



City of San Diego Affordable Housing Parking Study Resident Survey

Please take a few minutes to answer the following questionnaire about parking at the building or complex where you live. Your responses will help the City improve parking conditions and better understand the parking needs of affordable housing residents. **All of your responses will be held strictly confidential and will be used for information purposes only.**

Once you have completed the survey, please seal it inside the attached envelope and return it to your property manager at the office or use a drop box if provided. Your property manager will check off that you have completed the survey but WILL NOT see or have access to your responses. Your property manager will provide the sealed envelopes directly to the City representative.

Please contact your property manager if you have any questions about this survey. Thank you for your help!

0) What is your complex's name and unit number?

1) How long have you lived here?

More than 1 year less than 1 year



1a) If less than 1 year, did you previously live in a different unit in the same complex or development?

Yes No

2) Including you, how many people live in your home?

1 (just me) 2 3 4 5 6 or more people

3) How many of the people living in your home are **under 18** years old?

none 1 2 3 4 or more people

4) How many of the people living in your home are **over 65** years old?

none 1 2 3 4 or more people

5) How many **licensed drivers** live in your home?

none 1 2 3 4 or more people

6) How many people living in your home are **employed fulltime** (work 35 or more hours a week)

none 1 2 3 4 or more people

7) How many people living in your home are **employed part-time** (work 1-34 hours per week)

none 1 2 3 4 or more people

8) Please provide the **employer ZIP codes** for the fulltime and part-time employed residents (for purposes of commute length/transit access analysis)

a. _____ b. _____ c. _____ d. _____ e. _____

9) How many people in your home work either before 7:00am, after 7:00pm, or anytime on the weekend?

none 1 2 3 4 or more people

10) How many total vehicles (cars, trucks, or motorcycles) do you and the people living in your home have?

0 1 2 3 4 or more vehicles

11) Do you have private or assigned parking that only you or people in your home can use?

No Yes

↓ ↘ **10a)** how many spaces are assigned to your home?
 1 2 3 4 or more spaces

12) In general, do you think that your building or apartment complex has enough parking?

Always Most of the time Some of the time Seldom / Never

13) How often do you or people living in your home use transit (take the bus or ride trolley/trains)?

Most days Once or twice a week Once or twice a month Never

14) How would you rate your neighborhood as a place to take transit?

Very good Good Fair Poor Very Poor

15) What is the average number of visitors (visitor = one visitor or one small group arriving together) that you have per week to your home?

0 1 2 3 4 or more visitors/groups

16) Where do your visitors usually park?

Visitor parking Un-used off-street parking (in complex)
 On-street parking Other (Please Explain) _____

If you or people living in your home have vehicles, please continue. If you have no vehicles, the survey is complete. Please place the survey in the envelope, seal it, and return it to the manager/office. Thank you for your responses!

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Please answer the following questions for each vehicle driven by you or someone in your home. If you have more than 4 vehicles, fill out the boxes for the 4 vehicles that are most frequently used.

| First Vehicle | |
|---|--|
| <p>17) This vehicle is a: <input type="checkbox"/> Car <input type="checkbox"/> Truck / SUV <input type="checkbox"/> Motorcycle/scooter</p> | |
| <p>18) How often is this vehicle used?</p> <p><input type="checkbox"/> Every day <input type="checkbox"/> A few times a week <input type="checkbox"/> Less than once a week</p> | |
| <p>19) What kinds of trips is this vehicle used for during a typical week (choose all that apply)</p> <p><input type="checkbox"/> Trips to work <input type="checkbox"/> Used at work (on the job) <input type="checkbox"/> Trips to school or daycare</p> <p><input type="checkbox"/> Medical appointments <input type="checkbox"/> Shopping / errands <input type="checkbox"/> Religious services</p> <p><input type="checkbox"/> Social visits <input type="checkbox"/> Recreation (sports, hobbies)</p> <p><input type="checkbox"/> Other (please explain):</p> | |
| <p>20) When it is at home, where is this vehicle usually parked? (Pick only one)</p> <p><input type="checkbox"/> In an assigned / private space in the building or complex where you live</p> <p><input type="checkbox"/> In a different space in the building or complex where you live (unassigned, unused spaces assigned to others, visitor parking)</p> <p><input type="checkbox"/> On the street</p> <p><input type="checkbox"/> In a parking garage or lot that is not part of the building or complex where you live</p> <p><input type="checkbox"/> Other (please explain):</p> | |

| Second Vehicle | |
|---|--|
| <p>21) This vehicle is a: <input type="checkbox"/> Car <input type="checkbox"/> Truck / SUV <input type="checkbox"/> Motorcycle/scooter</p> | |
| <p>22) How often is this vehicle used?</p> <p><input type="checkbox"/> Every day <input type="checkbox"/> A few times a week <input type="checkbox"/> Less than once a week</p> | |
| <p>23) What kinds of trips is this vehicle used for during a typical week (choose all that apply)</p> <p><input type="checkbox"/> Trips to work <input type="checkbox"/> Used at work (on the job) <input type="checkbox"/> Trips to school or daycare</p> <p><input type="checkbox"/> Medical appointments <input type="checkbox"/> Shopping / errands <input type="checkbox"/> Religious services</p> <p><input type="checkbox"/> Social visits <input type="checkbox"/> Recreation (sports, hobbies)</p> <p><input type="checkbox"/> Other (please explain):</p> | |
| <p>24) When it is at home, where is this vehicle usually parked? (Pick only one)</p> <p><input type="checkbox"/> In an assigned / private space in the building or complex where you live</p> <p><input type="checkbox"/> In a different space in the building or complex where you live (unassigned, unused spaces assigned to others, visitor parking)</p> <p><input type="checkbox"/> On the street</p> <p><input type="checkbox"/> In a parking garage or lot that is not part of the building or complex where you live</p> <p><input type="checkbox"/> Other (please explain):</p> | |

| Third Vehicle | |
|--|--|
| <p>25) This vehicle is a: <input type="checkbox"/> Car <input type="checkbox"/> Truck / SUV <input type="checkbox"/> Motorcycle/scooter</p> | |
| <p>26) How often is this vehicle used?</p> <p><input type="checkbox"/> Every day <input type="checkbox"/> A few times a week <input type="checkbox"/> Less than once a week</p> | |
| <p>27) What kinds of trips is this vehicle used for during a typical week (choose all that apply)</p> <p><input type="checkbox"/> Trips to work <input type="checkbox"/> Used at work (on the job) <input type="checkbox"/> Trips to school or daycare</p> <p><input type="checkbox"/> Medical appointments <input type="checkbox"/> Shopping / errands <input type="checkbox"/> Religious services</p> <p><input type="checkbox"/> Social visits <input type="checkbox"/> Recreation (sports, hobbies)</p> <p><input type="checkbox"/> Other (please explain):</p> | |
| <p>28) When it is at home, where is this vehicle usually parked? (Pick only one)</p> <p><input type="checkbox"/> In an assigned / private space in the building or complex where you live</p> <p><input type="checkbox"/> In a different space in the building or complex where you live (unassigned, unused spaces assigned to others, visitor parking)</p> <p><input type="checkbox"/> On the street</p> <p><input type="checkbox"/> In a parking garage or lot that is not part of the building or complex where you live</p> <p><input type="checkbox"/> Other (please explain):</p> | |

| Fourth Vehicle | |
|--|--|
| <p>29) This vehicle is a: <input type="checkbox"/> Car <input type="checkbox"/> Truck / SUV <input type="checkbox"/> Motorcycle/scooter</p> | |
| <p>30) How often is this vehicle used?</p> <p><input type="checkbox"/> Every day <input type="checkbox"/> A few times a week <input type="checkbox"/> Less than once a week</p> | |
| <p>31) What kinds of trips is this vehicle used for during a typical week (choose all that apply)</p> <p><input type="checkbox"/> Trips to work <input type="checkbox"/> Used at work (on the job) <input type="checkbox"/> Trips to school or daycare</p> <p><input type="checkbox"/> Medical appointments <input type="checkbox"/> Shopping / errands <input type="checkbox"/> Religious services</p> <p><input type="checkbox"/> Social visits <input type="checkbox"/> Recreation (sports, hobbies)</p> <p><input type="checkbox"/> Other (please explain):</p> | |
| <p>32) When it is at home, where is this vehicle usually parked? (Pick only one)</p> <p><input type="checkbox"/> In an assigned / private space in the building or complex where you live</p> <p><input type="checkbox"/> In a different space in the building or complex where you live (unassigned, unused spaces assigned to others, visitor parking)</p> <p><input type="checkbox"/> On the street</p> <p><input type="checkbox"/> In a parking garage or lot that is not part of the building or complex where you live</p> <p><input type="checkbox"/> Other (please explain):</p> | |

The City of San Diego thanks you for helping with this important study! Please place the survey in the envelope, seal it, and return it to the manager/office. Thank you for your responses!

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