

Annual City of Hutchinson Downtown Rental Rehabilitation Program Tenant Survey (Existing)

Name of Owner _____ Name of Tenant _____
 Project Address _____ Apartment Number _____ Number of Bedrooms _____
 Household Size: Adults _____ / Children _____

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 | Race/Ethnicity of Applicant (check one) | Hispanic Ethnicity |
|--|---|--|
| <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> Asian & White <input type="checkbox"/> Black/African American & White <input type="checkbox"/> American Indian/Alaskan Native & Black/African American <input type="checkbox"/> Other Multi-Racial | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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, AFDC, Child Support or Alimony, SSI, General Assistance, 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 | Birth Date | Annual GROSS Income | Source of Income |
|----------------------------------|------------|---------------------|------------------|
| _____ | _____ | \$ _____ | _____ |
| _____ | _____ | \$ _____ | _____ |
| _____ | _____ | \$ _____ | _____ |
| _____ | _____ | \$ _____ | _____ |
| Total Gross Annual Income | | \$ _____ | |

Contract Rent \$ _____ Ave. Monthly Expenses: Gas \$ _____ Electricity \$ _____ Water/sewer/garbage \$ _____

Is Household currently receiving rental assistance? Yes No

Tenancy Information

- I have no intention of moving within the next 6-9 months.
- I anticipate moving within the next 6-9 months because: _____

I/we certify that all statements on this application are true and correct to the best of my/our knowledge. I/we authorize City of Hutchinson Downtown Rental Rehabilitation program representatives and contractors with the right to enter the property and my unit for the purpose of the Rental Rehabilitation program and to take photographs of the property and unit.

Signature of Tenant: _____ Date: _____

Signature of Co-Tenant: _____ Date: _____