



CITY OF QUINCY  
OFFICE OF HOUSING REHABILITATION PROGRAM  
**QUESTIONNAIRE**

Date Submitted: \_\_\_\_\_

Name (First and Last): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

1. Tenure

- Owner
- Renter

3. Type of Structure

- Single Family Detached
- Townhouse
- Duplex
- Manufactured Home

4. Ethnicity

\_\_\_\_\_

5. Race

- Caucasian
- African-American
- American Indian/Alaska Native
- Asian
- Pacific Islander

6. Head of Household

- Male
- Female

7. Condition (Check any or all that applies)

- Elderly
- Handicapped
- Disabled

8. Gross Monthly Income (All Household Members)

\$ \_\_\_\_\_

9. Household Size: \_\_\_\_\_

10. Problems: Please check all that apply:

- Leaking Roof
- Sagging/unstable flooring
- Non-operable heating system
- Extensive drafts around windows & doors
- No running water
- Damaged/leaking foundation
- Failing well/septic system
- No kitchen present
- Electrical problems
- No bathroom present
- Other health or safety related problems:

\_\_\_\_\_

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Homeowner Signature

Date