

Kitsap Local Questions (Optional) - January 2026

Your answers to the following questions will help Kitsap County social service agencies and housing providers improve services for people seeking housing and other assistance. Participation in this survey is optional. We thank you for your time! **One form per head of household.**

Additional optional questions to ask if household is unsheltered (one of the following living situations)

Out of doors (street, tent, etc.) | Vehicle | Abandoned Building | RV/Boat lacking amenities

1. How long have you been living in Kitsap County? _____

2. Household Members	Age	Gender*
Member 1 (Head of Household)		
Member 2		
Member 3		
Member 4		

•Man (Boy, if child)(M),
 •Woman (Girl, if child)(W),
 •Transgender(T),
 •Non-Binary(N),
 •Questioning(Q),
 •Culturally Specific Identity (e.g. Two-Spirit)(C),
 •Different Identity(DI) _____,
 •Doesn't Know(DK),
 •Prefers not to answer(X)

3. Do you have a pet or companion animal? ☐ No ☐ Yes, a pet or companion animal
☐ Yes, a service animal (trained to do a specific task)

a. If yes, have you ever been refused access to shelter or housing because of your pet or companion animal?
☐ No ☐ Yes, shelter ☐ Yes, housing

4. What has been your biggest challenge to getting housing again? _____

5. Have you requested housing assistance in Kitsap?

☐ **Yes - If you requested housing but haven't received it, what reasons were you given?** (check all that apply)

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> rental history | <input type="checkbox"/> credit history | <input type="checkbox"/> criminal record | <input type="checkbox"/> not eligible |
| <input type="checkbox"/> income too low | <input type="checkbox"/> income too high | <input type="checkbox"/> housing unavailable | <input type="checkbox"/> put on wait list |
| <input type="checkbox"/> mental illness | <input type="checkbox"/> drug addiction | <input type="checkbox"/> other: _____ | |

☐ **No - If you haven't requested housing, what has prevented you?** (check all that apply)

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> not interested | <input type="checkbox"/> previous eviction | <input type="checkbox"/> no identification | <input type="checkbox"/> no mailing address |
| <input type="checkbox"/> not eligible/qualified | <input type="checkbox"/> criminal record | <input type="checkbox"/> strict requirements | <input type="checkbox"/> wait is too long |
| <input type="checkbox"/> don't know how to | <input type="checkbox"/> mental health issue | <input type="checkbox"/> drug addiction | <input type="checkbox"/> other: _____ |

6. Which housing situation(s) would best fit your immediate needs? (check all that apply)

Shelter Settings	Other Temporary Settings	Permanent Housing
<input type="checkbox"/> domestic violence shelter <input type="checkbox"/> adult female & children shelter <input type="checkbox"/> adult male & children shelter <input type="checkbox"/> family & children shelter <input type="checkbox"/> adult male only shelter <input type="checkbox"/> shelter allowing pets	<input type="checkbox"/> Tiny House village (temporary hsg) <input type="checkbox"/> legal tent city <input type="checkbox"/> safe park <input type="checkbox"/> clean & sober housing	<input type="checkbox"/> disability housing <input type="checkbox"/> senior housing (55+) <input type="checkbox"/> permanent subsidized housing <input type="checkbox"/> shared housing/home share
<input type="checkbox"/> Other Housing Situation: _____		

I agree to the use of my household's information for data analysis purposes to assist Kitsap Service Providers to improve client services. Personally identifying information will not be shared or used for solicitation purposes.

Signature(s) (each adult or unaccompanied youth must sign): _____
