

City of Lawrence

Community Needs Assessment 2019

What is the purpose of this survey?

The City of Lawrence is in the process of developing a Consolidated Plan that will establish community goals and guide resource allocations. The Consolidated Plan is a document required by the US Department of Housing and Urban Development. The Plan will cover the period 2020-2024. We invite you to assist the City to establish community needs and priorities. *We appreciate your time and thank you for your participation.*

Section I: A Little Bit About You

1. I have lived in the city:

- Less than 1 year
- 1-5 years
- 5-10 years
- Over 10 years
- I do not live in the city.

2. If you do not live in the city (check all that apply):

- I work in the city
- I grew up in the city
- I live outside the city but I travel into the city for recreational, cultural, or leisure activities

3. My neighborhood is:

- Arlington
- Colonial Heights
- Mount Vernon
- General Donovan
- North Common
- Prospect Hill
- South Common
- Saunders School
- Tower Hill
- Not sure, but I live on (insert street name): _____

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4. How was your household impacted by the Gas Explosion? (check all that apply)

- Not at all
- Lost personal property
- Lost housing temporarily
- Lost housing permanently
- Lost income
- Impacted my health and/or wellbeing

Section II: Neighborhood Needs

5. Please rank the following Infrastructure and Public Facility Needs in your community using the following (No Need, Low Need, Medium Need, High Need):

Infrastructure Needs	Low Need	Medium Need	High Need	Critical Need
Street Improvements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Street Lighting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to Broadband/High Speed Internet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disaster Preparedness and Response	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neighborhood/Community Facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreational Facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Parks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Americans with Disabilities Act (ADA)/Handicapped Accessibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Please rank the following Housing Needs in your community:

Housing Services	Low Need	Medium Need	High Need	Critical Need
Increasing Homeownership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affordable rental housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Repairs for Existing Homeowners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lead-Free Housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lead Paint and Environmental Hazard Removal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Energy Cost	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foreclosure Issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Abandoned, Vacant Buildings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Property Maintenance/Upkeep of properties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Please rank the following Homeless Needs in your community:

Homelessness Services	Low Need	Medium Need	High Need	Critical Need
Additional Homeless Shelters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Transitional Housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Support Services Including Substance Abuse Treatment and Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job Training for Homeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Supportive Permanent Housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Please rank the following Economic Development Needs in your community:

Economic Development	Low Need	Medium Need	High Need	Critical Need
Job Development/Creation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job Training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Small Business Loans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technical Assistance to Small Businesses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rehabilitation of Commercial Buildings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Storefront Improvements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Street Improvements and Lighting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sidewalk Improvements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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9. Please rank the following Public Service Needs in your community:

Public Service Needs	Low Need	Medium Need	High Need	Critical Need
Adult Education including ESL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment Training/Job Readiness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth Services(School Age)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After School Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Care Services (Preschool)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Senior Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foreclosure Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homebuyer Education/Financial Literacy Services for Persons with Disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Abuse Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crime Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section III: Household Background

We ask you to share information about yourself so we are better able to target programs and resources.

10. Please provide your gender identity:

- Male
- Female
- Non-binary

11. Please provide your race (check all that apply):

- White
- Black or African American
- American Indian and Alaska Native
- Asian
- Native Hawaiian and Other Pacific Islander
- Other race
- Multiple Races

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12. Please provide your ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

13. Please describe your family (check all that apply):

- Single person
- Small Family (2-4 people)
- Large Family (more than 4 people)
- Single Parent
- Family with Children under 6 years of age
- Elderly Household

14. Please provide your housing status (check all that apply):

- Rent
- Own home
- Homeless
- Living doubled up/with friends, family
- Have another person/family living in my home
- Receive a housing subsidy
- Have difficulty making monthly housing expenses
- Have been late on rent or mortgage payments twice in past six months

15. Please provide your employment status:

- Employed full time
- Employed part time
- Student
- Unemployed
- Self-employed
- Homemaker/Caregiver

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16. Has a landlord said any of these things to you in the last three years? (check all that apply):

- “We don't accept Section 8.”
- “We don't accept children under 6.”
- “Sorry, the unit is already rented.”
- “We don't allow pets.”
- “Your application has been denied for rental history, credit score.”

17. Is it difficult for you to get housing for any of these reasons (check all that apply):

- I can't find an apartment I can afford
- I never hear back regarding my application
- I am told I don't meet the landlords requirements - references, credit score
- I think I am being discriminated against due to race/ethnicity/gender
- I have difficulty understanding the process

Thank you for assisting us with this survey!

When and where do I turn it in?

If you are interested in obtaining information on this survey, the Consolidated Planning Process, and Community Development Programs, please contact the Community Development Department at (978) 620-3510. Thank you. Electronic submissions will be recorded. If you are completing a hard copy of the survey, you may return the survey to the Office of Planning and Development located at:

Office of Planning and Development
12 Methuen Street
1st Floor, Lawrence, MA 01840

This survey is also available online:

<https://www.surveymonkey.com/r/LawrenceConPlan2020>