

TENANT SURVEY

Reporting Period: January 1, _____ to December 31, _____

City of Fargo Rental Rehab Program

The information being collected below is requested for the purpose of determining the property owner's eligibility to receive Community Development Block Grant funds for the rehabilitation of your rental unit. Not supplying the requested information may jeopardize the owner's compliance with the affordability guidelines that are associated with the rehab project.

Initial Certification Re-certification Other

Unit Information

Total monthly rent \$ _____
(as of December 31)

Does Tenant pays utilities? Yes No

If yes, which utilities? Electric
 Gas
 Hot Water
 Water
 Garbage
 Other

Unit Number _____

Number of Bedrooms _____

Move-in date (mm/dd/yyyy) _____

Race/Ethnicity of Household

White _____

Black/African American _____

Asian _____

American Indian/Alaskan Native _____

Native Hawaiian/Pacific Islander _____

Black/African American & White _____

Am Indian/Alaskan Native & White _____

Asian & White _____

Am Indian/Alaskan Native & Black _____

Hispanic _____

Other Multi-Racial _____

Gender of Head of Household

Male _____

Female _____

Number in Household

of adults in unit (over 18) _____

of children in unit (under age 18) _____

Gross Annual Household Income

Income info for: _____ (year)

Household member #1 \$ _____

Household member #2 \$ _____

Household member #3 \$ _____

Household member #4 \$ _____

Tenant Signature _____ Date _____ Tenant Signature _____ Date _____

Tenant Signature _____ Date _____ Tenant Signature _____ Date _____

UNIT WORKSHEET

Reporting Period: January 1, ____ to December 31, ____

City of Fargo

Rental Rehab program

Address of Property _____

Unit Number _____

Determination of Income eligibility

A. Total Annual Household Income from all sources \$ _____

B. Current household size _____

C. Household income at move-in \$ _____

D. Household size at move-in _____

Determination of Rent compliance

E. Monthly rent paid by tenant \$ _____

F. Utilities allowance (if utilities are not included in rent) \$ _____

G. Other non-optional charges \$ _____

H. Gross Rent for Unit (sum E, F, G) \$ _____

I. Number of Bedrooms _____

Signature of Owner/Representative

Date