

COMMUNITY NEEDS ASSESSMENT SURVEY

The County of Riverside is in the process of preparing its 2009-2014 Consolidated Plan as required by the U.S. Dept of Housing and Urban Development. The City of San Jacinto receives funds directly from the County of Riverside for its Community Development Block Grant Program (CDBG), and indirectly through the County's Home Investment Partnership Act Program (HOME) and Emergency Shelter Grant Program (ESG). This needs assessment Survey is used to obtain input from the City's residents and other interested persons regarding the housing, social, community and economic development needs of the City residents.

The Consolidated Plan allows the County to determine how best to utilize the CDBG, HOME, and ESG grant funds it receives and for those funds that the County provides to the City, will allow the City to best meet the needs of its residents.

***Zip Code:** _____

***Please choose one:** Resident Service Provider Other Stakeholder

If you choose to, you may provide your name and contact information below. All responses will be kept confidential

Name: _____ **Address:** _____

Phone / E-mail: _____

Please answer the following questions if they apply to you:

A. General Needs Assessment Information

1. Housing Issues

*In which city or community do you live? _____

What is the size of your household (total number of persons living in your home)? _____

How many children (under 18 years of age) live in your household? _____

How many seniors (62 years of age or more) live in your household? _____

Are you a: Renter Homeowner

If a renter, how much do you pay for rent? \$ _____

How many rooms do you have? _____ Bedrooms _____ Bathrooms _____

Would you be interested in an affordable home-ownership program? Yes No

If you are a homeowner, how long have you owned your home? Years _____ Months _____

How much is your monthly mortgage payment? \$ _____

How much do you pay for insurance and taxes each year? \$ _____

Do you feel you are overpaying for your housing costs? Yes No

Are you concerned about foreclosure? Yes No

If you own your home, would you be interested in an affordable housing rehabilitation program?
Yes No

2. Employment and Commuting

Are you employed? Full time Part time

How far do you commute or travel to work each day? _____

What form of transportation do you use? Your vehicle Car-Pool Public-transportation

3. Childcare Issues

Do you or someone in your household pay for childcare? Yes No

If yes, how many children? _____ How old? _____

How much do you pay a month for childcare? \$_____

What are the working hours of your childcare provider? _____

Do you consider the cost of childcare to be a financial burden on your family? Yes No

Does the lack of affordable childcare prevent adults in your household from seeking employment? Yes No

How far from your home or work do you travel for childcare? _____ approx. miles

B. General Needs Assessment Survey

Please check the most appropriate Need Level box for each Need Category listed below. The Need Category corresponds to activities and projects that can be funded with CDBG, HOME, or ESG funding.

NEEDS CATEGORY

PRIORITY NEED LEVEL

Housing Needs

Repairs/Improvements to Housing:

Apartments	High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>	No Need <input type="checkbox"/>
Rental Homes	High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>	No Need <input type="checkbox"/>
Owner Occupied homes	High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>	No Need <input type="checkbox"/>
Improvements for Handicapped Accessibility	High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>	No Need <input type="checkbox"/>
Exterior Property Maintenance/ Code Enforcement	High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>	No Need <input type="checkbox"/>
Help in Purchasing a Home	High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>	No Need <input type="checkbox"/>

Needs of Homeless People:

Emergency Shelters	High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>	No Need <input type="checkbox"/>
Supportive Services	High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>	No Need <input type="checkbox"/>
Permanent Housing	High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>	No Need <input type="checkbox"/>

Special Needs Housing Facilities:

Mental Illness	High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>	No Need <input type="checkbox"/>
Drug/Alcohol Abuse	High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>	No Need <input type="checkbox"/>
Elderly	High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>	No Need <input type="checkbox"/>
HIV Needs	High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>	No Need <input type="checkbox"/>
Veterans	High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>	No Need <input type="checkbox"/>
Rental Assistance	High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>	No Need <input type="checkbox"/>
Repairs to Owner Occupied Housing	High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>	No Need <input type="checkbox"/>

Construction of New Housing:

- Rental High Medium Low No Need
- For Sale High Medium Low No Need
- Lead Paint Testing & Abatement High Medium Low No Need
- Tenant/Landlord Counseling High Medium Low No Need
- Residential Historic Preservation High Medium Low No Need
- Other Housing Needs (please identify)

Infrastructure Improvements

- Flood/Drainage Improvements High Medium Low No Need
- Water System Improvements High Medium Low No Need
- Street Improvements High Medium Low No Need
- Sewer Improvements High Medium Low No Need
- Sidewalks High Medium Low No Need
- Other Infrastructure Needs (please identify)

Public Facilities Needs

- Senior Citizen Centers High Medium Low No Need
- Youth Centers High Medium Low No Need
- Centers for the Disabled High Medium Low No Need
- Child Care Centers/Preschool Daycare High Medium Low No Need
- Parks & Recreation Facilities High Medium Low No Need
- Parking Facilities High Medium Low No Need
- Community Centers High Medium Low No Need
- Fire Stations/Equipment High Medium Low No Need
- Other Neighborhood Facilities (please identify)

Public Service Needs

- Senior Citizen Services High Medium Low No Need
- Special Needs Services High Medium Low No Need
- Youth Services High Medium Low No Need
- Transportation Services High Medium Low No Need
- Services for Battered and Abused Spouses High Medium Low No Need
- Health Services High Medium Low No Need
- Services for Abused and Neglected Children High Medium Low No Need
- Substance Abuse Services High Medium Low No Need
- Employment Training High Medium Low No Need
- Crime Awareness High Medium Low No Need
- Fair Housing Counseling High Medium Low No Need
- Other Public Service Needs (please identify)

**Accessibility Needs
(Removal of Barriers to the Handicapped)**

- Public Buildings High Medium Low No Need

Park & Recreation Facilities High Medium Low No Need
Health Facilities High Medium Low No Need
Other Neighborhood Facilities/ Community Centers (please identify)

Economic Development Needs

Neighborhood-Based Small Business Uses
(Laundromat, Grocery Market, etc.) High Medium Low No Need
Job Creation High Medium Low No Need
Commercial Rehabilitation High Medium Low No Need
Business Support Services High Medium Low No Need
Other Economic Development Needs (please identify)

If you desire to share any other comments of concerns regarding your community’s needs assessment, or specific projects or activities needed in your community, please indicate below:

If you represent an organization providing services to City residents, please provide a brief description of your organization, the services you provide, and your target client group:

THANK YOU FOR YOUR PARTICIPATION IN THIS SURVEY!

**PLEASE RETURN COMPLETED SURVEYS TO THE CITY OF SAN JACINTO CITY HALL
NO LATER THAN WEDNESDAY NOVEMBER 19, 2008.**

**City of San Jacinto
Attention CDBG Program
595 S. San Jacinto Ave., Building A
San Jacinto, CA 92583**

**FAX (951) 487-6779
Email: spasarow@sanjacintoca.us**

For more information, please contact Steven G. Pasarow at (951) 487-7320.