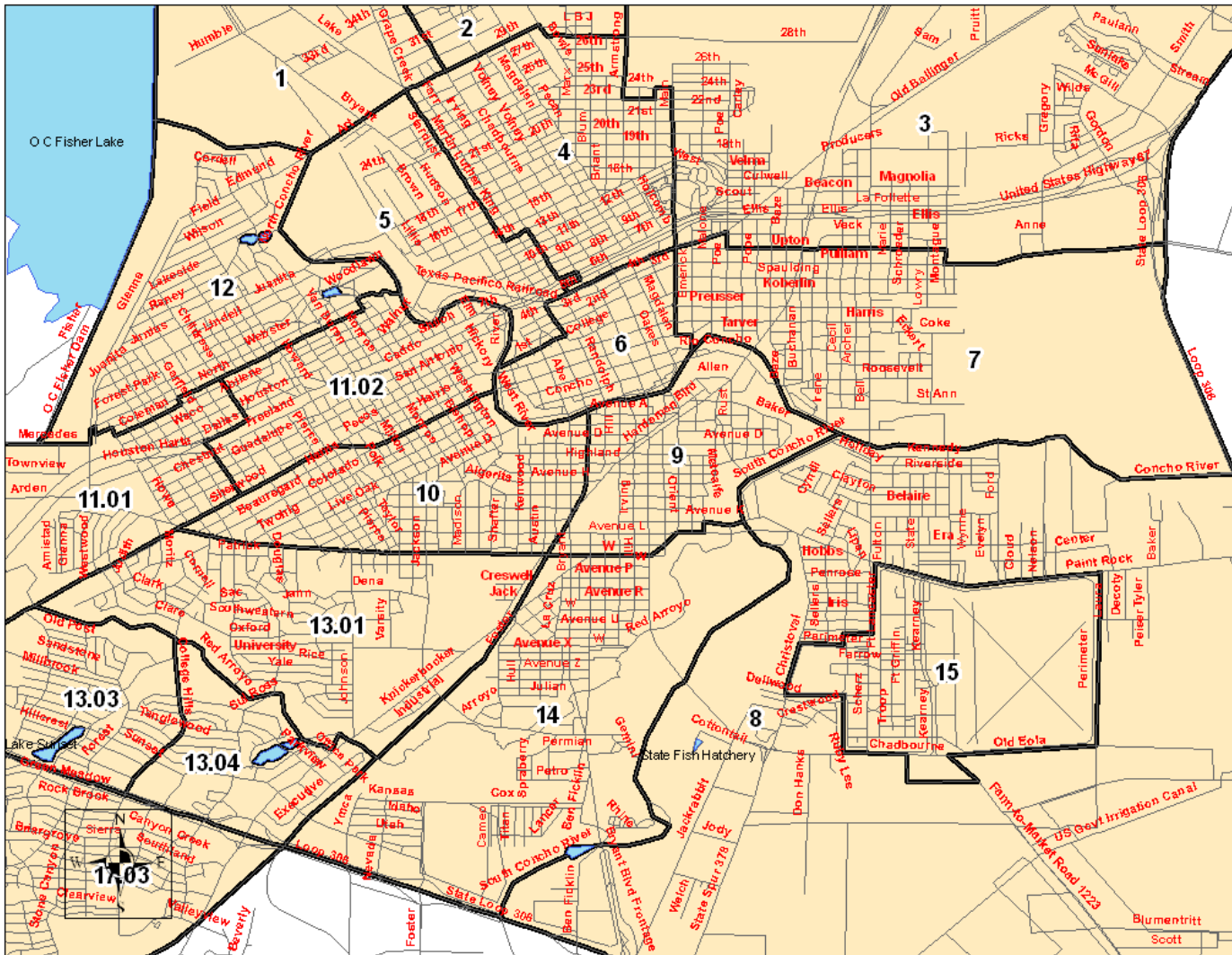




| On a scale where "10" means "Excellent" and "1" means "Poor," how would you rate the general appearance/condition of each of the following? |   | Level                                 |
|---|---|---------------------------------------|
|   | The community   |                                       |
|   | Residential areas   |                                       |
|   | Vacant houses & lots  |                                       |
|   | Streets   |                                       |
|   | Sidewalks   |                                       |
| Circle the number of the <i>BEST</i> response   |   |                                       |
|   | Do you own your home?   | 1. Yes      2. No                     |
|   | Do you pay more than 50% of your income toward housing (rent or mortgage plus utilities)? | 1. Yes      2. No                     |
|   | How would you rate the condition of your residence?                                       |                                       |
|   | 1. Good   |                                       |
|   | 2. Needs minor repairs, under \$1,000   |                                       |
|   | 3. Needs moderate repairs, \$1,000 - \$5,000  |                                       |
|   | 4. Needs major repairs, over \$5,000  |                                       |
|   | Do you use childcare?   | 1. Never      2. Seldom      3. Daily |
|   | If applicable, is it difficult for you to find quality childcare?                         | 1. Yes      2. No                     |
|   | Do you use elderly care services?   | 1. Yes      2. No                     |
|   | Have you received rent assistance from a community or city organization?                  | 1. Yes      2. No                     |
|   | Have you received utility assistance from a community or city organization?               | 1. Yes      2. No                     |
|   | Have you received legal assistance from a community or city organization?                 | 1. Yes      2. No                     |
| In the last year, did you or any member of your immediate family:<br>(Circle the number of the <i>BEST</i> response)                        |   |                                       |
|   | Lose a job  | 1. Yes      2. No                     |
|   | Not afford a prescription   | 1. Yes      2. No                     |
|   | Go hungry   | 1. Yes      2. No                     |
|   | Use meal programs or food bank  | 1. Yes      2. No                     |
|   | Fall behind on rent/mortgage  | 1. Yes      2. No                     |
|   | Had your house go through foreclosure   | 1. Yes      2. No                     |
|   | Have utilities cut off  | 1. Yes      2. No                     |
|   | What is your gender?  | _____                                 |
|   | What is your age?   | _____                                 |

**Additional Comments:**



Please indicate in which area you reside on the map above: \_\_\_\_\_

Contact the San Angelo Community Development Office to obtain results of this survey.

622 S. Oakes St.  
Ste. G  
San Angelo, TX 76901

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M-F, 8:00a-5:00