

**CITIZEN QUESTIONNAIRE  
CITY OF PITTSBURGH, PENNSYLVANIA**

The City of Pittsburgh Planning Department is preparing a Five Year Consolidated Plan and One Year Annual Action Plan. As a part of the City's planning process, it is sending out this questionnaire to obtain comments from citizens on the needs of the City and ideas the residents would like to see funded under the CDBG, HOME, ESG, and HOPWA Programs. Please take a few minutes and complete this **confidential** questionnaire. Please mail or return this questionnaire to **Susan Scheuring, Program Supervisor for Community Development, City Planning Department, City of Pittsburgh, 200 Ross Street - 2nd Floor Pittsburgh, PA 15219.** Thank you for your assistance in helping us develop a program that best meets the needs of our residents. We would appreciate your response by **December 18, 2009.**

**A. HOUSING**

1. Do you own your own home? \_\_\_\_\_ Yes \_\_\_\_\_ No      Are you a renter? \_\_\_\_\_ Yes \_\_\_\_\_ No

2. Are you affected by the current mortgage/financial crisis?      \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe the impact on you and your family? \_\_\_\_\_  
\_\_\_\_\_

3. How long have you lived in Pittsburgh? \_\_\_\_\_ Years

4. What area of the City do you live? (street or neighborhood) \_\_\_\_\_  
\_\_\_\_\_

5. Are there any housing problems or issues on your street or in your neighborhood? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please list: \_\_\_\_\_  
\_\_\_\_\_

6. What are the housing needs in the City that need attention? Please list: \_\_\_\_\_  
\_\_\_\_\_

7. Are there other housing issues in Pittsburgh that should be addressed? \_\_\_\_\_  
\_\_\_\_\_

**B. RECREATION**

1. Do you use any of the parks or recreational facilities in the City?      \_\_\_\_\_ Yes \_\_\_\_\_ No

2. Are there any deficiencies within the existing parks or recreational facilities? Please list: \_\_\_\_\_  
\_\_\_\_\_

3. What parks or recreational facilities are missing or lacking in the City? Please list: \_\_\_\_\_  
\_\_\_\_\_

**C. STREETS & ROADS**

1. What are the deficiencies with the existing streets and roads in the City? Please list: \_\_\_\_\_  
\_\_\_\_\_

2. Are there any traffic or public safety issues on any streets? Please list: \_\_\_\_\_  
\_\_\_\_\_

3. What would you rate the streets, walks and curbs on your street? \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor

4. Is there a lack of handicap curb cuts on your street?      \_\_\_\_\_ Yes \_\_\_\_\_ No

**D. STORM AND SANITARY SEWERS**

1. Is your house connected to the City's sanitary sewer system?      \_\_\_\_\_ Yes \_\_\_\_\_ No

2. Do you have any problems with back up of water in your home during times of heavy rains? \_\_\_\_\_ Yes \_\_\_\_\_ No

3. Are there adequate catch basins for rainwater on the street where you live?      \_\_\_\_\_ Yes \_\_\_\_\_ No

4. Do you know of any sewer or storm water problems in your neighborhood? Please list: \_\_\_\_\_  
\_\_\_\_\_

**E. EMPLOYMENT**

1. Are you presently employed?     Yes     No     Retired
2. If you are employed, where do you work?     At Home     Within City  
 Within Allegheny County     Within 25 miles of your home     Over 25 miles from your home
3. How do you get to work?     Walk     Car     Bike     Public Transportation
4. What type of work do you do? \_\_\_\_\_
5. Are there any employment issues in the City of Pittsburgh? Please list: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**F. MEDICAL CARE**

1. Are you under the care of a physician or do you have an on-going medical condition?     Yes     No
2. Are there sufficient medical care personnel and facilities to serve your needs in Pittsburgh and Allegheny County?     Yes     No
3. Do you currently have medical insurance?     Yes     No
4. What, if any, medical care is missing or lacking in the City of Pittsburgh and the surrounding area? Please list:  
\_\_\_\_\_  
\_\_\_\_\_

**G. SOCIAL SERVICES**

1. Do you use any of the social service programs available in the City?     Yes     No
2. If yes, what programs do you use? Please list: \_\_\_\_\_  
\_\_\_\_\_
3. Are there any programs or services that are missing or under funded in the City? Please list: \_\_\_\_\_  
\_\_\_\_\_

**H. PERSONAL DATA**

1. Gender of person completing this form?     Male     Female
2. Age?     0-25     26-40     41-65     66 and over
3. Number of persons living in your household?     One     Two     Three     Four  
 Five     Six or more
4. What is the approximate total family income per year based on the number of persons in your household?  
1 person household     over    } \$35,000    4 person household     over    } \$50,000  
    under    }      under    }  
2 person household     over    } \$40,000    5 person household     over    } \$54,000  
    under    }      under    }  
3 person household     over    } \$45,000    6 person household     over    } \$58,000  
    under    }      under    }

**I. OTHER**

Do you have any other comments or suggestions? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THANK YOU FOR YOUR PARTICIPATION**