Chenango County Manufactured Housing Replacement Survey 2018

| 1. | Name: | (Optional) Phone: | Cell: | |
|---|--|--------------------------|-----------------------|--|
| 2. | Address: | | County | |
| 3. | Do you own your mobile home: Yes □ No □ Estimated year built | | | |
| 4. | Is this your permanent residence: Yes \square No \square | | | |
| 5. | Do you have a mortgage on your mobile home: Yes | □ No □ | | |
| 6. | Do you own the land where your mobile home is located? Yes □ No □ | | | |
| 7. | Are there any liens or judgments on your home or property? Yes □ No □ | | | |
| 8. | Number of persons in your household | _ | | |
| 9. | Is the head of household Male \square Female \square | | | |
| 10. | Is anyone in the household over the age of 62 years? | Yes □ No □ | | |
| 11. | Is anyone in the household handicapped? Yes \square N | o □ Disabled? Y | es □ No □ | |
| 12. | Is anyone in the house a minority? Yes \square No \square I | yes, please refer to con | mposition data below: | |
| Racial/Ethnic Composition White □ Black/African American □ Asian American □ Indian/Alaskan Native □ Native Hawaiian/Other Pacific Islander □ American Indian/Alaskan Native □ White Asian and White □ Black/African American and White □ American Indian/Alaskan Native & Black/African American □ Other Multi-Racial □ Hispanic □ Other □ | | | | |
| **HUD has designated Hispanic as an ethnic group, which is applicable to all races. A household or person may be identified as both a member of a racial group and an ethnic group. | | | | |
| 13. What is your estimated household gross income (what you make before any deductions are taken out) for all occupants. Estimated gross income for household | | | | |
| 14. Have you had any problems with your septic system? Yes □ No □ | | | | |
| If yes, what is the problem? | | | | |
| 15. What type of water source do you have? Drilled Well □ Spring □ Other □ | | | | |
| 16. Have you had any problems with your well? Yes □ No □ | | | | |
| If yes describe problem, | | | | |
| 17. Please describe the general condition of the mobile home and list any major defects known at this time. | | | | |
| | TO | | | |
| 18. | 18. If funded, would you be willing to participate in the program if you met all of the program conditions? Yes □ No □ | | | |

PLEASE RETURN COMPLETED SURVEYS TO:

Opportunities for Chenango, Inc.
Mobile Home Survey
44 West Main Street
Norwich, NY 13815

Surveys are available at the address above
Or go online to www.ofcinc.org to print out a survey
If you have questions, please call 607-334-7114