

ASSEMBLY MEMBER Khaleel M. Anderson



Constituent End-of-Year Survey

CONTACT IN	IFORMATION					
First and Last Name*						
Address*						
Apartment Number* City*	Zip Code*					
Date of Birth* (MM/DD/YYYY)						
hone number* Primary language						
	ease fill out our Constituent End-of-Year survey above. If you want to feedback will help inform my legislative priorities in Albany for 2024.					
Section 1:	Section 2:					
 Housing Insecurity Every person in our community deserves access to a safe, decent, and affordable place to live. 1. Do you qualify as "Rent Burdened" or "Mortgage Burdened?" (This means that you are spending more than 30% of your total monthly income toward your housing expenses.) 	Community Safety and Quality of Life: Community safety and quality of life issues affect our overall health and well-being. 4. Do you feel safe in your neighborhood? Yes O No O					
 ○ Rent Burdened ○ Mortgage Burdened ○ Unsure 	If "No," please explain:					
 New York State faces a growing affordable housing shortage, what do you believe the State Legislature should do to address this issue? (Check all that apply)	 Which issues most concern you? Check all that apply: Noise Parking Sanitation Traffic Control Discrimination and Bias-based Crimes Mental Illness and Substance Use Gun Violence Other 					
 Finance home repairs in communities that have been identified as having high levels of low-income homeowners of color and homeowner distress 	Section 3: Health & Human Services Government administers taxpayer-funded services to improve individual, family and community health.					
3. Are you experiencing any housing-related issue(s)? Please describe	6. Are you concerned about the following issues? Check all that apply:					
which housing issues affect you and your family.	O Benefits Assistance O Childcare O Utility Bills O Employment O Food & Groceries O Retirement O Healthcare O Other					
	7. Do you know where to find help for these issues in your community?					

Yes O No O

• What programs Describe your ic			our neighborhood?	If you have into a rating of the	Final Section: If you have interacted with either three of my offices, please leave rating of the responsiveness of my office in writing or leave a omment below.				
				O 1 Poor	O 2	O 3 Fair	O 4	○ 5 Great	
How has your ex	operience been v	vith the NYC Dept	of Social Services						
O Poor	O Fair	O Great	O N/A						

19-31 Mott Avenue, Suite 301 Far Rockaway, NY 11691





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Would you also like to subscribe to our eNewsletter? O Yes O No
If yes, please check the box and write your email:
Your name:
Address:
Cell Phone Number:

THERE ARE TWO WAYS THAT YOU CAN SUBMIT THE SURVEY:

By returning the enclosed survey by mail to our District Office:

Assembly Member Khaleel M. Anderson, 19-31 Mott Avenue, Suite 301, Far Rockaway, NY 11691 OR Complete the survey online: https://nyassembly.gov/mem/Khaleel-M-Anderson