

2015 – 2019 FIVE (5) YEAR CONSOLIDATED PLAN QUESTIONNAIRE Scranton, Pennsylvania

The Consolidated Plan will identify programs and funding for both housing and non-housing community development needs in the City of Scranton. Items noted with an (*) asterisk are required to be part of a larger HUD activity or project to qualify.

COMMUNITY DEVELOPMENT

Please check the category you represent or all that apply:

Resident Business Community Group Non-Profit
 Church Other (_____)

PART 1

Part 1 of this questionnaire lists five (5) categories of priority non-housing needs. Please rank the needs, which will be considered for community development funding over the next (5) years.

1. ECONOMIC DEVELOPMENT NEEDS	HIGH	MED	LOW	NONE
JOB CREATION				
INFRASTRUCTURE IMPROVEMENTS TO THE DOWNTOWN CENTRAL BUSINESS DISTRICT				
INFRASTRUCTURE IMPROVEMENTS TO NEIGHBORHOOD COMMERCIAL BUSINESS DISTRICTS				
SMALL BUSINESS ASSISTANCE				
SMALL BUSINESS LOAN PROGRAM				
OTHER ECONOMIC DEVELOPMENT NEEDS (Please List)				

2. PUBLIC FACILITY NEEDS	HIGH	MED	LOW	NONE
SENIOR CENTERS				
YOUTH CENTERS				
NEIGHBORHOOD FACILITIES				
CHILD CARE FACILITIES				
PARKS AND/OR RECREATION FACILITIES				
HEALTH FACILITIES				
PARKING FACILITIES				

OTHER FACILITIES (Please List)				
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3. INFRASTRUCTURE IMPROVEMENTS	HIGH	MED	LOW	NONE
*GARBAGE-TRASH DISPOSAL IMPROVEMENTS				
*FLOOD DRAIN IMPROVEMENTS				
*WATER IMPROVEMENTS				
*STREET IMPROVEMENTS				
*SIDEWALK IMPROVEMENTS				
*SEWER IMPROVEMENTS				
*ASBESTOS ABATEMENT				
*STORM WATER RUNOFF IMPROVEMENTS				
OTHER IMPROVEMENTS (LIST)				

4. PUBLIC SERVICE NEEDS	HIGH	MED	LOW	NONE
*SENIOR SERVICES				
*HANDICAPPED SERVICES				
*YOUTH SERVICES				
*TRANSPORTATION SERVICES				
*SUBSTANCE ABUSE SERVICES				
*EMPLOYMENT SERVICES				
CRIME AWARENESS/NEIGHBORHOOD POLICE				
*FAIR HOUSING COUNSELING				
*TENANT/LANDLORD COUNSELING				
*HOME OWNERSHIP COUNSELING				
*CHILD CARE SERVICES				
*HEALTH SERVICES				
OTHER PUBLIC SERVICES (Please List)				

5. OTHER COMMUNITY DEVELOPMENT NEEDS	HIGH	MED	LOW	NONE
PLANNING				
CODE ENFORCEMENT				
ACCESSIBILITY NEEDS				

NON-RESIDENTIAL HISTORIC PRESERVATION NEEDS				
RESIDENTIAL HISTORIC PRESERVATION NEEDS				
LEAD-BASED PAINT HAZARDS				
ENERGY EFFICIENCY IMPROVEMENTS				
DEMOLITION OF HAZARDOUS STRUCTURES				
EMERGENCY DEMOLITION OF HAZARDOUS STRUCTURES				

AFFORDABLE HOUSING

PART II

Part II of this questionnaire lists four (4) priority housing needs of small families (three or less persons), large families (four or more persons) and elderly (one or two persons) for both renters and owners. Please rank these needs, which will be considered for community development funding over the next five (5) years.

**1. ASSISTANCE TO RENTERS
SMALL FAMILIES WHOSE:**

	HIGH	MED	LOW	NONE
HOUSING COSTS ARE GREATER THAN 50% OF THEIR HOUSEHOLD INCOME				
HOUSING COSTS ARE GREATER THAN 30% OF THEIR HOUSEHOLD INCOME				
HOUSING IS IN SUBSTANDARD CONDITION				
HOUSING IS OVERCROWDED				

2. (Renters) LARGE FAMILIES WHOSE:

	HIGH	MED	LOW	NONE
HOUSING COSTS ARE GREATER THAN 50% OF THEIR HOUSEHOLD INCOME				
HOUSING COSTS ARE GREATER THAN 30% OF THEIR HOUSEHOLD INCOME				
HOUSING IS IN SUBSTANDARD CONDITION				
HOUSING IS OVERCROWDED				

3. (Renters) ELDERLY WHOSE:

	HIGH	MED	LOW	NONE
HOUSING COSTS ARE GREATER THAN 50% OF THEIR HOUSEHOLD INCOME				
HOUSING COSTS ARE GREATER THAN 30% OF THEIR HOUSEHOLD INCOME				
HOUSING IS IN SUBSTANDARD CONDITION				
HOUSING IS OVERCROWDED				

4. ASSISTANCE TO OWNERS WHOSE:	HIGH	MED	LOW	NONE
HOUSING COSTS ARE GREATER THAN 50% OF THEIR HOUSEHOLD INCOME				
HOUSING COSTS ARE GREATER THAN 30% OF THEIR HOUSEHOLD INCOME				
HOUSING IS IN SUBSTANDARD CONDITION				
HOUSING IS OVERCROWDED				

HOMELESS PROGRAMS

PART III

Part III of this questionnaire lists five (5) priority homeless needs of families, individuals and persons with special needs. Please rank these needs, which will be considered for community development funding over the next five (5) years.

1. ASSESSMENT/OUTREACH	HIGH	MED	LOW	NONE
FAMILIES				
INDIVIDUALS				
VETERANS				
PERSONS WITH SPECIAL NEEDS				

2. EMERGENCY SHELTER	HIGH	MED	LOW	NONE
FAMILIES				
INDIVIDUALS				
VETERANS				
PERSONS WITH SPECIAL NEEDS				

3. TRANSITIONAL HOUSING	HIGH	MED	LOW	NONE
FAMILIES				
INDIVIDUALS				
VETERANS				
PERSONS WITH SPECIAL NEEDS				

4. PERMANENT SUPPORTIVE HOUSING	HIGH	MED	LOW	NONE
FAMILIES				
INDIVIDUALS				
VETERANS				
PERSONS WITH SPECIAL NEEDS				

5. PERMANENT HOUSING	HIGH	MED	LOW	NONE
FAMILIES				
INDIVIDUALS				
VETERANS				
PERSONS WITH SPECIAL NEEDS				

**HOUSING FOR PERSONS
WITH AIDS**

PART IV

Do you believe that there is a need in the City of Scranton for federal assistance that provides housing assistance for persons with AIDS / related diseases?

Yes

No

Optional:

Name _____

Phone _____

Address _____

Thank you for filling out this questionnaire. Your input is very important to the City of Scranton preparing our 2015-2019 Five (5) Year Consolidated Plan. Please return this questionnaire no later than **Friday, June 6, 2014** by emailing to [redacted] or mail to:

tpreambo@scrantonpa.gov

**Office of Economic and Community Development
340 North Washington Avenue
Municipal Building
Scranton, Pennsylvania 18503**

If you have any questions please do not hesitate to contact OECD at 570/348-4216.

Sincerely,

Linda B. Aebli
Executive Director