



Community Development Department
595 South San Jacinto Avenue
San Jacinto, CA 92583
(951) 487-7330
Fax (951) 654-3728

Dear City of San Jacinto Resident,

The purpose of this letter is to request and obtain information from our residents to discover how future Community Development Block Grant program funds could best be utilized in our community.

The City of San Jacinto requesting that its residents take advantage of this opportunity to provide their input on community development needs related to housing issues, employment and commuting, childcare issues, infrastructure improvements, public facilities, public service, accessibility, and economic development within the City of San Jacinto.

A survey is provided by Riverside County Economic Development Agency (EDA). Please complete the survey and return directly to the City of San Jacinto no later than February 3, 2014.

You may return the completed survey to the Community Development Department located at City Hall, 595 South San Jacinto Avenue or please return by mail, FAX or e-mail as listed below.

City of San Jacinto
Attn: Community Development Department
595 S. San Jacinto Avenue
San Jacinto, CA 92583

FAX: 951-654-3728
E-mail: dclayton@sanjacintoca.us

If you have any questions or concerns, please do not hesitate to contact the City of San Jacinto, Community Development Department at 951-487-7330.

Sincerely,

Timothy Hults
City Manager



**RIVERSIDE COUNTY
(2014-2019) CONSOLIDATED PLAN
NEEDS ASSESSMENT SURVEY**

Community Name: City of San Jacinto

The County of Riverside is in the process of preparing the 2014-2019 Consolidated Plan as required by the U.S. Department of Housing and Urban Development. This Needs Assessment Survey is used to obtain input from County residents and other interested persons regarding affordable housing, community development, economic development, and other needs of County residents. The Consolidated Plan allows the County to utilize the Community Development Block Grant (CDBG), Emergency Solutions Grant (ESG), and HOME Investment Partnership Act (HOME) funds within the County.

Zip Code:** _____ (Required Fields**) ***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: _____

A. Specific Needs Assessment Survey (Please answer the following questions if they apply to you)

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 or 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? _____ Yr. _____ Mo.

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? _____ 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			
	HIGH	MEDIUM	LOW	NO NEED
1. Housing Needs				
a. Repairs/Improvements to Housing:				
- Apartments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Rental Homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Owner Occupied homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Improvements for Handicapped Accessibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Exterior Property Maintenance/ Code Enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Help in Purchasing a Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Needs of Homeless People:				
- Emergency Shelters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Transitional Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Supportive Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Permanent Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Special Needs Housing Facilities:				
- Mental Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NEEDS CATEGORY**PRIORITY NEED LEVEL****Housing Needs (Cont.)****HIGH MEDIUM LOW NO NEED**

- Drug/Alcohol Abuse HIGH MEDIUM LOW NO NEED
- Elderly HIGH MEDIUM LOW NO NEED
- HIV Needs HIGH MEDIUM LOW NO NEED
- Veterans HIGH MEDIUM LOW NO NEED
- g. Rental Assistance HIGH MEDIUM LOW NO NEED
- h. Repairs to Owner Occupied Housing HIGH MEDIUM LOW NO NEED
- i. Construction of New Housing:
 - Rental HIGH MEDIUM LOW NO NEED
 - For Sale HIGH MEDIUM LOW NO NEED
- j. Lead Paint Testing & Abatement HIGH MEDIUM LOW NO NEED
- k. Tenant/Landlord Counseling HIGH MEDIUM LOW NO NEED
- l. Residential Historic Preservation HIGH MEDIUM LOW NO NEED
- m. Other Housing Needs (please identify) _____

2. Infrastructure Improvements**HIGH MEDIUM LOW NO NEED**

- a. Flood/Drainage Improvements HIGH MEDIUM LOW NO NEED
- b. Water System Improvements HIGH MEDIUM LOW NO NEED
- c. Street Improvements HIGH MEDIUM LOW NO NEED
- d. Sewer Improvements HIGH MEDIUM LOW NO NEED
- e. Sidewalks HIGH MEDIUM LOW NO NEED
- f. Other Infrastructure Needs (please identify) _____

3. Public Facilities Needs**HIGH MEDIUM LOW NO NEED**

- a. Senior Citizen Centers HIGH MEDIUM LOW NO NEED
- b. Youth Centers HIGH MEDIUM LOW NO NEED
- c. Centers for the Disabled HIGH MEDIUM LOW NO NEED
- d. Child Care Centers/Preschool Daycare HIGH MEDIUM LOW NO NEED
- e. Parks & Recreation Facilities HIGH MEDIUM LOW NO NEED
- f. Parking Facilities HIGH MEDIUM LOW NO NEED
- g. Community Centers HIGH MEDIUM LOW NO NEED
- h. Fire Stations/Equipment HIGH MEDIUM LOW NO NEED
- i. Other Neighborhood Facilities (please identify) _____

4. Public Service Needs**HIGH MEDIUM LOW NO NEED**

- a. Senior Citizen Services HIGH MEDIUM LOW NO NEED
- b. Special Needs Services HIGH MEDIUM LOW NO NEED
- c. Youth Services HIGH MEDIUM LOW NO NEED
- d. Transportation Services HIGH MEDIUM LOW NO NEED
- e. Services for Battered and Abused Spouses HIGH MEDIUM LOW NO NEED
- f. **Health Services** HIGH MEDIUM LOW NO NEED
- g. Services for Abused and Neglected Children HIGH MEDIUM LOW NO NEED
- h. Substance Abuse Services HIGH MEDIUM LOW NO NEED
- i. Employment Training HIGH MEDIUM LOW NO NEED
- j. Crime Awareness HIGH MEDIUM LOW NO NEED
- k. Fair Housing Counseling HIGH MEDIUM LOW NO NEED
- l. Other Public Service Needs (please identify) _____

5. Accessibility Needs**HIGH MEDIUM LOW NO NEED****(Removal of Barriers to the Handicapped)**

- a. Public Buildings HIGH MEDIUM LOW NO NEED
- b. Park & Recreation Facilities HIGH MEDIUM LOW NO NEED
- c. Health Facilities HIGH MEDIUM LOW NO NEED
- d. Other Neighborhood Facilities/ Community Centers (please identify) _____

6. Economic Development Needs**HIGH MEDIUM LOW NO NEED**

- a. Neighborhood-Based Small Business uses (Laundromat, Grocery Market, etc.) HIGH MEDIUM LOW NO NEED
- b. Job Creation HIGH MEDIUM LOW NO NEED
- c. Commercial Rehabilitation HIGH MEDIUM LOW NO NEED
- d. Business Support Services HIGH MEDIUM LOW NO NEED
- e. 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 County residents, please provide a brief description of your organization, the services you provide, and your target client group:
