

**CITY OF ATTLEBORO
DEPARTMENT OF PLANNING AND DEVELOPMENT
OFFICE OF COMMUNITY DEVELOPMENT
TENANT QUESTIONNAIRE**

The service being provided to you is funded in part by the City of Attleboro's Office of Community Development (CDBG) Program. CDBG is a federally funded program through the U.S. Department of Housing and Urban Development (HUD), administered by the Office of Community Development, and designed to serve low and moderate-income individuals. To meet HUD's national objective, the Office of Community Development is required to monitor Subrecipients to ensure income and ethnicity of program participants are recorded properly and that participants qualify under program requirements. The information being requested is only for monitoring and auditing purposes, as required by HUD, and is not intended for public dissemination.

Program Applicant (Landlord): _____

TENANT INFORMATION:

Name _____ Age _____

Spouse's Name _____ Age _____

Address _____ Apartment number _____

Telephone (home) _____ (work) _____

Number of Bedrooms in Apartment _____ Monthly rent of tenant: \$ _____

Are utilities included in rent? __ Y __ N Utilities : Gas _____ Electric _____ Oil _____

HOUSEHOLD DATA:

Head of Household: Are you the head of the household? Yes No
If "NO," is the Head of Household: Male Female

Individual Categories (Check ALL that apply to you):

Male Female 62 years or older Disabled

How many household members (include yourself) reside here? _____

Are you a U.S. citizen of a lien resident alien? (Please provide proof) _____

Ages: / / / / / / / /

RACE CATEGORIES – Must Check One Selection Below	Check if also Hispanic
American Indian or Alaska Native <input type="checkbox"/>	<input type="checkbox"/>
Asian <input type="checkbox"/>	<input type="checkbox"/>
Black or African American <input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander <input type="checkbox"/>	<input type="checkbox"/>
White <input type="checkbox"/>	<input type="checkbox"/>
American Indian or Alaska Native <i>and</i> White <input type="checkbox"/>	<input type="checkbox"/>
Asian <i>and</i> White <input type="checkbox"/>	<input type="checkbox"/>
Black or African American <i>and</i> White <input type="checkbox"/>	<input type="checkbox"/>
American Indian or Alaska Native <i>and</i> Black <input type="checkbox"/>	<input type="checkbox"/>
Other or Mixed Race not listed above <input type="checkbox"/>	<input type="checkbox"/>

Note: Above ethnicity and race data is obtained only for statistical purposes. This data will not be considered by any local or Federal official in determining the borrower's eligibility.

SOURCE OF INCOME:

For each family member included above, please list the amount of income each currently receives from all sources each month, before taxes or other deductions. (Include wages, interest and dividends, social security, annuities, pensions, unemployment, welfare, child support/alimony, other public assistance, etc.). If additional space is needed please use back of application.

Family Member	Employer or Other Source of Income (Include address)	Monthly Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Household Sizes and Total Annual Household Income:

A. Check the total number of people in your household in the first column.

A. Household Size (People)							
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8 or more

B. Check the income range that includes your household's annual income. (Note: Household income is calculated by adding the annual income of all persons living in the same home who are related by birth, marriage or adoption.)

B. Total Household Income			
<input type="checkbox"/> \$15,300 or less	<input type="checkbox"/> \$15,301-\$25,500	<input type="checkbox"/> \$25,501-\$40,800	<input type="checkbox"/> \$40,801 or more
<input type="checkbox"/> \$17,500 or less	<input type="checkbox"/> \$17,501-\$29,150	<input type="checkbox"/> \$29,151-\$46,600	<input type="checkbox"/> \$46,601 or more
<input type="checkbox"/> \$19,700 or less	<input type="checkbox"/> \$19,701-\$32,800	<input type="checkbox"/> \$32,801-\$52,450	<input type="checkbox"/> \$52,451 or more
<input type="checkbox"/> \$21,850 or less	<input type="checkbox"/> \$21,851-\$36,400	<input type="checkbox"/> \$36,401-\$58,250	<input type="checkbox"/> \$58,251 or more
<input type="checkbox"/> \$23,600 or less	<input type="checkbox"/> \$23,601-\$39,350	<input type="checkbox"/> \$39,351-\$62,950	<input type="checkbox"/> \$62,951 or more
<input type="checkbox"/> \$25,350 or less	<input type="checkbox"/> \$25,351-\$42,250	<input type="checkbox"/> \$42,251-\$67,600	<input type="checkbox"/> \$67,601 or more
<input type="checkbox"/> \$27,100 or less	<input type="checkbox"/> \$27,101-\$45,150	<input type="checkbox"/> \$45,151-\$72,250	<input type="checkbox"/> \$72,251 or more
<input type="checkbox"/> \$28,850 or less	<input type="checkbox"/> \$28,851-\$48,050	<input type="checkbox"/> \$48,051-\$76,900	<input type="checkbox"/> \$76,901 or more

I hereby certify that the above information is true and correct to the best of my knowledge. I acknowledge and understand that the information provided here will be relied upon for purposes of determining my eligibility for this program. I acknowledge that a material misstatement fraudulently or negligently made in this or in any other statement made by me may constitute a federal violation and may result in the denial of my participation in this program.

Signature

Date

I have reviewed the above information and have determined that the household named in this document meets / does not meet the standard for low and moderate income status as determined by HUD.

A OCD Signature

Date



Office of Community Development

Government Center, 77 Park Street
Attleboro, Massachusetts 02703
508 223-2222 ext. 3330 • FAX 508-222-3046

Tenant Survey Checklist

Please provide the following applicable documents with the submission of your application for all residence over the age of 18 years who are not full time students. The City of Attleboro will only accept copies. **Original documents will not be accepted.**

- 1) Four (4) consecutive pay stubs
- 2) Social Security, Welfare, Pension and/or Veterans Benefits Statements
- 3) Unemployment, Disability, Workmen's Comp and Severance, Military Pay
- 4) AFDC, support for foster children, etc.
- 5) Alimony and/or child support
- 6) Regular contributions from persons not residing in the house
- 7) Most recent tax return including w-2's (is applicable)
- 8) 6 Months of Checking Account Bank Statement(s)
- 9) 3 Months of Savings Account Statements (including C.D. 401K, etc)
- 10) Proof of Citizenship (birth certificate or valid resident alien card)
- 11) Valid I.D.
- 12) Tenant Survey forms for each unit

The Attleboro Housing Rehabilitation Program does not discriminate on the basis of race, color, religion, national origin, ancestry, familial status or physical or mental disability, in the access or admission to our programs, employment, or in our activities, functions or services.



Office of Community Development

Government Center, 77 Park Street
Attleboro, Massachusetts 02703
508 223-2222 ext. 3330 • FAX 508-222-3046

Dear Tenant:

I am writing to request your help. Your landlord applied for assistance through the Community Development Block Grant (CDBG) program in order to rehabilitate the residence in which you live. The CDBG program provides funds for the creation of affordable housing by:

- (1) Ensuring that tenants and owner-occupants are provided with decent, clean and sanitary living quarters;
- (2) Bringing housing units to minimum housing quality standards;
- (3) Maintaining and/or upgrading housing stock in residential neighborhoods;

In order for my office to ensure that your landlord is in compliance with the program objectives listed above, in addition to any applicable Federal/State/City laws and ordinances, I am requesting your help with completing the attached questionnaire.

Questionnaires are routinely mailed to all tenants who live in CDBG assisted properties to help ensure that property owners are in compliance with the terms and conditions of their contracts. By completing the questionnaire and returning it to my office, you will help to ensure that your rent remains within the acceptable limits of affordability as designated by the Federal Department of Housing and Urban Development. Please take note that all information obtained is kept strictly confidential!

Please complete and return the attached questionnaire in the enclosed self-addressed stamped envelope, within the next 15 days. Should you have any questions, please call me at 508 223-2222 ext. 3330.

Sincerely,

Dorothy Brissette

Dorothy Brissette, Community Development Director
Attleboro Office of Community Development