



JEFFERSON PARISH GOVERNMENT

Community Development

Owner-Occupied Housing Rehabilitation Program - Interest Survey

APPLICANT INFORMATION		PLEASE PRINT CLEARLY									
Homeowners Names: Mr./ Mrs./Ms. _____											
And (If applicable) Mr./ Mrs./ Ms. _____											
Address: _____		Cross Street: _____									
City: _____		Zip Code: _____									
Phone Number: _____		Alternate Number: _____									
Homeowners Age(s): _____		Email: _____									
I still need repairs to my home: <input type="checkbox"/> Yes (please complete survey) <input type="checkbox"/> NO (please skip to signature)											
Homeowner's Insurance? <input type="checkbox"/> Y <input type="checkbox"/> N		Taxes Paid? <input type="checkbox"/> Y <input type="checkbox"/> N	Do you have a mortgage or liens? <input type="checkbox"/> Y <input type="checkbox"/> N								
How many years have you owned this home? _____		Total # of people living in home? _____									
Do you live in this home? _____		Total Annual Income of ALL people in home: \$ _____									
Sources of Income: (Circle all that apply)		<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 15%;">Wages</td> <td style="width: 15%;">Social Security</td> <td style="width: 15%;">Disability</td> <td style="width: 15%;">Pension</td> <td style="width: 15%;">Rental Income</td> <td style="width: 15%;">Unemployment</td> <td style="width: 15%;">Child Support</td> <td style="width: 15%;">Other</td> </tr> </table>		Wages	Social Security	Disability	Pension	Rental Income	Unemployment	Child Support	Other
Wages	Social Security	Disability	Pension	Rental Income	Unemployment	Child Support	Other				
HOUSE INFORMATION – Check ALL that apply											
<input type="checkbox"/> One Story		<input type="checkbox"/> Two Story	<input type="checkbox"/> More than Two Stories								
<input type="checkbox"/> One Unit		<input type="checkbox"/> Two Units	<input type="checkbox"/> 3+ Units								
Exterior: <input type="checkbox"/> Siding <input type="checkbox"/> Brick <input type="checkbox"/> Stucco		Foundation: <input type="checkbox"/> Slab <input type="checkbox"/> Piers <input type="checkbox"/> Pilings									
Repairs Needed		Brief description of repair/issue									
Electrical	<input type="checkbox"/> Y <input type="checkbox"/> N										
Plumbing	<input type="checkbox"/> Y <input type="checkbox"/> N										
AC/Heating	<input type="checkbox"/> Y <input type="checkbox"/> N										
Siding Repair	<input type="checkbox"/> Y <input type="checkbox"/> N										
Exterior Doors	<input type="checkbox"/> Y <input type="checkbox"/> N										
Windows	<input type="checkbox"/> Y <input type="checkbox"/> N										
Roof/ Gutters	<input type="checkbox"/> Y <input type="checkbox"/> N										
Exterior Painting	<input type="checkbox"/> Y <input type="checkbox"/> N										
Interior Painting	<input type="checkbox"/> Y <input type="checkbox"/> N										
Floor Repairs	<input type="checkbox"/> Y <input type="checkbox"/> N										
Grab bars/railings	<input type="checkbox"/> Y <input type="checkbox"/> N										
Other	<input type="checkbox"/> Y <input type="checkbox"/> N										

I understand that completing this survey is not an application for funding or a guarantee of funding. I must complete this survey if I want to continue to be considered for an application when and if the Owner-Occupied Housing Rehabilitation Program opens. Participants will have preference if funding does become available. If I have stated that I no longer need repairs, I **will not** be considered for an application.

Signature: _____ Date: _____

Please return completed and signed survey to:
 OOR Program Survey, Department of Community Development,
 Jefferson Parish 1221 Elmwood Pk. Blvd., Suite 605, Jefferson, LA 70123