Prosperity Needs Assessment

2024-2025 Program Year

* Indicates required question

1. Please provide your legal name (first, middle initial, and last name): *

_____

2. Gender *

Mark only one oval.

- ( ) Female
- ( ) Male
- ( ) Other: _____

3. Primary Race

Check all that apply.

- [ ] American Indian, Alaska Native, or Indigenous
- [ ] Black, African American, or African
- [ ] Native Hawaiin or Pacific Islander
- [ ] White
- [ ] Other: _____

4. Ethnicity *

Mark only one oval.

- ( ) Non-Hispanic/Non-Latino(a)
- ( ) Hispanic/Latino(a)

5. Please provide your residential address (be sure to include street address, apartment/unit/suite, city, state, and zip code): *

_____

_____

_____

_____

_____

6. How long have you been at your current address?

_____

7. Please indicate your current housing status: *

Mark only one oval.

- ( ) Permanent stable housing
- ( ) Homeless
- ( ) Staying with a friend or family member
- ( ) Staying in a motel/hotel
- ( ) Staying in a shelter/transitional housing
- ( ) Other: _____

8. Contact Phone Number (s): *

9. Alternative Contact

10. Email Address: *

11. Date of Birth (mm/dd/yyyy): *

12. Which of the following services (if any) could we support you with? *

Check all that apply.

- [ ] Emergency Shelter
- [ ] Recommendations for Affordable Housing Options
- [ ] Referral to Social Services Agencies for Assistance and/or Benefits
- [ ] Nutritional Wellness (Food, Nutrition, Weight Management, etc.)
- [ ] Homeownership (Homebuyer Education Program, Down Payment assistance, etc.)
- [ ] Credit (Low Credit Score, Outstanding debt, Collection Account, Student Loans, etc.)
- [ ] Personal Finances (Debt Management, Paying Monthly Bills, Budgeting, Saving, etc.)
- [ ] Transportation (Vehicle Repairs, Bus Pass, Uber/Lyft, Shuttle, etc.)
- [ ] Childcare/Parenting/Child Rearing (Child care, After school Care, Before School Care, etc.)
- [ ] Education (Adult Education, GED, College, Vocational/Occupational Certifications, etc.)
- [ ] Career Counseling (Higher Wages, Resume, Career Exploration, Job Hunting, Job Application, etc.)
- [ ] Healthcare (Medical, Mental, Dental, Emotional, Stress Reduction, etc.)
- [ ] Other:

13. Are you or any members of your household a Veteran or Active-Duty Service Member?

Mark only one oval.

- ◯ Yes
- ◯ No

14. How many adults (ages 18+, including yourself) live in the household? *

15. Are there any children (ages 0-17) living in the household? *

Mark only one oval.

- ◯ Yes, there are children living in the home *Skip to question 16*
- ◯ No, there are no children living in the home *Skip to question 18*

Youth living in the home

This section only applies to households with children.

16. What are the names, ages and genders of all children living in your household? *

17. Please share the school(s) the child/children attend

Skip to question 18

Health & Wellness

This section includes questions regarding your overall state of being (medical, mental, dental, social, emotional).

18. Do you currently have health insurance for yourself? *

Mark only one oval.

- Yes, I have health insurance
- No, I do not have health insurance
- I do not wish to disclose

19. Do you currently have a health insurance plan for your dependents? *

Mark only one oval.

- Yes, I currently have a health insurance coverage for my dependents
- No, I do not have have health insurance coverage for my dependents
- I do not wish to respond

20. Do you have a dental insurance plan? *

Mark only one oval.

- Yes, I have health insurance
- No, I do not have health insurance *Skip to question 23*
- I do not wish to respond

21. Would you like more information on where to access free or reduced cost medical/dental care? *

Mark only one oval.

- Yes, please connect me to these services
- No, I do not need support accessing these services at this time

22. Do you or members of your household have concerns with managing stress, anxiety, addiction, and/or other mental health areas of need?

Mark only one oval.

- [ ] Yes
- [ ] No
- [ ] I do not wish to disclose this information

Household Income

This section should be completed for each adult household member, regarding your household income and government benefits.

23. Are you currently employed? *

Mark only one oval.

- [ ] Yes
- [ ] No *Skip to question 28*

24. What is your average monthly income? *

_____

25. Name of Employer

_____

26. Current title

_____

27. Length of time in current position (Year(s), Month(s)) *

_____

Non-wage Income

28. Benefit services you are currently receiving: *

Check all that apply.

- [ ] Supplemental Nutrition Assistance Program (SNAP)
- [ ] Temporary Assistance for Needy Families (TANF)
- [ ] Social Security Income (SSI)/ Social Security Disability Insurance (SSDI)
- [ ] Medicare/Medicaid
- [ ] Unemployment Compensation
- [ ] Low-Income Home Energy Assistance Program (LIHEAP)
- [ ] Housing Choice Voucher (HCV) or Section 8
- [ ] Public Housing or Income Driven Property
- [ ] Child Support
- [ ] VA Benefits
- [ ] Pension/Retirement
- [ ] Other:
- [ ] None, I do not receive any external benefits

Housing Security & Safety

This section includes questions regarding housing stability, maintenance, and safety.

29. Which of the following may be barriers to homeownership. *

Check all that apply.

- [ ] Lack of Down Payment Assistance/Help with Closing Costs
- [ ] Limited Housing Within My Price Range
- [ ] Housing Discrimination
- [ ] Unstable Employment
- [ ] Low Credit Score
- [ ] High Debit-to-Income Ratio (Existing Debt)
- [ ] Other:
- [ ] I Have Never Tried to Purchase a Home

Transportation

This section includes questions regarding your ability to commute from one location to another.

30. How do you typically commute and/or travel?

Mark only one oval.

- Personal Vehicle
- Ride Sharing Service (Uber/Lyft etc.)
- Public Transportation (Bus,Train, etc.)
- Friends/Family Members
- Bicycle
- Walk
- Motorcycle/Moped
- Other:

Education & Training

This section includes questions regarding formal classroom or other educational environments which you may have attended to enhance your knowledge and skills.

31. What is the highest level of education you have completed? *

Mark only one oval.

- I Did Not Complete High School
- High School Diploma/General Education Diploma (GED)
- Certificate/Vocational/Technical Program
- Associate's Degree (2 Years of College)
- Bachelor's Degree (4 Years of College)
- Master's Degree
- Doctoral/Professional Degree
- Other:

32. Do you have an existing financial obligation at a college or university (Student Loan debt)? *

Mark only one oval.

- Yes
- No
- Unsure

33. Are you comfortable using a computer?

Mark only one oval.

- Yes
- No
- I have some knowledge, but my skills are limited

Financial Stability

This section includes questions regarding your financial ability to live within your means or spend less than you earn.

34. Please indicate your current FICO credit score. *

Your FICO score can be obtained through your bank, existing credit cards, or through annualcreditreport.com for FREE.

_____

35. Which areas of personal finance is a concern?

Check all that apply.

- [ ] Saving Little to No Money
- [ ] Not Having an Emergency Fund
- [ ] Losing My Job or Not Being Able to Earn A Higher Salary
- [ ] Not being able to pay my debt (credit cards/student loans/medical bills, etc.)
- [ ] Not being able to cover the cost for maintenance and/or repairs to my vehicle
- [ ] Not being able to afford healthcare needs
- [ ] Paying my rent/mortgage on time
- [ ] Other: _____

Legal Litigation

This section includes questions regarding any legal dispute involving the public court system in which a person could be the complaint or defendant in the case.

36. Have you filed for bankruptcy?

Mark only one oval.

- Yes
- No

37. Please share why you are interested in homeownership?

_____

_____

_____

_____

_____

38. Is there any additional information you would like to share with FBH Community staff?

_____

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