

Part One: Please Describe Yourself:

1. In what neighborhood do you live? _____
(example: Chinatown, Lower East Side, Two Bridges, Little Italy)
2. What street corner is closest to your home? (example: East Broadway & Pike St.) _____ & _____
3. How many years have you lived in this neighborhood? (write number) _____
4. Do you work in Chinatown or its surrounding areas? ___ Yes ___ No
5. Do you own a business in Chinatown? ___ Yes ___ No
6. Do you own a property in Chinatown? ___ Yes ___ No
7. How old are you? ___ Under 17 ___ 18-24 ___ 25-34 ___ 35-64 ___ 65 +
8. What is your gender? ___ Male ___ Female
9. With what racial / ethnic group do you most closely identify? (check one)
 - ___ Asian / Asian American
 - ___ African-American
 - ___ White
 - ___ Latino / Hispanic
 - ___ Other: _____
10. How many people do you live with, and how old are they? (write total persons in each age bracket)
 - Youth (under 18) _____
 - Adults (18-64) _____
 - (Seniors 65+) _____
11. What is the combined annual income of all the people you live with? (Household income) (check one)
 - ___ Less than \$25,000
 - ___ \$25,000 - \$50,000
 - ___ \$50,000 - \$100,000
 - ___ \$100,000 and up

Part Two: Neighborhood Character:

12. What do you value most about living in Chinatown / LES? (rank top three items)
 - ___ Proximity to Family
 - ___ Sense of Community
 - ___ Cultural Activities
 - ___ Proximity to School
 - ___ Other (write in): _____
 - ___ Variety of Local businesses
 - ___ Job Opportunities
 - ___ Affordable Rent
 - ___ Architectural Character
 - ___ Public Transit access
 - ___ Bus Service to other Chinatowns
 - ___ Parks / Community Gardens
13. How concerned are you about the following issues in your neighborhood? (Check all that apply)
 - ___ Cost of Housing
 - ___ Traffic on Weekdays
 - ___ Cost of Goods & Services
 - ___ Architectural Character
 - ___ Other (write in): _____
 - ___ Loss of Small / Local Businesses
 - ___ Traffic on Nights / Weekends
 - ___ Gentrification
 - ___ Youth Amenities
 - ___ Lack of Job Opportunities
 - ___ Noise from Bars / Nightlife
 - ___ Crime
 - ___ Cultural Centers / Amenities

14. Do you use the public parks in your neighborhood often? Yes No

15. If you answered no, please select the most significant reason: (check one)

- | | |
|---|--|
| <input type="checkbox"/> Too far away | <input type="checkbox"/> Doesn't interest me |
| <input type="checkbox"/> Too crowded | <input type="checkbox"/> Wrong kind of facilities |
| <input type="checkbox"/> I don't have enough time | <input type="checkbox"/> Dirty / poorly maintained |
| <input type="checkbox"/> Other (write in): _____ | |

16. What kind of amenities / facilities would you like to see developed in Chinatown / LES? (rank top three only)

- | | | |
|--|---|--|
| <input type="checkbox"/> Community Center | <input type="checkbox"/> Sidewalk Café, Shops | <input type="checkbox"/> Bicycle Paths / Lanes |
| <input type="checkbox"/> Performance Space | <input type="checkbox"/> Street Vendors | <input type="checkbox"/> Park / Playground |
| <input type="checkbox"/> Public Meeting Space | <input type="checkbox"/> Library | <input type="checkbox"/> Child Care / Day Care |
| <input type="checkbox"/> Employment Training | <input type="checkbox"/> Medical Clinics | <input type="checkbox"/> A Green Market |
| <input type="checkbox"/> A Night Market | <input type="checkbox"/> Large Stores (like Home Depot) | |
| <input type="checkbox"/> Other (write in): _____ | | |

Part Three: Housing Situation:

17. What size apartment do you have? (check one)

- | | | | |
|------------------------------------|--|------------------------------------|------------------------------------|
| <input type="checkbox"/> Studio | <input type="checkbox"/> 1 Bedroom | <input type="checkbox"/> 2 Bedroom | <input type="checkbox"/> 3 Bedroom |
| <input type="checkbox"/> 4 Bedroom | <input type="checkbox"/> 5 Bedroom or more (how many?) _____ | | |

18. What is the total monthly rent or mortgage payment for your apartment?

- | | | |
|--|--|--|
| <input type="checkbox"/> Less than \$600 | <input type="checkbox"/> \$600 - \$999 | <input type="checkbox"/> \$1,000 - \$1,399 |
| <input type="checkbox"/> \$1,400 - \$1,999 | <input type="checkbox"/> \$2,000 - \$2,999 | <input type="checkbox"/> \$3,000 or More |

19. How many people that you live with share monthly housing expenses? (write number) _____

20. Do you own or rent your residence? Own Rent

21. Which of these terms best describes your apartment? (check one)

- | | |
|---|--|
| <input type="checkbox"/> Rent-regulated | <input type="checkbox"/> Condominium |
| <input type="checkbox"/> Public Housing | <input type="checkbox"/> Mitchell-Lama |
| <input type="checkbox"/> Market Rent | <input type="checkbox"/> Low-income HDFC |
| <input type="checkbox"/> Don't know | <input type="checkbox"/> Other: (write in) _____ |

22. Has your rent increased in the last two years? If so, how much more? \$_____ more

23. Do you foresee owning property in your neighborhood in the future? Yes No

24. Suppose you had to move next month, how confident are you about finding a similarly priced apartment in the neighborhood?

- | | | | | |
|------------------------------------|--------------------------------------|-----------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Confident | <input type="checkbox"/> Fairly sure | <input type="checkbox"/> Doubtful | <input type="checkbox"/> Not confident | <input type="checkbox"/> Don't know |
|------------------------------------|--------------------------------------|-----------------------------------|--|-------------------------------------|

25. Do you have friends or relatives who have left the neighborhood, even though they wanted to stay? Yes No

26. What was the main reason they moved away? _____

27. Do you buy most day-to-day items close to where you live? ___ Yes ___ No

28. What kinds of goods and services do you have trouble accessing in your neighborhood?
(e.g. entertainment, movie/ theaters, performance space, supermarkets, pharmacies, etc.)

Part Four: Neighborhood Growth:

29. In your opinion, how tall should new buildings be in Chinatown / LES?

Number of floors along small / narrow streets (like Bayard St): _____
Number of floors along wide streets (like East Broadway, Canal Street): _____

30. How do you feel about new development in your neighborhood?

___ Good ___ OK ___ Concerned ___ No Opinion

31. Which of these statements best describes your reaction to new development in the area? (rank top two)

- | | |
|--|--|
| ___ I'm fine with new development | ___ Neighborhood character will be lost |
| ___ I'll be priced out | ___ Neighborhood character will improve |
| ___ It will be good for local businesses | ___ Increased traffic and parking problems |
| ___ Public facilities will become strained | ___ Neighborhood is too crowded already |

32. Would you be willing to accept taller buildings if accompanied by any of the following?

- | | | | |
|---|---------|--------|---------------|
| Low-income housing opportunities | ___ Yes | ___ No | ___ "Depends" |
| Moderate-income housing choices | ___ Yes | ___ No | ___ "Depends" |
| Preservation of regulated housing units | ___ Yes | ___ No | ___ "Depends" |
| Additional Community services | ___ Yes | ___ No | ___ "Depends" |
| Space for small business growth | ___ Yes | ___ No | ___ "Depends" |
| Well-paying jobs for local residents | ___ Yes | ___ No | ___ "Depends" |

33. If you answered depends, or if you have any other comments to add, please take a moment to explain:

Thank you for taking the time to answer all of the questions, your opinion counts!

If you would like to participate in the CWG Planning and Rezoning Study, please tell us how we can best contact you.

Name: _____ Address: _____

Phone # _____ - _____ - _____ Email: _____