



SURVEY ON COMMUNITY DEVELOPMENT NEEDS IN MIDLAND

The City of Midland is preparing a new housing and community development plan. The Plan will guide the use of federal community development funds over the next five years. We need your input in determining priority needs of low income neighborhoods (consist of primarily the 79701 zip code area). You can help by completing this survey. Please only one survey per household.

Please check (✓) up to a maximum of four (4) **community facilities** needs that are a priority for you. If you choose more than 4, only the first 4 will be considered.

<input type="checkbox"/> Senior Centers <input type="checkbox"/> Youth Centers <input type="checkbox"/> Child Care Centers <input type="checkbox"/> Community Centers <input type="checkbox"/> Neighborhood Centers <input type="checkbox"/> Other Public Facility (specify) _____	<input type="checkbox"/> Park and Recreational Facilities <input type="checkbox"/> Centers for the Handicapped <input type="checkbox"/> Homeless Facilities <input type="checkbox"/> Health Facilities <input type="checkbox"/> Non-Residential Historic Preservation
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Please check (✓) up to a maximum of three (3) **public improvements/infrastructure** needs that are a priority for you. If you choose more than 3, only the first 3 will be considered.

<input type="checkbox"/> Solid Waste Disposal Improvements <input type="checkbox"/> Water Improvements <input type="checkbox"/> Sewer Improvements <input type="checkbox"/> Other Public Facility (specify) _____	<input type="checkbox"/> Flooding/Drainage Improvements <input type="checkbox"/> Street Improvements <input type="checkbox"/> Sidewalks
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Please check (✓) up to a maximum of five (5) **public service** needs that are a priority for you. If you choose more than 5, only the first 5 will be considered.

<input type="checkbox"/> Senior Services <input type="checkbox"/> Child Care Services <input type="checkbox"/> Youth Services <input type="checkbox"/> Handicapped Services <input type="checkbox"/> Crime Awareness/Prevention <input type="checkbox"/> Financial Management/Budgeting Services <input type="checkbox"/> Foreclosure Prevention Counseling <input type="checkbox"/> Other Public Services (specify) _____	<input type="checkbox"/> Transportation Services <input type="checkbox"/> Health Services <input type="checkbox"/> Dental Services <input type="checkbox"/> Mental Health Services <input type="checkbox"/> Substance Abuse Services <input type="checkbox"/> Assistance with Housing Disputes <input type="checkbox"/> Homebuying Counseling
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Please check (✓) up to a maximum of five (5) **housing** needs that are a priority for you. If you choose more than 5, only the first 5 will be considered.

<input type="checkbox"/> More Rental Assistance Programs <input type="checkbox"/> Rental Housing for Seniors/Handicapped <input type="checkbox"/> More Affordable Rental Housing/Apartments <input type="checkbox"/> Home Purchase Assistance <input type="checkbox"/> More Affordable Homes to Buy <input type="checkbox"/> Other Housing Needs (specify) _____	<input type="checkbox"/> Assistance on Major Home Improvements <input type="checkbox"/> Assistance with Minor Repairs <input type="checkbox"/> Screening for Lead Poisoning <input type="checkbox"/> Mortgage/Utility Assistance <input type="checkbox"/> Shelter for the Homeless
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Please check (✓) up to a maximum of four (4) **other** needs that are a priority for you. If you choose more than 4, only the first 4 will be considered.

<input type="checkbox"/>	Removal of Dilapidated Structures	<input type="checkbox"/>	Rehabilitation of Commercial Buildings
<input type="checkbox"/>	Mowing and Clearing Unsightly properties	<input type="checkbox"/>	Infrastructure for Development Projects
<input type="checkbox"/>	Code Enforcement	<input type="checkbox"/>	Employment Training
<input type="checkbox"/>	Business Loan Program	<input type="checkbox"/>	Technical Assistance to Businesses
<input type="checkbox"/>	Small Business / Micro-Enterprise Assistance		
<input type="checkbox"/>	Other Needs (specify) _____		

Please let us know of specific locations where any of the above are needed. Or, if you have any other comments please write them below. You may also submit a separate sheet with comments.

Only forms with name and address will be accepted. Individual responses will remain confidential.

Name: _____ Address: _____

City: _____ State: _____

Zip Code: _____

We are homeowners We are renters.

If you desire to serve on a committee to recommend priorities and objectives for the Plan, please include your telephone number here: () _____

Return the survey by March 15, 2010

by mail to: Community Development, PO Box 1152, Midland, Texas 79702

by email to: scantu@midlandtexas.gov

by fax to: 432-686-1609

or bring to Room 410 in City Hall, 300 N Loraine



To download or complete the survey online visit www.MidlandTexas.gov