

## RENTAL REHABILITATION PROGRAM TENANT SURVEY

Name of Owner: \_\_\_\_\_ Name of Tenant: \_\_\_\_\_

Project Address: \_\_\_\_\_ Apartment Number: \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_

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### 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.*

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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	Race/Ethnicity of Applicant (check one)	Hispanic Ethnicity
Male	White	Yes No
Female	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	

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Does any member of the household have disabilities?
Yes No
If "Yes," describe the nature of the disabilities:

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: \_\_\_\_\_