Homeownership Program Housing Conditions Survey

Overview: Your responses to this survey are confidential and will not be shared outside of SGV Habitat for Humanity. The survey will take approximately five (5) minutes and requires you to assess your current housing situation.

Instructions: Read each section carefully and answer each question honestly and to the best of your ability. Do not exaggerate or minimize your situation. Consider each question carefully and realistically. Misrepresentation or false answer will be cause for denial of your application. This assessment is to help us understand your current need for housing. Complete one survey per application.

Survey Completion Date:			
Current Address of Applica	nt:	City:	Zip:
Names of Household Memb	ers Living at this A	ddress:	
1. Name:	Age:	Relationship:	
2. Name:	Age:	Relationship:	
3. Name:	Age:	Relationship:	
4. Name:	Age:	Relationship:	
5. Name:	Age:	Relationship:	
6. Name:	Age:	Relationship:	
If so, how many othe If so, how many indiv □ Are there more than 2 □ Are room sizes inade	bedrooms being user rooms? iduals are sleeping it people per bedroom quate for household standing medical family medical sections.		move into this home?
Name:	Age: Current a	ddress, city & zip code:	
If ves. please describe th	eir current livina situ	ation and reason for wanting to move	into a new home:



Interior Structural Issues (photo/s may be required for each item checked)
☐ Uneven or sloping floors
☐ Broken windows
☐ Windows or doors are inoperable
□ Sagging ceilings
☐ Signs of water damage in ceilings, walls, or floors
☐ Air leaks in or around doors or windows
☐ Staircase or railing instability or damage
☐ Leaking faucets or other water sources
☐ Partial broken or unusable appliances
☐ Exposed electrical wiring
☐ Unusable electrical sockets
☐ Odors that could be mold, or other health-relevant issues
☐ Signs of rodent or insect infestation
Exterior Structural Issues (photo/s may be required for each item checked)
☐ Signs of roof damage
☐ Exterior structure damage (missing siding, uneven roofline, etc.)
☐ Porch, carport, or entryway is sagging, uneven, or unstable
☐ Extensive overgrown vegetation
☐ Broken or clogged gutters or drains
Safety (photo/s may be required for each item checked)
☐ Hazardous material near the home
□ Danger due to neighborhood crime
□ Danger for children/elderly/disabled due to nearby high-traffic areas
Accessibility for Household Members with Disabilities (photo/s may be required for each item checked)
☐ Lack of access to bathroom or bedroom
☐ Lack of access into the home without assistance
□ Other – please describe:
Other Considerations
☐ Temporary living situation (living with family/friends, property for sale, etc.)
☐ At risk of becoming or currently homeless



Please describe your current housing situation here:				
Are you a military of	or veteran hous	ehold? (please include if you are a widow/er of a military member)		
Household memb	per name:			
Branch:				
□ Reserve	☐ Active	□ Retired		
Dates served:				
Any further detail	s:			
TI	C			
Thank you for completing this survey. Please review your answers and make sure that the correct boxes are checked; all answers are final once your survey is submitted. Please upload this document into your application.				

Notify us immediately if your current housing conditions change during the selection process.

