

Needs Assessment Survey

This survey is anonymous. All responses will be kept confidential.

* Required

We appreciate you taking the time to complete the following survey. Your responses are voluntary and confidential. The purpose is to get feedback regarding Evanston's housing and community development needs, particularly for our low and moderate income residents.

Your input is important to inform the development of the 2020-2024 Consolidated Plan and guide the use of funding from the Department of Housing and Urban Development (HUD).

1. Are you at least 18 years old? *

Mark only one oval.

- Yes
- No *Stop filling out this form.*

Untitled Section

2. Please check all categories that represent you:

Check all that apply.

- Evanston Resident
- City of Evanston Employee
- Elected Official
- Work in Evanston, but live elsewhere
- Other: _____

Skip to question 3.

Self Identification

All information is confidential.

3. What is your age?*Mark only one oval.*

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75+

4. What is your race/ethnicity?*Mark only one oval.*

- White (Non-Hispanic)
- White (Hispanic)
- Black/African-American (Non-Hispanic)
- Black/African-American (Hispanic)
- Asian (Non-Hispanic)
- Asian (Hispanic)
- American Indian/Alaskan native (Non-Hispanic)
- American Indian/Alaskan native (Hispanic)
- American Indian/Alaskan Native & White (Non-Hispanic)
- American Indian/Alaskan Native & White (Hispanic)
- Asian & White (Non-Hispanic)
- Asian & White (Hispanic)
- Black/African American & White (Non-Hispanic)
- Black/African American & White (Hispanic)
- Am Indian/Alaska Native & Black/Afr-American (Non-Hispanic)
- Am Indian/Alaska Native & Black/Afr-American (Hispanic)
- Other multi-racial

5. What is your employment status?*Mark only one oval.*

- Student
- Employed full-time
- Employed part-time
- Seasonally employed
- Self-employed
- Unemployed
- Retired
- Underemployed (Working, but unable to pay all monthly expenses)
- Other: _____

6. What was your household income for the past year? (combined income for all household members 18+)*Mark only one oval.*

- Less than \$5,000
- \$5,000 to \$9,999
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 or more
- Unknown
- Other: _____

7. Are you the primary head of household?*Mark only one oval.*

- Yes
- No

**8. How many people are in your household?
(regardless of family relationships)**

9. Does your household fit any of these characteristics?*Check all that apply.*

- Household has one or more members who identify as a member of the LGBTQ community
- Intergenerational household (i.e. grandparents living with family or grandparents raising grandchildren)
- Household member with a disability/special needs
- Single parent household (male or female)
- Veteran
- None of the above

10. Do you or someone in your household identify as one or more of the following:*Check all that apply.*

- Resident living with HIV/AIDS
- Resident experiencing homelessness
- Resident who has experienced domestic violence
- Resident who has experienced substance abuse/alcohol addiction
- Resident who has recently rejoined the community after incarceration
- None of the above
- Other: _____

11. Do you or someone in your household currently receive SSI/SSDI? (Supplemental Security Income or Social Security Disability Income)*Mark only one oval.*

- Yes
- No

12. How many children under the age of 18 are in your household?*Mark only one oval.*

- 0
- 1
- 2
- 3
- 4
- 5 or more

13. How many people between the ages of 18 and 24 are in your household?

Mark only one oval.

- 0
- 1
- 2
- 3
- 4
- 5 or more

14. How many people between the ages of 25 and 64 are in your household?

Mark only one oval.

- 0
- 1
- 2
- 3
- 4
- 5 or more

15. How many people 65 or over are in your household?

Mark only one oval.

- 0
- 1
- 2
- 3
- 4
- 5 or more

Skip to question 16.

Housing

16. Please name the closest intersection to where you live that you are comfortable giving (ex. Chicago & Dempster, Keeney & Dewey, etc.)

17. Do you rent or own?

Mark only one oval.

- Rent Skip to question 18.
- Own Skip to question 23.
- Other: _____

Skip to question 33.

Skip to question 33.

Rent

18. **Approximately how much is spent on monthly housing costs (rent, utilities, insurance, etc.)?**

Mark only one oval.

- Less than \$300
- \$300 to \$499
- \$500 to \$799
- \$800 to \$999
- \$1,000 to \$1,499
- \$1,500 to \$1,999
- \$2,000 to \$2,999
- \$3,000 or more

19. **Would you be able to cover 3 or more months of household expenses in an emergency?**

Mark only one oval.

- Yes
- No

20. **Are there any unfulfilled maintenance requests?**

Mark only one oval.

- Yes
- No

21. **Does your unit include any of the following upgrades? (check all that apply)**

Check all that apply.

- Energy efficient/dual pane windows
- Solar panels
- Energy efficient lighting
- None of the above
- Other: _____

22. **Is your unit in need of any of the following repairs or improvements? (check all that apply)**

Check all that apply.

- Lead paint abatement/removal
- Grab bars
- Ramps
- Smoke/carbon monoxide detectors
- None of the above
- Other: _____

Skip to question 33.

Own

23. **Approximately how much is spent on monthly housing costs? (mortgage, taxes, insurance, etc.)**

Mark only one oval.

- Less than \$300
- \$300 to \$499
- \$500 to \$799
- \$800 to \$999
- \$1,000 to \$1,499
- \$1,500 to \$1,999
- \$2,000 to \$2,999
- \$3,000 or more

24. **Does your property include any of the following upgrades? (check all that apply)**

Check all that apply.

- Energy efficient/dual pane windows
- Solar panels
- Permeable surfaces (gravel, green space, sand, etc)
- Energy efficient lighting
- None of the above
- Other: _____

25. **Is your property in need of any of the following repairs or improvements? (check all that apply)**

Check all that apply.

- Lead paint abatement/removal
- Grab bars
- Ramps
- Smoke/carbon monoxide detectors
- Exterior conditions that have resulted in a violation
- None of the above
- Other: _____

26. **Would you be able to cover 3 or more months of household expenses in an emergency?**

Mark only one oval.

- Yes
- No

27. Are your property taxes paid to date?*Mark only one oval.*

- Yes
- No

28. Have you received any code violations in the past 6 months?*Mark only one oval.*

- Yes
- No

29. If you answered yes to the previous question, please explain why the code violation was issued.

30. Do you anticipate making any of these repairs in the next six months? (check all that apply)*Check all that apply.*

- HVAC
- Roof/Gutter
- Insulation
- Plumbing repairs
- Exterior repairs
- Other: _____

31. Do you anticipate making any of these updates in the next six months? (check all that apply)*Check all that apply.*

- Kitchen/Bath Remodel
- Basement Finishing
- Exterior Updates
- Weather proofing updates/weatherization projects
- Landscaping
- Energy efficiency updates (solar, efficient lighting, efficient windows, etc.)
- Other: _____

32. Do you rent out any space or portion of your property?*Mark only one oval.*

- Yes
- No

Skip to question 33.

Transportation

33. What is your primary mode of transportation?

Mark only one oval.

- Car
- Ride Sharing (Uber, Lyft, ZipCar, etc.)
- Family/Friend drives me
- Public Transportation (CTA, Metra, Pace)
- Walk
- Bike
- Shared bike (DIVVY)
- City of Evanston subsidized transportation program (coupon/debit card)
- Other: _____

34. What other forms of transportation do you use? (check all that apply)

Check all that apply.

- Car
- Ride Sharing (Uber, Lyft, ZipCar)
- Family/Friend drives me
- Public Transportation (CTA, Metra, PACE)
- Walk
- Bike
- Shared Bike (DIVVY)
- City of Evanston subsidized transportation program (coupon/debit card)
- Other: _____

35. Do you have unmet transportation needs?

Mark only one oval.

- Yes
- No

36. Please identify any barriers to accessing transportation. (check all that apply)

Check all that apply.

- Public transportation is too far to walk
- Public transportation doesn't fit my schedule
- Public transportation doesn't go where I need it to
- No access to a car
- Unaffordable/limited finances
- Problems accessing service
- Accessibility of stations
- Other: _____

Skip to question 37.

Human Services

Please indicate whether you or someone in your household has access to and/or need for the following:

37. Housing assistance (help finding affordable housing, vouchers, subsidies)

Mark only one oval.

- Yes, and currently using
- Yes, but not currently using
- No, but in need of services
- No, do not need services

38. Health insurance

Mark only one oval.

- Yes, and currently using
- Yes, but not currently using
- No, but in need of services
- No, do not need services

39. A primary care physician

Mark only one oval.

- Yes, and currently using
- Yes, but not currently using
- No, but in need of services
- No, do not need services

40. Health specialists (OB/GYN, counseling, psychiatry, etc.)*Mark only one oval.*

- Yes, and currently using
- Yes, but not currently using
- No, but in need of services
- No, do not need services

41. Dental services*Mark only one oval.*

- Yes, and currently using
- Yes, but not currently using
- No, but in need of services
- No, do not need services

42. Assistance paying for medical prescriptions*Mark only one oval.*

- Yes, and currently using
- Yes, but not currently using
- No, but in need of services
- No, do not need services

43. Senior services*Mark only one oval.*

- Yes, and currently using
- Yes, but not currently using
- No, but in need of services
- No, do not need services

44. Enrollment in benefits (SNAP, WIC, LIHEAP, etc.)*Mark only one oval.*

- Yes, and currently using
- Yes, but not currently using
- No, but in need of services
- No, do not need services

45. Food banks*Mark only one oval.*

- Yes, and currently using
- Yes, but not currently using
- No, but in need of services
- No, do not need services

46. Substance/alcohol rehabilitation services

Mark only one oval.

- Yes, and currently using
- Yes, but not currently using
- No, but in need of services
- No, do not need services

47. Services for victims of domestic violence

Mark only one oval.

- Yes, and currently using
- Yes, but not currently using
- No, but in need of services
- No, do not need services

48. Legal services

Mark only one oval.

- Yes, and currently using
- Yes, but not currently using
- No, but in need of services
- No, do not need services

49. Employment services/career development (online job search skills, resume, GED, etc.)

Mark only one oval.

- Yes, and currently using
- Yes, but not currently using
- No, but in need of services
- No, do not need services

50. General skills training (ESL, computer literacy, etc.)

Mark only one oval.

- Yes, and currently using
- Yes, but not currently using
- No, but in need of services
- No, do not need services

51. Skilled trade training (Cosmetology, Mechanical, Manufacturing, Carpentry, Tailoring, Food Service, CDL, etc.)

Mark only one oval.

- Yes, and currently using
- Yes, but not currently using
- No, but in need of services
- No, do not need services

52. Financial literacy services (bills, budgeting, saving, etc.)

Mark only one oval.

- Yes, and currently using
- Yes, but not currently using
- No, but there is a need
- No, do not need services

53. Life skills (cooking, home maintenance, etc.)

Mark only one oval.

- Yes, and currently using
- Yes, but not currently using
- No, but there is a need
- No, do not need services

54. Parenting/family supports

Mark only one oval.

- Yes, and currently using
- Yes, but not currently using
- No, but there is need
- No, do not need services

55. Before/after school programs for youth (K-12th grade)

Mark only one oval.

- Yes, and currently using
- Yes, but not currently using
- No, but there is need
- No, do not need services

56. Summer programs for youth (K-12th grade)

Mark only one oval.

- Yes, and currently using
- Yes, but not currently using
- No, but there is need
- No, do not need services

57. Early child care (0 to 5 years)

Mark only one oval.

- Yes, and currently using *Skip to question 58.*
- Yes, but not currently using *Skip to question 61.*
- No, but there is need *Skip to question 58.*
- No, do not need services *Skip to question 61.*

Skip to question 61.

Child Care

58. What type of childcare services do you use? (check all that apply)

Check all that apply.

- Child Care Center
- Home day care provider
- Relative or friend
- Other: _____

59. Are childcare services that match your work schedule available?

Mark only one oval.

- Yes
- No
- Other: _____

60. Are any of these barriers to you accessing child care? (check all that apply)

Check all that apply.

- Cost
- Availability of care/time of coverage options
- Location of facilities
- Transportation challenges
- Other: _____

Skip to question 61.

Public Facilities & Infrastructure

Please rank the need for investments and updates to infrastructure and public facilities as low, medium, or high priorities.

61. Senior centers

Mark only one oval.

- Low
- Medium
- High
- Unknown/NA

62. Youth centers (K-12th grade)*Mark only one oval.*

- Low
- Medium
- High
- Unknown/NA

63. Homeless facilities (overnight and/or day shelter)*Mark only one oval.*

- Low
- Medium
- High
- Unknown/NA

64. Parks and green space*Mark only one oval.*

- Low
- Medium
- High
- Unknown/NA

65. Community and recreation centers*Mark only one oval.*

- Low
- Medium
- High
- Unknown/NA

66. Public parking facilities*Mark only one oval.*

- Low
- Medium
- High
- Unknown/NA

67. Police/Fire stations*Mark only one oval.*

- Low
- Medium
- High
- Unknown/NA

68. Paving or resurfacing of streets/alleys in your neighborhood

Mark only one oval.

- Low
- Medium
- High
- Unknown/NA

69. Street lighting in your neighborhood

Mark only one oval.

- Low
- Medium
- High
- Unknown/NA

70. Sidewalks in your neighborhood

Mark only one oval.

- Low
- Medium
- High
- Unknown/NA

71. Water and sewer system

Mark only one oval.

- Low
- Medium
- High
- Unknown/NA

72. Access to broadband/internet services

Mark only one oval.

- Low
- Medium
- High
- Unknown/NA

Skip to question 73.

Needs Priorities

73. Select the top three groups facing the greatest challenges to getting and keeping secure housing.

Check all that apply.

- People experiencing homelessness
- Low/moderate income families and individuals
- People with disabilities (physical or developmental disability, and/or mental illness)
- Seniors
- Racial/ethnic minorities
- People re-entering the community after incarceration
- Persons in recovery from addiction
- Victims of domestic violence

Please prioritize the following issues for Evanston over the next five years, with 1 as the lowest and 5 as the highest:

74. Homelessness

Mark only one oval.

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

75. Lack of affordable housing

Mark only one oval.

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

76. Lack of affordable assisted living facilities

Mark only one oval.

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

77. Unsafe/poorly maintained housing

Mark only one oval.

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

78. Unsafe/poorly maintained neighborhoods*Mark only one oval.*

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

79. Unemployment/underemployment*Mark only one oval.*

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please rank the following housing-related needs as low, medium, or high priorities.

80. Home purchase assistance*Mark only one oval.*

- Low
- Medium
- High
- Unknown

81. Tenant/Landlord services*Mark only one oval.*

- Low
- Medium
- High
- Unknown

82. Rental housing subsidies or vouchers*Mark only one oval.*

- Low
- Medium
- High
- Unknown

83. Owner occupied housing repairs and/or renovation*Mark only one oval.*

- Low
- Medium
- High
- Unknown

84. Rental housing repairs and/or renovation*Mark only one oval.*

- Low
- Medium
- High
- Unknown

85. Modifications to make a home or apartment accessible*Mark only one oval.*

- Low
- Medium
- High
- Unknown

86. Alternative housing services (home-sharing, co-housing, group homes, etc.)*Mark only one oval.*

- Low
- Medium
- High
- Unknown

87. Please provide any additional comments and concerns you may have (optional):

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