

Does your home need repair?

Town of Webster - Housing Rehabilitation Program Interest Survey

December 2015

The Town of Webster is considering re-establishing its Housing Rehabilitation Program. This program would fund repairs to bring residential properties into conformance with building, life, health and safety codes. To determine the need for the program, we are asking residents to complete and return this form. All responses will be kept **confidential** and will be used only for the purpose of a grant application that will be submitted to the MA Department of Housing and Community Development in early 2016.

1. When was your house built? _____ 2. How many housing units are in your building? _____

3. How would you describe the physical condition of your house or apartment? (*Check one*)

___ *Excellent*, needs little to no repair, all systems (roof, plumbing, heating, etc.) are updated and functional

___ *Good*, needs minor repairs and/or some systems are older but functional

___ *Fair*, needs several repairs and/or systems are older and unreliable

___ *Poor*, needs major repair and rehabilitation and/or systems are unreliable or do not function

4. Which of the following needs repair in your home? (*Check all that apply*)

<input type="checkbox"/>	Roofing	<input type="checkbox"/>	Windows	<input type="checkbox"/>	Interior Repairs
<input type="checkbox"/>	Electrical	<input type="checkbox"/>	Structural	<input type="checkbox"/>	Lead Paint Treatment
<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	Heating	<input type="checkbox"/>	Modifications for Accessibility
<input type="checkbox"/>	Painting	<input type="checkbox"/>	Exterior	<input type="checkbox"/>	Insulation/Energy Conservation

5. Please describe other repairs that are needed: _____

6. Which of the following apply to your household? (*Check all that apply*)

<input type="checkbox"/>	Disabled	<input type="checkbox"/>	Female-headed	<input type="checkbox"/>	Elderly (62+)	<input type="checkbox"/>	Minority
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7. Would you be interested in participating in a Housing Rehabilitation Program? ___ Yes ___ No ___ Maybe

8. (**OPTIONAL**) Please circle the number of persons in your household in the left column below. Read across and circle the income range in that line that most closely approximates that of your household.

Which range represents your annual household income?			
Household Size	Range 1	Range 2	Range 3
1 person	\$30,650 or less	\$30,651 to \$46,100	\$46,101 or more
2 persons	\$35,000 or less	\$35,001 to \$52,650	\$52,651 or more
3 persons	\$39,400 or less	\$39,401 to \$59,250	\$59,251 or more
4 persons	\$43,750 or less	\$43,751 to \$65,800	\$65,801 or more
5 persons	\$47,250 or less	\$47,251 to \$71,100	\$71,101 or more
6 persons	\$50,750 or less	\$50,751 to \$76,350	\$76,351 or more
7 persons	\$54,250 or less	\$54,251 to \$81,600	\$81,601 or more
8 persons	\$57,750 or less	\$57,751 to \$86,900	\$86,901 or more

9. (**OPTIONAL**) Could the Town contact you for more information? ___ Yes ___ No

If yes, please include your contact information: Name: _____

Address: _____

Phone: _____

Email: _____

Please return this survey by **December 28, 2015** to: **Office of Community Development**, Town Hall, 350 Main Street, Webster, MA 01570. If you prefer, you can also drop the survey off at the Office of Community Development in Town Hall. Thank you for your participation.