

CITY OF MILFORD, CT – CONFIDENTIAL RESIDENT QUESTIONNAIRE

The City of Milford is conducting a survey to identify residents' needs throughout the city. This survey will help the City prepare its Five-Year Consolidated Plan and Annual Action Plan for CDBG funding. Please take a few minutes and complete this **confidential survey questionnaire**. Please complete this survey form online at <https://www.surveymonkey.com/r/MilfordCDBG2025-2029> or return a completed hard copy of the survey to the **Milford Department of Economic and Community Development, 70 West River St., Milford CT 06460**. The City would appreciate your response by March 31, 2025.

1. **What is your street name and community where you live in Milford?**

Street Name: _____ Neighborhood: _____

2. **Gender:** Male Female Other: _____ Prefer Not to Say

3. **Race (Choose all that apply):**

White Black or African American American Indian or Alaskan Native Asian

Native Hawaiian/ Pacific Islander Some Other Race Two or More Races

4. **Ethnicity:** Hispanic or Latino Not Hispanic or Latino Other: _____

5. **What is your age?** 17 or younger 18-20 21-29 30-39 40-49 50-59 60 or older

6. **Number of persons living in your household?** One Two Three Four Five Six +

7. **Based on the number of persons living in your household, check whether your household income is more or less than the listed income?**

1 person household	\$68,500	<input type="checkbox"/> More <input type="checkbox"/> Less	4 person household	\$97,800	<input type="checkbox"/> More <input type="checkbox"/> Less
2 person household	\$78,250	<input type="checkbox"/> More <input type="checkbox"/> Less	5 person household	\$105,650	<input type="checkbox"/> More <input type="checkbox"/> Less
3 person household	\$88,050	<input type="checkbox"/> More <input type="checkbox"/> Less	6 person household	\$113,450	<input type="checkbox"/> More <input type="checkbox"/> Less

8. **Choose your housing status:** Homeowner Renter Homeless Living with friends/relatives

Temporary Shelter Hotel/Motel Mobile Home Vehicle Other: _____

9. **Identify housing/rental issues in Milford (Choose all that apply):**

Affordability Minor Rehabilitation Major Rehabilitation Housing Options/Inventory

ADA Accessibility Historic Preservation Negligent Landlords Asbestos Lead Paint/Pipes

Other: _____

10. **Identify any needs or improvements to parks/recreational facilities (Choose all that apply):**

Playground Equipment Benches & Picnic Tables Basketball Courts Tennis Courts

ADA Surfacing ADA Equipment Open Grass Fields Splash Pads Pools Skateparks

Walking/Biking Trails Ice Skating Other: _____

11. **Are there any problems in your community with the following (Choose all that apply):**

Streets Curbs/Sidewalks Handicap Access Parking Flooding Traffic Storm sewers

Sanitary Sewers Litter Property Maintenance Public Safety Other: _____

12. **Identify any crime issues within Milford (Choose all that apply):**

Theft Drugs Violent Crime Gangs Domestic Violence Graffiti Vandalism

Loitering Sexual Assault Hate Crimes Other: _____

(Turn Over to Complete)

13. **Do you use any of the social services programs available in the City? (Choose all that apply)**
 Medical Mental Health Homeless Senior Services Legal Addiction Employment
 Disabled Youth Services Education/Job Training Food Access Housing Counseling
 Childcare Immigrant/Refugee LGBTQIA+ None Other: _____

14. **Identify any employment issues in Milford (Choose all that apply):**
 Lack of Job Opportunities Discriminatory Practices Lack of Job Training Legal Barriers
 Lack of Accommodation Lack of Childcare Lack of Transportation Other: _____

15. **Identify transportation issues in in Milford (Choose all that apply):**
 Unreliable Public Transit Not Enough Service Hours Cost of Service Disconnected Routes
 Unsafe Public Transit Bike Routes/Lanes Lack of Parking Walkability Other: _____

16. **Identify any blight (clearance/demolitions) issues in Milford? (Choose all that apply)**
 Open Dumping Lots Overgrown property Vacant Lots Squatting Vacant Commercial
Structures Vacant Residential Buildings Fire Risk Pest Control Site Pollution Other: _____

17. **Are there any programs or services that are missing or underfunded in the City? Please list:**

18. **Are there any additional comments or concerns that you wish to share?**

