

SAMPLE LOCAL SURVEY
NORTH DAKOTA DIVISION OF COMMUNITY SERVICES
SFN 52668 (10/00)

PUBLIC FACILITIES AND HOUSING SAMPLE LOCAL SURVEY			
Name		Number of Persons in Household	
Address		Number of Persons in Household with an Income	
		Do you Own <input type="checkbox"/> or Rent <input type="checkbox"/> ?	
Income (From all Sources)			
	Section 8 Income	Annual Gross Family Income	
		Above	Below
1 Person			
2 Persons			
3 Persons			
4 Persons			
5 Persons			
6 Persons			
7 Persons			
8 Persons			
Over			
I certify that the above information is true and correct to the best of my knowledge, and I understand and agree to permit verification of this information.			
Signature _____		Date _____	
The following certification is required if a telephone survey is conducted and must be signed by the surveyor:			
I certify that the above information was accurately obtained through proper identification of all sources of income, as per the definition of Gross Household Income contained in the Community Development Block Grant Section of the North Dakota Action Plan.			
Signature _____		Date _____	