

CITY OF WATSONVILLE COMMUNITY NEEDS SURVEY



The City of Watsonville is preparing its Community Development Block Grant (CDBG) five-year Consolidated Plan and is seeking your input to help identify the priority needs of the community. Your responses will assist the City in determining how to allocate the funding received to serve the community. Please return completed surveys to: City of Watsonville, Community Development Department, Attn: Jackie Ventura, 250 Main Street, Watsonville, CA 95076 or by email at Jackie.ventura@cityofwatsonville.org. Should you need assistance or have questions regarding the survey, please contact Jackie Ventura at (831) 768-3095. Be advised that surveys must be received no later than 5:30 p.m. on Monday, March 16, 2015 and may be taken on line at <http://survey.constantcontact.com/survey/a07ean4jqbli6s777fo/start>.

Please answer the following questions:				
1. Which best describes you or your organization? (check all that apply)				
<input type="checkbox"/>	Resident	<input type="checkbox"/>	Own	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	Rent	<input type="checkbox"/>
<input type="checkbox"/>	Health Service Provider		<input type="checkbox"/>	
<input type="checkbox"/>	Disabled Service Provider		<input type="checkbox"/>	
<input type="checkbox"/>	Business Owner		<input type="checkbox"/>	
<input type="checkbox"/>	Legal Service Provider		<input type="checkbox"/>	
<input type="checkbox"/>	Education Service Provider		<input type="checkbox"/>	
<input type="checkbox"/>	Housing Provider		<input type="checkbox"/>	
<input type="checkbox"/>	Homeless Service Provider		<input type="checkbox"/>	
<input type="checkbox"/>	Counseling Service Provider		<input type="checkbox"/>	
<input type="checkbox"/>	Senior Service Provider		<input type="checkbox"/>	
<input type="checkbox"/>	Employment/Training Provider		<input type="checkbox"/>	
<input type="checkbox"/>	Youth/Child Service Provider		<input type="checkbox"/>	
<input type="checkbox"/>	Other: _____			
2. If you are an organization, what is your service area?				
<input type="checkbox"/>	City (_____)	<input type="checkbox"/>	County (_____)	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	Regional	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>		National
Please indicate the level of need in the City for each of the following items: (choose one level for each item listed)				
Housing	High	Medium	Low	None
Accessibility Improvement Assistance (rehabilitation)				
Affordable Ownership Units				
Affordable Rental Units				
Affordable Senior Housing				
Energy Efficiency Improvement Assistance				
First Time Homebuyer Assistance				
Home Repair/Improvement Assistance (rehabilitation)				
Homeless Shelters/Permanent Housing				
Housing for Large Families				
Housing for the Disabled				
Housing for the Mentally Ill				
Lead Based Paint Testing/Removal				
Rental Housing Assistance				
Transitional and Emergency Shelters				
Other: _____				
Community (Public) Services	High	Medium	Low	None
Code Enforcement - Commercial				
Code Enforcement - Residential				
Transportation Services				
Youth/Child Care Services				
Senior Services				
Homeless Services				

Neighborhood Revitalization (trash, graffiti, vacant lots, etc.)				
Food Banks				
Services for the Disabled				
Health and Mental Health Services				
Crime Awareness/Prevention Services				
Housing Counseling				
Legal Services (anti-discrimination, tenant/landlord disputes, etc.)				
Domestic Violence Services				
Abused/Neglected/Abandoned Children Services				
Other: _____				
Community (Public) Facilities	High	Medium	Low	None
Center for the Disabled				
Educational Facilities				
Fire/Police Stations and/or Equipment				
Health and Mental Health Care Facilities				
Libraries				
Parking Facilities				
Parks and Recreational Facilities				
Senior Centers				
Youth and Child Care Centers				
Other: _____				
Infrastructure	High	Medium	Low	None
Accessibility Improvements to public buildings				
Flood Prevention/Drainage Improvements				
Landscaping Improvements				
Lighting Improvements				
Sidewalk Improvements (accessibility, repair, etc.)				
Signage Improvements				
Street/Alley Improvements				
Water/Sewer Improvements				
Other: _____				
Economic Development	High	Medium	Low	None
Commercial/Industrial Improvements (rehabilitation, etc.)				
Employment Training Services				
Façade Improvements				
Financial Assistance for Businesses (start up, expand, etc.)				
Job Creation/Retention				
Technical Assistance for Businesses (start up, expand, etc.)				
Other: _____				
Overall	High	Medium	Low	None
Community (Public) Facilities				
Community (Public) Services				
Economic Development				
Housing				
Infrastructure				
Other: _____				

Fair Housing					
Fair Housing is a condition in which individuals of similar income levels in the same housing market have like ranges of choices available to them regardless of race, color, ancestry, national origin, religion, sex, disability, marital status, familial status or any other arbitrary factor. Please answer the following questions.					
Do you believe housing discrimination exists in your neighborhood?		Yes	No		
Have you ever experienced housing discrimination?		Yes	No		
If you believe you were discriminated against, who do you believe discriminated against you?					
Landlord/Property Manager		Real Estate Agent		Mortgage Lender	
Mortgage Insurer		Other: _____			
On what basis do you believe you were discriminated against:					
Race	Color	Marital Status	Gender	Age	Family Status
Disability	Religion	National Origin	Other: _____		
If you believe you experienced housing discrimination, did you report it?		Yes	No		
If you did not report it, why?					
Don't know where to report it		Too much trouble			
Afraid of retaliation		Don't believe it makes any difference			
Other: _____					
Please indicate level of need to address for each of the following housing items:					
Housing Problems	High	Medium	Low	None	
Accessibility for seniors and disabled persons					
Homelessness					
Housing Affordability (rental/ownership)					
Housing Supply (availability of proper size/type)					
Overcrowding					
Unsafe Neighborhoods					
Unsafe/Dilapidated Housing					
Housing Discrimination	High	Medium	Low	None	
Age Discrimination					
Disability Discrimination					
Family Status Discrimination					
Gender Discrimination					
Marital Status Discrimination					
Mortgage Lending Discrimination					
National Origin Discrimination					
Ownership Housing Discrimination					
Race/Ethnicity Discrimination					
Religious Discrimination					
Rental Housing Discrimination					

Please indicate why you believe housing discrimination still exists:			
	Yes	Maybe	No
Lack of Enforcement			
Lack of Reporting			
Consumers are not aware of rights			
Homeowners/lenders/property managers are not aware of the law			
Other: _____			
Household Demographics (optional)			
What is your Gender? <input type="checkbox"/> Male <input type="checkbox"/> Female			
What is your Age? <input type="checkbox"/> Under 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-50 <input type="checkbox"/> 51-64 <input type="checkbox"/> 65-74 <input type="checkbox"/> 75 or above			
What is your Race? <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American/Alaska Native <input type="checkbox"/> Other: _____			
Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What is your household composition? <input type="checkbox"/> Single parent household <input type="checkbox"/> Two parent household <input type="checkbox"/> Elderly Household <input type="checkbox"/> Single non-elderly household <input type="checkbox"/> Homeless <input type="checkbox"/> Other: _____			
Are you or anyone in your household disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What is your combined annual household income? \$ _____			# of Household Members? _____
How would you rate the physical condition of your living environment? <input type="checkbox"/> Good (no work required) <input type="checkbox"/> Fair (minor maintenance needed) <input type="checkbox"/> Poor (major repairs needed) <input type="checkbox"/> Unsafe (substantial repairs needed)			
Additional Comments/Suggestions/Concerns:			