



**City of Austin**  
**Neighborhood Housing and Community Development**

***Federal Five-Year Funding Plan Community Engagement Survey***

**1. What are the greatest needs in your neighborhood or community? What keeps you up at night? (Choose up to 5)**

- |   |  |
|---|--|
| <input type="checkbox"/> Availability of housing that is affordable to you      | <input type="checkbox"/> Emergency help for utilities, rent, or food                   |
| <input type="checkbox"/> Temporary or transitional housing                      | <input type="checkbox"/> Job training, job opportunities, living wage                  |
| <input type="checkbox"/> Services to prevent homelessness                       | <input type="checkbox"/> Domestic violence prevention and services                     |
| <input type="checkbox"/> Housing for elderly residents                          | <input type="checkbox"/> Early childhood education ( <i>preschool</i> )                |
| <input type="checkbox"/> Housing for physically disabled residents              | <input type="checkbox"/> Affordable child care ( <i>after school/day care</i> )        |
| <input type="checkbox"/> Housing for residents with special needs               | <input type="checkbox"/> Banking services  |
| <input type="checkbox"/> Home repair / Accessibility improvements               | <input type="checkbox"/> Learn how to buy a home                                       |
| <input type="checkbox"/> Increased energy efficiency for housing                | <input type="checkbox"/> Help avoiding eviction  |
| <input type="checkbox"/> Help small businesses ( <i>Provide details below</i> ) | <input type="checkbox"/> Help avoiding discrimination in renting or purchasing housing |
| <input type="checkbox"/> Other? ( <i>Please describe below</i> )                |  |

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**2. Do you rent or own?**

- ☐ Owner                      ☐ Renter                      ☐ Other

**3. Which best describes your household?**

- ☐ Adult(s) & children (under 18 years) in home
- ☐ Adult(s) & Adult children in home
- ☐ Adult(s) with no children living in home
- ☐ Adults living with other adults (*roommates*)
- ☐ Under 18 years of age
- ☐ Senior adult(s) (age 65 years or above)
- ☐ Household includes someone with a disability or has special needs

**4. Are you providing temporary accommodation for person(s) without permanent housing?**

Yes

No

**5. In what zip code do you live? \_\_\_\_\_**

**6. How many persons live in your household?**

\_\_\_\_ 1

\_\_\_\_ 2

\_\_\_\_ 3

\_\_\_\_ 4

\_\_\_\_ 5 or more

**7. What is your TOTAL annual household income (including all residents)?**

\_\_\_\_ Under \$25,000 annually

\_\_\_\_ From \$25,001 to \$51,000 annually

\_\_\_\_ From \$51,001 to \$68,000 annually

\_\_\_\_ \$68,001 and above annually

**8. Which category best describes your race or ethnicity?**

\_\_\_\_ Black/African American

\_\_\_\_ Non-Hispanic White

\_\_\_\_ Hispanic/Latino/Latinx

\_\_\_\_ South Asian (Indian, Pakistani, Afghani, etc.)

\_\_\_\_ Middle Eastern

\_\_\_\_ East Asian (Chinese, Korean, Vietnamese, etc)

\_\_\_\_ Native American/Alaskan Native

\_\_\_\_ Multiracial

\_\_\_\_ Native Hawaiian/Pacific Islander

\_\_\_\_ Other

**9. General Comments:**

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**10. (OPTIONAL) Would you like more information on programs offered by NHCD? (NHCD will email or mail information on current programs and add you to our database for future notices.)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

***THANK YOU***

If you would like more information, please contact Neighborhood Housing and Community Development at [NHCD@austintexas.gov](mailto:NHCD@austintexas.gov), or by phone at 512-974-3100. <http://www.austintexas.gov/department/housing>