RENTAL REHABILITATION PROGRAM TENANT SURVEY

Name of Owner: _____ Name of Tenant: _____

Project Address: _____ Apartment Number: _____

Number of Bedrooms: _____

Data Privacy:

The information being collected is considered private and will not be available to the public. This information will be used only to determine eligibility for the owner to receive funds under the Rental Housing program. Not supplying the requested information may jeopardize the rehabilitation project.

This information is requested solely for the purpose of determining compliance with Federal civil rights law and your response will not affect consideration of your application.

Gender of Head of Household

Male
Female

Does any member of the household have disabilities?

Yes No

If "Yes," describe the nature of the disabilities:

Race/Ethnicity of Applicant (check one)

White
Black or African American
Asian
American Indian/Alaskan Native
Native Hawaiian/Other Pacific Islander
American Indian/Alaskan Native & White
Asian & White
Black/African American & White
American Indian/Alaskan Native & Black/African American
Other Multi-Racial

Hispanic Ethnicity

Yes No

List all occupants, their Annual gross income and source of income including Social Security, Wages, Pensions, Child Support or Alimony, SSI, General Assistance (except for foster care or student financial aid), Self-employment, Farm income, and Rental income: (For self- employed persons, farm and rental property income, use the appropriate line for "adjusted gross income" from the 1040 IRS Income Tax Return.)

Name	Age	Annual Gross Income	Source of Income
_____	____	_____	_____
_____	____	_____	_____
_____	____	_____	_____
_____	____	_____	_____
Total Gross Annual Income		_____	

Initial Date of Lease: _____ Term of Lease: _____

Rent and Expenses:

Monthly Rent $_____

Will rent be increasing? Y/N If so, when and how much per month? _____

Average monthly expense for gas (heat, hot water, etc) if tenant paid: $ _____
Average monthly expense for electricity if tenant paid: $ _____
Average monthly expense for municipal water, if tenant paid: $ _____
Average monthly expense for municipal sewer, if tenant paid: $ _____
Average monthly expense for garbage, if tenant paid: $ _____

Is Household currently receiving rental assistance? Yes No

Tenancy Information

Do you plan on moving sometime in the next year? Y/N
Please list any disabilities that anyone in the household may have that you would like the program to be aware of: _____

Lead Based Paint/General Information Notice Statement

I,_____, hereby certify that I have received the September 2011 Environmental Protection Agency publication entitled The Lead Safe Certified Guide to Renovate Right (EPA 740-K-10-001) and the General Information Notice for In-Place Tenants, and that I have read and understood the information.
I/we certify that all statements on this application are true and correct to the best of my/our knowledge.

I/we authorize program representatives and contractors with the right to enter the property and my unit to be improved for the purpose of the Rental Rehabilitation program and to take photographs of the property and unit before and after rehabilitation.

Signature of Tenant: _____ Date: _____

Signature of Co-Tenant: _____ Date: _____