

BCFN HOUSING MENTORSHIP PROGRAM

Housing Needs Survey

SECTION 1: Your home and your household

This section asks questions about your current household and the home in which you live. We are defining a household as "one person living alone, or a group of people (not necessarily related) living at the same address with common housekeeping – sharing either a living room or sitting room, or at least one meal a day".

Q 1. Is this your main home? *Please tick one box*

- Yes, main home Go to Question 2
- No, second home *There is no need to complete the rest of the form, however, please return it using the envelope provided or using the address at the end of section 3*

Q 2. What type of home does your household live in? *Please tick one box*

- Semi detached house Flat Terraced house (including end terrace)
- Detached house Bungalow Mobile home (permanently sited)
- Other (please specify) _____

Q 3. Does your household own or rent this home? *Please tick one box*

- Owns (with or without mortgage) Lives part rent and part mortgage (shared ownership) Rents from employer of, or tied with job of, household member
- Rents privately Rents from Band or Housing Association
- Other (please specify) _____

Q 4. How long have you lived in...? *Please tick one box per option*

	Less than 1 year	1 to 3 years	More than 3 year but less than 10 years	More than 10 years
i) This home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii) XXX Community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii) XXX Region	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you ticked 'Less than 1 year' above

Q 4a. In what Community did you live?

Q 5. How many bedrooms does your home have? *Please tick one box*

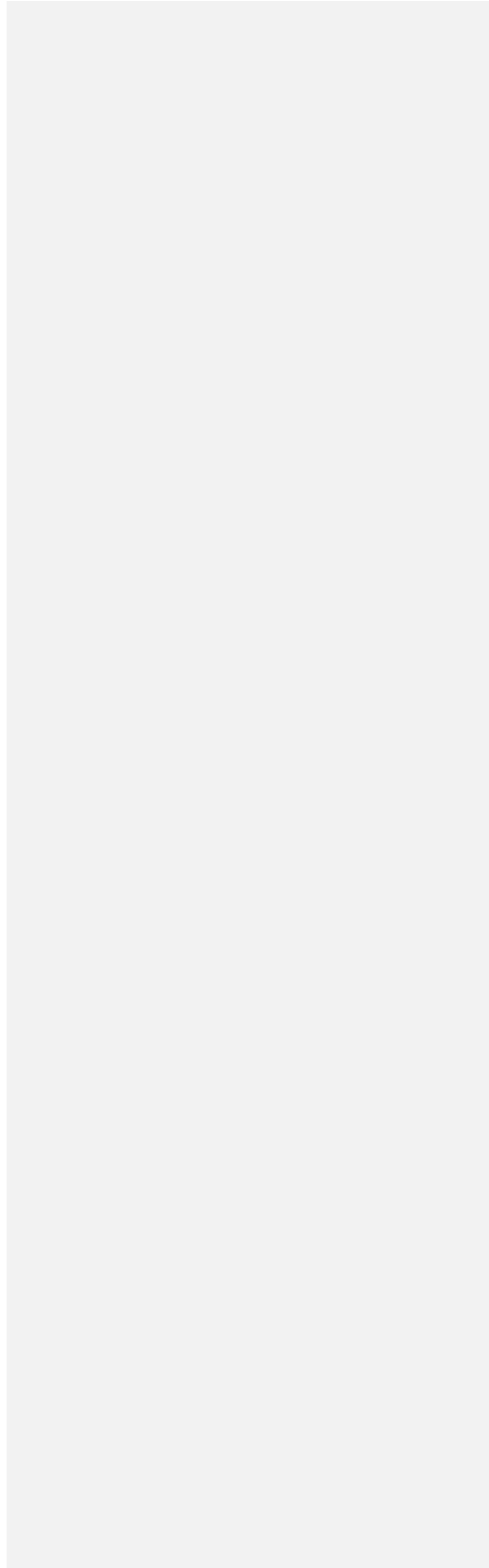
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4

5 or more



Q 6. How many people of each age and sex are there in your household? *Please write the numbers in the relevant boxes*

	0-9 years	10-15 years	16-19 years	20-44 years	45-64 years	65-74 years	75 years and over
Male							
Female							

Q 7. Does your household as a whole, or anyone in your current household, expect to need to move within the survey area within the next 5 years? *Please tick one box*

Yes

Go to Question 9

No, do not expect to need to move

Go to Section 3

Q 8. You have identified that either your whole household or part of it will need to move. This household should complete Section 2. If there is more than one new household that will be formed, for example two children leaving the family home, then you will need to obtain extra forms. This can be done by contacting:

XXXXX

XXXXX

XXXXX

Tel: 000000

Please go to Section 2.

SECTION 2: Housing need

This section asks about the household that expects to need to move within the survey area in the next 5 years, the size of home they require and how they intend to pay for their accommodation.

Q 9. How many people of each age and sex are there in the household? *Please write the numbers in the relevant boxes*

	0-9 years	10-15 years	16-19 years	20-44 years	45-64 years	65-74 years	75 years and over
Male							
Female							

Q 10. How many bedrooms would the household expect to need? *Please tick one box*

- 1 2 3 4 5 or more

Q 11. How would you describe this household? *Please tick one box*

- Single person
 Couple
 Family (one or two adults with children)
 Other

Q 12. When would the household expect to need to move? *Please tick one box*

- Immediately
 Within 1 year
 More than a year, but within three years
 Between three and five years

Q 13. Please give the reasons why this household's current home does not meet the household's need? *Please tick as many boxes as apply*

- Too small Need to live close to employment
 Too large Need to live close to relative/family
 Needs major repairs Need to live closer to a carer or to give care
 Unsuited for physical needs Want to live independently
 Temporary accommodation Being harassed
 Other

Q 14. Does this household have a special housing need? *Please tick one box*

- No
- Yes, accommodation on the ground floor
- Yes, sheltered housing with support services provided
- Yes, other housing with support services provided
- Yes, residential care
- Other (please specify) _____

Q 15. How much would the household be able to afford if renting? It is normal to consider one third of the household's net income for the period. Please do not include housing benefit. *Please tick one box*

- | Per Week | Per Month |
|--|------------------|
| <input type="checkbox"/> Up to \$50 | Up to \$220 |
| <input type="checkbox"/> \$51 to \$70 | \$221 to \$300 |
| <input type="checkbox"/> \$71 to \$90 | \$301 to \$390 |
| <input type="checkbox"/> \$91 to \$120 | \$391 to \$520 |
| <input type="checkbox"/> \$121 to \$150 | \$521 to \$650 |
| <input type="checkbox"/> More than \$150 | More than \$650 |

Q 16. How much would the household be able to afford if buying a property? It is normal to consider three times the household's gross annual income for mortgage purposes plus any savings and equity the household may have in any property. *Please tick one box*

- Up to \$40,000
- \$40,001 to \$60,000
- \$60,001 to \$80,000
- \$80,001 to \$100,000
- \$100,001 to \$120,000
- \$120,001 to \$140,000
- \$140,001 to \$160,000
- \$160,001 to \$180,000
- More than \$180,000

Q 17. How would this household consider paying for this accommodation? Please tick as many boxes as apply

- Buy it
- Rent from the private owner
- Rent it from the Band
- Buy it as a shared equity owner with the Band
- Build own house
- Build own house with a grant/loan
- Build own house on reserve
- Other (please specify) _____

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Q 18. In which area(s) would the household consider living? Please tick as many boxes as apply

[This question is optional but should be amended to reflect local options]

- Option 1
- Option 2
- Option 3
- Other (please specify) _____

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Q 19. Is the household currently on the XXXX Council or housing association waiting list? Please tick one box

- Yes
- No **NB This questionnaire does not register you on a housing waiting list.**

If you wish to apply to go on the list or to obtain more information on social housing please contact:

XXXX
XXXX
XXXX

Tel 000000

[Can use the Band's address]

Contact Details

If you provide your details below, you may be contacted if a housing scheme progresses in this community.

Name: _____

Address: _____

Postcode: _____

Please go to Section 3.

SECTION 3: Views on local affordable housing

This question is to find out about local people's views on new housing in the area. All replies will be treated in the strictest confidence, however anonymised comments and reasons may be included in reports.

Q 20. If a need is identified, would you support a small development of affordable housing for local people in this survey area? Please tick one box

- Yes
- No
- Maybe

Please provide the reasons for this if you wish.

[\[This Question is optional\]](#)

Q 21. Apart from you or anyone currently in your household, do you know anyone with a 'local connection' who is not currently residing in the survey area that would like to or needs to set up home in the survey area?. Please tick one box

- Yes *If they wish to be included in this survey for affordable housing they will need to obtain a form either by contacting the address given or by you providing their name and address below.*

XXXXX Name _____

XXXXX Address _____

XXXXX _____

Tel: 0000 _____

Postcode _____

- No

If you know of any suitable sites, available land or property within the survey area that could be used for a local affordable housing scheme please list them here. Please also add your contact details.

If you wish to make any other comments please write them here.

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[These Questions are optional]

XXX First Nation is committed to ensuring that no person is unfairly treated. In order to monitor the effectiveness of our Equal Opportunities Policy, we request you provide the information requested below. This information is used solely for monitoring purposes. Please tick one box only for each question.

EQ1 What is your gender?

- Male Female

EQ2 What is your age?

- 0 - 24 25 - 44 45 - 64
 65 - 74 75 +

EQ3 What is your ethnic group?

- White Mixed Asian or Asian British
 Black or Black British Chinese or other ethnic groups

Thank you for completing this form. Please return it by XXXX to:

XXXXXX
XXXXXX
XXXXXX

Tel: 00000000

Or using the envelope provided.