

2010 Neighborhood Survey

This survey will be used to help the Department of Metropolitan Development identify needs and set priorities for the use of federal housing and community development dollars in the year 2010.

For part one (1) of this survey, use the following scale:

1 - No need exists 2 - Very little need exists 3 - Considerable need exists 4 - A great need exists

1. Please rank the need for the following services in your community.

Housing

Assisted Living	1	2	3	4
Demolishing/Rehabilitating Unsafe and Abandoned Properties	1	2	3	4
Emergency Shelters (battered women, substance abuse, etc.)	1	2	3	4
Home Repair Assistance	1	2	3	4
Multi-family Homeownership (condominiums, cooperatives, etc.)	1	2	3	4
Multi-family Rental (Apartments)	1	2	3	4
Senior Rental	1	2	3	4
Single-family Homeownership	1	2	3	4
Single-family Rental	1	2	3	4
Transitional Housing (temporary housing for homeless families/ persons for up to 2 years)	1	2	3	4
Permanent Housing (housing with needed services for persons with physical or mental disabilities)	1	2	3	4



Non Housing

Public Facility Needs

Senior Centers	1	2	3	4
Handicapped Centers	1	2	3	4
Youth Centers	1	2	3	4
Child Care Centers	1	2	3	4
Health Facilities	1	2	3	4
Neighborhood Facilities	1	2	3	4
Parks and/ or Recreation Facilities	1	2	3	4
Parking Facilities	1	2	3	4

Infrastructure

Water/ Sewer Improvements	1	2	3	4
Street Improvements	1	2	3	4
Sidewalks	1	2	3	4
Flood Drain Improvements	1	2	3	4

Public Service Needs

Senior Services	1	2	3	4
Handicapped Services	1	2	3	4
Youth Services	1	2	3	4
Child Care Services	1	2	3	4
Transportation Services	1	2	3	4
Substance Abuse Services	1	2	3	4
Employment Training	1	2	3	4
Health Services	1	2	3	4
Lead Hazard Training	1	2	3	4
Crime Awareness	1	2	3	4

Economic Development

Technical Assistance to For-Profits (businesses)	1	2	3	4
Rehabilitation of Commercial Buildings (publicly or privately owned)	1	2	3	4
Commercial Development Leading to Job Creation	1	2	3	4

Homeless

Job Training	1	2	3	4
Case Management	1	2	3	4
Substance Abuse Treatment	1	2	3	4
Mental Health Care	1	2	3	4
Housing Placement	1	2	3	4
Life Skills Training	1	2	3	4



2. Use this space to list any housing needs not addressed above or elaborate upon any of those listed.



3. Use this space to list any non-housing needs not addressed above or elaborate upon any of those listed.



Your address and other personal information will be used only by the Division of Community Economic Development for the purpose of assessing the residences and demographics of survey respondents.

4. Street Address of residence or organization: _____

Age _____ Sex _____ Renter __Y/N__

Race _____ Homeowner __Y /N__

Annual Income Level:

- \$0 - \$9,999
- \$10,000 - \$19,999
- \$20,000 - \$29,999
- \$30 - \$49,000
- \$50 - \$69,000
- \$70 - \$89,000
- \$90,000 - \$99,999
- \$100,000 or greater

Which of the following categories best describes you or your organization?

- Individual
- Homebuilder/Developer
- Neighborhood Association
- Social Service Provider
- Financial Institution
- Religious Organization
- Homeless Service Provider
- Community Development Corporation
- Other _____

This survey may be photocopied and distributed.

Questions?
Please call (317) 327-5444.

This survey must be returned by **June 30, 2009** mailed to:
ATTN: Neighborhood Survey, Community Development, 200 E. Washington St., Room 2042, Indianapolis, IN 46204
or faxed to: (317) 327-5908. This survey is also available online at
<http://www.indy.gov/EGOV/CITY/DMD/Pages/home.aspx>