

HOUSING NEEDS SURVEY

Address: _____

To be completed for ALL housing rehabilitation projects.

1. How many rooms are in the house – not counting bathrooms? _____
2. Is your house connected to a central sewer system Yes No
3. Are any major improvements needed to your home Yes No
 If yes, please describe below

Roofing	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Plumbing	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Electrical/Wiring	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Heating/AC	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Foundation	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Is your home One-story or Two-story
 Does your home have a Basement or Crawl Space

FOR INTERVIEWER ONLY!

Place corresponding points to describe the extent of each structural deficiency.

SECTION A – Major Deficiencies			
Points: (6) Remove/Replace (3) Repair (0) No Repairs Needed			
Roofing		Plumbing – Drain/Waste/Vent	
Framing – Exterior walls & Sills		Plumbing – Supply & Fixtures	
Framing – Load bearing beams & joists		Electrical Service & Distribution	
Foundation		Electrical Fixtures	
Furnace		Section A Total (Max. 54)	
SECTION B – Minor Deficiencies			
Points: (4) Remove/Replace (2) Repair (0) No Repairs Needed			
Doors – Interior		Interior Flooring	
Doors – Exterior		Windows	
Porches/Entrances		Siding/Painting	
			Section B Total (Max. 24)
Approximate Square Footage: _____			Total Points (A + B)
Designate if housing unit is a Mobile Home Yes <input type="checkbox"/> No <input type="checkbox"/> Eligible? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Type of Survey Conducted: Door-to-Door By Mail: Combination

INCOME & HOUSING NEEDS SURVEYS APPROVED BY:

Printed Name _____

Signature _____

Date _____

***Surveys submitted without the occupant's address, date conducted and signature and date of approver will be considered spoiled/unusable. Further, verification of survey results may be randomly conducted by CDBG Program Staff.**

COMMUNITY DEVELOPMENT BLOCK GRANT INCOME SURVEY

Community: City of Mt. Vernon County: Jefferson
 Street _____
 Address: _____ Date Conducted: _____

1. How many people are living in the house? _____
2. Check here if female headed household () _____
3. How many people are over 62 years old? _____
4. How many persons with physical or developmental disabilities are there in your household: _____
5. Do you own your own home? _____ Or rent? _____
6. To help determine the ethnic population of your locality or project area, please indicate the number of persons in the household in each appropriate category:

MINORITY BENEFIT DETERMINATION		
Racial Group	Total Persons	# of Hispanic / Latino Ethnicity
White		
Black/ African American		
Asian		
American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
American Indian/Alaskan Native and White		
Asian and White		
Black/African American and White		
American Indian/Alaskan Native and Black/African American		
Other Individuals Reporting more than One Race		
I choose to not respond <input type="checkbox"/>		

Use the most recent Section 8 Income Limits for your county. Indicate Month/Year: _____ (See Section IX Attachments)

Enter the figures detailed on the line entitled "LOW-INCOME" for 80% and "VERY LOW-INCOME" for 50%.

Number of Persons in Family /Household	Annual Income Limit 30% of median (A)	Annual Income Limit 50% of median (B)	Annual Income Limit 80% of median (C)
1	\$16,900	\$28,150	\$45,000
2	\$19,720	\$32,150	\$51,400
3	\$24,860	\$36,150	\$57,850
4	\$30,000	\$40,150	\$64,250
5	\$35,140	\$34,400	\$69,400
6	\$40,280	\$46,600	\$74,550
7	\$45,420	\$49,800	\$79,700
8	\$50,560	\$53,000	\$84,850

7. Based on the number of persons in your household, check whether your entire household income is:
- | | |
|-----------------------------|----------------------------|
| Lower than Column A | Between Columns B & C |
| Between Columns A & B | Higher than Column C |

COMMENTS: _____
