



San Pasqual Tribe

(Demographics and Needs Assessment Survey)



HOUSEHOLD CONTACT INFORMATION

Address: Mailing: _____
City: _____ State: _____ Zip Code: _____
County: _____ Country: ☐ USA ☐ Other: _____
Address: Physical: _____
City: _____ State: _____ Zip Code: _____
County: _____ Country: ☐ USA ☐ Other: _____
Specific Res. Area: _____
Directions to Dwelling: _____

☐ No Phone

Phone Number: (____) _____ - _____

Phone Number: (____) _____ - _____

Phone Number: (____) _____ - _____

☐ Home ☐ Cell ☐ Work ☐ Message
☐ Home ☐ Cell ☐ Work ☐ Message
☐ Home ☐ Cell ☐ Work ☐ Message

HOUSEHOLD MEMBERS

HEAD OF HOUSEHOLD: (Name - Last, First, MI)

☐ Male ☐ Female

Birth Date: ____/____/____

Maiden Name: _____

Other Names: _____

Marital Status: ☐ Individual ☐ Domestic Partner ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Race and Citizenship:

Country of Birth: ☐ USA ☐ Other _____
☐ White ☐ Black ☐ Hispanic ☐ Asian/ Pacific
Islander
☐ American Indian/Alaskan Native ☐ Canadian 1st Nation

Ethnicity (ex. Mexican/ NavaJo): _____

US Citizen: ☐ Yes ☐ No **Reg. Voter:** ☐ Yes ☐ No

Tribal/Band Voter: ☐ Yes ☐ No

Tribe/Band Affiliation: _____

Tribe/Band Status: ☐ Enrolled ☐ Pending
☐ Descendent ☐ Not Enrolled

Tribe/Band ID Number: _____

Disability: Disabled: ☐ Yes ☐ No **Percent:** ____%

Category of Disability: (Check all That Apply)

☐ Mobility ☐ Vision ☐ Hearing ☐ Mental
☐ Other ☐ Military related

Describe: _____

Military Status:

Veteran: ☐ Yes ☐ No

Currently Enlisted: ☐ Yes ☐ No

Branch of Service: _____ **Era:** _____

Years served: _____ to _____ **Total Years:** _____

Employment:

☐ Employed: ☐ Yes ☐ No
☐ Full time ☐ Part time ☐ Seasonal ☐ Self-Emp.

Reason for Unemployment: _____

Present Occupation: _____

Vocation: _____

List additional job skills: _____

Education:

High School Graduate: ☐ Yes ☐ No

Years completed: _____ ☐ GED: ☐ Diploma

College/Higher Education: ☐ Yes ☐ No

Degree(s): _____

Current Student: ☐ Yes ☐ No

Vocation/Trade School: ☐ Yes ☐ No

Received Certificate: ☐ Yes ☐ No

Personal Income:

Gross Monthly Income: Amount: \$ _____

Source(s): ☐ Employment/Self-Employment ☐ Unemployment ☐ Government/Tribal TANF ☐ Alimony / Child Support
☐ Retirement ☐ Soc. Sec./SSI ☐ Tribal Payments ☐ Other Sources: _____

Household Member Name: (Last, First, MI)

☐ M ☐ F

DOB: ____/____/____

Maiden Name:

Other Names:

Relationship: ☐ Spouse ☐ Dependent Child ☐ Custodial Child ☐ Adult Child ☐ Non-married partner ☐ Other: _____

Marital Status: ☐ Individual ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Common law ☐ Domestic partner

Race and Citizenship:

Country of Birth: ☐ USA ☐ Other _____

☐ White ☐ Black ☐ Hispanic ☐ Asian/ Pacif. Islander

☐ American Indian/Alaskan Native ☐ Canadian First Nation

US Citizen: ☐ Yes ☐ No Reg. Voter: ☐ Yes ☐ No

Tribal/Band Voter: ☐ Yes ☐ No

Tribe/Band Affiliation: _____

Tribe/Band Status: ☐ Enrolled ☐ Pending
☐ Descendent ☐ Not Enrolled

Tribe/Band ID Number: _____

Ethnicity (ex. Mexican/ Navajo): _____

Disability: Disabled: ☐ Yes ☐ No Percent: ____%

Category of Disability: (Check all That Apply)

☐ Mobility ☐ Vision ☐ Hearing ☐ Mental

☐ Other ☐ Military related

Describe: _____

Military Status: Veteran: ☐ Yes ☐ No

Currently Enlisted: ☐ Yes ☐ No

Branch of Service: _____ Era: _____

Years served: _____ to _____ Total Years: _____

Employment: Employed: ☐ Yes ☐ No

☐ Full time ☐ Part time ☐ Seasonal ☐ Self-employed

Reason for Unemployment: _____

Present Occupation: _____

Vocation: _____

List additional job skills: _____

Education: High School Graduate: ☐ Yes ☐ No

Years completed: _____ GED: ☐ Diploma

College/Higher Education: ☐ Yes ☐ No

Degree(s): _____

Current Student: ☐ Yes ☐ No

Vocation/Trade School: ☐ Yes ☐ No

Gross Personal Monthly Income: Amount: \$ _____

Source(s): ☐ Employment/Self-Employment ☐ Unemployment ☐ Government/Tribal TANF ☐ Other: _____

Household Member Name: (Last, First, MI)

☐ M ☐ F

DOB: ____/____/____

Maiden Name:

Other Names:

Relationship: ☐ Spouse ☐ Dependent child ☐ Custodial child ☐ Adult child ☐ Non-married partner ☐ Other: _____

Marital Status: ☐ Individual ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Common law ☐ Domestic partner

Race and Citizenship:

Country of Birth: ☐ USA ☐ Other _____

☐ White ☐ Black ☐ Hispanic ☐ Asian/ Pacif. Islander

☐ American Indian/Alaskan Native ☐ Canadian First Nation

US Citizen: ☐ Yes ☐ No Reg. Voter: ☐ Yes ☐ No

Tribal/Band Voter: ☐ Yes ☐ No

Tribe/Band Affiliation: _____

Tribe/Band Status: ☐ Enrolled ☐ Pending
☐ Descendent ☐ Not Enrolled

Tribe/Band ID Number: _____

Ethnicity (ex. Mexican/ Navajo): _____

Disability: Disabled: ☐ Yes ☐ No Percentage: ____%

Category of Disability:

☐ Mobility ☐ Vision ☐ Hearing ☐ Mental

☐ Military related:

Other (Describe): _____

Military Status: Veteran: ☐ Yes ☐ No

Currently Enlisted: ☐ Yes ☐ No

Branch of Service: _____ Era: _____

Years served: _____ to _____ Total Years: _____

Employment: Employed: ☐ Yes ☐ No

☐ Full time ☐ Part time ☐ Seasonal ☐ Self-employed

Reason for Unemployment: _____

Present Occupation: _____

Vocation: _____

List additional job skills: _____

Education: High School Graduate: ☐ Yes ☐ No

Years completed: _____ GED: ☐ Diploma

College/Higher Education: ☐ Yes ☐ No

Degree(s): _____

Current Student: ☐ Yes ☐ No

Vocation/Trade School: ☐ Yes ☐ No

Gross Personal Monthly Income: Amount: \$ _____

Source(s): ☐ Employment/Self-Employment ☐ Unemployment ☐ Government/Tribal TANF ☐ Other: _____

OCCUPANCY STATUS: Complete this section based on your present occupancy status:

☐ **Own or Buying the Dwelling You Reside in:**

- Dwelling Type: ☐ Single-Family Dwelling ☐ Multi-Family ☐ Mobile Home ☐ Hogan ☐ Other: _____
- Own or Buying your Home? ☐ Yes ☐ No Monthly House Payment Amount \$ _____ ☐ No House Pmt.
- Amount of annual property taxes (if any) \$ _____ ☐ None
- Home / property insurance amount \$ _____ (if not included in house payment ☐ None
- ☐ Home Purchased through "Assisted" Program (Specify the source of home purchase assistance below:
☐ HUD Home "Purchase" Program ☐ BIA / HIP Program ☐ Veterans Program ☐ Other: _____
- Mobile Homes: If living in a "mobile home," list all the other combined yearly expenses not listed above (example:
- Personal property taxes, site rent, registration fees, license fees, etc.
Mortgage on mobile home \$ _____ All other site expenses \$ _____

Renting the Dwelling You Reside in:

- Monthly rent amount \$ _____ Cost for Insurance \$ _____ Annual cost for utilities \$ _____
- ☐ Meals are included in rent payment ☐ Energy costs included in rent payment
- Paying more than 30% of your monthly income for rent? ☐ Yes ☐ No Paying more than 50%? ☐ Yes ☐ No
- Are you renting through this Tribe's Housing Authority? ☐ Yes ☐ No
- If Other Housing Authority, please identify the type:
☐ A different Tribe's Housing Authority ☐ County / City Housing Authority ☐ Other: _____
- If renting through another program, please identify:
☐ Tax Credit Rental ☐ College Housing ☐ Military Rental Housing ☐ Private Rental ☐ Public Rental
☐ USDA ☐ Other Rental Category: _____

Neither Own or Rent: Check one of these categories ☐ Living with extended family or, ☐ Living in available shelter

- Present "Non-owner/Non-Renter" Circumstances. Provide "complete" descriptions of circumstances (Example: Living with parents in a single-wide trailer that is overcrowded and dilapidated) _____

If a Non-owner/Non-renter, Please identify the general reason: ☐ Unemployed ☐ Under-employed (can't afford to buy/rent)
☐ Full time student ☐ Institutionalized ☐ Military ☐ Other (describe): _____

Overcrowding Factors:

Overcrowding - HUD Section Occupancy Standards- For HUD Sec8 related housing needs assessment, the following clarifications may be considered: Overcrowding is determined by the number of "bedrooms" in a dwelling, as well as the age/gender/relationship of the occupants/ Example: One adult (or adult cohabitant unit), plus – two minor children- per gender- per livable room.

- **Factors-** Age/ Gender / Relationship, by number of rooms used as bedrooms
 - Number of people living in the dwelling _____ ☐ Multiple family units in dwelling _____ # of family units _____
 - Number of Bedrooms _____ Number of "livable" rooms _____ Approx. square footage _____
 - **Based on Age /Gender /Num. Bedrooms:** ☐ This dwelling is "Overcrowded" (by HUD / Section 8 Stds.)

Overcrowding – US Census Definition- For use in HUD NAHASDA Census challenge applications- 1.01 person per "livable" room. For surveys using the US Census definition for overcrowding, the term "livable room" will include bedrooms, living rooms, kitchens, a separate dining room, and rooms in a finished basement. Do not count bathrooms, porches, balconies, entry areas, halls, or half-rooms as livable rooms. Count multipurpose rooms only one time, for example, a kitchen and dining room combination, or a living room that is used as a bedroom at night.

- **Based on 1.01 persons per "livable Room":** ☐ This dwelling is "Overcrowded" (by US Census Standards)

Property Status:Identify the "property status" of current residence: ☐ Fee Status (taxed) ☐ Public Domain ☐ Trust Status (not taxed)

- If living on "trust" property, identify the status: ☐ Individual Allotment ☐ Assignment (ex. Lease) ☐ Tribal Land
- How long have you lived in this community? ____ year(s) In this dwelling? ____ year(s) # of moves in the last 5 yrs. ____

Present Housing Condition:Do you have complete / operable bathroom facilities? (hot/cold piped water, flush toilet, bathtub or shower) ☐ Yes ☐ NoDo you have complete / operable kitchen facilities? (hot/cold piped water, range / cook stove & refrigerator) ☐ Yes ☐ NoElectrical Source: ☐ Public ☐ Community ☐ Private Generator ☐ Solar ☐ Other: _____ ☐ NoneWater Source: ☐ Public ☐ Community ☐ Private Well ☐ Off-Site ☐ Other: _____ ☐ None

- If hauling water from an off-site location, for family and/or animal consumption? ____ Num. miles (roundtrip)

Heat Source: ☐ Electricity ☐ Wood/Pellet Stove ☐ Coal ☐ Nat. Gas/Propane ☐ Other: _____ ☐ NoneSafety: ☐ Fire Exiting ☐ Smoke Detector ☐ Carbon Mon. Detect. ☐ First Aid Supp. ☐ Other: _____ ☐ NoneHandicap Access: ☐ Exterior Ramps ☐ Bathroom Modifs. ☐ Kitchen Modifications ☐ Handicap Doors ☐ Other: _____ ☐ None**Dwelling Condition:**What is the approx. age of your dwelling unit? ____ Years old Check one box in each of the categories below:

Foundation Status: _____	<input type="checkbox"/> Standard	<input type="checkbox"/> Minor Repairs	<input type="checkbox"/> Major Repairs	<input type="checkbox"/> Not Repairable
Building Envelope Status: _____	<input type="checkbox"/> Standard	<input type="checkbox"/> Minor Repairs	<input type="checkbox"/> Major Repairs	<input type="checkbox"/> Not Repairable
Windows: Status: _____	<input type="checkbox"/> Standard	<input type="checkbox"/> Minor Repairs	<input type="checkbox"/> Major Repairs	<input type="checkbox"/> Not Repairable
Doors Status: _____	<input type="checkbox"/> Standard	<input type="checkbox"/> Minor Repairs	<input type="checkbox"/> Major Repairs	<input type="checkbox"/> Not Repairable
Roof Status: _____	<input type="checkbox"/> Standard	<input type="checkbox"/> Minor Repairs	<input type="checkbox"/> Major Repairs	<input type="checkbox"/> Not Repairable
Electrical System Status: _____	<input type="checkbox"/> Standard	<input type="checkbox"/> Minor Repairs	<input type="checkbox"/> Major Repairs	<input type="checkbox"/> Not Repairable
Plumbing System status: _____	<input type="checkbox"/> Standard	<input type="checkbox"/> Minor Repairs	<input type="checkbox"/> Major Repairs	<input type="checkbox"/> Not Repairable
Yard / Property Status: _____	<input type="checkbox"/> Standard	<input type="checkbox"/> Minor Repairs	<input type="checkbox"/> Major Repairs	<input type="checkbox"/> Not Repairable
Outbuildings / Fences: _____	<input type="checkbox"/> Standard	<input type="checkbox"/> Minor Repairs	<input type="checkbox"/> Major Repairs	<input type="checkbox"/> Not Repairable

List any "Major" repairs that are presently needed on this dwelling unit (interior and exterior). Be complete when describing deficiencies. (Example: if listing roofing, do not simply enter the word "roof". Describe in detail what's wrong, "roof is leaking" etc.)

Based on the age and condition in the dwelling, estimate the approx. Cost to bring this unit up to "standard" condition. Include "overcrowding" factors and potential costs for necessary additions.

<input type="checkbox"/> Good Condition Between \$1- \$5,000	<input type="checkbox"/> Needs "minor" Repairs (Between \$5,001- \$10,000)	<input type="checkbox"/> Needs "Major" Repair (Between \$10,001-\$35,000)	<input type="checkbox"/> Exceeds \$35,000, and/or "Not Repairable"
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Certification:

Form completed by: (Name) _____ Title: _____ Date: ____/____/20____

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 (ex. Mother/grandmother, etc.) _____Comments: _____
