

# Housing Needs Assessment – Household Survey Template

1. *Please choose your age group.*

- Less than 17 years old*
- 18-29 years old*
- 30-44 years old*
- 45-64 years old*
- 65 years and older*

2. *Where do you currently live?*

3. *If you live off-reserve, what is keeping you from living in your community? (Choose all that apply)*

- Lack of availability of adequate housing in your home community*
- Lack of availability of jobs in your home community*
- I have a job off-reserve*
- I own a home off-reserve*
- I can't afford a home on reserve*
- Others (Please specify)*

4. *Which option best describes your current housing situation? (Choose only one option)*

- I own a home*
- I rent a home*
- Neither of the above*

5. *What is your current housing situation? (Choose all that apply)*

- I live alone*
- I live with my family*
- I live in a shared accommodation*
- Homeless with temporary living arrangements (less than 6 months)*
- Homeless with long-term living arrangements (more than 6 months)*
- Others (Please specify)*

6. *Which accommodation type is your preferred housing option?*

- Apartment (entire apartment to myself)*
- Apartment (shared space with other non-family members)*
- Single detached house*
- Multi-family house with multiple units for my big family*
- Self-contained unit within a single detached house (e.g. basement suite)*
- Self-contained unit outside of a single detached house but on the same property (e.g. accessory dwelling such as carriage home or laneway home)*
- Self-contained unit within a commercial building*
- Semi-detached house or duplex*
- Row house or townhouse (3 or more dwellings joined side by side)*
- Co-operative housing*
- Care home (public or private)*
- Private bedroom with shared kitchen and living spaces*
- Permanent mobile or manufactured home (permanently fixed to a foundation)*
- Movable dwelling (e.g. RV, tiny home on wheels, float home, tent)*
- Non-movable tiny home*
- Liveaboard (e.g. sailboat, yacht)*

*Other (please specify)*

**7. How many bedrooms would fulfil your housing needs?**

**8. What are your special housing needs?**

- Elders housing*
- Wheelchair accessibility and improved mobility*
- Housing with support services*
- Others*

**9. If you need special access features for improved mobility such as wheelchair ramps, accessible bath, etc., Please specify.**

**10. In addition to housing, what other assistance services you need to improve your living situation? (Choose all that apply)**

- Assistance with personal care*
- Assistance with shopping*
- Assistance with budgeting and bill paying*
- Assistance with housekeeping (cleaning, laundry, etc.)*
- Assistance with meal preparation*
- Training in home maintenance and repair*
- Others (Please specify)*

11. *What is your preferred living location?*

- On-reserve*
- Off-reserve*

12. *Describe in detail your ideal living situation?*

13. *Some home designs may include features. What are the features you would like to see in your home? (Choose all that apply)*

- Alternative Energy Features (i.e. Solar)*
- Storage Shed*
- Storage Freezer*
- Wood burning stove*
- Garden*
- Greenhouse*
- Wood Workshop*
- Butchering and Processing Workshop*
- Fish smokehouse*
- Deck/patio space*
- Others (Please specify)*

14. *Which of these features would you be happy to share with neighbours? (Choose all that apply)*

- Alternative Energy Features (i.e. Solar)*
- Storage Freezer*

- Storage Shed*
- Garden*
- Greenhouse*
- Wood Workshop*
- Butchering and Processing Workshop*
- Fish smokehouse*
- Deck/patio space*
- Others (Please specify)*

**15. Which type of home ownership do you prefer? (Choose all that apply)**

- I would prefer a mortgage to own a home*
- I would prefer a rent-to-own plan*
- Neither*
- Not sure*
- Others (Please specify)*

**16. How long have you lived in your current home?**

**17. How many bedrooms are there in your current home?**

**18. How many people of each generation is in your household, including yourself? (Please write the numbers in the relevant boxes)**

Type	0-9 years	10-17 years	18-29 years	30-44 years	45-64 years	65 and older
Male						

Female						

**19. Does your current living situation meet your housing needs? (Choose only one option)**

- Yes, completely. I have no complaints
- Yes, somewhat. But I have complaints
- Not at all. I have complaints
- I don't care, as long as I have a roof over my head

**20. What are the reasons for your current living situation not meeting your needs? (Choose all that apply)**

- My house is too small
- My house is too big
- My house needs major repairs
- Heating and electricity (or home energy) issues
- My house is overcrowded
- My house is unsuitable for my physical needs
- I have temporary accommodation
- I would like to own a house
- I have no privacy
- I feel unsafe
- Others (Please specify)

21. Does your current home energy situation (heating, cooling, appliances, lights) meet your needs? (Choose only one option)

- Yes, completely. I have no complaints
- Yes, somewhat. But I have complaints
- Not at all. I have many complaints
- I don't care, as long as I have a roof over my head

22. What are the reasons your home energy situation is not meeting your needs? (Choose all that apply)

- My main heating systems are broken or not working well
- My main heating systems are too expensive to use
- My main heating systems are difficult to use (ie. collecting wood)
- My main heating systems are unsafe
- My main heating systems are not capable of heating my home
- My main cooling systems are not capable of cooling my home
- The lighting in my house is poor or not working
- There is excessive moisture in my home
- There is mould in my home
- My home is in need of improvements (walls/floors/roof/insulation, windows/doors)
- I would like to rely on different energy sources (ie. electricity, wood, gas)
- Other (Please specify)

23. What are your home's primary heating systems? (Choose one or all that apply)

- Wood stove
- Wood furnace
- Wood pellet stove

- Natural Gas furnace*
- Oil/Propane furnace*
- Electric furnace*
- Heat pump*
- Baseboard electric heaters*
- Plug-in electric heaters*
- Not sure*
- Other (Please specify)*

**24. How long have you been on the Housing Waitlist? (Choose only one option)**

- Less than a year*
- 1 to 3 years*
- Over 3 years*
- I am not on the waitlist*

**25. What is your current employment status?**

- Full-time employed*
- Part-time employed*
- Temporary/ seasonal employed*
- Full-time homemaker*
- Unemployed*
- Retired*
- Unable to work due to disability*
- Out of work due to COVID-19 pandemic*
- Prefer not to say*



*Other (Please specify)*

**26. Please indicate the category in which your income falls.**

- Limited income, unemployed*
- Limited income, social assistance*
- \$10,000 or less*
- \$10,000 - \$15,000*
- \$15,000 - \$20,000*
- \$20,000 - \$25,000*
- \$25,000 - \$30,000*
- \$30,000 - \$50,000*
- \$50,000 - \$80,000*
- Above \$80,000*

**27. Would you be interested in helping to construct your own home?**

- Yes*
- No*
- I don't know*

**28. What other designs or attributes would you like to see in your home?**