

**CITIZEN QUESTIONNAIRE
CITY OF WHEELING, WEST VIRGINIA**

The City of Wheeling, Department of Economic and Community Development is preparing a Five Year Consolidated Plan and One Year Annual Action Plan. As a part of the City's planning process, it is sending out this questionnaire to obtain comments from citizens on the needs of the City and ideas the residents would like to see funded under the CDBG and HOME Programs. Please take a few minutes and complete this **confidential** questionnaire. Please mail or return this questionnaire to **City of Wheeling, Department of Economic and Community Development, 1500 Chapline Street, Wheeling, WV 26003.** Thank you for your assistance in helping us develop a program that best meets the needs of our residents. We would appreciate your response by **February 5, 2010.**

A. HOUSING

1. Do you own your own home? _____ Yes _____ No Are you a renter? _____ Yes _____ No

2. Are you affected by the current mortgage/financial crisis? _____ Yes _____ No

If yes, please describe the impact on you and your family? _____

3. How long have you lived in Wheeling? _____ Years

4. What area of the City do you live? (street or neighborhood) _____

5. Are there any housing problems or issues on your street or in your neighborhood? _____ Yes _____ No

Please list: _____

6. What are the housing needs in the City that need attention? Please list: _____

7. Are there other housing issues in Wheeling that should be addressed? _____

B. RECREATION

1. Do you use any of the parks or recreational facilities in the City? _____ Yes _____ No

2. Are there any deficiencies within the existing parks or recreational facilities? Please list: _____

3. What parks or recreational facilities are missing or lacking in the City? Please list: _____

C. STREETS & ROADS

1. What are the deficiencies with the existing streets and roads in the City? Please list: _____

2. Are there any traffic or public safety issues on any streets? Please list: _____

3. What would you rate the streets, walks and curbs on your street? _____ Good _____ Fair _____ Poor

4. Is there a lack of handicap curb cuts on your street? _____ Yes _____ No

D. STORM AND SANITARY SEWERS

1. Is your house connected to the City's sanitary sewer system? _____ Yes _____ No

2. Do you have any problems with back up of water in your home during times of heavy rains? _____ Yes _____ No

3. Are there adequate catch basins for rainwater on the street where you live? _____ Yes _____ No

4. Do you know of any sewer or storm water problems in your neighborhood? Please list: _____
