Sense of Community in High Foreclosure Neighborhoods

The Federal Reserve Bank of Boston
This survey should take approximately 5 to 10 minutes to complete.
All responses will be kept confidential.
Thank you for your participation.

1. How long have you lived at your current address? ______ years ______ months

2. What are your current living arrangements?
   - Own
   - Rent
   - Live with parents/family/friends
   - Other ________________

For this section, please consider your neighbors to be the people whose homes you can see from your front door and your block to be the houses you can see from your front door.

3. Very few of my neighbors know me.
   - Strongly Agree
   - Agree
   - Undecided
   - Disagree
   - Strongly Disagree

4. I have almost no influence over what my block is like.
   - Always
   - Mostly
   - A little of both
   - Sometimes
   - Always watch after

5. I can recognize most of the people who live on my block.
   - Always
   - Mostly
   - A little of both
   - Sometimes
   - Always watch after

6. My neighbors and I want the same things from the block.
   - Always
   - Mostly
   - A little of both
   - Sometimes
   - Always watch after

7. If there is a problem on my block people who live here can get it solved.
   - Always
   - Mostly
   - A little of both
   - Sometimes
   - Always watch after

8. In general, would you say that people on your block watch after each other and help out when they can, or do they pretty much go their own way?
   - Always go own way
   - Mostly go own way
   - A little of both
   - Sometimes watch after
   - Always watch after

9. Would you say that it is very important, somewhat important or not important to you to feel a sense of community with the people on your block?
   - Not Important
   - Of Little Importance
   - Undecided
   - Moderately Important
   - Very Important

10. Some people say they feel like they have a sense of community with the people on their block; others don't feel that way. With others on your block, would you say you feel like you have very little sense of community, or very strong sense of community, or something in between?
    - Very Little
    - Little
    - Somewhat
    - Somewhat Strong
    - Very Strong

SECTION CONTINUES TO TOP OF NEXT PAGE
12. Overall, how would you rate your block as a place to walk?

<table>
<thead>
<tr>
<th>Very Pleasant</th>
<th>Somewhat Pleasant</th>
<th>Not Very Pleasant</th>
<th>Not at all Pleasant</th>
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<tbody>
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13. How safe from crime do you consider your block to be?

<table>
<thead>
<tr>
<th>Extremely Safe</th>
<th>Quite Safe</th>
<th>Slightly Safe</th>
<th>Not Safe</th>
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14. Has the owner or manager of this property contacted you regarding the property or its condition?

- Yes
- No

15. Have you contacted anyone about the property or its condition?

- Yes
- No

If NO please Go to Question 19

16. Why did you contact someone about the property?

______________________________

17. Who did you contact?

- Owner
- Occupant
- Building Manager
- City
- Police
- Neighborhood Organization
- Mayor’s Hotline
- Mayor’s Hotline
- Other _______________________

18. Were you satisfied by the response?

- Yes
- No

19. In the past 12 months, have you participated in the following activities:

a. Attended a neighborhood or block organization meeting?

- Yes
- No

If Yes, what organization? _______________________

b. Been part of a group that got together to try to change something in your neighborhood or community?

- Yes
- No

If Yes, what group? _______________________

c. Been a part of another type of local group or organization? Such as a place of worship or community center.

- Yes
- No

If Yes, what organization? _______________________
We would like to collect some basic demographic information. Please read each question and check the appropriate box or write in your response.

20. What is your gender? □ Male  □ Female

21. What is your age? _____ Years

22. What is your relationship status?
   □ Single  □ Living with Partner
   □ In a relationship  □ Divorced or Separated
   □ Married  □ Widowed

23. Do any children live with you?
   □ Yes
   □ No
   If Yes, how many? _____

24. Which best describes your current employment situation?
   □ Full-time (more than 30 hours)  □ Full-time student
   □ Part-time/casual job  □ Retired
   □ Home maker  □ Not currently employed

25. What is your race?
   □ White
   □ Black, African American
   □ Asian
   □ Other __________________________

26. Are you Hispanic or Latino, or Spanish origin?
   □ Yes  □ No

27. What is your ethnicity? _______________________

In the space below, please share with us any other comments on how you feel about your neighborhood.

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

We appreciate your participation.