

TENANT SURVEY

Rental Rehabilitation Program

Instructions to Tenants: Your landlord has applied for a Rental Rehabilitation Loan through the City of Madison to improve the rental unit in which you live. In order to process the application, we need information about the current tenants and the rents they pay.

Please complete and sign this brief survey and return it to your landlord. Your answers to these questions will be used to determine eligibility for the loan program. If you have questions about this survey, please call 266-4223 or 266-6557 .

Question 1. Please list name, age, relationship (i.e. spouse, brother, daughter, etc. If no relationship exists, enter “None”), sex, and annual income of each person living in your home.

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Sex</u>	<u>Annual Income</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Question 2. _____
(Address of Tenant) (Apt. #)

Question 3. _____
Telephone No.-Home Telephone No.-Work

Question 4. Identify any member of your household who is receiving Social Security benefits. (List income above)

Question 5. List anyone in your household who is handicapped or disabled.

Question 6. Are you currently receiving Section 8 Rental Assistance payments from the City of Madison or Dane County Housing Authority? _____Yes _____No

Question 7. In your home, how many bedrooms are there? (Check one)
____Efficiency _____4 bedrooms
____1 bedroom _____5 bedrooms
____2 bedrooms _____6 bedrooms or more
____3 bedrooms

Question 8. Does each bedroom have a window? _____Yes _____No

Question 9. What is the monthly rent for your unit? (Do not include any additional parking fees that you may pay.)
\$_____monthly rent.

Question 10. What utilities are you required to pay in addition to rent?
Heat_____ Lights_____ Hot Water_____ Cooking Fuel_____ Water_____

Question 11. Because Federal Funds will be used for the rehabilitation of all rental units, we are required to report the following special characteristics of all tenants living in buildings assisted by Federal Funds. This information will not be used to determine eligibility for financial assistance.

Race: Black_____ Asian/Pacific Islander_____ Hispanic_____ American Indian/Alaskan Native_____ White_____

Head of Household: Male_____ Female_____ Age_____

Comments: _____

I certify that the above information provided by me is true and complete, and that I have received information on the hazards of lead-based paint from my landlord. I will supply source documents, upon request, to support above information.

(Date) (Tenant Signature)