

**SUFFOLK COUNTY COMMUNITY DEVELOPMENT
HOUSING REHABILITATION DEMOGRAPHIC SURVEY for CDGB and NSP**

Municipality _____	Project Number _____	Census Tract # _____
Name of Head of Household _____	Street Address _____	Town _____ Zip Code _____

Date of Rehab Application _____	Date Bid Awarded _____
Date Environmental Survey Completed _____	Year House Built _____

- Check if partial rehab and house is not being brought up to code (e.g. Water Hookup, Weatherization, Emergency)
- Check if additional rehab is anticipated on this house at a later date.

Ethnicity and Race of Head of Household – Please fill out both sections 1) and 2):

1) Ethnicity: Is Head of Household *Hispanic or Latino*? Yes No

2) Race of Head of Household:

<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaskan Native & White
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian & White
<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American & White
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> American Indian/Alaskan Native & Black/African American
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Other Multi-Racial

Number of Persons in Household _____

Annual Household Income \$ _____

- Check if rehab includes handicapped accessibility
- Check if head of household is age 62 or over.
- Check if household is female headed.

PLEASE FILL IN FOR EACH CONTRACTOR:

Contractor Name _____ Federal Tax ID # or Social Security # _____

Address _____

Check here if: Minority-owned business Woman-owned business

Contractor Ethnicity and Race– Please fill out both sections 1) and 2):

1) Ethnicity: Is Contractor *Hispanic or Latino*? Yes No

2) Race of Contractor:

<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaskan Native & White
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian & White
<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American & White
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> American Indian/Alaskan Native & Black/African American
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Other Multi-Racial

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Contractor Name _____ Federal Tax ID # or Social Security # _____

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Check here if: Minority-owned business Woman-owned business

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1) Ethnicity: Is Contractor *Hispanic or Latino*? Yes No

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<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian & White
<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American & White
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> American Indian/Alaskan Native & Black/African American
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Other Multi-Racial

Form Completed By: _____ Date: _____

FOR COUNTY USE ONLY	
Voucher # _____	
Year Completed _____	
CD Funding Year _____	
Total Rehab Cost - \$ _____	
Assistance Type:	
<input type="checkbox"/> Grant <input type="checkbox"/> Deferred Loan	
CD Funds \$ _____	
Other Funds \$ _____	
% Median Income:	
<input type="checkbox"/> 0% to 30%-Extremely Low Income	
<input type="checkbox"/> 31 to 50% -Low Income	
<input type="checkbox"/> 51% to 80%-Moderate Income	

FOR COUNTY USE ONLY	
Applicable LBP Requirements:	
	Housing constructed before 1978
	Exempt: Housing constructed 1978 or later
	Otherwise Exempt
	Exempt: No paint disturbed
Lead Hazard Remediation Actions:	
	Lead Safe Work Practices (24CFR 35.930(b)) {Hard costs <=\$5,000}
	Interim Cntrls or Std Practices (24 CFR 35.930(c)) {Hard costs \$5,000 to \$25,000}
	Abatement (24 CFR 35.930(d)) {Hard costs > \$25,000}