



## - Surveying Agency - Data Collection and Needs Assessment (Demographic Survey Questionnaire)

**NOTE:** A separate survey form is to be completed for each target "household" (including single individuals over 18 years of age). A computerized "household record" will be created in the project database. For the purposes of this survey, a "Household" will consist of a person or group of persons living in a housing unit.

**Identification Information:** Please identify the "head of household" in this section

Head of Household: (Please list "last name" first)

Name: \_\_\_\_\_ / \_\_\_\_\_ AKA \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Male  Female

\* Marital Status: Individual  Married  Separated  Divorced  Widowed  Domestic Partnership

\* Ethnicity: White  Black  American Indian/Alaskan Native  Asian  Hispanic  Other \_\_\_\_\_

- If American Indian/Alaskan Native, complete the following:

o Tribal Affiliation: \_\_\_\_\_ Cultural/Blood Affiliation: \_\_\_\_\_ / \_\_\_\_\_

o Enrolled-This Tribe  Enrolled-In another Tribe  Not-Tribally Enrolled  Roll Number \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

\* Registered US Voter  Student  Disabled  Handicapped  Percentage [%] \_\_\_\_\_ Details \_\_\_\_\_

\* US Veteran  Currently Enlisted  Years Served \_\_\_\_\_ to \_\_\_\_\_ Service Era (Ex. WWII): \_\_\_\_\_

**Household Contact Information:**

Address (Mailing) \_\_\_\_\_ Identify the specific District or Neighborhood \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ / ZIP Code \_\_\_\_\_ County \_\_\_\_\_ USA -Yes [X] No

Physical (911) Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ / ZIP Code \_\_\_\_\_ County \_\_\_\_\_ USA -Yes [X] No

Telephone (\_\_\_\_\_) \_\_\_\_\_  This is a Message Phone  No Phone

**Family Composition:** Complete this section for all "household" (immediate family) members including domestic partners

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ AKA \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Male  Female   
\* **Relationship:** Spouse  Dependent Child  Custodial Child  Non-Married Partner  Other   
\* **Marital Status:** Individual  Married  Separated  Divorced  Widowed  Domestic Partnership   
\* **Ethnicity:** White  Black  American Indian/Alaskan Native  Asian  Hispanic  Other \_\_\_\_\_  
o Tribal Affiliation: \_\_\_\_\_ Cultural/Blood Affiliation: \_\_\_\_\_ / \_\_\_\_\_  
o Enrolled-This Tribe  Enrolled-In another Tribe  Not-Tribally Enrolled  Roll Number \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
\* Student  Disabled  Handicapped  Percentage [%] \_\_\_\_\_ Details \_\_\_\_\_  
\* US Veteran  Currently Enlisted  Years Served \_\_\_\_\_ to \_\_\_\_\_ Service Era (Ex. WWII): \_\_\_\_\_

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ AKA \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Male  Female   
\* **Relationship:** Dependent Child  Custodial Child  Non-Married Partner  Other   
\* **Marital Status:** Individual  Married  Separated  Divorced  Widowed  Domestic Partnership   
\* **Ethnicity:** White  Black  American Indian/Alaskan Native  Asian  Hispanic  Other \_\_\_\_\_  
o Tribal Affiliation: \_\_\_\_\_ Cultural/Blood Affiliation: \_\_\_\_\_ / \_\_\_\_\_  
o Enrolled-This Tribe  Enrolled-In another Tribe  Not-Tribally Enrolled  Roll Number \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
\* Student  Disabled  Handicapped  Percentage [%] \_\_\_\_\_ Details \_\_\_\_\_

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ AKA \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Male  Female   
\* **Relationship:** Spouse  Dependent Child  Custodial Child  Non-Married Partner  Other   
\* **Marital Status:** Individual  Married  Separated  Divorced  Widowed  Domestic Partnership   
\* **Ethnicity:** White  Black  American Indian/Alaskan Native  Asian  Hispanic  Other \_\_\_\_\_  
o Tribal Affiliation: \_\_\_\_\_ Cultural/Blood Affiliation: \_\_\_\_\_ / \_\_\_\_\_  
o Enrolled-This Tribe  Enrolled-In another Tribe  Not-Tribally Enrolled  Roll Number \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
\* Registered US Voter  Student  Disabled  Handicapped  Percentage [%] \_\_\_\_\_ Details \_\_\_\_\_

**Education:** (Complete the information for "Head" and "Spouse / Domestic Partner." NOTE: Only check the "graduate" box if an individual has graduated high school or college -or- if a certificate has been received following completion of vocational or business school)

**Head of Household:**

No formal education (less than 3<sup>rd</sup> grade)

**Elementary/ Junior High/ High School**

\* Total years completed (K - 12) \_\_\_\_\_  
 \* High School Grad. - Yes  No  Received GED

**College/University**

\* Graduate - Yes  No  Number of years attended \_\_\_\_\_  
 \*  Scholarship(s)  Loan(s)  
 \* Highest Degree Received (AA, PHD, etc.) \_\_\_\_\_

**Business or Vocational School**

\* Graduate - Yes  No  Number of years attended \_\_\_\_\_  
 \*  Scholarship(s)  Loan(s)

**Employment:**

Full-time Employment-----	<input type="checkbox"/>	Head	<input type="checkbox"/>	Spouse / Partner	<input type="checkbox"/>
Part-time Employment-----	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Seasonal Employment-----	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Unemployed-----	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Retired-----	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Self Employed-----	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other ( _____ )-----	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

It is important to complete each of the following categories for both Head and Spouse / Partner to establish a complete employment profile.  
 Note: "Vocation" refers to the field of work that an individual considers himself / herself to be most experienced and proficient at.

**Head of Household:**

Present Occupation \_\_\_\_\_  
 Vocation \_\_\_\_\_  
 Desired Occupation \_\_\_\_\_  
 Other Job Skills \_\_\_\_\_

**Spouse / Partner:**

No formal education (less than 3<sup>rd</sup> grade)

**Elementary/Junior High School**

\* Total years completed (K - 12) \_\_\_\_\_  
 \* High School Grad. - Yes  No  Received GED

**College/University**

\* Graduate - Yes  No  Number of years attended \_\_\_\_\_  
 \*  Scholarship(s)  Loan(s)  
 \* Highest Degree Received (AA, PHD, etc.) \_\_\_\_\_

**Business or Vocational School**

\* Graduate - Yes  No  Number of years attended \_\_\_\_\_  
 \*  Scholarship(s)  Loan(s)

**Unemployment:**

Physical / Psychological Ailment-----	<input type="checkbox"/>	Head	<input type="checkbox"/>	Spouse / Partner	<input type="checkbox"/>
Dependent Family Members-----	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Seasonal Lay-Off-----	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
No Reliable Transportation-----	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
No Work Available in the Area-----	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
No Desire At This Time-----	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Discouraged after ext. job search-----	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other ( _____ )-----	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

**Spouse / Partner:**

Present Occupation \_\_\_\_\_  
 Vocation \_\_\_\_\_  
 Desired Occupation \_\_\_\_\_  
 Other Job Skills \_\_\_\_\_

**Income:** Please provide the approximate (gross) annual income from all sources in your immediate family - \$ \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> Employment / wages                | <input type="checkbox"/> Business Ownership (Self employment)   |
| <input type="checkbox"/> Unemployment Insurance            | <input type="checkbox"/> Retirement, Pensions, Survivor         |
| <input type="checkbox"/> Disability Insurance (temporary)  | <input type="checkbox"/> Veterans / Other Government Retirement |
| <input type="checkbox"/> Welfare - Transitional Assistance | <input type="checkbox"/> Military Pay                           |
| <input type="checkbox"/> TANF / AFDC or related program    | <input type="checkbox"/> Tribal Per-Capita Payments             |
| <input type="checkbox"/> General Assistance                | <input type="checkbox"/> Land Lease Income                      |
| <input type="checkbox"/> Non-Welfare Government Assistance | <input type="checkbox"/> Interest, Dividends, Estate, Trust     |
| <input type="checkbox"/> Social Security                   | <input type="checkbox"/> Other _____                            |
| <input type="checkbox"/> S.S.I. (Supplemental)             | _____   |
| <input type="checkbox"/> Foster Care Funding               | _____   |
| <input type="checkbox"/> No Income Source                  | _____   |

**Occupancy Status:** (Complete this section based on your present occupancy status - Owner, Renter or Non-Owner/Non-Renter)

**OWNER (Own or Buying the Dwelling You Reside In):**

Dwelling Type:  House,  Condominium,  Mobile,  Emergency Trailer,  Other Describe \_\_\_\_\_  
Are there multiple "family units" in this household? Yes  No  Identify the number of individual family units in this household \_\_\_\_\_

Overcrowded (based on age, gender, relationship, and number of bedrooms)

Do you have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?  Yes /  No If "yes", identify which category applies to your dwelling:

- Mortgage, deed of trust, or similar debt
- Contract to purchase

Monthly Mortgage Amount \$ \_\_\_\_\_ (Note: Monthly mortgage amount includes all mortgages, contracts to purchase, and home equity loans)

What was your property tax last year? \$ \_\_\_\_\_ None

What did you pay last year for fire, hazard, and flood insurance on this property? \_\_\_\_\_ None

Does your mortgage payment exceeds 30% of your "monthly" income?  If so, does it exceed 50%  Yes  No  
Did you receive Tribe or government assistance to purchase your home?  Yes  If so, please specify the source:

HUD "Mutual Help" Program  BIA/HIP Program  Other home purchase assistance program - \_\_\_\_\_

If living in a "mobile home," list the combined yearly expenses.

\* Mortgage on mobile home \$ \_\_\_\_\_

\* All other related mobile home site expenses \$ \_\_\_\_\_

**RENTER (Renting the Dwelling You Reside In):**

Monthly Rent Amount \$ \_\_\_\_\_ Are meals included in rent  Yes /  No Are energy costs included in rent  Yes /  No

Dwelling Type:  House,  Condominium,  Mobile,  Other, describe \_\_\_\_\_

Does your rent exceeds 30% of your "monthly" income?  If so, does it exceed 50%  yes  No

Are you renting through a Housing Authority?  Yes /  No If Yes, specify the type of "Housing Authority" below:

- \*  White Mountain Apache Housing Authority
- \*  Housing Authority - Other Tribe
- \*  Housing Authority - Non-Tribal Identify \_\_\_\_\_

**Neither Own nor Rent:** Check One -  Living with extended family  Living in available shelter

**Present "Non-Owner/Non-Renter" Circumstances:** Provide "complete" descriptions of circumstances. (Example- "Living with Parents in a single-wide trailer, overcrowded and dilapidated")

Explain: \_\_\_\_\_

If a non-owner/renter, please identify the general reason:

- Unemployed  Under-employed and unable to afford a home purchase or independent quarters  Full time student
- Part time student  Institutionalized  Other Describe \_\_\_\_\_

**Overcrowding:**

Identify the number of rooms specifically used as "bedrooms" \_\_\_\_\_ Number of "livable rooms" (include Kitchens, dens, living rooms, etc.)  
Is this dwelling "overcrowded"  Yes /  No Are there multiple "family units" living in this dwelling?  Yes /  No Number of Family Units \_\_\_\_\_

**Property Status:**

1. Identify the "property status" of your current residence:  Fee Status (taxed)  Trust Status (not taxed)  
If you are living on "trust" property, identify the specific "trust" status:  Individual Allotment,  Individual Assignment,  Tribal Land
2. How long have you lived in this community? \_\_\_\_\_ year(s) (total cumulative years) In this dwelling unit? \_\_\_\_\_ year(s)  
List the number of residential moves that you have made in the past five years # \_\_\_\_\_

**Present Housing Condition:** What is the approximate age of your dwelling unit - \_\_\_\_\_ years old

Do you have complete bathroom facilities? (hot and cold piped water, flush toilet, bathtub or shower)  Yes /  No

Do you have complete kitchen facilities? (hot and cold piped water, range or cook stove and refrigerator)  Yes /  No

Provide the estimated yearly cost for utilities and / or fuels for this dwelling - \$ \_\_\_\_\_ included in your rent fees?  Yes /  No

Based on the age and condition of the dwelling, estimate the approximate cost to bring this unit up to "standard" condition. Include "overcrowding" factors and associated costs for necessary additions.

Good Condition Between \$1-\$5,000  Needs "Minor" Repairs Between \$5,001-\$10,000  Needs "Major" Repairs Between \$10,001-\$35,000  Exceeds \$35,000 and/or "not repairable"

Deficiencies - Foundation:	_____	Status: ( ) standard	( ) Minor Repairs	( ) Major Repairs	( ) Not Repairable
Deficiencies - Envelope:	_____	Status: ( ) standard	( ) Minor Repairs	( ) Major Repairs	( ) Not Repairable
Deficiencies - Roof:	_____	Status: ( ) standard	( ) Minor Repairs	( ) Major Repairs	( ) Not Repairable
Deficiencies - Electrical:	_____	Status: ( ) standard	( ) Minor Repairs	( ) Major Repairs	( ) Not Repairable
Deficiencies - Plumbing:	_____	Status: ( ) standard	( ) Minor Repairs	( ) Major Repairs	( ) Not Repairable
Deficiencies - Yard:	_____	Status: ( ) standard	( ) Minor Repairs	( ) Major Repairs	( ) Not Repairable
Deficiencies - Outbuildings:	_____	Status: ( ) standard	( ) Minor Repairs	( ) Major Repairs	( ) Not Repairable

Additional comments: \_\_\_\_\_

**Certification:**

Form completed by: (Name) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/200\_\_

If information was not collected directly from the household "head" or "spouse/partner," was it provided by a close (adult) family member?

Yes /  No Information source \_\_\_\_\_

Was information for this household/individual collected from any other source?  Yes /  No If so, please identify the source of the information: \_\_\_\_\_

Notes: \_\_\_\_\_