

COMMUNITY DEVELOPMENT BLOCK GRANT INCOME SURVEY

Name: _____ Community: Crainville, IL 62918
 Street _____
 Address: _____ Phone Number: _____

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. Do you have current homeowners insurance? Yes () No ()
7. Do you have the most recent property taxes paid? Yes () No ()
8. Check type of deed you hold: Warranty () Quit Claim () Contract for Deed () _____
9. 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: 04/2020 (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	Annual Income Limit	Annual Income Limit
	30% of median (A)	50% of median (B)	80% of median (C)
1	\$14,250	\$23,700	\$37,950
2	\$17,240	\$27,100	\$43,350
3	\$21,720	\$30,500	\$48,750
4	\$26,200	\$33,850	\$54,150
5	\$30,680	\$36,600	\$58,500
6	\$35,160	\$39,300	\$62,850
7	\$39,640	\$42,000	\$67,150
8	\$44,120	\$44,700	\$71,500

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 _____

Date Conducted: _____

HOUSING NEEDS SURVEY

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
3. Are any major improvements needed to your home

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please describe below

- Roofing
- Plumbing
- Electrical/Wiring
- Heating/AC
- Foundation
- Other

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<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 _____