Indian/Alaska Native and Middle Eastern/North African individuals. Meanwhile, the unsheltered population showed significant increases in Armenian, White and Hispanic representation, suggesting changing patterns of visibility, outreach effectiveness, or community-specific challenges.

Subpopulation data adds further urgency: increases in mental illness, HIV/AIDS, and domestic violence-related homelessness demonstrate the interconnectedness of health, safety, and housing stability. Notably, the rise in youth homelessness, especially among parenting youth, highlights the need for tailored services that address the unique needs of this group.

**Recommendation:** To effectively address the rising rates of homelessness in Glendale, particularly among chronically homeless and unsheltered individuals, the city should continue the implementation of a Housing First strategy, integrated with wraparound support services. Special attention should be given to high-risk subpopulations such as veterans, parenting youth, and individuals with disabling conditions. Additionally, expanding culturally competent outreach efforts to better meet the diverse cultural needs of the community, ensuring that services are culturally responsive and accessible to all.

Moreover, targeted interventions for vulnerable groups, including older individuals and survivors of domestic violence, should be expanded. Based on the survey responses, a significant portion of Glendale’s homeless population has long-term ties to the city, meaning that community-based solutions and local partnerships will be essential in addressing the issue.

Glendale CoC shares geographic boundaries with Service Planning Areas (SPAs) 4 and 6—regions that are significantly impacted by high rates of homelessness. This geographic overlap compounds the challenges faced by the unsheltered population, placing additional pressure on local resources and systems. Therefore, regional coordination and support is essential to bring in additional services and ensure homelessness is rare, brief and non-reoccurring.



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# 2025 POINT-IN TIME (PIT) COUNT

## 02/19/2025

|            | Sheltered  | Unsheltered | Total      |
|------------|------------|-------------|------------|
| 2025       | 110        | 87          | 197        |
| 2024       | 95         | 80          | 175        |
| Difference | 15<br>+16% | 7<br>+9%    | 22<br>+13% |



Decrease from 2024

Increase from 2024

Refused: 24 individuals

## UNSHELTERED LIVING CONDITIONS

The 2025 PIT count recorded 87 unsheltered individuals, compared to 80 in the previous year. This population includes individuals living in places not meant for human habitation, such as parks, streets, vehicles, abandoned buildings, and other makeshift shelters. Of the 87 individuals, 24 declined to disclose their specific sleeping location or conditions.



-36%

**Outdoors**  
(38) 44%

+7%



**vehicles**  
(15) 17%



**abandoned buildings**  
(5) 6%



**bus/train stations**  
(2) 2%



**parks**  
(1) 1%



**church**  
(1) 1%



**tent**  
(1) 1%

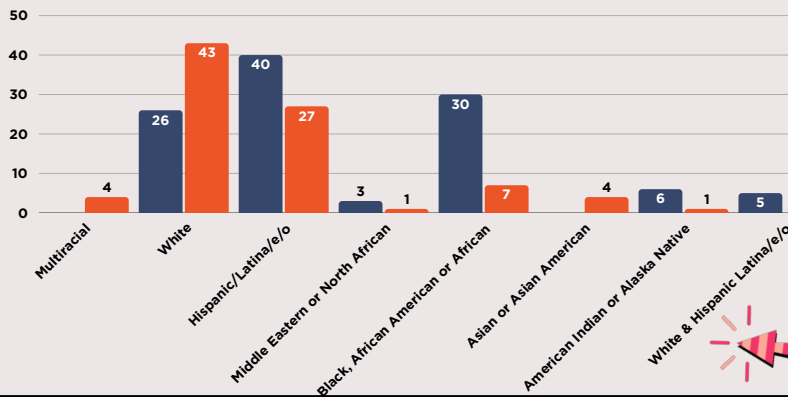
## RACE/ETHNICITY

TOTAL POPULATION

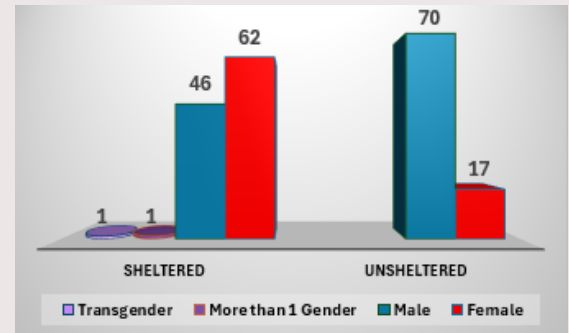
197

56% 44%

sheltered Unsheltered



## GENDER

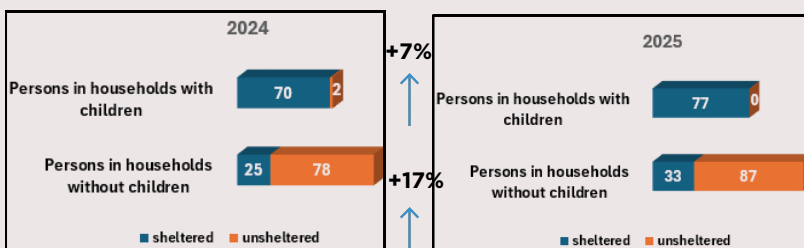
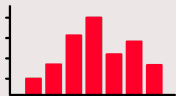


**Ethnicity:** Of those counted, 34% were identified as White (including individuals of Armenian descent), 34% as Hispanic, 18% as Black, 4% as White & Hispanic Latina/e/o, 4% as American Indian, 2% as Asian, 2% as Middle Eastern, and 2% as multiracial.

**Gender:** 55% identified as male, 44% as female, 1% as transgender and more than one gender.

## HOUSEHOLD TYPES

Of the 193 individuals counted, 120 (62%) were in households without children, which is a 17% increase from 2024. The remaining 73 individuals (38%) were in households with children, representing a 1% increase from the previous year.



## AGE DISTRIBUTION

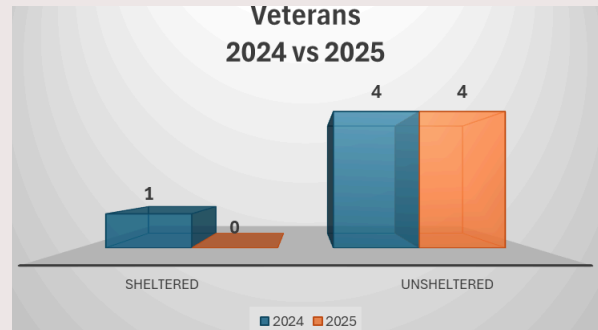
The majority, 70% were adults aged 25 and older, with 13% of the total population being 65 years or older.

|          | Sheltered | Unsheltered | Total | %   |
|----------|-----------|-------------|-------|-----|
| Under18  | 51        | 0           | 51    | 26% |
| 18-24    | 6         | 3           | 9     | 4%  |
| 25-34    | 15        | 8           | 23    | 12% |
| 35-44    | 17        | 20          | 37    | 19% |
| 45-54    | 9         | 19          | 28    | 14% |
| 55-64    | 5         | 18          | 23    | 12% |
| 65 older | 7         | 19          | 26    | 13% |

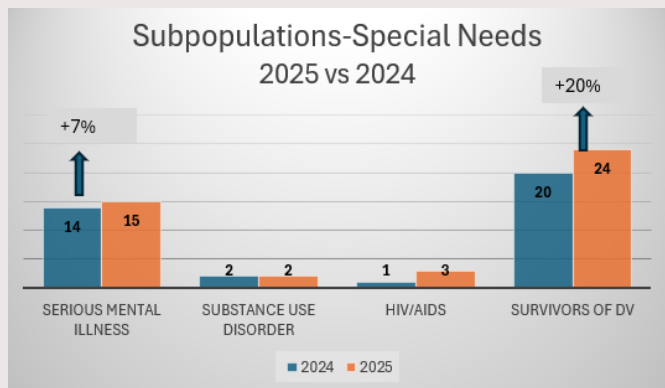
# SUBPOPULATION

## VETERANS

The number of unsheltered veterans remained unchanged in 2025 compared to 2024, with 4 individuals. However, the number of sheltered veterans decreased by 100% from 2024.



## SPECIAL NEEDS



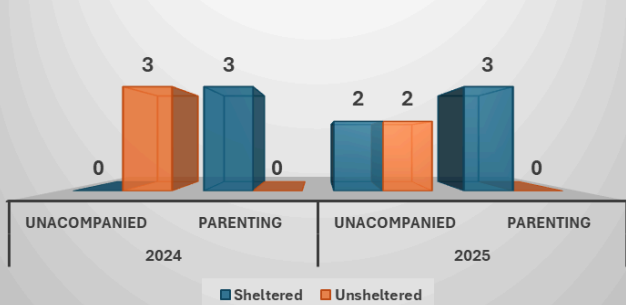
**Mental Illness:** 15 adults identified with serious mental illness, representing a 7% increase from the 14 individuals counted in 2024.

**Substance Use Disorder:** 2 adults were reported with substance use disorder, showing no change from 2024.

**HIV/AIDS:** 3 individuals with HIV/AIDS were identified, double the number reported in 2024.

**Survivors of DV:** 24 victims of domestic violence were identified, marking a 20% increase from 2024.

## Youth 2024 vs 2025

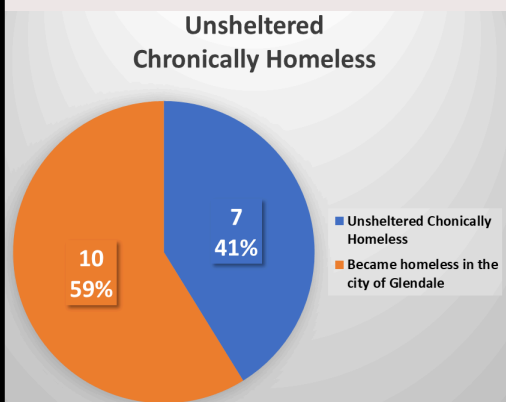


## YOUTH

In the 2025 count, 7 individuals aged 18 to 24 were identified, reflecting a 17% increase from the previous year.

Among these youth, 2 were unsheltered, a slight decrease from the 3 unsheltered youth reported in 2024.

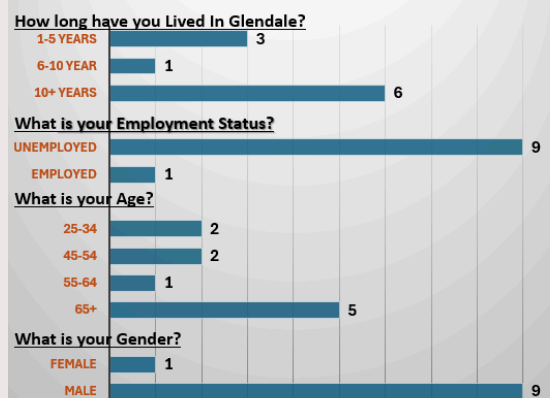
## UNSHELTERED CHRONIC HOMELESSNESS



A total of 17 individuals were identified as chronically homeless, a significant increase from just 6 individuals in 2024.

Of these 17, 10 became homeless in the city of Glendale.

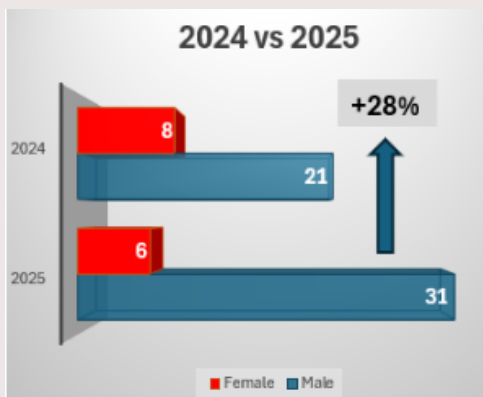
## Of the 10 who became homeless in the City of Glendale...



# HOMELESSNESS AMONG GLENDALE RESIDENTS

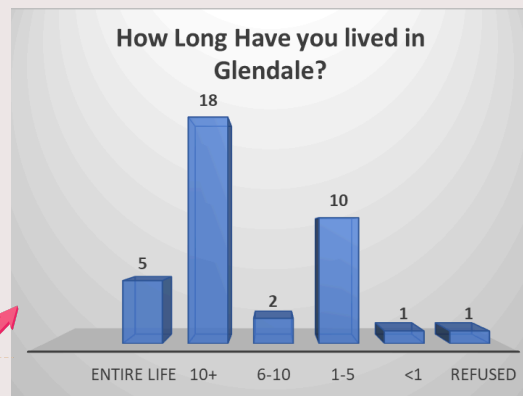
## First Time Homeless

Of the 87 unsheltered individuals surveyed in Glendale, 43% (37 individuals) reported that this was their first time experiencing homelessness in the city.

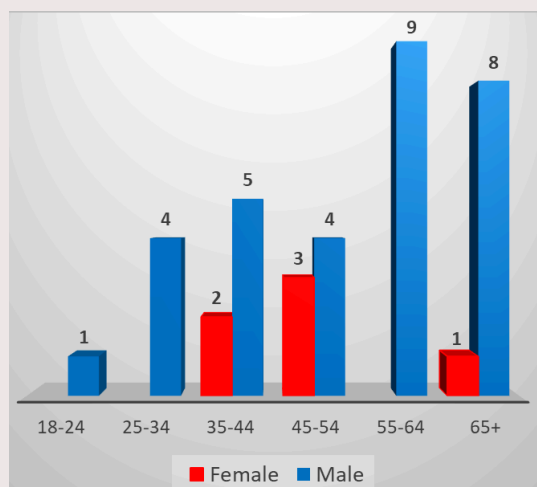


## Length of Time in the Community

Of the 37 individuals who became homeless for the first time in Glendale, 62% (23 individuals) had lived in the city for more than a decade, and in some cases, for their entire lives.



## Age and Gender

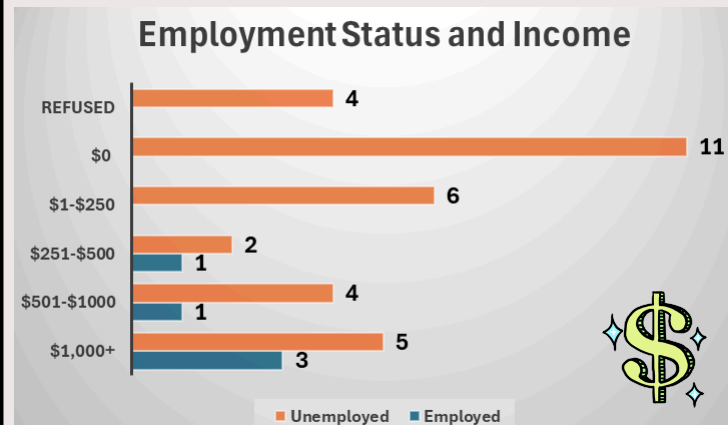


**Age:** 49% (18 individuals) of the 37 first-time homeless individuals were aged 55 or older.

**Gender:** 84% (31 individuals) of the 37 were male, and 16% (6 individuals) were female.

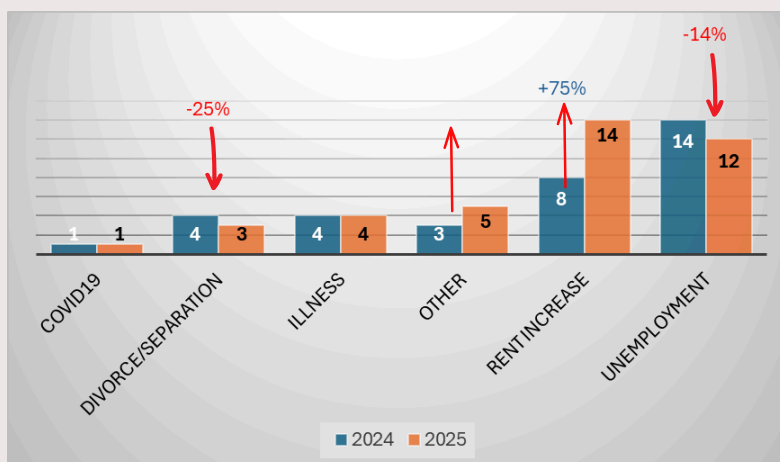
## Employment Status

Income was higher among those who were unemployed



## Factors Contributing to Homelessness

38% (14 individuals) of the 37 became homeless due to high rents.



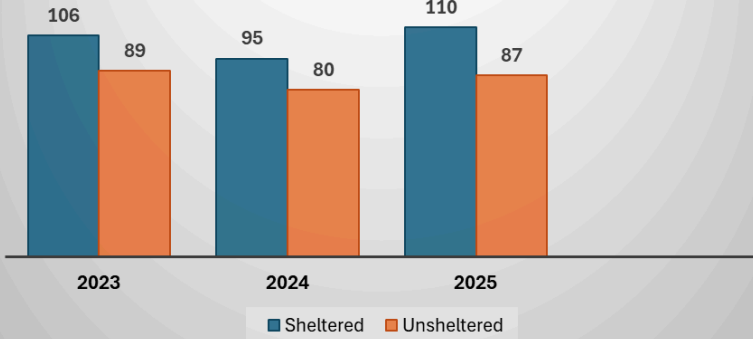
Of those 14, 86% (12 individuals) were male, and 50% (7 individuals) were aged 55 or older.

| Age   | Gender | Race     | Employment | Income        | Rent Amount |
|-------|--------|----------|------------|---------------|-------------|
| 25-34 | Male   | Hispanic | Refused    | 0             | \$1,200     |
|       | Male   | White    | No         | \$1-\$250     | \$900       |
| 35-44 | Female | Hispanic | Yes        | \$1,000+      | \$1,650     |
|       | Male   | Armenian | Yes        | \$251-\$500   | Unknown     |
|       | Male   | Armenian | Yes        | \$1,000+      | Unknown     |
| 45-54 | Male   | White    | No         | \$1-\$250     | \$300       |
|       | Male   | Hispanic | No         | 0             | \$700       |
|       | Female | Hispanic | No         | 0             | \$700       |
|       | Male   | Armenian | Yes        | \$1,000+      | Unknown     |
| 55-64 | Male   | Hispanic | No         | 0             | \$450       |
|       | Male   | Armenian | No         | \$501-\$1,000 | \$1,752     |
|       | Male   | Armenian | Yes        | \$1,000+      | Unknown     |
|       | Male   | Armenian | Yes        | \$1,000+      | Unknown     |
| 65+   | Male   | White    | No         | \$1,000+      | \$320       |
|       | Male   | White    | No         | 0             | \$1,600     |
|       | Male   | Hispanic | No         | \$1,000+      | \$1,200     |

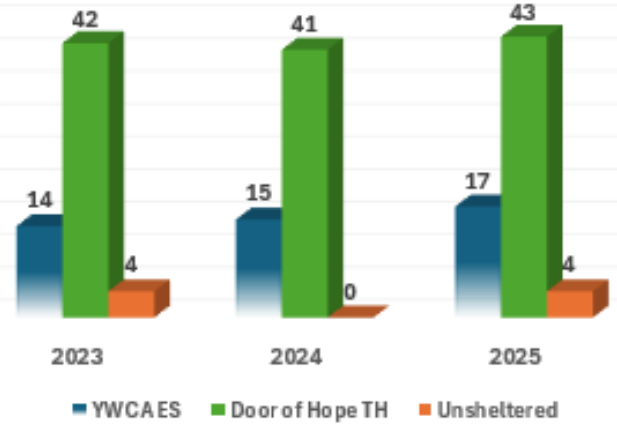
# TRENDS 2023-2025

## Sheltered vs Unsheltered Population

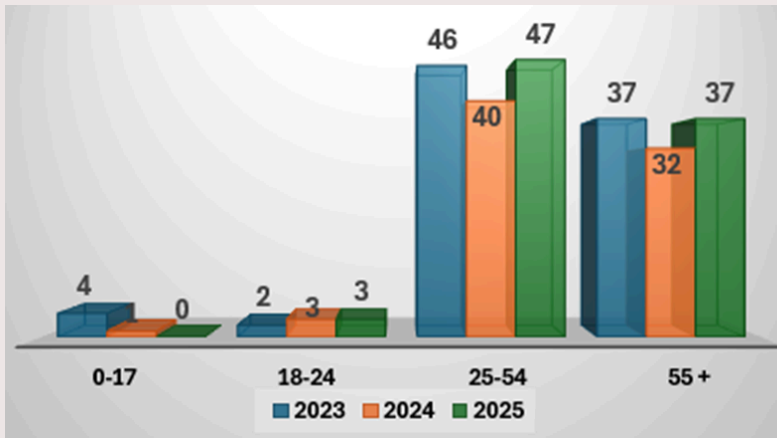
Sheltered/Unsheltered  
2023-2025



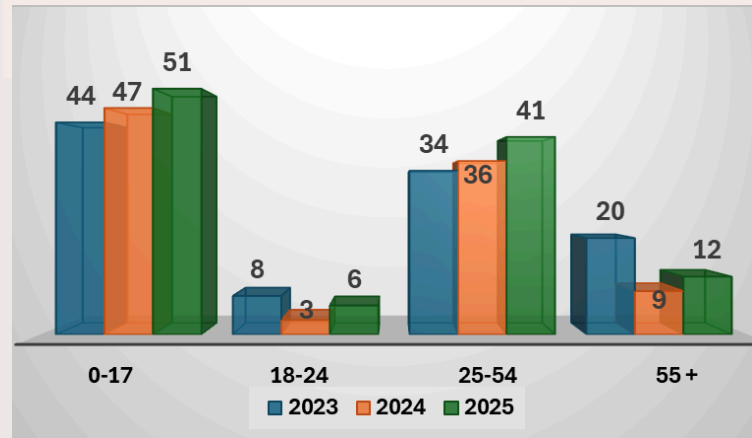
## Domestic Violence Population



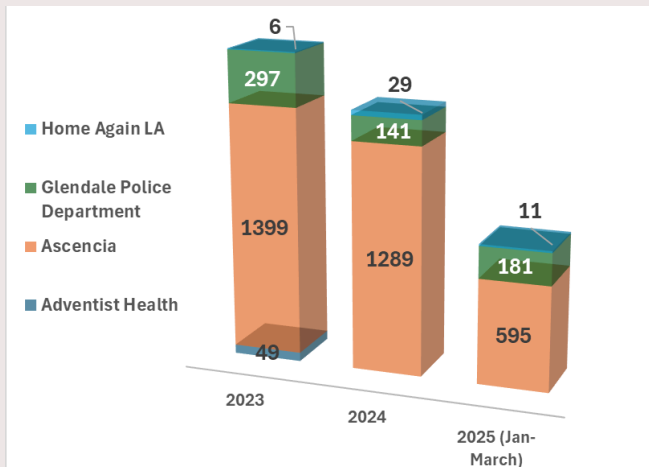
## Unsheltered Population by Age



## Sheltered Population by Age



## Annual Unsheltered Homelessness 2023-2025



## Annual Unsheltered vs PIT Count 2023-2025

