

**MAYFIELD CITY
COMMUNITY DEVELOPMENT BLOCK GRANT DISASTER RELIEF
HOUSING SURVEY**

For Official Use Only
Over: _____
LMI: _____
VL: _____
XL: _____

Please Print in Ink!

Name: _____

Address: _____

Phone Number: _____

_ Check Appropriate Answer

Number of Persons in Household: _____

Number of Household Members 62 or Older: _____

Number of Disabled in Household: _____

Are you a Veteran? _____

Race	
White	
Black/African American	
Asian	
American Indian/Alaskan Native	
Native Hawaiian/Other Pacific Islander	
American Indian/Alaskan Native & Other	
Asian & White	
Black/African American & White	
American Indian/Alaskan Native & Black/African American	
Other Multi-Racial	
Ethnicity	
Non-Hispanic	
Hispanic	
Head of Household	
Age	
Male or Female	

Voluntary Scattered Site Projects Only	
How did you learn of this project?	
Newspaper	
Radio/TV	
Friend/Neighbor	
Other: _____	

Household Information		
What type of sanitary waste disposal does your home use?		
Outdoor toilet?	Yes	No
Septic Tank?	Yes	No
Connection to Sanitary Sewer?	Yes	No
Other?	Yes	No
Has your home ever had flood damage?	Yes	No
Are any household members related to city/ county employees or elected officials?	Yes	No
If yes, please explain: _____		
If the proposed public facility (water line, sewer line, etc.) is completed, will you use it?	Yes	No
Do you receive drinking water from a Public Water Line?	Yes	No
If not, do you receive drinking water from a		
Well	Yes	No
Cistern	Yes	No
Total number of persons in household that are:		
United States Citizens		
Nationalized Citizens		
Lawfully Present Aliens		
Will your home require modifications to accommodate disabled occupant(s) in the household?	Yes	No
What year was your home built?		
If not sure, was it built after 1978?	Yes	No
Do you own or rent your home?	Own	Rent
How much is your rent or mortgage payment per month?		
How many bedrooms does your home have?		
Have you received federal assistance in the past for repairs to your home?	Yes	No
If yes, please explain: _____		
Is this property used for any purpose other than residential?	Yes	No
If yes, please explain: _____		

Please Check the Income Range That Best Describes the TOTAL Household Income based on the Number in Household.

Total Gross Annual Income							
1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 + Persons
0 – 24,300	24,301 - 27,750	27,751 – 31,200	31,200 – 34,650	34,651 – 37,450	37,451 – 40,200	40,201 – 43,000	43,001 – 45,750
0 – 14,600	14,601 – 19,720	19,721 – 24,860	24,861 – 30,000	30,001 – 35,140	35,141 – 40,200	40,201 – 43,000	43,001 – 45,750
0 – 38,850	38,851 – 44,400	44,401 – 49,950	49,951 – 55,450	55,451 – 59,900	59,901 – 64,350	64,351 – 68,800	68,801 – 73,200

I hereby certify that the information is true and accurate to the best of my knowledge and fully understand that this information is subject to verification by the city/county. The State or HUD upon their request. Falsifying this information will result in payback of CDBG funds.

Signature _____

Date _____