



Karuk Tribe

(Demographics and Needs Assessment Survey)



NOTE: A separate survey form is to be completed for each target “household” (including single individuals over 18 years of age). A computerized “household record” will be created in the project database. For the purposes of this survey, a “Household” will consist of a person or group of persons living in a housing unit.

Identification Information: Please identify the **“head of household”** in this section

Name: _____ / _____ / _____ DOB ____/____/____ Maiden Name (if female) _____ Male Female
Last Name First Name Initial

Relationship: Head **Marital Status:** Individual Married Separated Divorced Widowed Common Law Domestic Partnership

Race/Ethnicity: US Citizen Registered U.S. Voter Registered Tribal Voter Country of Birth ([USA](#))

White Black Hispanic Asian / Islander American Indian/Alaska Native (AIAN) Ethnicity (Ex: Mexican/Navajo) _____

○ For AIAN list Tribe/Blood-Culture (Ex. Spirit Lake - Sioux) _____ / _____
Tribe Affiliation One Tribe Affiliation Two

○ Enrolled Tribal Member Roll Number _____ Member- Other Tribe Which? _____

Disability(s): Disabled [__%] Category - Mobility Vision Hearing Mental Military Related Other _____

Military: Currently Enlisted US Veteran Branch _____ Era (Ex. WWII): _____ Years Served ____ to ____ Total ____

Employment: Full-time Part-time Seasonal Self-Employed Retired Other _____

• Unemployed Reasons for Unemployment _____ Present Occupation _____
Include Retired, Unemployed, and Student

• Vocation _____ List additional job skills _____ / _____ / _____

Education: Num. of years completed (K-12) ____ Current Student H/S Graduate GED

College – Yes No Num of years Completed (College) ____ Major- _____ Degree(s) ____/____/____

• Vocational, Business, or Trade School - Graduated with Certificate Training/Education Category(s) _____

Gross Annual Income - Amount \$ _____ Income from Employment / Self Employment / Other : _____

Household Contact Information:

Address (Mailing) _____ Email Address: _____
 Additional Mailing Address Info. _____
 City _____ State _____ / ZIP Code _____ County _____ / Country _____
Address (Physical) _____
 City _____ State _____ / ZIP Code _____ County _____ / Country _____
 Telephone (_____) _____ Mobile/Cell Phone? : This is a Message Phone No Phone

Household Composition: Complete this section for all "household" members including domestic partners and extended family. Document each individual's race and ethnicity, as well as their country of origin and specific culture(s) (example: Hispanic / Mexican). For American Indians, Alaskan and Canadian Natives, identify specific "Tribal" affiliation as well as their blood/culture affiliation (example: Tribe = AIAN / Navajo-Chapter Affiliation)

HOUSEHOLD MEMBER 2

Name: _____ / _____ / _____ DOB ____/____/____ Maiden Name (if female) _____ Male Female
Last Name First Name Initial

- Relationship:** Spouse Dependent Child Custodial Child Adult Child Non-Married Partner Other (Ex. Nephew) _____
- Marital Status:** Individual Married Separated Divorced Widowed Common Law Domestic Partner Other _____
- Race/Ethnicity:** US Citizen Registered U.S. Voter Registered Tribal Voter Country of Birth (USA) Other _____
 White Black Hispanic Asian / Islander American Indian/Alaska Native (AIAN) Specific Ethnicity (Ex: Mexican/Navajo) _____
 For AIAN list Tribe/Blood-Culture (s) (Ex. Spirit Lake - Sioux) _____ / _____
 Enrolled- this Tribe Roll Number _____ Enrolled In another Tribe Tribe: _____
- Disability(s):** Disabled [____%] Category - Mobility Vision Hearing Mental Military Related Other _____
- Military:** Currently Enlisted US Veteran Branch of Service _____ Era (Ex. WWII): _____ Years Served ____ to ____ Total ____
- Employment:** Full-time Part-time Seasonal Self-Employed Retired Other _____
 Unemployed Reasons for unemployment _____ Present Occupation _____ Include Retired, Unemployed, and Student Vocation _____
 List additional job skills _____ / _____ / _____
- Education:** Years completed (K-12) ____ Current Student Graduate GED
 College - Yes No Num of years Completed (College) ____ Major- _____ Degree(s) ____/____/____
 Vocational, Business, or Trade School Graduated with Certificate Training Category(s) _____ / _____
- Gross Annual Income - Amount \$** _____ Income from Employment / Self Employment / Other : _____

HOUSEHOLD MEMBER 3

Name: _____ / _____ / _____ DOB ____/____/____ Maiden Name (if female) _____ Male Female

- **Relationship:** Spouse Dependent Child Custodial Child Adult Child Non-Married Partner Other (Ex. Nephew) _____
- **Marital Status:** Individual Married Separated Divorced Widowed Common Law Domestic Partner Other _____
- **Race/Ethnicity:** US Citizen Registered U.S. Voter Registered Tribal Voter Country of Birth (USA) Other _____
 White Black Hispanic Asian / Islander American Indian/Alaska Native (AIAN) Specific Ethnicity (Ex: Mexican/Navajo) _____
 For AIAN list Tribe/Blood-Culture (s) (Ex. Spirit Lake - Sioux) _____ / _____
 Enrolled- this Tribe Roll Number _____ Enrolled In another Tribe Tribe: _____
- **Disability(s):** Disabled [____%] Category - Mobility Vision Hearing Mental Military Related Other _____
- **Military:** Currently Enlisted US Veteran Branch of Service _____ Era (Ex. WWII): _____ Years Served ____ to ____ Total ____
- **Employment:** Full-time Part-time Seasonal Self-Employed Retired Other _____
Unemployed Reasons for unemployment _____ Present Occupation _____ Include Retired, Unemployed, and Student Vocation _____
 - List additional job skills _____ / _____ / _____
- **Education:** Years completed (K-12) ____ Current Student Graduate GED
 - College – Yes No Num of years Completed (College) ____ Major- _____ Degree(s) ____/____/____
 - Vocational, Business, or Trade School Graduated with Certificate Training Category(s) _____ / _____
- **Gross Annual Income - Amount \$** _____ Income from Employment / Self Employment / Other : _____

HOUSEHOLD MEMBER 4

Name: _____ / _____ / _____ DOB ____/____/____ Maiden Name (if female) _____ Male Female

- **Relationship:** Spouse Dependent Child Custodial Child Adult Child Non-Married Partner Other (Ex. Nephew) _____
- **Marital Status:** Individual Married Separated Divorced Widowed Common Law Domestic Partner Other _____
- **Race/Ethnicity:** US Citizen Registered U.S. Voter Registered Tribal Voter Country of Birth (USA) Other _____
 White Black Hispanic Asian / Islander American Indian/Alaska Native (AIAN) Specific Ethnicity (Ex: Mexican/Navajo) _____
 For AIAN list Tribe/Blood-Culture (s) (Ex. Spirit Lake - Sioux) _____ / _____
 Enrolled- this Tribe Roll Number _____ Enrolled In another Tribe Tribe: _____
- **Disability(s):** Disabled [____%] Category - Mobility Vision Hearing Mental Military Related Other _____
- **Military:** Currently Enlisted US Veteran Branch of Service _____ Era (Ex. WWII): _____ Years Served ____ to ____ Total ____
- **Employment:** Full-time Part-time Seasonal Self-Employed Retired Other _____
Unemployed Reasons for unemployment _____ Present Occupation _____ Include Retired, Unemployed, and Student Vocation _____
 - List additional job skills _____ / _____ / _____
- **Education:** Years completed (K-12) ____ Current Student Graduate GED
 - College – Yes No Num of years Completed (College) ____ Major- _____ Degree(s) ____/____/____
 - Vocational, Business, or Trade School Graduated with Certificate Training Category(s) _____ / _____
- **Gross Annual Income - Amount \$** _____ Income from Employment / Self Employment / Other : _____

OCCUPANCY STATUS: Complete this section based on your present occupancy status

Own or Buying the Dwelling You Reside In: **Renting the Dwelling You Reside In:**

Dwelling Type: Single-Family Dwelling Multi-Family Complex Mobile Home Hogan Other _____

- Are you buying your home? Yes No Monthly **House/Rent Payment** Amount \$ _____ No house payment
 - Amount of annual property taxes (if any) \$ _____, None
 - Home /property insurance amount \$ _____ (If not included in your house payment) None
 - Monthly Cost for Utilities \$ _____
- Home Purchased through "Assisted" Program. Specify the source of home purchase assistance below:
 - HUD Home "Purchase" Program BIA / HIP Program Veterans Program Other Describe, _____
- Are you **renting** through a Housing Authority? Yes No If Yes, please identify the type:
 - Local or Tribal (this Tribe)
 - County
 - Other (Including another Tribe)
- If **renting** through another program, list below:
 - Which "type" of rental are you living in?
 - Tax Credit Rental College Housing Military Rental Housing Private Rental Public Rental USDA
 - Other Rental Category: _____
- **Mobile Homes:** If living in a "mobile home," list all other combined yearly expenses not listed above (example: personal property taxes, site rent, registration fees, license fees, etc. * Mortgage on mobile home \$ _____ * All other site expenses \$ _____
- Meals are included in rent payment Energy costs included in rent payment
- Are you paying more than 30% of your monthly income for Rent/House payment? Yes No Paying more than 50%? Yes No

Neither Own nor Rent: Check One of these categories Living with extended family, or Living in available shelter

- Present "Non-Owner/Non-Renter" Circumstances: [Provide "complete" descriptions of circumstances \(Example-Living with parents in a single-wide trailer that is overcrowded and dilapidated\)](#) _____

If a non-owner/non-renter, please identify the general reason: Unemployed Under-employed (Can't afford to buy or rent Full time student Part time student Institutionalized Other, Describe _____

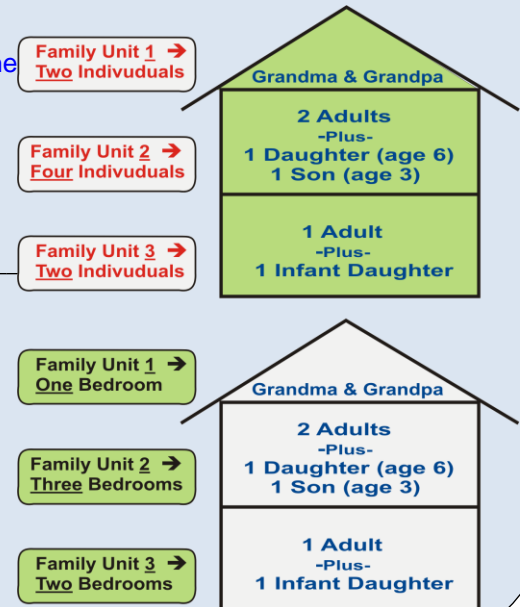
OVERCROWDING FACTORS:

- **Overcrowding-HUD Section 8 Occupancy Standards** - For HUD Sec8 related housing needs assessment, the following clarifications may be considered: Overcrowding is determined by the number of “bedrooms” in a dwelling, as well as the age/gender/relationship of the occupants. Example: One adult (or adult cohabitant unit), plus – two minor children - per gender –per livable room.

- **Factors-Age / Gender / Relationship, by number of rooms used as bedrooms**

- Number of people living in the dwelling ____ Multiple family units in dwelling # family units ____
- Number of bedrooms ____ Number of “livable” rooms ____ Approximate square footage ____
- Overcrowded (by HUD Sec8 Standards)

- **Overcrowding-US Census Definition** – For use in HUD NAHASDA census challenge applications – 1.01 person per “livable” room. For surveys using the US Census definition for overcrowding, the term “livable room” will include bedrooms, living rooms, kitchens, a separate dining room, and rooms in a finished basement. Do not count bathrooms, porches, balconies, entry areas, halls, or half-rooms. Count multipurpose rooms only one time, for example; a kitchen and dining room combination, or a living room that is used as a bedroom at night.



PROPERTY STATUS:

Identify the “property status” of current residence: Fee Status (taxed) Public Domain Trust Status (not taxed)

- If living on “trust” property, identify the status: Individual Allotment Assignment (ex: lease) Tribal Land

- How long have you lived in this community? ____ year(s) In this dwelling? ____ year(s) Number of moves in the past five years # ____

Present Housing Condition:

Do you have complete and **operable** bathroom facilities? (hot and cold piped water, flush toilet, bathtub or shower) Yes No

Do you have complete and **operable** kitchen facilities? (hot and cold piped water, range or cook stove and refrigerator) Yes No

Electrical Source: Public Community Private Generator Solar Other _____ None

Water Source: Public Community Private Well Off-Site Source (hauling) Other _____ None

- If hauling water from an off-site location, how far do you haul the water for family and/or animal consumption? ____ Miles (round trip)

Heat Source: Electricity Wood/Pellet Stove Coal Natural Gas/Propane Other _____ None

Safety : Fire Extinguisher(s) Smoke Detector Carbon Mon. Detect. First Aid Supplies Other _____ None

Handicap Accessibility: Exterior Ramps Bathroom Modifs. Kitchen Modifications Handicap Doors Other _____ None

Dwelling Condition: What is the approximate age of your dwelling unit? ____ years old

Check one box in **each** of the categories below:

Foundation Status: _____	Status: <input type="checkbox"/> Standard	<input type="checkbox"/> Minor Repairs	<input type="checkbox"/> Major Repairs	<input type="checkbox"/> Not Repairable
Building Envelope Status: _____	Status: <input type="checkbox"/> Standard	<input type="checkbox"/> Minor Repairs	<input type="checkbox"/> Major Repairs	<input type="checkbox"/> Not Repairable
Windows: _____	Status: <input type="checkbox"/> Standard	<input type="checkbox"/> Minor Repairs	<input type="checkbox"/> Major Repairs	<input type="checkbox"/> Not Repairable
Doors: _____	Status: <input type="checkbox"/> Standard	<input type="checkbox"/> Minor Repairs	<input type="checkbox"/> Major Repairs	<input type="checkbox"/> Not Repairable
Roof Status: _____	Status: <input type="checkbox"/> Standard	<input type="checkbox"/> Minor Repairs	<input type="checkbox"/> Major Repairs	<input type="checkbox"/> Not Repairable
Electrical System Status: _____	Status: <input type="checkbox"/> Standard	<input type="checkbox"/> Minor Repairs	<input type="checkbox"/> Major Repairs	<input type="checkbox"/> Not Repairable
Plumbing System Status: _____	Status: <input type="checkbox"/> Standard	<input type="checkbox"/> Minor Repairs	<input type="checkbox"/> Major Repairs	<input type="checkbox"/> Not Repairable
Yard / Property Status: _____	Status: <input type="checkbox"/> Standard	<input type="checkbox"/> Minor Repairs	<input type="checkbox"/> Major Repairs	<input type="checkbox"/> Not Repairable
Outbuildings / Fences : _____	Status: <input type="checkbox"/> Standard	<input type="checkbox"/> Minor Repairs	<input type="checkbox"/> Major Repairs	<input type="checkbox"/> Not Repairable

List any "Major" repairs that are presently needed on this dwelling unit (interior and exterior). Be complete when describing deficiencies. *(Example: If listing roofing deficiencies, do not simply enter the word "roof." Describe in detail what is wrong with the roof - "roof leaks badly, 25 years old" etc.)*

- _____
- _____
- _____

Based on the age and condition of the dwelling, estimate the approximate cost to bring this unit up to "standard" condition. Include "overcrowding" factors and potential costs for necessary additions.

<input type="checkbox"/> Good Condition Between \$1-\$5,000	<input type="checkbox"/> Needs "Minor" Repairs Between \$5,001-\$10,000	<input type="checkbox"/> Needs "Major" Repairs Between \$10,001-\$35,000	<input type="checkbox"/> Exceeds \$35,000 and/or "not repairable"
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CERTIFICATION:

Form completed by: (Name) _____ Title _____ Date ____/____/20__

If information was not collected directly from the household "head" or "spouse/partner;" was it provided by a close (adult) family member?

Yes No Information source (Example: Mother/Grandmother, etc.) _____

Comments: _____
