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 ☐		

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 30% of median (A)	Annual Income Limit 50% of median (B)	Annual Income Limit 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 ☐ Yes ☐ No
3. Are any major improvements needed to your home ☐ Yes ☐ No

   If yes, please describe below

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

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 ☐ No ☐ Eligible? Yes ☐ No ☐			

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

INCOME & HOUSING NEEDS SURVEYS APPROVED BY:

Printed Name *Signature* *Date*