



Community Development Department  
595 South San Jacinto Avenue  
San Jacinto, CA 92583  
(951) 487-7330  
Fax (951) 654-3728

Dear City of San Jacinto Resident,

The purpose of this letter is to request and obtain information from our residents to discover how future Community Development Block Grant program funds could best be utilized in our community.

The City of San Jacinto requesting that its residents take advantage of this opportunity to provide their input on community development needs related to housing issues, employment and commuting, childcare issues, infrastructure improvements, public facilities, public service, accessibility, and economic development within the City of San Jacinto.

A survey is provided by Riverside County Economic Development Agency (EDA). Please complete the survey and return directly to the City of San Jacinto no later than February 3, 2014.

You may return the completed survey to the Community Development Department located at City Hall, 595 South San Jacinto Avenue or please return by mail, FAX or e-mail as listed below.

City of San Jacinto  
Attn: Community Development Department  
595 S. San Jacinto Avenue  
San Jacinto, CA 92583

FAX: 951-654-3728  
E-mail: [dclayton@sanjacintoca.us](mailto:dclayton@sanjacintoca.us)

If you have any questions or concerns, please do not hesitate to contact the City of San Jacinto, Community Development Department at 951-487-7330.

Sincerely,

Timothy Hults  
City Manager



**RIVERSIDE COUNTY  
(2014-2019) CONSOLIDATED PLAN  
NEEDS ASSESSMENT SURVEY**

<b>Community Name:</b> City of San Jacinto
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The County of Riverside is in the process of preparing the 2014-2019 Consolidated Plan as required by the U.S. Department of Housing and Urban Development. This Needs Assessment Survey is used to obtain input from County residents and other interested persons regarding affordable housing, community development, economic development, and other needs of County residents. The Consolidated Plan allows the County to utilize the Community Development Block Grant (CDBG), Emergency Solutions Grant (ESG), and HOME Investment Partnership Act (HOME) funds within the County.

**\*Zip Code:** \_\_\_\_\_ (**\* Required Fields**) **\*Please choose one:** Resident  Service Provider  Other Stakeholder

If you choose to, you may provide your name and contact information below. All responses will be kept confidential.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone / E-mail: \_\_\_\_\_

**A. Specific Needs Assessment Survey** (Please answer the following questions if they apply to you)

**1. Housing Issues:**

**\*In which city or community do you live?** \_\_\_\_\_

What is the size of your household (total number of persons living in your home)? \_\_\_\_\_

How many children (under 18 years of age) live in your household? \_\_\_\_\_

How many seniors (62 years of age or more) live in your household? \_\_\_\_\_

Are you a  renter or  homeowner?

If a renter, how much do you pay for rent? \$ \_\_\_\_\_

How many rooms do you have? \_\_\_\_\_ Bedrooms \_\_\_\_\_ Bathrooms

Would you be interested in an affordable home-ownership program?  Yes  No

If you are a homeowner, how long have you owned your home? \_\_\_\_\_ Yr. \_\_\_\_\_ Mo.

How much is your monthly mortgage payment? \$ \_\_\_\_\_

How much do you pay for insurance and taxes each year? \$ \_\_\_\_\_

Do you feel you are overpaying for your housing costs?  Yes  No

Are you concerned about foreclosure?  Yes  No

If you own your home, would you be interested in an affordable housing rehabilitation program?  Yes  No

**2. Employment and Commuting:**

Are you employed?  Full-time  Part-time

How far do you commute or travel to work each day? \_\_\_\_\_

What form of transportation do you use?  Your vehicle  Car-Pool  Public transportation

**3. Childcare Issues:**

Do you or someone in your household pay for childcare?  Yes  No

If yes, how many children? \_\_\_\_\_ How old? \_\_\_\_\_

How much do you pay a month for childcare? \$ \_\_\_\_\_

What are the working hours of your childcare provider? \_\_\_\_\_

Do you consider the cost of childcare to be a financial burden on your family?  Yes  No

Does the lack of affordable childcare prevent adults in your household from seeking employment?  Yes  No

How far from your home or work do you travel for childcare? \_\_\_\_\_ miles.

**B. General Needs Assessment Survey**

**Please check the most appropriate Need Level box for each Need Category listed below. The Need Category corresponds to activities and projects that can be funded with CDBG, HOME, or ESG funding.**

NEEDS CATEGORY	PRIORITY NEED LEVEL			
	HIGH	MEDIUM	LOW	NO NEED
<b>1. Housing Needs</b>				
a. Repairs/Improvements to Housing:				
- Apartments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Rental Homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Owner Occupied homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Improvements for Handicapped Accessibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Exterior Property Maintenance/ Code Enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Help in Purchasing a Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Needs of Homeless People:				
- Emergency Shelters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Transitional Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Supportive Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Permanent Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Special Needs Housing Facilities:				
- Mental Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**NEEDS CATEGORY**

**PRIORITY NEED LEVEL**

**Housing Needs (Cont.)**

**HIGH                  MEDIUM                  LOW                  NO NEED**

- Drug/Alcohol Abuse
- Elderly
- HIV Needs
- Veterans
- g. Rental Assistance
- h. Repairs to Owner Occupied Housing
- i. Construction of New Housing:
  - Rental
  - For Sale
- j. Lead Paint Testing & Abatement
- k. Tenant/Landlord Counseling
- l. Residential Historic Preservation
- m. Other Housing Needs (please identify) \_\_\_\_\_

**2. Infrastructure Improvements**

**HIGH                  MEDIUM                  LOW                  NO NEED**

- a. Flood/Drainage Improvements
- b. Water System Improvements
- c. Street Improvements
- d. Sewer Improvements
- e. Sidewalks
- f. Other Infrastructure Needs (please identify) \_\_\_\_\_

**3. Public Facilities Needs**

**HIGH                  MEDIUM                  LOW                  NO NEED**

- a. Senior Citizen Centers
- b. Youth Centers
- c. Centers for the Disabled
- d. Child Care Centers/Preschool Daycare
- e. Parks & Recreation Facilities
- f. Parking Facilities
- g. Community Centers
- h. Fire Stations/Equipment
- i. Other Neighborhood Facilities (please identify) \_\_\_\_\_

**4. Public Service Needs**

**HIGH                  MEDIUM                  LOW                  NO NEED**

- a. Senior Citizen Services
- b. Special Needs Services
- c. Youth Services
- d. Transportation Services
- e. Services for Battered and Abused Spouses
- f. **Health Services**
- g. Services for Abused and Neglected Children
- h. Substance Abuse Services
- i. Employment Training
- j. Crime Awareness
- k. Fair Housing Counseling
- l. Other Public Service Needs (please identify) \_\_\_\_\_

**5. Accessibility Needs**

**HIGH                  MEDIUM                  LOW                  NO NEED**

- (Removal of Barriers to the Handicapped)**
- a. Public Buildings
  - b. Park & Recreation Facilities
  - c. Health Facilities
  - d. Other Neighborhood Facilities/ Community Centers (please identify) \_\_\_\_\_

**6. Economic Development Needs**

**HIGH                  MEDIUM                  LOW                  NO NEED**

- a. Neighborhood-Based Small Business uses (Laundromat, Grocery Market, etc.)
- b. Job Creation
- c. Commercial Rehabilitation
- d. Business Support Services
- e. Other Economic Development Needs (please identify) \_\_\_\_\_

If you desire to share any other comments of concerns regarding your community's needs assessment, or specific projects or activities needed in your community, please indicate below:

\_\_\_\_\_

If you represent an organization providing services to County residents, please provide a brief description of your organization, the services you provide, and your target client group:

\_\_\_\_\_