

# Community Survey

If you would like to be entered for a gift drawing for completing the survey, please enter your unit number and phone number at the end of the survey.

\* Required

1. What is your age? \*

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65 or older

2. What is your gender? \*

- Woman
- Man
- Prefer not to say

3. What is your racial background? \*

- Asian
- American Indian / Alaskan Native
- Black / African American
- Native Hawaiian / Pacific Islander
- White / Caucasian
- Decline to Answer
- Other

4. What is your ethnicity? \*

- Hispanic
- Non-Hispanic
- Decline to Answer

5. How long have you lived at YOUR PROPERTY Apartments? \*

- Less than 6 months
- 6 to 12 months
- 1 to 2 years
- More than 2 years

6. Staff show sensitivity to my background (cultural, racial, special needs, sexual orientation). \*

0	1	2	3	4	5	6	7	8	9	10
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Not at all likely
Extremely likely

7. The staff treats me with respect and dignity. \*

0	1	2	3	4	5	6	7	8	9	10
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Not at all likely
Extremely likely

8. Please rate how safe you feel in your home. \*

- Very safe
- Somewhat safe
- Neither safe nor unsafe
- Somewhat unsafe
- Very unsafe

9. Please rate how safe you feel in your neighborhood. \*

- Very safe
- Somewhat safe
- Neither safe nor unsafe
- Somewhat unsafe
- Very unsafe

10. Do you know your neighbors? \*

- Most
- Some
- Few
- None

11. Do you feel you can rely on your neighbors? \*

- Yes
- No
- Maybe
- Sometimes

12. In your neighborhood are you able to walk to school? \*

- Yes
- No
- Not Applicable

13. In your neighborhood are you able to walk to public transportation? \*

- Yes
- No

14. Are you registered to vote? \*

- Yes
- No
- Unknown

15. What types of community opportunities would interest you?

Please rank the most interesting to least interesting. \*

Budgeting / Financial
College or GED Preparation
Computer Classes
Employment (Adult or Teen)
Fitness Activities
Healthy Cooking or Housing Keeping
Homeownership
Job Training
Volunteering
Youth Afterschool or Summer Programs

16. Do you have a child(ren) under the age of 18? \*

- Yes
- No

17. Is your child(ren) enrolled in school? \*

- Yes
- No
- Not Applicable

18. Is your child enrolled in before school care? \*

- Yes
- No
- Unknown
- Not Applicable

19. Is your child enrolled in after school care? \*

- Yes
- No
- Unknown
- Not Applicable

20. Is your child enrolled in headstart/preschool? \*

- Yes
- No
- Unknown
- Not Applicable

21. Have all youth in your household 18 years and older graduated from high school? \*

- Yes
- No
- Unknown
- Not Applicable

22. Has your child received a routine physical this year? \*

- Yes
- No
- Unknown
- Not Applicable

23. What type(s) of health insurance does your child(ren) have? \*

- Medicaid
- Medicare
- Private
- Child Health Plan
- Other
- None
- Unknown
- Not Applicable

24. Are you currently employed? \*

- Yes
- No
- Retired
- Disabled

25. What are your primary modes of transportation?

Select all that apply. \*

- Bike
- Bus
- Car
- Taxi
- Uber / Lyft
- Walk
- Other

26. Do you own a car? \*

- Yes
- No

27. Do you have regular access to the internet in your home? \*

- Yes
- No



28. The community staff is helpful when there is a problem on the property. \*

0	1	2	3	4	5	6	7	8	9	10
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Not at all helpful Extremely helpful

29. Community Staff assists you to apply for government benefits, such as disability or Medicaid. \*

0	1	2	3	4	5	6	7	8	9	10
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Not at all helpful Extremely helpful

30. Community Staff helps you find a place to get free or affordable household items, food, or clothing. \*

0	1	2	3	4	5	6	7	8	9	10
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Not at all helpful Extremely helpful

31. Community staff assists you to find the information you need to better manage your money. \*

0	1	2	3	4	5	6	7	8	9	10
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Not at all helpful Extremely helpful

32. Community staff assists you to use public transportation. \*

0	1	2	3	4	5	6	7	8	9	10
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Not at all helpful Extremely helpful

33. In general, how would you describe your physical health? \*

- Excellent
- Very good
- Good
- Fair
- Poor

34. Do you have health conditions you currently manage?

Select all that apply. \*

- Asthma
- Blindness / Visual Impairment
- Deaf / Earing Challenges
- Diabetes
- High Cholesterol
- Mental Health
- Obesity
- Physical Disability
- Not Applicable
- Other

35. Do you have a personal doctor or primary care provider? \*

- Yes
- No
- Unknown

36. Have you received a routine physical this year? \*

- Yes
- No
- Unknown

37. What type(s) of health insurance do you have?

Select all that apply. \*

- Child Health Plan
- Medicaid
- Medicare
- Private
- Other
- Unknown
- None

38. What is your highest level of education attained? \*

- No High School
- HS / GED
- Associate Degree
- BA / BS
- MA / MS
- PhD
- Unknown

39. If no HS or GED, are you currently enrolled in a GED or higher education program? \*

- Yes
- No
- Unknown
- Not Applicable

40. Would you like to further your education? \*

- Yes
- No
- Unknown

41. If unemployed, would you like to attend an employment training program? \*

- Yes
- No
- Unknown

42. If not currently a US Citizen, would you like to obtain your Citizenship? \*

- Yes
- No
- Not Applicable

43. Would you like to attend classes on how to budget, improve your credit, buy a home, or other financial topics? \*

- Yes
- No

61. Please enter any comments or concerns not addressed.

62. Unit Number:

63. Best contact number:

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