

Dear Lower Brule Veterans,

We are attempting to open a VSO (Veteran Service Office) here in Lower Brule. We are asking for your cooperation in taking a survey to start our database for the VSO office. By doing so, our Vets can take advantage and apply for many benefits. There are many Vets that don't know what some of these benefits are. These benefits include Disability Compensation, Veteran pensions, Home Loans, Veteran Readiness and Employment, Disability Housing, More Life Insurance Options, Education and Training, Health Care, Burial benefits and more.

This data for every Veteran will be kept confidential with specific software given to us by the Veterans Affairs office.

The survey is included with this message.

We sincerely thank you for reading this and taking the time to take the survey. You may contact me for more details (c.russell@lowerbrule.net).

Cody Russell
Vice-Chairman, Lower Brule Tribe
Acting VSO (Veteran Service Officer)



Native Veterans, we want to hear from you!

Veterans Housing Needs and Homeownership Study



Who: Veterans in our communities have historically been underrepresented in official counts. The project is sponsored by South Dakota Native Homeownership Coalition with funding from Neighborworks and led by Big Water Consulting.

What: To better understand the numbers and needs of SD Native Veterans, all nine tribes in South Dakota along with Tribal Veterans Service Officers are conducting the South Dakota Native Veterans Housing Needs Survey which will include a survey and focus groups on all nine South Dakota reservations. The survey will include basic questions about income and employment, as well as questions about your current housing situation, housing preferences, and housing challenges.

When: The survey will launch in three separate waves. The first wave of data collection began in October 2023, and the second wave will be launching in January of 2024.

Where: The study will include members from all nine South Dakota tribes and survey Native veterans living on all nine South Dakota reservations. The first wave included the Crow Creek Sioux Tribe, Cheyenne River Sioux Tribe, Rosebud Sioux Tribe, and Oglala Sioux Tribe. The second wave will include the Lower Brule Sioux Tribe, Sisseton Wahpeton Oyate, and Flandreau Santee Sioux Tribe.

Why: We need your input in this survey to better understand the needs of veterans and housing services. Your responses will help develop and fund programs that address veterans' concerns. Data from this survey will also support Native veterans when advocating for improved services in Washington DC and before local Tribal Councils.

How: You will be able to complete a survey on paper or online. Tribal VSOs and housing authorities will promote the survey and ask you to complete the survey.

Make sure you or your veteran family member is counted, and your voice is heard!

If you would like a paper survey, please reach out to the TVSO Cody Russell c.russell@lowerbrule.net. For more information about the project, please contact Chloe Adler at chloe@bigwaterconsulting.net or (206) 970-2566.

South Dakota Native Homeownership Coalition Veterans Housing and Homeownership Needs Study Survey

Instructions:

Please fill out the following information. This survey is designed to collect information that will allow your local Tribal Veterans Service Officers, Tribes, Housing Authorities, and others to identify and address issues faced by U.S. Armed Forces veterans. The input from veterans will influence the positive growth and restructuring of our economy, enhance the economic well-being of our communities, and enrich the future lives of our children and grandchildren.

The survey should take approximately 10 to 15 minutes to complete. We encourage you to answer every question; if you do not know the precise answer to any of the questions, please give your best estimate.

Consent: Your participation in the survey is voluntary and you may stop taking the survey at any time. Participating in this survey will be taken as your consent to participate in this project.

Confidentiality: The responses you provide will remain anonymous and your name will not be collected as a part of this survey. All of your responses will be held and kept confidential. Your eligibility for services or assistance cannot and will not be impacted by your answers or by your refusal to participate. The data from this project will only be reported as a collective, combined total, and no one will have access to your individual information.

If you have any questions, please contact: Kimberly Long Soldier at (605) 455-2500.

Section A. Introduction

- 1. Have you ever served on active duty in the U.S. Armed Forces? Active duty includes serving in the U.S. Armed Forces, the Reserves, or National Guard. Select one.**
 - Yes - **If you HAVE served in the U.S. Armed Forces, please continue with the survey below.**
 - No - **STOP. If you have NEVER served in the U.S. Armed Forces or completed initial/basic training, please end the survey here.**

- 2. When did you serve on active duty in the U.S. Armed Forces? Select all that apply.**

<input type="checkbox"/> September 2001 or later	<input type="checkbox"/> February 1955 to July 1964
<input type="checkbox"/> August 1990 to August 2001 (includes Persian Gulf War)	<input type="checkbox"/> July 1950 to January 1955 (Korean War)
<input type="checkbox"/> May 1975 to July 1990	<input type="checkbox"/> January 1947 to June 1950
<input type="checkbox"/> August 1964 to April 1975 (Vietnam Era)	<input type="checkbox"/> December 1941 to December 1946 (World War II)
	<input type="checkbox"/> November 1941 or earlier

Section B. Demographics

3. What is your gender? Select one.

- Male
- Female
- Other:

4. What is your age?

Years

5. What is your race or ethnicity? Select all that apply.

- American Indian or Alaska Native
 - White
 - Black or African American
 - Hispanic, Latino, or Spanish
 - Asian
 - Middle Eastern or North African
 - Native Hawaiian or Other Pacific Islander
 - Some other race or ethnicity—*Print details.*
-

6. Are you an enrolled tribal member? Select one.

- Yes
- No

7. If yes, select your tribe. Select one.

- Cheyenne River Sioux Tribe
 - Crow Creek Sioux Tribe
 - Flandreau Santee Sioux Tribe
 - Lower Brule Sioux Tribe
 - Oglala Sioux Tribe
 - Rosebud Sioux Tribe
 - Sisseton Wahpeton Oyate
 - Standing Rock Sioux Tribe
 - Yankton Sioux Tribe
 - Other – *please list name:*
-

8. Where do you live? Select one.

- Cheyenne River Reservation
 - Crow Creek Reservation
 - Flandreau Reservation
 - Lower Brule Reservation
 - Pine Ridge Reservation
 - Rosebud Reservation
 - Lake Traverse Reservation (SWO)
 - Standing Rock Reservation
 - Yankton Reservation
 - Other – *please write City, State:*
-

9. What is your current marital status? Select one.

- Single/Never Married
- Married
- Living with a domestic partner
- Widowed
- Divorced
- Separated

10. How many people live in your household?

Adults (18 and older):

Children (17 and younger):

11. What is the highest degree or level of school you have completed? Select one.

- Less than high school
- High school diploma / GED
- Some college but no degree
- Technical college or certification program
- Associate's degree
- Bachelor's degree
- Master's degree or equivalent
- Doctorate degree or equivalent

12. What is your current employment status? Mark all that apply.

- Permanent full-time **Go to Question 13.**
- Permanent part-time **Go to Question 13.**
- Temporary/Seasonal full-time **Go to Question 13.**
- Temporary/Seasonal part-time **Go to Question 13.**
- Student **Go to Question 16.**
- Retired **Go to Question 16.**
- Stay at home caretaker **Go to Question 16.**
- Unemployed **Go to Question 14.**

13. If you are employed, how long have you been with your current employer? Select one.

- Less than 1 year **Go to Question 16.**
- 1-2 years **Go to Question 16.**
- 3-5 years **Go to Question 16.**
- More than 5 years **Go to Question 16.**
- Not applicable (not employed) **Go to Question 16.**

14. If you listed that you were "Unemployed," did you look for work last month? Select one.

- Not applicable (currently employed)
- Yes **Go to Question 16.**
- No **Go to Question 15.**
- I don't know **Go to Question 16.**

15. If you did not look for work in the past month, why not? Mark all that apply.

- Physical disabilities or health problems make it difficult to work
- Have a VA disability rating
- Mental health issues make it too difficult to work
- Alcohol or drug addiction make it difficult to work
- Stopped looking for work because there were no jobs available
- Stopped looking for work because I could not find jobs that I was interested in or willing to do
- Not applicable (employed)
- Other – Please specify below:

16. How do you get to and from work or essential services/appointments? Select the choice(s) you use regularly.

- My own car, truck, or van
- A car, truck, or van that belongs to somebody in my household
- Friends or family provide rides or car pool
- Tribal transit/bus
- Public transit/bus
- Walk
- Bike
- Other – Please specify below:

17. Please indicate whether your family received income (past 12 months) in any of the categories listed below. Please think about income from all members of this family who live at this address and who are 15 years of age or older.

Income Source	Yes	No	Uncertain
a. Wages, salary, commissions, bonuses, or tips from all jobs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Self-employment income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Interest, dividends, net rental income, royalty income, or income from estates and trusts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Social Security or Railroad Retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Supplemental Security Income (SSI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Per capita payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Any public assistance or welfare payments from the state or local welfare office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Retirement, survivor, or disability pensions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Veterans' (VA) service-connected disability compensation payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. All other VA payments (e.g., VA education payments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Any other sources of income received regularly such as unemployment compensation, child support or alimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. What was your total individual income in the past 12 months? Please estimate if you do not know the exact amount. Include wages/SSI/Disability/VA/TANF/child support/etc., if applicable. Please enter in U.S. dollars, without any commas or spaces and with all zeroes. Example: \$20,000 would be entered as 20000.

\$

19. What was your total household income in the past 12 months? Please estimate if you do not know the exact amount. Include wages/SSI/Disability/VA/TANF/child support/etc. for all members of the household who live at this address and who are 15 years of age or older. Please enter in U.S. dollars, without any commas or spaces and with all zeroes. Example: \$20,000 would be entered as 20000.

\$

Section C. Housing Status and Needs

20. Choose the type of construction that best describes the home in which you live or stay. *Select one.*

- | | |
|---|---|
| <input type="checkbox"/> Single family detached home (traditional stick-built construction) | <input type="checkbox"/> FEMA trailer |
| <input type="checkbox"/> Single family attached home (e.g., duplex, triplex, etc.) | <input type="checkbox"/> Apartment |
| <input type="checkbox"/> Modular home | <input type="checkbox"/> Not applicable (do not live or stay in a home) |
| <input type="checkbox"/> Mobile home or trailer | <input type="checkbox"/> Other – Please specify below: |

21. What is your current living arrangement? *Select one.*

- Live in a shelter facility, motel, outdoors or in a vehicle **Go to Question 22.**
- Live in the home of family or friends on a temporary or permanent basis **Go to Question 23.**
- Rent a house/unit alone or with others **Go to Question 24.**
- Own a house/unit with a current mortgage balance **Go to Question 24.**
- Own a house/unit with no mortgage balance (own free and clear) **Go to Question 27.**
- Other *Please specify below* ""

22. If you are living in a shelter facility, motel, outdoors, or in a vehicle, what are the top three (3) reasons that you are currently unhoused? **Select Top 3 then Go to Question 28.**

- | | |
|---|--|
| <input type="checkbox"/> Not enough money to pay rent or mortgage | <input type="checkbox"/> Eviction |
| <input type="checkbox"/> Poor credit or lack of credit | <input type="checkbox"/> Release from jail, hospital, foster care or mental facility |
| <input type="checkbox"/> Not enough available housing | <input type="checkbox"/> Physical health problems |
| <input type="checkbox"/> Family or roommate problems | <input type="checkbox"/> Mental health problems |
| <input type="checkbox"/> Lost job/ No employment | <input type="checkbox"/> Other – Please specify below: |
| <input type="checkbox"/> Problems with drug & alcohol | |

23. If you are living with family or friends, what are the top three (3) reasons that you are currently in this living situation? **Select Top 3 then Go to Question 24.**

- | | |
|---|--|
| <input type="checkbox"/> Not enough money to pay rent or mortgage | <input type="checkbox"/> Problems with drug & alcohol |
| <input type="checkbox"/> Poor credit or lack of credit | <input type="checkbox"/> Eviction |
| <input type="checkbox"/> Not applicable (do not own house/unit) | <input type="checkbox"/> Release from jail, hospital, foster care or mental facility |
| <input type="checkbox"/> Not enough money to pay rent or mortgage | <input type="checkbox"/> Physical health problems |
| <input type="checkbox"/> Not enough available housing | <input type="checkbox"/> Mental health problems |
| <input type="checkbox"/> Lost job/ No employment | <input type="checkbox"/> Other – Please specify below: |

24. If you are renting, paying a mortgage, or staying with family or friends who are renting or paying a mortgage, do you know the total monthly payment for the entire housing unit? **Select one.**

- Yes **Go to Question 25.**
- No (I do not know) **Go to Question 26.**
- Not applicable (do not rent or pay mortgage) **Go to Question 27.**

25. If so, what is the total monthly payment? **Complete only one field.** Do not include utilities. If the answer is "No payment", please write 0 in the appropriate field.

Rent:

OR

Mortgage:

26. What is your share of this monthly payment?

If you do not pay, enter zero.

27. If you own your house/unit, does your home currently need renovation or replacement?

Select one.

- Yes, it needs renovation (repairs or substantial work)
- Yes, it needs replacement (whole new home)
- No, it is in good condition
- Not applicable (do not own house/unit)

28. Do you need a home that has handicap-accessible features (e.g., ramp, grab bars, wide hallways, etc.)? *Select one.*

- Yes **Go to Question 29.**
- No, I do not need these features. **Go to Question 30.**
- No, I already have handicap-accessible features and do not need more. **Go to Question 30.**

29. If yes, what type of handicap accessibility features do you need? *Please write in your response below.*

30. Which of the following types of housing do you think are needed to better house veterans in your community? *Select all that apply.*

Structure:

- Group housing
- Studio/small apartment
- Single family home
- Multigenerational home
- Mobile home
- Duplex
- Tiny Home
- Other *Please specify below:*

Function:

- Low-income rental housing
- Market-rate rental housing
- Homes for purchase
- Transitional housing
- Assisted/Independent living for seniors
- Permanent supportive housing
- None (no housing needed)

31. Are you interested in purchasing or renovating a home? *Select one.*

- Yes, I am interested in purchasing a home
- Yes, I am interested in renovating a home **Go to Section D on Page 8.**
- No, I already own a home and am satisfied with that home **Go to Section D on Page 8.**
- No, I am not interested in homeownership **Go to Section D on Page 8.**

32. If yes, which of the following types of home would you prefer to buy? *Select one.*

- Single family home (traditional stick-built construction)
- Single family home (modular construction)
- Mobile home
- Duplex/townhome
- Tiny home

33. If you were to purchase a home, how many people would live in this home?

Adults (18 and older):

Children (17 and younger):

34. When do you think it would be a good time for you to buy a house? *Select one.*

- Now
- In 1-2 years
- In 2-3 years
- In 3-5 years
- In more than 5 years
- Never

35. What are the biggest barriers you see to owning your own home? *Mark top 5.*

- I cannot save enough money for a down payment and other closing costs
- I don't have a credit score
- I have a low credit score
- I owe a lot of money already (high existing debts)
- I do not earn enough to pay monthly mortgage payments
- It costs too much for repairs or maintenance
- I don't know how to make repairs or perform maintenance
- Other:
- I do not know enough about how to purchase a home
- There aren't homes available
- There are no available builders or contractors
- I cannot get land in a place to build a home where I want
- There is no infrastructure like roads, water, sewer or electricity
- It costs too much to install infrastructure (roads, water, sewer, electricity)
- I cannot access a bank or other lender

Section D. Loans and Personal Finance

36. Have you ever obtained a home loan (VA or other) to purchase a home, refinance a home loan, or make home improvements? *Select one.*

- Yes **Go to Question 37.**
- No **Go to Question 38.**

37. How long ago did you obtain your most recent home loan? *Select one.*

- Within the last 5 years
- 6 – 10 years ago
- 11 – 20 years ago
- More than 20 years ago

38. Please select all types of other loans you have taken out in the past five (5) years. *Select all that apply.*

- Not applicable – have not taken out any type of loan in the past five years.
- Car loan
- Car title loan
- Payday loan
- Line of credit
- Personal loan
- Employee loan (loan from employer)
- Student loan
- Credit rebuilder loan
- Other *Please specify below:*

39. Do you have...

	Yes	No
A checking account?	<input type="checkbox"/>	<input type="checkbox"/>
A savings account?	<input type="checkbox"/>	<input type="checkbox"/>

Section E. VA Home Loan Benefits and Other Benefits

40. Have you ever used the VA home loan benefit (either the Native American Direct Loan or NADL and the VA Home Loan Guaranty)? *Select one.*

- Yes, have or had a Native American Direct Loan or NADL. **Go to Question 42.**
- Yes, have or had a loan through the VA Home Loan Guaranty program. **Go to Question 42.**
- No, have never used a VA home loan benefit. **Go to Question 41.**

41. If you have not used a VA home loan benefit what was the main reason you did not? *Select one.*

- Didn't know about the program
- A conventional FHA mortgage was easier or less expensive to obtain
- Applied for a VA home loan, but did not qualify
- Did not apply because I did not think that I would qualify
- Thought that the process for obtaining a VA loan would take too long
- Lender and/or realtor discouraged the use of the VA program
- VA funding fee was too high
- Was not a veteran at the time I purchased my home
- Other - *Please specify below:*

42. Please indicate how well you feel you understand the following veterans' benefits provided by the Department of Veterans Affairs. *Rate from 1 (Not at all) – 4 (Very well).*

	1 (Not at all)	2	3	4 (Very well)
VA Home Loan Benefit Program (including the Native American Direct Loan or NADL and the VA Home Loan Guaranty)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VA Healthcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VA Prescription Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VA Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VA Disability Compensation and Pension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VA Education and Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VA Vocational Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VA Transition Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VA Burial and Memorial Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VA Benefits for Dependents and Survivors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

43. What programs or services would have helped you in returning to the community when you finished your service? Mark all that apply.

- Temporary housing (e.g., 6-12 months)
- Traditional ceremonies
- Job placement assistance
- Access to mental health services
- Educational opportunities
- Financial counseling
- Other services - Please specify below:
- Support in navigating VA benefits
- Networking events with other veterans
- Substance abuse counseling
- Assistance with housing applications
- Transportation services

44. Are you affiliated with or participate in any local veterans' groups/associations? If yes, please share the name(s) of the veterans' groups below.

45. Please share anything about veterans in your community and what you feel they need. Please write your response below.

**SAVE THIS FORM TO YOUR COMPUTER AND EMAIL TO VSO CODY RUSSELL
(c.russell@lowerbrule.net)**

	4 (Very well)	3	2 (Not at all)	1	0
VA Home Loans					
VA Health Care					
VA Prescription Benefits					
VA Life Insurance					
VA Disability Compensation and Pension					
VA Education and Training					
VA Vocational Rehabilitation					
VA Transition Assistance					
VA Burial and Memorial Benefits					
VA Benefits for Dependents and Survivors					