

**RIVERSIDE COUNTY
(2009-2014) CONSOLIDATED PLAN
NEEDS ASSESSMENT SURVEY**

Community Name: _____

The County of Riverside is in the process of preparing the 2009-2014 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 the housing, social, community, and economic development needs of County residents. The Consolidated Plan allows the County to utilize the Community Development Block Grant (CDBG), Emergency Shelter 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: _____

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? _____ 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

	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"/>
- Drug/Alcohol Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Elderly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- HIV Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Veterans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Rental Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Repairs to Owner Occupied Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Construction of New Housing:				
- Rental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- For Sale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Lead Paint Testing & Abatement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Tenant/Landlord Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Residential Historic Preservation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Other Housing Needs (please identify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Infrastructure Improvements				
a. Flood/Drainage Improvements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Water System Improvements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Street Improvements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Sewer Improvements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Sidewalks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other Infrastructure Needs (please identify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Public Facilities Needs				
a. Senior Citizen Centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Youth Centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Centers for the Disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Child Care Centers/Preschool Daycare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Parks & Recreation Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Parking Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Community Centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Fire Stations/Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Other Neighborhood Facilities (please identify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Public Service Needs				
a. Senior Citizen Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Handicapped Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Youth Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Transportation Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Services for Battered and Abused Spouses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Services for Abused and Neglected Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Substance Abuse Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Employment Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Crime Awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Fair Housing Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Other Public Service Needs (please identify)

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

- | | HIGH | MEDIUM | LOW | NO NEED |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Public Buildings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Park & Recreation Facilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Health Facilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Job Creation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Commercial Rehabilitation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Business Support Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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:

Please return completed survey to:

Riverside County Economic Development Agency
Attention CDBG Program
P. O. Box 1180
Riverside, CA 92502-1180

FAX (951) 955-9505
Email: ewilson@rivcoeda.org

If you would like this survey in Spanish, please contact the Economic Development Agency at the above address.