

Alazan Resident Needs Assessment

* Required

PERSONAL INFORMATION

1. Name *

2. Address *

3. Phone Number

4. Email Address

5. Gender

Check all that apply.

Female

Male

Other

6. Veteran

Check all that apply.

Yes

No

7. Disabled or household member disabled

Check all that apply.

Yes

No

8. Marital Status

Check all that apply.

Married

Divorced

Separated

Widowed

Single

9. Primary Language

Check all that apply.

English

Spanish

10. English Proficiency

Check all that apply.

Excellent

Good

Needs Improvement

Community

11. What do you like about your community?

Check all that apply.

- Peaceful
- Bus Service
- Nearby Stores
- Areas for kids to play
- Views
- Community Center
- Close to downtown
- My neighbors and friends
- Housing
- Diversity
- Good Neighborhood
- Non-Smoking
- History
- Culture
- I like everything
- I don't like anything

Other: _____

12. What do you dislike or would like to change about your community?

Check all that apply.

- Kids behavior
- Too loud
- The schools
- Drug dealing
- Violence
- Homeless nearby
- Crime
- Not enough activities for the kids
- Not clean
- Buildings are old
- The area is too far

Other: _____

13. What would make this place better to live?

Check all that apply.

- Brand new apartments
- Demolish existing buildings and build new ones
- Safety and security
- More neighborhood amenities
- Closer day-cares

Other: _____

14. Do you there is a crime problem in your neighborhood?

Mark only one oval.

	1	2	3	4	5	
Not a lot of crime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	A lot of crime

15. What type of crime do you worry about the most in your neighborhood?

Check all that apply.

Vandalism

Theft

Assault

Drug Activity

Domestic Violence

Nothing

Other: _____

16. Do you feel safe when you are out in this community?

Check all that apply.

Yes

No

17. Do you feel safe when you are out in this community?

Check all that apply.

Yes

No

18. Do you feel safe inside Alazan Courts?

Check all that apply.

Yes

No

19. How do you feel about hearing about the remodel of Alazan Courts?

Check all that apply.

I didn't know about it

I'm excited for it!

I'm worried about it.

Other: _____

20. How do you feel about new construction versus remodeling the current Alazan Courts?

Mark only one oval.

I would prefer Alazan Courts be remodeled.

I would prefer Alazan Courts be rebuilt.

21. How did you hear about the redevelopment of Alazan Courts?

Check all that apply.

- SAHA
- My case manager
- My community manager
- A neighbor
- A friend
- Community organization (Esperanza, AVANCE or other)
- Social Media
- Newsletter
- Mailed letter

Other: _____

22. If you would like to, or are planning to move, what would you want to leave Alazan Courts?

Check all that apply.

- The Courts is too old
- I want to live in a newer unit
- I want better options for my family
- I want to live somewhere closer to my job
- I want to live closer to family
- There is too much crime in the Alazan Courts

Other: _____

23. If you would like to move, where would you want to move to?

Check all that apply.

I want to stay in this area

I want to move somewhere newer

I want to move somewhere closer to amenities for my family

Other: _____

24. Once SAHA redevelops the Alazan Courts, would you like to remain in the community?

Check all that apply.

I would to stay in the area

I would consider moving away

25. If you were to relocate would you prefer:

Check all that apply.

- Another SAHA unit
- Voucher
- Return to the new Alazan Courts

Other: _____

26. Name up to five things you need or feel would provide assistance to your family or be improvement to the new development or community?

27. Do you feel your children are safe in school?

Check all that apply.

- Yes
- No

28. Do you allow your kids to play outside?

Check all that apply.

Yes

No

29. Do you feel comfortable interacting with your neighbors?

Check all that apply.

Yes

No

30. During the development are you willing to relocate?

Mark only one oval.

Yes

No

31. If no, why?

EDUCATION

Place an "X" on all that apply

32. What is the highest level of education in your household?

Check all that apply.

- High School Diploma
- HS Diploma Program
- GED
- Some College - Did not finish
- College Degree - Associates
- College Degree - Bachelors
- College Degree - Masters
- Certification

33. Is any adult in your household enrolled in education?

Check all that apply.

- High School Diploma
- HS Diploma Program
- GED
- Some College - Did not Finish
- College Degree - Associates
- College Degree - Bachelors
- College Degree - Masters
- Certification

34. Are you interested in any of the following?

Check all that apply.

- HS Diploma Program
- GED
- College
- Tech School
- Training
- None

TRANSPORTATION

35. What type of transportation do you use?

Check all that apply.

I own a car

I take the bus

I ride a bicycle

I grab a ride

I walk

Other: _____

HEALTH

36. Where do you go when you need medical care?

Check all that apply.

Hospital

Emergency Room

Urgent Care

Clinic

Other: _____

37. Do you get Supplemental Nutrition Assistance (SNAP)?

Check all that apply.

Yes

No

38. Do you use the Food Bank or a food pantry/commodity program (church, or nonprofit)?

Check all that apply.

Yes

No

39. Where do you buy your groceries?

Check all that apply.

H-E-B

Corner Store

Other: _____

HOUSEHOLD

40. In the last 12 months was there any time when you could not pay for medical bills for yourself or a family member?

Check all that apply.

Yes

No

41. In the last 12 months was there any time when you could not pay for food, rent, or utilities because of medical bills?

Check all that apply.

Yes

No

42. Are there places in the neighborhood that your family goes to for recreational, social and/or cultural events?

Check all that apply.

- Park
- Church
- Community events

Other: _____

43. Are you children enrolled in daycare?

Check all that apply.

- Yes
- No

44. Are you or any member of your household active in any organizations/groups/sports?

Check all that apply.

Yes

No

45. Do you have a bank/credit union account- Checking?

Check all that apply.

Yes

No

46. Do you have a bank/credit union account- Savings?

Check all that apply.

Yes

No

47. Have you been behind in rent?

Check all that apply.

Yes

No

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