

Quality, affordable housing for First Nations CMHC – Your Partner in Housing



Housing Needs Survey - A Tool for First Nation Housing Managers

Section I - Household Characteristics (socio-economic, financial, demographic)

1. How many people live in this house? Please include people who are away from home (at school, on vacation, on business, in hospital, etc.).

Number of Persons

2. In this household, is there a person with a permanent disability who has difficulty moving around? Examples could include mobility disabilities, paraplegia, amputation or any other condition affecting the person's ability to walk, agility or physical strength, such as arthritis, cerebral palsy, polio or multiple sclerosis.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

3. Does anyone in the house suffer from health problems due to the state of the house?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

4. If you answered "Yes" to question 3 above, please describe the health problems.

5. Keeping in mind that all responses are CONFIDENTIAL, please list the names of all the people who normally live in this house. Be sure to include any other relatives, boarders or employees who live in the household, as well as people who are away from home (at school, on vacation or business, in hospital, etc.).

(If there are more than 10 people in the household, please use a second booklet. Mark it as booklet no. 2, and insert it inside the first booklet, which would be marked as booklet no. 1.)

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Resident 1

Name (First, Last):

Sex: Male Female

Age: _____ years

Marital status: Never married Common law or married Separated Divorced Widowed

Gross annual income (from all sources): \$ _____ per year No income

Resident 2

Name (First, Last):

Sex: Male Female

Age: _____ years

Marital status: Never married Common law or married Separated Divorced Widowed

Gross annual income (from all sources): \$ _____ per year No income

Resident 3

Name (First, Last):

Sex: Male Female

Age: _____ years

Marital status: Never married Common law or married Separated Divorced Widowed

Gross annual income (from all sources): \$ _____ per year No income

Resident 4

Name (First, Last):

Sex: Male Female

Age: _____ years

Marital status: Never married Common law or married Separated Divorced Widowed

Gross annual income (from all sources): \$ _____ per year No income

Resident 5

Name (First, Last):

Sex: Male Female

Age: _____ years

Marital status: Never married Common law or married Separated Divorced Widowed

Gross annual income (from all sources): \$ _____ per year No income

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Resident 6

Name (First, Last):

Sex: Male Female

Age: _____ years

Marital status: Never married Common law or married Separated Divorced Widowed

Gross annual income (from all sources): \$ _____ per year No income

Resident 7

Name (First, Last):

Sex: Male Female

Age: _____ years

Marital status: Never married Common law or married Separated Divorced Widowed

Gross annual income (from all sources): \$ _____ per year No income

Resident 8

Name (First, Last):

Sex: Male Female

Age: _____ years

Marital status: Never married Common law or married Separated Divorced Widowed

Gross annual income (from all sources): \$ _____ per year No income

Resident 9

Name (First, Last):

Sex: Male Female

Age: _____ years

Marital status: Never married Common law or married Separated Divorced Widowed

Gross annual income (from all sources): \$ _____ per year No income

Resident 10

Name (First, Last):

Sex: Male Female

Age: _____ years

Marital status: Never married Common law or married Separated Divorced Widowed

Gross annual income (from all sources): \$ _____ per year No income

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6. What is the estimated total household income from all sources (before deductions)? Be sure to include everyone who normally resides in this household.

Total income		
<input type="checkbox"/> Less than \$5,000	<input type="checkbox"/> \$30,000 - \$39,999	<input type="checkbox"/> \$70,000 - \$79,999
<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$40,000 - \$49,999	<input type="checkbox"/> \$80,000 - \$89,999
<input type="checkbox"/> \$10,000 - \$19,999	<input type="checkbox"/> \$50,000 - \$59,999	<input type="checkbox"/> \$90,000 - \$99,999
<input type="checkbox"/> \$20,000 - \$29,999	<input type="checkbox"/> \$60,000 - \$69,999	<input type="checkbox"/> \$100,000 or more

7. Do you rent or own this house?

Rent	Own
<input type="checkbox"/>	<input type="checkbox"/>

8. If you pay rent, what is the monthly rent you pay for this house?

Amount of rent paid \$_____ /month none

9. If you own this house, what are your regular monthly payments for this house?

Amount of payment \$_____ /month none

Type of lending source (bank, revolving loan fund, etc.) _____

10. On average, what are the monthly payments of this dwelling for:

Monthly payment amounts	None	Included in rent
Electricity? \$_____ /month	<input type="checkbox"/>	<input type="checkbox"/>
Oil, gas, wood or other heating fuels? \$_____ /month	<input type="checkbox"/>	<input type="checkbox"/>
Water and other municipal services? (for example: sewer, and garbage) Do not include property tax. \$_____ /month	<input type="checkbox"/>	<input type="checkbox"/>

11. What are your estimated yearly property taxes (municipal and school) for this house?

Amount of taxes paid	None
\$_____ /month	<input type="checkbox"/>

12. How old is the dwelling?

Years

13. How long have you lived in this dwelling?

Years

14. Have you ever lived anywhere else?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

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Section 2 - Dwelling Characteristics / Features

1. What size lot do you have? _____

2. How many square feet (m²) is your dwelling? _____ square feet (m²)

3. Is there enough space for you and the others living in the dwelling?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

4. If your answer was “No” to number 3 above, how much more space would you add?

5. How many bedrooms are there in your house?

Number of bedrooms

6. What type of water supply does this dwelling have?

- Interior hot and cold running water Interior cold running water No interior running water

7. Does the dwelling have any of the following?

	Yes	No
Kitchen sink	<input type="checkbox"/>	<input type="checkbox"/>
Basin or sink in bathroom	<input type="checkbox"/>	<input type="checkbox"/>
Bath or shower	<input type="checkbox"/>	<input type="checkbox"/>

8. If you answered “No” to any of the options in the question above, would you like to have them installed?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

9. What type of toilet facilities does this dwelling have?

- Flush toilet (including Flush-O-Matic) Other indoor toilet (including electric, propane or humus toilet)
 No indoor toilet (including a honey-bucket)

10. Does this dwelling require any major repairs? (Major repairs include wall, foundation, floor, plumbing, electrical, heating and ventilation system repairs.)

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

11. If you answered “Yes” to the question above, which of the following repairs need to be done?

- Electrical repairs Replacement of roof or exterior siding
 Plumbing replacement Major repairs to walls, foundation, floors or ceilings
 Heating or ventilation repairs Other (please specify): _____

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12. Has this house been modified for a person with a disability? (This may include installing grab bars, making kitchen or bathroom modifications, lowering light switches or providing outdoor wheelchair access.)

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

13. If you answered “No” to question 12 above, will you have to make modifications in the near future?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

14. If you answered “Yes” to question 12 above, what modifications did you make?

Section 3 – Housing Intentions and Preferences

1. Do you plan on moving in the next

	Yes	No
2 years?	<input type="checkbox"/>	<input type="checkbox"/>
6 years?	<input type="checkbox"/>	<input type="checkbox"/>
10 years?	<input type="checkbox"/>	<input type="checkbox"/>
15 years?	<input type="checkbox"/>	<input type="checkbox"/>
20+ years?	<input type="checkbox"/>	<input type="checkbox"/>

2. What improvements would you make to your house?

3. What is your ideal lot size and description (for example, lakefront)?

4. Is the First Nation doing enough to acquire more serviced land for its members?

Yes	No	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Where should more sites be developed for future First Nation members?

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6. Should site development costs be included in housing construction costs?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

7. Should the First Nation develop more public housing?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

8. If you answered "Yes" to question above, what type of housing should it be?

9. Should the First Nation develop its own housing program?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

10. If you answered "Yes" to the question above, what type of housing program would you like to see developed?

11. Is there a need for a housing repair program?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

12. Does the community need a seniors' home?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

13. Would you benefit directly from a seniors' home?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

14. If you answered "Yes" to the questions 12 and/or 13, where should a seniors' home be located?

15. How should the First Nation pursue the development of a seniors' home?

16. What type of housing should the seniors' home be (for example, apartments, townhouses, single-detached houses)?

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17. Name three amenities or services you think the seniors' home should have:

- _____
- _____
- _____

18. Should the First Nation put together community workshops on different topics, such as annual preventive maintenance on furnaces, energy and water conservation to cut utility costs, budgeting, etc.?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

19. Would you pay money to attend these workshops?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

20. Name three things you LIKE about your community:

- _____
- _____
- _____

21. Name three things you DISLIKE about your community:

- _____
- _____
- _____

22. If you could improve one thing in your community, what would it be?

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Section 4 – Household Assessments

I. Please rate the following items:

	Least satisfied ←————→ Completely satisfied				
Your dwelling overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Size of your dwelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amenities in your dwelling (bathrooms, running water, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repairs needed to your dwelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of payments/bills for your dwelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Land that your dwelling is located on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of serviced lots available to First Nation members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of land offered to First Nation members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services offered to young people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services to help unemployed people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of public housing offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your community overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: