

**UNIVERSITY OF TEXAS AND RANCHO VISTA/REDWOOD COMMUNITIES**

**HOUSING SURVEY—ENGLISH.**

*Thank you for agreeing to participate in this survey that is designed to collect housing information about the neighborhoods of Rancho Vista and Redwood leading to a funding request for housing and self-help improvements. The survey should not take more than 15-20 minutes to complete, after which we request that you send it immediately to the University of Texas using the enclosed pre-paid mail envelope by April 5<sup>th</sup>, 2010. (It is important that you mail it to the University and not entrust it to a third party for delivery since this will invalidate the confidentiality that we must ensure to all of the residents who participate.)*

*Your participation in this survey is entirely voluntary. You may skip any questions that you prefer not to answer, but please indicate that you decline to answer that question (with a line through it or “decline”) so that we know that you didn’t overlook that particular question. All information gathered will be treated confidentially and will only be seen by the faculty and students of the University teams. Only summary tables of the findings will be included in a report to be shared with the government funders. None of the information will EVER be linked directly either to your home address or family.*

*Please note that this survey is not related in any way to the Population Census.*

*The survey should be completed and answered by **one of the household heads**, but please feel free to consult with other family members if you require assistance in completing the forms. Some of the questions require supplementary information in a second or third column, so please ensure that all questions are answered before moving to the next question. In the appropriate boxes on the survey please place a check mark  $\checkmark$  to indicate your answer to each question. Occasionally you will be asked to specify or elaborate on your responses in the space provided. Please write clearly in these cases.*

**Name of Home Owner** \_\_\_\_\_

**Name of Person Completing the Questionnaire (if different from the above)**  
\_\_\_\_\_. **Today’s Date:**\_\_\_\_\_

**Gender of Person Completing the Survey:**

(Check the correct box below)

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>

**Your approximate age:**

18-30	<input type="checkbox"/>
31-40	<input type="checkbox"/>
41-50	<input type="checkbox"/>
51-60	<input type="checkbox"/>
Over 60	<input type="checkbox"/>

**Property Address:**

\_\_\_\_\_  
\_\_\_\_\_

In Rancho Vista	<input type="checkbox"/>
In Redwood	<input type="checkbox"/>

**SECTION A) INTRODUCTION. TENURE AND OWNERSHIP HISTORY**

**Q A1 .Are you an adult member of the household who lives on this lot?**

Yes		
No		→ Please give this survey to the primary householder for completion

**Q.A.2 Do you own or rent your home?**

Own		How much do you pay per month?	\$_____ in mortgage and/or lease	
Rent		How much do you pay per month?	\$_____ in rent	--> GO TO Q. B17

**Q.A.3 Who is the owner of your home?**

I am – the householder	
My spouse	
Both of us jointly	
Other (specify name & relationship): _____	

**Q.A.4 What sort of title to your land do you have? (please check box)**

Contract for Deed (This is a contract in which you agree to make payments to the seller and then receive a deed at the end of making the payments)		<b>GO TO Q. A6</b>
Deed (This is a title document signed by the seller and which has the words “deed” or “quitclaim deed” or “warranty deed” at the top and is recorded in the county records)		
Other (specify type): _____		
Not Sure / Don’t Know		

**Q.A.5 If you have a deed (warranty, quitclaim, or other), whose names are listed on the title?**

Mine– the householder	
My spouse	
Both of us jointly	
Parent(s)/in laws	
Previous owner	
Other (specify here): _____	

**Q.A.6 If you are still paying for the land, do you have a written agreement or an oral agreement?**

Written agreement	
Oral agreement	

**Q.A.7 If you have a written contract for deed, what are:**

The names of the buyers listed on the contract? \_\_\_\_\_

The names of the sellers listed on the contract? \_\_\_\_\_

What year was the contract signed? \_\_\_\_\_

**Q.A.8 How long have you been living on this land/lot?**

Years: \_\_\_\_\_

**Q.A.9 Do you know the lot size?**

Yes		→ If yes, please fill in: _____ square feet, or _____ acre/s
Don't know		

**Q.A.10 From whom did you purchase the land?**

A company or land seller		
Previous home owner		
Inherited from a family member		
Other		If Other, please specify _____

**Q.A.11 How did you purchase the land?**

Mortgage with a bank		
Payments to the seller over several years		
Savings/Cash		
Other:		If Other, please specify _____

**Q.A.12 If you purchased your home separately from the land, how did you acquire the home?**

Mortgage with a bank		
Payments to the seller over several years		
Savings / Cash		
Other:		If Other, please specify _____

**Q.A.13 If your house is NOT a mobile home, was it here when you purchased the property?**

Yes	
No	

**Q.A.14 From whom did you purchase the home?**

Manufactured home dealer		
Former occupant		
Inherited from a family member		
Other		If Other, please specify _____

**Q.A.15 If the house is a mobile home, from whom did you purchase it?**

Manufactured home seller		
Former occupant		
Another individual		
Other		If Other, please specify _____

**Q.A.16 In what year did you purchase the home you are currently living in?**

Year: \_\_\_\_\_

**SECTION B. SOCIOECONOMIC DATA:**

**Q.B.17 How many separate homes and households are there on this lot?**

EXPLANATION: Home or household = a separate family unit that usually cooks and eats separately, even though they may or may not form part of the same family. For example: a married son or daughter living in a separate house on the same lot would equal two households. If your son or daughter or another family member (brother/sister) – with or without their own children – share your home, and you generally cook and eat together, then this would form one home and r household.

Please check # of separate homes or households

Single (one) household only				
Two household units		→ Are they related to you?	___yes	___no
Three household units		→ Are they related to you?	___yes	___no

**Q.B.18 How many people live on this lot?**

How many people live in <u>your</u> household?	#= _____
In TOTAL, how many people live on this lot?	#= _____

**Q.B.19 How many members of your household are currently in paid employment? # = \_\_\_\_\_**

**Q.B.20 Type of work of each employed person (whether full time or part time)**

Type of work (please fill in for each person)	Full Time? (check if yes)	Part Time? (check if yes)
Person 1:		
Person 2:		
Person 3:		

**Q.B.21 Does any member of your household have experience and skills in construction industry**

(Examples: as a painter, plumber, framer, bricklayer, floor layer, etc.)

No		→ Go to Q.B.#
Yes		

**Q.B.22 If household member(s) are skilled in construction, please fill in chart:**

Name(s) of household member(s)	Types of skills in construction industry

**Q.B.23 What is the Total Household Monthly Income including benefits (just your household)?**

Check one:

Less than \$500 per month total	<input type="checkbox"/>	\$2000-\$3000 per month total	<input type="checkbox"/>
\$500-\$1000 per month total	<input type="checkbox"/>	3000-4000 per month	<input type="checkbox"/>
\$1000-\$1500 per month total	<input type="checkbox"/>	Above \$4000 per month	<input type="checkbox"/>

**QB.24 For each person who lives in the house and receives some sort of income, list their name, age and if they have a disability. The information about income is optional.**

<i>Name / Relationship (Circle name of head)</i>	<i>Age</i>	<i>Disability Yes / No</i>	<i>Occupation</i>	<i>Work Income</i>	<i>Other non- work income</i>	<i>Source (Include food stamps, etc)</i>
				\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	

**Q.B.25 What is your ethnicity? (check one )**

Hispanic (Mexican born)	<input type="checkbox"/>
Hispanic (Mexican American)	<input type="checkbox"/>
Hispanic (Other)	<input type="checkbox"/>
Caucasian	<input type="checkbox"/>
African American	<input type="checkbox"/>
Other	<input type="checkbox"/>

**SECTION C. HOUSING INFORMATION**

**Q.C.26 In the Table below check the type of house in the first column that best describes your PRIMARY DWELLING UNIT and answer the following questions for that dwelling unit.**

(The **primary dwelling unit** is the one that one in which you and most of your household members live. Some dwellings have secondary units on the lot that serve as overflow additional living spaces and bedrooms – a second trailer or RV vehicle for example)

**Explanation:**

- “Manufactured homes” or “trailer homes” are those which are built off site and have a chassis and wheelbase underneath even if this has been covered up by a “skirt”;
- “Modular manufactured homes” are also manufactured in parts offsite and assembled on a foundation (slab or piers/blocks and not a wheelbase.
- “Custom home contractor built on site” are those you or one of the prior owners hired someone to build.
- “Custom home -- self built on site” are those that you have largely constructed or added onto yourself or with the help of a family member.
- A “camper” is a caravan or recreational (motorized) vehicle.

The structure type of the <b>Primary</b> dwelling unit in which you live is:	Check which applies
Manufactured home – <b>single</b> wide (trailer home)	
Manufactured home – <b>double</b> wide (trailer home)	
Modular Manufactured home (not on wheel base/chassis) assembled on site	
Camper (RV Recreational Vehicle)	
Custom Home contractor built on site	
Custom Home – self built on site	
Other ( please specify describe):	

**Q 26a What is the approximate age of your primary housing unit?**

Age: Years \_\_\_\_\_

**26b. What sort of foundation does your primary home have?**

Slab	
Piers or Cinder blocks	
Other specify	

**26c. What sort of roof does your primary home have?**

Peaked (sloping)	
Flat	
Other specify	

**26d. What sort of foundation does your primary home have?**

Slab	
Piers or Cinder blocks	
Other specify	

**26e. Has your primary unit been extended/added onto?**

Yes		
No		GO TO Q 27

**26 f. If extended/added onto, please indicate the type of addition that has been added. Example: “camper”; “self-built”; “another manufactured home” etc. But DO NOT include porch or patio extensions.**

\_\_\_\_\_

**Q.C.27 In your primary dwelling unit identified above, please indicate the number (#) of rooms with the following principal function:**

Bedrooms	Living rooms	Separate dining room	Kitchen	Full bathrooms (with both toilet and a shower or bathtub)	Half baths (toilet with or without sink)	Other Specify
#=	#=	#=	#=	#=	#=	#=

**Q.C.28 What is the approximate age of your primary dwelling unit?**

Year: \_\_\_\_\_

**Q.C.29 Are there any additional dwelling units on the lot that are used by members of your household or other households?**

Yes		Please go to Q 30
No		Please go to Q 31

**Q.C.30 Please describe additional dwelling units on the lots in the table below:**

<b>Number of additional separate dwelling units on site (not part of the primary house structure)</b>	<b>Type of unit – use Table C26 to identify (“camper”; “manufactured home-single wide”; “custom home - self-built”, etc)</b>	<b>Total number of usable rooms in each additional dwelling unit?</b>	<b>Approx. age of unit?</b>	<b>Primary purpose of that unit? (Sleeping; recreational; family relaxation; workshop or study; other – specify. If another household uses that unit as its primary residence, indicate “another household”</b>
Additional Unit # 1				
Additional Unit # 2				

**IMPORTANT. Did you fill in all relevant columns on the Table above including the question about age, number of units, primary purpose, etc?**

Yes, all checked		
No		→ PLEASE GO BACK AND ADD CHECKS AS APPROPRIATE

**SECTION D. INFRASTRUCTURE & SERVICES INFORMATION**

*In the following section please describe the principal type of utility infrastructure that you have in your lot and in your **PRIMARY DWELLING UNIT**.*

**Q.D.31 What is the supply of water to the home for daily use in the primary dwelling unit?**

<b>WATER SUPPLY TYPE</b>	Check the principal source(s)	Describe any serious problems you regularly experience with this service
Well		
Piped supply from the street		
Truck delivery service to storage tank		
Rainwater harvesting		
Other(Specify) _____		

**IMPORTANT. Did you check all relevant columns on the Table above?**

Yes, all checked	
No	→ PLEASE GO BACK AND ADD CHECKS AS APPROPRIATE

**Q.D.32 What type of wastewater/drainage system do you have (primary dwelling unit)?**

<b>WASTEWATER SYSTEM TYPE</b>	Check the principal type(s)	Year installed?	Describe any serious problems you regularly experience with this service
Professionally installed septic tank			
Self built septic tank			
Chemical toilet			
Other: describe			

**IMPORTANT. Did you check all relevant columns on the Table above?**

Yes, all checked	
No	→ PLEASE GO BACK AND ADD CHECKS AS APPROPRIATE

**Q.D 33 What is principal source(s) of power to your primary dwelling unit?**

<b>POWER SOURCE</b>	Check principal source(s)	Describe any serious problems you regularly experience with this service
Electricity (metered supply)		
Mains gas (metered supply)		
Propane: large tank & truck delivery		
Propane: small 3 & 6 gal tanks		
Other: describe		

**IMPORTANT. Did you check all relevant columns on the Table above?**

Yes, all checked	
No	→ PLEASE GO BACK AND ADD CHECKS AS APPROPRIATE

**Q.D 34 How do you heat your water in your primary dwelling? Does it heat the water supply for all the faucets in your house or only part of the house?**

<b>WATER HEATER SOURCE</b>	Check the principal source(s)	All faucets have warm water?		Describe any serious problems you regularly experience with this service
		Yes	No	
Electric water heater				
Gas water heater				
Sun warms the tank, no other water heating				
Solar panel water heater				
No water heating in the house; cold water supply only				
Other: Specify				

**IMPORTANT. Did you check all relevant columns on the Table above?**

Yes, all checked	
No	→ PLEASE GO BACK AND ADD CHECKS AS APPROPRIATE

**Q.D 35 What type of system of air cooling do you have in your primary dwelling?**

<b>TYPE OF AIR COOLING</b>	Check all the systems used	Describe any serious problems you regularly experience with this service
Full AC throughout the house & external compressor		
Partial AC – window units (indicate # of units)	_____ # units	
Ceiling fans (indicate # of fans)	_____ # fans	
Stand alone (floor) fans (indicate # regularly used)	_____ # fans	
Natural breezeway		
None		
Other: Specify		

**IMPORTANT. Did you check all relevant columns on the Previous Table?**

Yes, all checked	
No	→ PLEASE GO BACK AND ADD CHECKS AS APPROPRIATE

**Q.D.36 GARBAGE/SOLID WASTE DISPOSAL: How do you dispose of garbage and solid wastes? What is the monthly cost?**

<b>Type of Garbage service</b>	Check all the systems used	How often collect?	Monthly cost \$?	Describe any serious problems you regularly experience with this service
Contract with formal company service				
Semi-formal arrangement for collection with an individual collector				
None: We drop off our garbage at the dump or other sites				
Other: Specify				

**IMPORTANT. Did you check all relevant columns on the Table above?**

Yes, all checked	<input type="checkbox"/>
No	<input type="checkbox"/> → PLEASE GO BACK AND ADD CHECKS AS APPROPRIATE

**Q.D.37 Rate the following aspects of your primary dwelling unit by placing a check mark in the box for each item (row).**

<b>Extent of problem</b>	<b>Constant and Serious Problem</b>	<b>Occasional problem</b>	<b>Satisfactory/generally OK</b>	<b>Good, not a problem or a concern</b>	<b>Not relevant or no opinion</b>
<i>Poor insulation</i>					
<i>Doors do not shut properly causing draughts or safety concerns</i>					
<i>Windows do not close properly causing draughts or safety concerns</i>					
<i>Roof leaks</i>					
<i>Missing shingles</i>					
<i>Humidity/condensation problems</i>					
<i>Poor air quality</i>					
<i>House shakes when wind blows</i>					
<i>Lack of privacy (poor sound proofing from other rooms)</i>					
<i>Poor venting from kitchen</i>					
<i>Poor venting from bathroom</i>					
<i>Poor venting from toilets</i>					
<i>Steps to the front door are steep and awkward</i>					
<i>Insufficient hot/warm water</i>					
<i>Unit is too hot in summer</i>					
<i>Unit is too cold in winter</i>					
<i>Pest infestation</i>					
<i>Mold</i>					
<i>Unstable foundation</i>					
<i>Poor flooring</i>					
<i>Problems with the electrical wiring and/or outlets</i>					
<i>Inadequate number of electrical outlets</i>					
<i>Plumbing leaks</i>					
<i>Problems with septic tank</i>					
<b>OTHER PROBLEMS WITH YOUR DWELLING UNIT</b>					

**IMPORTANT. Did you check all relevant columns on the Table above?**

Yes, all checked	<input type="checkbox"/>
No	<input type="checkbox"/> → PLEASE GO BACK AND ADD CHECKS AS APPROPRIATE

**Q.D 38** If you have identified any items as a constant and serious problem, rank what you consider to be the most serious problem up to a maximum of five. For each of these top 1-5 problems, please also provide more information on the nature of the problem (10-15 words). Limit your ranking to a maximum of the 5 most serious problems.

<b>Ranking of Constant and Serious Problems (from list above)</b>	Briefly note the nature of the problem (in 10-15 words)
1.	
2.	
3.	
4.	
5.	

**IMPORTANT** Did you indicate up to the top 5 priority actions in the rows on the Table above?

Yes, all checked	<input type="checkbox"/>	
No	<input type="checkbox"/>	→ PLEASE GO BACK AND ADD CHECKS AS APPROPRIATE

**Q.D 39** Do you have any future housing plans – in the next two years?

Yes	<input type="checkbox"/>	
No	<input type="checkbox"/>	GO To Q 41

**Q D 40** What future housing plans do you have?

Make improvements or repairs	<input type="checkbox"/>
Add an extension	<input type="checkbox"/>
Build a different house	<input type="checkbox"/>
Install a different mobile home	<input type="checkbox"/>
Fix the garden & yard	<input type="checkbox"/>
Plan to move to another area	<input type="checkbox"/>
Other: specify	<input type="checkbox"/>

**Q.D 41** Do you recycle regularly? If so, what? (check all that apply)

No, we do not recycle	<input type="checkbox"/>
Yes, we Recycle Paper	<input type="checkbox"/>
Yes, we Recycle Cans	<input type="checkbox"/>
Yes, we Recycle Glass	<input type="checkbox"/>
Yes, we Recycle other (specify)	<input type="checkbox"/>

**Q.D 42 Do you have keep a compost heap?**

Yes	
No	

**Q.D 43. Do you have any household pets or other animals (chickens)?**

**If so please indicate below the number:**

No, we do not have pets	
Dog(s)	#
Cat(s)	#
Chicken(s)	#
Caged Bird(s)	#
Pig(s)	#
Goats	#
Others (specify:)	#
Others (specify: )	#
Others (specify: )	#

**Q.D. 44 What is the open space in your yard used for? Check all that apply.**

Nothing really	
Gardening	
Kid's play area	
Adults – hanging out and recreational	
Cooking & Bar B Q	
Work or workshop	
Secure parking	
Storage	
Keep animals	
Other – specify	

**Q.D. 45 Apart from recycling, what aspects of housing “sustainability” have you heard about?**

None really: \_\_\_\_\_

Or write below in your own words

---



---



---

**Q.D 46 Do you or any members of your household have serious health problems or disabilities?**

No	<input type="checkbox"/>	→ End of Survey. Go to request for telephone # below
Yes	<input type="checkbox"/>	→ Fill in table below

**Please indicate the nature of the problem, the person affected and whether your primary dwelling unit makes this health problem worse in any way:**

Nature of the problem/disability	Who has problem? (Relation to household head: spouse, son, etc.,)	If applicable, briefly describe how the dwelling makes the problem worse? (8-15 words)
Poor mobility (wheelchair or a walker)		
Alzheimer's		
Diabetes		
Asthma and other respiratory difficulties		
Headaches / migraine		
Blind or partially sighted		
Chronic irritation in eyes or nose		
Other physical disability (specify)		

**IMPORTANT Did you indicate up to the top 5 priority actions in the rows on the Table above?**

Yes, all checked	<input type="checkbox"/>	
No	<input type="checkbox"/>	→ PLEASE GO BACK AND ADD CHECKS AS APPROPRIATE

**Please provide a contact phone number below. This will be used ONLY if we have any questions relating to the answers given in this survey. The phone # will be discarded as soon as we have recorded your answers. It will not be given to a third party.**

Phone #: \_\_\_\_\_

**On behalf of the University of Texas and your fellow residents and neighbors in Rancho Vista and Redwood, VERY MANY THANKS FOR COMPLETING THIS SURVEY. Once again, this survey is confidential and none of your answers will be linked to your household or address, but only used to create general data tables about the housing conditions in the two neighborhoods.**

**PLEASE DON'T FORGET TO COMPLETE AND MAIL THE SURVEY to us in the pre-paid addressed envelope provided before April 5<sup>th</sup>. Please do not ask one of the neighborhood leaders to deliver the survey on your behalf since this will breach the confidential agreement that we have extended to you, and it will invalidate your survey contribution.**

**If you have any questions, feel free to contact the UT professors heading up the survey:**

- **Peter Ward**, at the LBJ School of Public Affairs: 512-471-6302, or [peter.ward@mail.utexas.edu](mailto:peter.ward@mail.utexas.edu)
- **Heather Way**, Director of the Community Development Clinic at the University of Texas School of Law: 512-232-1210.