

Please return this survey to: Terrell Housing Department, 115 N Adelaide, Suite 305, P.O. Box 310 Terrell, TX 75160, fax: 972-551-6633, email:housing@cityofterrell.org

**COMMUNITY NEEDS ASSESSMENT
OWNER OCCUPIED HOUSING ASSISTANCE CITIZEN
SURVEY FORM**

The HOME Investment Partnerships (HOME) Program is a federal program that provides funds for homeowners to rehabilitate and/or reconstruct their homes through the Texas Department of Housing and Community Affairs (TDHCA). Your community may want to compete for funds and is asking you to participate by responding to this survey. The survey is designed to determine the needs of a homeowner and their ability to participate in the program. If your community receives HOME federal funds, you may be asked to submit an application. You must qualify and be program eligible to participate.

Filling out this survey does not determine if you qualify for the program and does not indicate that you will receive assistance.

My name is _____ and I am the homeowner that resides at _____, **Terrell**, Texas.

There are _____ persons living in my household, including myself. To the best of my knowledge, my gross income is approximately \$_____ per year. Head of household's birth date is _____. Age is _____. Disabled family?: _____(yes or no)

My home is in need of repair and/or replacement and I am willing to participate in a Federal Program that will- provide financial support if my City receives assistance. **I am under no obligation to participate and understand that funds are not being obligated at this time.**

My home has the following repair issues:

- | | | |
|---------------------------|---------------------|-------------------------|
| ____ Leaking roof | ____ Lack of Heat | ____ Exterior Paint |
| ____ Water Leaks | ____ Rotted siding | ____ Interior Paint |
| ____ Sewer leaks/blockage | ____ Flooring | ____ Doors/Locks |
| ____ Electrical | ____ Foundation | ____ Wheelchair ramps |
| ____ Accessibility | ____ Weatherization | ____ Other (list below) |

Homeowner signature: _____ Date signed: _____
Telephone number: _____

If you have any questions, please call 972-551-6670 Ext 256.

