

PRINCE WILLIAM AREA NEIGHBORHOOD REHABILITATION PROGRAM QUESTIONNAIRE



Name:

Date:

Address:

Home Phone:

E-mail:

Cell Phone:

Please check (✓) the appropriate box on each line.

- | | | | | |
|---|---|------------------|-----------------------|-------------------|
| 1. Residence | Prince William County | City of Manassas | City of Manassas Park | |
| 2. Tenure | Owner | Renter | | |
| 3. Type of Structure | Single Family | Townhouse | Duplex | Manufactured Home |
| 4. Ethnicity | Hispanic | Non-Hispanic | | |
| 5. Race
(check only one) | White
Black/African American
Black/African American & White
Asian
Asian & White
American Indian/Alaskan Native
American Indian/Alaskan Native & White
American Indian/Alaskan Native & Black African American
Native Hawaiian/Other Pacific Islander
Other | | | |
| 6. Head of Household | Male | Female | | |
| 7. Elderly/Handicapped/Disabled | Not Applicable | Elderly | Handicapped | Disabled |
| 8. Gross Monthly Income
(All Household Members) | 9. Household Size | | | |

Please check all boxes that apply:

- | | |
|--------------------------------------|---|
| Leaking Roof | Sagging/unstable flooring |
| Non-Operating Heating System | Extensive Drafts Around Windows & Doors |
| No Running Water | Damaged/Leaking Foundation |
| Failing Well/Septic System | No Kitchen Present |
| Electrical Problems | No Bathroom Present |
| Need Disability Relation Adaptations | Other Health or Safety related Problems |

List other Health or Safety Related Problems

Agency Use Only			
Annual Income \$ _____	ELI ___ LI ___ MI ___ OI ___		Ranking _____