

# SPOKANE TRIBE HOUSING NEEDS ASSESSMENT CONSENT FORM

## PURPOSE

Spokane Indian Housing Authority is leading a community housing needs assessment in our community. We have hired Sweet Grass Consulting, LLC (Sweet Grass) to manage data collection and report writing efforts.

The study will:

- 1) Provide analyses of current and future affordable housing needs;
- 2) Identify workforce by industry and type of work (full-time, part-time, seasonal) within service areas;
- 3) Assess existing transportation options and the transportation needs of those living within employment and service areas;
- 4) Determine condition of SIHA units and identify solutions.
- 5) Allow us access to the most up-to-date information for future housing development decisions.

## CONFIDENTIALITY

Your identity will remain anonymous. You will only be contacted for future opportunities if you want us to do so. **SWEET GRASS IS COLLECTING THE SURVEY AND TYPING THE REPORT. THEY WILL NOT SHARE YOUR NAME OR ANY IDENTIFYING INFORMATION WITH THE SPOKANE INDIAN HOUSING AUTHORITY.**

## PARTICIPATION

Your participation is completely voluntary. This survey ends March 1, 2023. **YOU MUST BE AGE 18 OR OLDER TO FILL OUT A SURVEY, unless you are UNDER 18 (A MINOR) and care for yourself/live independently OR have DEPENDENTS (CHILDREN).** If you are a minor who cares for themselves and/or has dependents, you are considered your own family and you may complete the survey.

## BENEFITS

The questions we are asking will help us determine local housing desires and preferences, strengths in our community related to housing, and next steps for housing development. The information you provide will be used by Spokane Indian Housing Authority and Sweet Grass for the purposes mentioned above and for the decision-making and potential grant opportunities of housing efforts.

## RISKS

There are no known negative effects from taking part in this study.

By signing this consent form, you agree to provide us with information and have read the above statements. Also, by signing your name and fully completing the survey (or focus group if contacted) you will be placed into a drawing. WE WILL HAVE 10 DRAWINGS OF \$100 A PIECE AND 1 GRAND PRIZE DRAWING OF \$500.

Name \_\_\_\_\_ Valid phone number \_\_\_\_\_

Signature (or type name if filling out online) \_\_\_\_\_ Date \_\_\_\_\_

If you have any questions, comments, or concerns, please feel free to contact Marshall Wynne at 509-818-1467 or marshall@spokaneiha.com. You can also reach Michael Brydge of Sweet Grass Consulting, LLC at 540-448-1826 or michael@sweetgrassconsulting.net.

Thank You,  
Sonny Matheson  
SIHA Executive Director

# SPOKANE HOUSING NEEDS ASSESSMENT SURVEY

## DEMOGRAPHICS

AGE:	SEX:		
	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> I prefer to identify as: <input type="checkbox"/> Choose not to respond
ETHNICITY:			
<input type="checkbox"/> Hispanic or Latino or Spanish Origin		<input type="checkbox"/> Not Hispanic or Latino or Spanish Origin	
RACE (SELECT ALL THAT APPLY):			
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> White		
<input type="checkbox"/> Asian	<input type="checkbox"/> Choose not to respond		
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other (please describe):		
<input type="checkbox"/> Native Hawaiian or Pacific Islander			
IF AMERICAN INDIAN OR ALASKA NATIVE, PLEASE IDENTIFY YOUR TRIBAL AFFILIATION (WHAT TRIBE OR TRIBES DO YOU CLAIM AS PART OF YOUR ANCESTRY?):			
<input type="checkbox"/> Spokane Tribe	→	Are you an enrolled member of the Spokane Tribe? We ask this question because it can be used to increase the money we receive from federal programs.	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Are you a member of another tribe? (please describe):			
MARITAL STATUS (CHOOSE ONE):			
<input type="checkbox"/> Single/Never Married	<input type="checkbox"/> In a relationship	<input type="checkbox"/> Engaged	<input type="checkbox"/> Married
<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced	<input type="checkbox"/> Other (please explain):
HIGHEST LEVEL OF EDUCATION (IF YOU HAVE A VOCATIONAL CERTIFICATE AND OTHER EDUCATION, SELECT BOTH):			
<input type="checkbox"/> Middle School	<input type="checkbox"/> Bachelor's Degree		
<input type="checkbox"/> High School Diploma	<input type="checkbox"/> Graduate Degree		
<input type="checkbox"/> GED	<input type="checkbox"/> Master's Degree		
<input type="checkbox"/> Some College	<input type="checkbox"/> Ph.D.		
<input type="checkbox"/> Vocational Certificate	<input type="checkbox"/> Other (please explain):		
<input type="checkbox"/> In what trade?	<input type="checkbox"/> Choose not to respond		
<input type="checkbox"/> Associate Degree			
WHERE DO YOU CURRENTLY LIVE?			
City/Town:	<input type="checkbox"/> Spokane Indian Reservation	<input type="checkbox"/> Lincoln County	
	<input type="checkbox"/> Chewelah	<input type="checkbox"/> Creston	
	<input type="checkbox"/> Ford	<input type="checkbox"/> Davenport	
	<input type="checkbox"/> Fruitland	<input type="checkbox"/> Odessa	
	<input type="checkbox"/> Springdale	<input type="checkbox"/> Reardon	
	<input type="checkbox"/> Wellpinit	<input type="checkbox"/> Wilbur	
	<input type="checkbox"/> West End	<input type="checkbox"/> Other: (please explain):	
	<input type="checkbox"/> Other: (please explain):	<input type="checkbox"/> Pend Oreille County	
	<input type="checkbox"/> Spokane County	<input type="checkbox"/> Town:	
	<input type="checkbox"/> Airway Heights	<input type="checkbox"/> Stevens County	
	<input type="checkbox"/> Cheney	<input type="checkbox"/> Town:	
	<input type="checkbox"/> Deer Park	<input type="checkbox"/> Other (please specify):	
	<input type="checkbox"/> Mead		
	<input type="checkbox"/> Spokane		
	<input type="checkbox"/> Other: (please explain):		
State:			
<b>A LITTLE ABOUT YOURSELF</b>			
ARE YOU A SINGLE PARENT OR SINGLE GUARDIAN?			
<input type="checkbox"/> Yes	→	If yes, if single parent or guardian housing were made available in our community, would you live there?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Why or why not?			
<input type="checkbox"/> No			

**ARE YOU A GRANDPARENT RAISING CHILDREN?**

Yes → If yes, if housing for grandparents and caregivers were available in our community, would you live there?

Yes                       No

No

**IF YOU ARE A SENIOR OR ELDER, AND HOUSING FOR YOU WERE AVAILABLE IN OUR COMMUNITY, WOULD YOU LIVE THERE?**

Yes

No

**ARE YOU A PERSON WITH DISABILITIES?**

Yes → If yes, if housing for people with disabilities were available in our community, would you live there?

Yes                       No

What types of disabilities do you currently have? *We want to know this to better find resources to enhance current and future housing for ALL of our people:*

Does your home have the resources to meet your needs? (This includes needs for hearing impairment, autism, physical disabilities, and more).

Yes

No → If no, what are the resources you need?

No

**ARE YOU A VETERAN?**

Yes → If yes, if veteran housing were made available in our community, would you live there?

Yes                       No

If yes, are you involve with local tribal veteran's programs?

Yes                       No

No

**LIVING SITUATION**

**WHO DO YOU CURRENTLY LIVE WITH?**

Just myself     Other relatives

Myself and immediate family (partner and/or children)                       Other (please specify):

**HOW MANY PEOPLE LIVE IN YOUR HOUSE (DO NOT INCLUDE YOURSELF)?**

# of youth and children under age 18: \_\_\_\_\_ # of adults age 18-54: \_\_\_\_\_

# of adults age 55-64: \_\_\_\_\_ # of adults age 65+: \_\_\_\_\_

**HOW MANY TOTAL FAMILIES CURRENTLY LIVE IN YOUR HOME? (MANY OF OUR HOMES HAVE MULTI-GENERATIONAL FAMILIES LIVING IN ONE HOME. FOR EXAMPLE, A FAMILY WOULD BE AN INDIVIDUAL OR FAMILY, AGE 18 OR OLDER, WHO IS NO LONGER A DEPENDENT. THE ONLY EXCEPTION IS A MINOR WHO LIVES IN A HOME AND HAS DEPENDENTS WHO RELY ON THEM FOR SUPPORT.)**

# of families in your home: \_\_\_\_\_

IN THE PAST YEAR, HAVE ANY OF THE MEMBERS IN YOUR HOME STAYED IN A PLACE THAT IS NOT A **REGULAR OR PERMANENT** PLACE TO STAY, SUCH AS SHELTERS, IN A CAR, OR IN AN ABANDONED BUILDING?

- Yes → If yes, how many people?  
 How long have they lived with you?  
 What are the reasons they do not have permanent housing (select all that apply)?
- Prefer to be with relatives
  - Economic hardship
  - Lack of caregivers (youth)
  - Lack of housing
  - Lack of available land
  - Other (please specify):
- No

**PLEASE DESCRIBE YOUR CURRENT LIVING SITUATION:**

- I rent
  - Employee-based
  - Home ownership (currently leasing but it will convert to a mortgage)
  - Low income
  - Other (please specify):
- I own but still pay a mortgage
- I own and the mortgage is paid off
- I stay with someone. I would be homeless if they did not provide this place for me to stay.
  - How long have you stayed here to avoid homelessness?

**HAVE YOU EVER RENTED FROM ANOTHER HOUSING AUTHORITY?**

- Yes → If yes, where? City/Town: \_\_\_\_\_ State: \_\_\_\_\_  
 If yes, how many years?

- No

**LAND STATUS OF CURRENT LIVING SITUATION:**

- Fee Land
- Federal Trust Leasehold
- Allotted Leasehold
- Other (please specify): \_\_\_\_\_

**HOUSE AND HOME**

**WHAT TYPE OF HOUSE DO YOU CURRENTLY LIVE IN?**

- Apartment or multi-family housing
- Single-family home
- Modular or mobile home
  - Singlewide
  - Doublewide
- Supportive housing (housing that is provided by other agencies or resources)
- Temporary housing
- Tiny home
- Other (please specify):

**HOW MANY TOTAL BEDROOMS, WITH WALLS AND A DOOR, ARE IN YOUR HOUSE?**

# of bedrooms with walls and a door:

**SELECT ALL THE ITEMS IN YOUR CURRENT HOME AND IDENTIFY WHETHER OR NOT THEY FUNCTION PROPERLY:**

<input type="checkbox"/> Hot and cold running water	This functions properly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> A flush toilet	This functions properly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> A bathtub or shower	This functions properly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> A sink or faucet	This functions properly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> A stove or range	This functions properly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> A refrigerator	This functions properly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Heat	This functions properly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Air conditioning	This functions properly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>I FEEL THAT MY HOME WILL NEED REHAB, MAINTENANCE, OR REPAIRS IN THE NEXT...</b>				
<input type="checkbox"/> 0-1 year	<input type="checkbox"/> 2-5 years	<input type="checkbox"/> 6-10 years	<input type="checkbox"/> 11-15 years	<input type="checkbox"/> 16+ years
<b>WHAT AREAS DO YOU FEEL YOU NEED ASSISTANCE (CHECK ALL THAT APPLY)?</b>				
<input type="checkbox"/> Access to home (approach, driveway, walkway, etc.)	<input type="checkbox"/> Roof	<input type="checkbox"/> Electrical	<input type="checkbox"/> Septic system	<input type="checkbox"/> Weatherization (protection from cold/heat, wind/water)
<input type="checkbox"/> Floors	<input type="checkbox"/> Windows and/or doors	<input type="checkbox"/> Foundation	<input type="checkbox"/> Other 1 (please specify):	<input type="checkbox"/> Other 2 (please specify):
<input type="checkbox"/> Gutters		<input type="checkbox"/> Painting and siding		
<input type="checkbox"/> Plumbing				
<i>ONLY FOR THE AREA(S) YOU SELECTED ABOVE, PLEASE ANSWER THE QUESTION BELOW.</i>				
<b>ACCESS TO HOME</b>				
DO YOU FEEL THIS AREA IS MORE IN NEED OF:				
<input type="checkbox"/> Maintenance from normal wear and tear	<input type="checkbox"/> Repair			
<b>ELECTRICAL</b>				
DO YOU FEEL THIS AREA IS MORE IN NEED OF:				
<input type="checkbox"/> Maintenance from normal wear and tear	<input type="checkbox"/> Repair			
<b>FLOORS</b>				
DO YOU FEEL THIS AREA IS MORE IN NEED OF:				
<input type="checkbox"/> Maintenance from normal wear and tear	<input type="checkbox"/> Repair			
<b>FOUNDATION</b>				
DO YOU FEEL THIS AREA IS MORE IN NEED OF:				
<input type="checkbox"/> Maintenance from normal wear and tear	<input type="checkbox"/> Repair			
<b>GUTTERS</b>				
DO YOU FEEL THIS AREA IS MORE IN NEED OF:				
<input type="checkbox"/> Maintenance from normal wear and tear	<input type="checkbox"/> Repair			
<b>PAINTING AND SIDING</b>				
DO YOU FEEL THIS AREA IS MORE IN NEED OF:				
<input type="checkbox"/> Maintenance from normal wear and tear	<input type="checkbox"/> Repair			
<b>PLUMBING</b>				
DO YOU FEEL THIS AREA IS MORE IN NEED OF:				
<input type="checkbox"/> Maintenance from normal wear and tear	<input type="checkbox"/> Repair			
<b>ROOF</b>				
DO YOU FEEL THIS AREA IS MORE IN NEED OF:				
<input type="checkbox"/> Maintenance from normal wear and tear	<input type="checkbox"/> Repair			
<b>SEPTIC SYSTEM</b>				
DO YOU FEEL THIS AREA IS MORE IN NEED OF:				
<input type="checkbox"/> Maintenance from normal wear and tear	<input type="checkbox"/> Repair			
<b>WEATHERIZATION</b>				
DO YOU FEEL THIS AREA IS MORE IN NEED OF:				
<input type="checkbox"/> Maintenance from normal wear and tear	<input type="checkbox"/> Repair			
<b>WINDOWS AND/OR DOORS</b>				
DO YOU FEEL THIS AREA IS MORE IN NEED OF:				
<input type="checkbox"/> Maintenance from normal wear and tear	<input type="checkbox"/> Repair			
<b>OTHER 1</b>				
DO YOU FEEL THIS AREA IS MORE IN NEED OF:				
<input type="checkbox"/> Maintenance from normal wear and tear	<input type="checkbox"/> Repair			
<b>OTHER 2</b>				
DO YOU FEEL THIS AREA IS MORE IN NEED OF:				
<input type="checkbox"/> Maintenance from normal wear and tear	<input type="checkbox"/> Repair			

**IS THERE A NEED FOR HANDICAP ACCESSIBLE FACILITIES IN YOUR HOME?**

Yes       No

If yes, please explain?

**DO YOU FEEL YOU WILL BE ABLE TO AGE COMFORTABLY IN THIS HOME?**

Yes       No

Why or why not?

**EMPLOYMENT**

**EMPLOYMENT STATUS (SELECT ALL THAT APPLY):**

<input type="checkbox"/> Regular Employment →	What is your regular employment status?	<input type="checkbox"/> Part-time (less than 34 hrs/wk) <input type="checkbox"/> Full-time (35 hrs/wk or more)
	Are you employed seasonally?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Self-Employed →	What is your self-employment status?	<input type="checkbox"/> Part-time (less than 34 hrs/wk) <input type="checkbox"/> Full-time (35 hrs/wk or more)
	Are you employed seasonally?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Unemployed →	Are you currently seeking employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If no, why aren't you seeking employment?	<input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Other reasons <input type="checkbox"/> Disabled

**WHAT TYPE OF INDUSTRY DO YOU WORK IN (CHECK ALL THAT APPLY)?**

<input type="checkbox"/> Agriculture, Forestry, Fishing & Hunting	<input type="checkbox"/> Transportation & Warehousing	<input type="checkbox"/> Educational Services
<input type="checkbox"/> Mining	<input type="checkbox"/> Information	<input type="checkbox"/> Health Care and Social Assistance
<input type="checkbox"/> Utilities	<input type="checkbox"/> Finance & Insurance	<input type="checkbox"/> Arts, Entertainment & Recreation
<input type="checkbox"/> Construction	<input type="checkbox"/> Real Estate Rental & Leasing	<input type="checkbox"/> Accommodation & Food Services
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Professional, Scientific & Technical Services	<input type="checkbox"/> Public Administration
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Management of Companies & Enterprises	<input type="checkbox"/> Other (please specify): _____
<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Administrative & Support & Waste Management & Remediation Services	

HOW MANY DAYS PER WEEK DO YOU TRAVEL TO WORK?	HOW MANY MILES PER WEEK DO YOU TRAVEL FOR WORK?

**WHERE DO YOU TRAVEL TO FOR WORK?**

City/Town: \_\_\_\_\_ State: \_\_\_\_\_

**INCOME AND EXPENSES**

*These questions are being asked so we can prove needs related to income in hopes that we can receive resources for affordable housing.*

**HOW MANY PEOPLE IN THIS HOME HAVE AN INCOME?**

**WHAT IS YOUR HOUSEHOLD'S TOTAL ANNUAL INCOME?**

<input type="checkbox"/> Less than \$10,000	<input type="checkbox"/> \$50,000-\$74,999
<input type="checkbox"/> \$10,000-\$14,999	<input type="checkbox"/> \$75,500-\$99,999
<input type="checkbox"/> \$15,000-\$24,999	<input type="checkbox"/> \$100,000-\$149,999
<input type="checkbox"/> \$25,000-\$34,999	<input type="checkbox"/> \$150,000-\$199,999
<input type="checkbox"/> \$35,00-\$49,999	<input type="checkbox"/> \$200,000 or more

WHAT IS THE MONTHLY AMOUNT YOU SPEND ON RENT OR MORTGAGE? \$ \_\_\_\_\_



WHAT IS THE APPROXIMATE AMOUNT YOU SPEND ON HOME MAINTENANCE PER YEAR? (e.g.; light bulbs, snow removal, gutter cleaning, etc.) \$

DO YOU HAVE A HARD TIME PAYING YOUR RENT OR MORTGAGE?

- Yes  No

APPROXIMATELY HOW MUCH DO YOU SPEND ON UTILITIES PER MONTH (ELECTRIC, GAS, OIL) BY SEASON?

Summer months: \$

Winter months: \$

DO YOU HAVE A HARD TIME PAYING FOR YOUR UTILITY BILLS?

- Yes  No

HOW OFTEN DO YOU STRESS ABOUT PROVIDING THE FOLLOWING FOR YOU AND YOUR FAMILY:

	Never	Daily	Weekly	Monthly	Yearly
Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clothes and shoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WHAT ITEM (NOT INCLUDING MORTGAGE OR RENT) IS YOUR LARGEST MONTHLY EXPENSE?

## FUTURE THINKING

WHERE WOULD YOU LIKE TO LIVE?

City/Town:

<input type="checkbox"/> Spokane Indian Reservation <input type="checkbox"/> Chewelah <input type="checkbox"/> Ford <input type="checkbox"/> Fruitland <input type="checkbox"/> Springdale <input type="checkbox"/> Wellpinit <input type="checkbox"/> West End <input type="checkbox"/> Other: (please explain):	<input type="checkbox"/> Spokane County <input type="checkbox"/> Airway Heights <input type="checkbox"/> Cheney <input type="checkbox"/> Deer Park <input type="checkbox"/> Mead <input type="checkbox"/> Spokane <input type="checkbox"/> Other: (please explain):	<input type="checkbox"/> Lincoln County <input type="checkbox"/> Creston <input type="checkbox"/> Davenport <input type="checkbox"/> Odessa <input type="checkbox"/> Reardon <input type="checkbox"/> Wilbur <input type="checkbox"/> Other: (please explain): <input type="checkbox"/> Pend Oreille County <input type="checkbox"/> Town: <input type="checkbox"/> Stevens County <input type="checkbox"/> Town: <input type="checkbox"/> Other (please specify):
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State:

ARE YOU INTERESTED IN PURCHASING A HOME? (check one)

- I am not interested.  
 I would like to, but I am afraid I cannot afford one.  
 I would like to, and I think I can afford one.  
 I would like to purchase a home, and I can afford one

***If you would like to purchase a home, please answer the following three (3) questions. If you are not interested, please move on to the question "Describe how you would feel if new homes could be built in your community," at the bottom of this page.***

IF YOU PURCHASED A NEW HOME, WHAT TYPE OF HOME ARE YOU INTERESTED IN?

- |  |   |
|--|---|
| <input type="checkbox"/> Apartment or multi-family housing<br><input type="checkbox"/> Single family home (standard stick-built construction)<br><input type="checkbox"/> Modular home (built and brought on site)<br><input type="checkbox"/> Mobile home - singlewide<br><input type="checkbox"/> Mobile home - doublewide | <input type="checkbox"/> Supportive housing<br><input type="checkbox"/> Temporary housing<br><input type="checkbox"/> Tiny home<br><input type="checkbox"/> Other (please specify): |
|--|---|

IF YOU PURCHASED A NEW HOME, HOW MANY BEDROOMS WOULD YOU NEED FOR YOUR FAMILY TO FEEL COMFORTABLE?

- 1       2       3       4       5       6+

WHAT TYPE OF LAND WOULD YOU WANT THE HOME TO BE ON?

- My own land     
 My family's land     
 In tribal or housing leased land     
 Other (please explain):

DESCRIBE HOW YOU WOULD FEEL IF NEW HOMES COULD BE BUILT IN YOUR COMMUNITY:

WHAT ARE THE STRENGTHS AND POSITIVE THINGS ABOUT THIS AREA? WHAT ARE THINGS PEOPLE APPRECIATE ABOUT THIS AREA?

WHAT ARE THINGS THAT YOU THINK ARE MISSING FROM YOUR COMMUNITY (E.G., LOCAL SHOPS, ENTERTAINMENT, PARKS) THAT WOULD MAKE IT THE BEST THAT IT CAN BE?

DESCRIBE HOW YOUR COMMUNITY WOULD LOOK IF IT HAD EVERYTHING IT NEEDED TO FLOURISH AND BE STRONG:

### TRAINING AND SERVICES

HAVE YOU EVER TAKEN CLASSES OR TRAININGS RELATED TO FINANCIAL MANAGEMENT, HOMEOWNERSHIP, OR CREDIT BUILDING BEFORE?

- Yes     
 No

ARE YOU INTERESTED IN ANY OF THE FOLLOWING SERVICES (SELECT ALL THAT APPLY)?

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Coaching &amp; Education</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Financial/budgeting/banking education</li> <li><input type="checkbox"/> Credit coaching</li> <li><input type="checkbox"/> Home-buyer education/coaching <ul style="list-style-type: none"> <li><input type="checkbox"/> Construction</li> <li><input type="checkbox"/> Foreclosure prevention</li> <li><input type="checkbox"/> Homebuyer insurance</li> <li><input type="checkbox"/> Home maintenance</li> <li><input type="checkbox"/> Plumbing</li> <li><input type="checkbox"/> Post-purchase education</li> <li><input type="checkbox"/> Other (please specify):</li> </ul> </li> <li><input type="checkbox"/> Other coaching &amp; education (please specify):</li> </ul> | <input type="checkbox"/> <b>Programs &amp; Services</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Credit builder loan</li> <li><input type="checkbox"/> Housing program</li> <li><input type="checkbox"/> Down payment assistance</li> <li><input type="checkbox"/> Closing cost assistance</li> <li><input type="checkbox"/> Matched savings account/IDA</li> <li><input type="checkbox"/> Income tax preparation and filing</li> <li><input type="checkbox"/> Contractor development programs</li> <li><input type="checkbox"/> Other program or service (please specify):</li> </ul> |
|--|---|

### HEALTH AND WELLBEING

PLEASE LIST ANY INDOOR HEALTH CONCERNS YOU HAVE ABOUT YOUR HOME (E.G., AIR VENTILATION, MOLD):

PLEASE LIST ANY OUTDOOR HEALTH CONCERNS YOU HAVE ABOUT YOUR HOME (E.G., ERODING ARROYOS, ADOBE MAINTENANCE, INVASIVE PLANTS):



PLEASE SELECT THE OPTION THAT BEST DESCRIBES YOUR THOUGHTS ABOUT EACH STATEMENT. (1="Not at all", 2="Rarely", 3="Sometimes", 4="Most of the time", 5="Always")

	Not at all	Rarely	Sometimes	Most of the time	Always
My home and community influence my health and wellbeing in a good way.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My family has a healthy lifestyle.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I feel healthy in my home.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
This area is a safe place for a family.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My family and I are able to get consistent, uninterrupted, full nights of rest in my home.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I live in stable housing that is affordable.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I love my home.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My children are taught about our culture and traditions inside our home.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I have positive outlets and places to go outside of my home.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My children feel good about their school.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My community is supportive of my goals.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I am excited for the future.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

### LIVING OUTSIDE OF THE COMMUNITY

ONLY COMPLETE THIS SECTION IF YOU DO NOT LIVE ON THE SPOKANE INDIAN RESERVATION.

IF YOU DO LIVE ON THE SPOKANE INDIAN RESERVATION, SKIP TO THE "UNPLANNED EMERGENCIES AND PANDEMIC RESPONSE" SECTION.

DO YOU OWN A HOME ON THE SPOKANE INDIAN RESERVATION?

Yes  No

WHAT WOULD BE NEEDED FOR YOU TO MOVE TO THE SPOKANE INDIAN RESERVATION (SELECT ALL THAT APPLY)?

- |  |   |
|--|---|
| <input type="checkbox"/> Day Care                    | <input type="checkbox"/> Infrastructure                               |
| <input type="checkbox"/> Education Opportunities     | <input type="checkbox"/> Privacy when using health and human services |
| <input type="checkbox"/> Employment                  | <input type="checkbox"/> Land   |
| <input type="checkbox"/> Financing                   | <input type="checkbox"/> Other 1 (please specify):                    |
| <input type="checkbox"/> General Contractor to Build | <input type="checkbox"/> Other 2 (please specify):                    |

### UNPLANNED EMERGENCIES AND PANDEMIC RESPONSE

MY HOME HAS (SELECT ALL THAT APPLY):

- |  |   |
|--|---|
| <input type="checkbox"/> Reliable cell phone service                   | <input type="checkbox"/> A backup heating source                        |
| <input type="checkbox"/> Reliable internet access                      | <input type="checkbox"/> Computers that can be used for school and work |
| <input type="checkbox"/> Access to contact emergency response teams    | <input type="checkbox"/> Other (please specify):                        |
| <input type="checkbox"/> The ability to isolate sick household members |   |

DO YOU THINK THE TRIBE IS PROPERLY EQUIPPED TO HANDLE A HEALTH-RELATED PANDEMIC OR CLIMATE RELATED EVENT?

Yes → If yes, please explain:

No → If no, please explain what is needed to increase the community's ability to be properly equipped:

DURING THE PANDEMIC, SOME PEOPLE LOST LIVES, EXPERIENCED REDUCTION OF INCOME, AND INCREASE IN EXPENSES. PLEASE SHARE WHAT YOU EXPERIENCED THAT YOU DID NOT EXPECT TO HAPPEN.

THINKING ABOUT THE NEXT 6 MONTHS TO A YEAR, WHAT ARE THE MAIN CONCERNS ABOUT RECOVERING FROM THE PANDEMIC, EITHER PERSONALLY OR AS A COMMUNITY (SELECT ALL THAT APPLY)?

- |  |  |
|--|--|
| <input type="checkbox"/> Continued protection from new strains/long-term vaccine effectiveness | <input type="checkbox"/> Loss of family structure    |
| <input type="checkbox"/> Economic recovery   | <input type="checkbox"/> Tribal and federal supports |
| <input type="checkbox"/> Housing security  | <input type="checkbox"/> Updated community plan      |
| <input type="checkbox"/> Long-term health effects for survivors                                | <input type="checkbox"/> Other (please specify):     |
| <input type="checkbox"/> Loss of elders and cultural knowledge                                 |  |

**ADDITIONAL COMMENTS**

IS THERE ANYTHING ELSE YOU WOULD LIKE TO SHARE WITH US?

**THANK YOU!**

## Spokane Tribe Housing Needs Assessment Survey

Your feedback is very important! We want your help as we continue our home improvement efforts and hope to bring new housing opportunities to the area. Your name, identity, and any other identifying information will be kept confidential. By fully completing the survey, you could win up to \$500!



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