



South Sioux City Owner-Occupied Rehabilitation Program

Preliminary Questionnaire

This questionnaire is intended to provide preliminary information to assist in evaluating a property's eligibility for South Sioux City's Owner Occupied Rehabilitation plan.

This is not an application. Completing this questionnaire does not guarantee you to receive assistance through the program. Please answer all questions to the fullest of your ability. If you have any questions please, contact us at 402-494-7501.

Contact Information

Name _____ Email _____

Phone Number (Home) _____ Phone Number (Work) _____

Best time of day to reach you by phone: _____

Complete Property Address:

Preliminary Income Verification

For the purposes of this program, we are required to have an estimation of each household's annual gross income. Households must be at or below 80% of the area's median income for household size. Annual gross income is the total of all income received including but not limited to salary, social security, child support, unemployment benefits, etc. **before taxes.**

2013 HUD Household Income Limits for Dakota County

	1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person
30% income	\$12,600	\$14,440	\$16,200	\$17,950	\$19,400	\$20,850	\$22,300	\$23,700
50% income	\$ 20,950	\$23,950	\$26,950	\$29,900	\$32,300	\$34,700	\$37,100	\$39,500
60% income	\$25,140	\$28,740	\$32,340	\$35,880	\$38,760	\$41,640	\$44,520	\$47,400
80% income	\$33,500	\$38,300	\$43,100	\$47,850	\$51,700	\$55,550	\$59,350	\$63,200

Best estimated gross household income for 2013-2014 _____

Total Household Size _____

Number of dependents in household _____

Property Pre-Assessment

Please circle or answer each question to the best of your knowledge.

Electrical

Do you suspect any faulty electrical wiring in the house? Yes / No

Is there any temporary wiring such as extension cords used for permanent wiring? Yes / No

Are all light switch plates covered? Yes / No

Water/ Sewer

Is there adequate water pressure? Yes / No

Is there leaking of any plumbing inside the house? Yes / No

Are all toilets, sinks (bath and kitchen), and tub/showers in working order? Yes / No

Have you ever had water/sewer back up into the home? Yes / No

Please rate the house's plumbing
(worst) 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 (best)

Heating

Age of the Water Heater _____

Are all rooms in the home heated? Yes / No

Age of furnace _____

Exterior

Are all gutters properly draining and in working order? Yes / No

Does your home experience regular flooding from rain storms? Yes / No

Are there any abandoned wells or cisterns on your property that you are aware of? Yes / No

Are there any trees on the property that endanger the building? Yes / No

Do all windows and doors have intact screening? Yes / No

Please rate the integrity of the house's roof?
(worst) 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 (best)

Please rate the integrity of the house's siding?
(worst) 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 (best)

Please rate the integrity of sidewalks and driveways on the property
(worst) 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 (best)

Are all chimneys in good structural integrity? Yes / No

Are all non-fixed windows weather tight, capable of being opened, and in good working order? Yes / No

Age of the roof _____

Age of the siding _____

Is there any visible chipping of paint on the interior or exterior of the house? Yes / No

Interior

Do you have a permanently affixed air conditioner? Yes / No

If yes how old is your air conditioner? _____

Please rate the quality of the house's air-conditioning?
(worst) 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 (best)

Are there smoke detectors inside each bedroom? Yes / No

Is there a Carbon Monoxide detector inside the house? Yes / No

Are there any visible cracks in the house's foundation? Yes / No

Is the household currently occupied by anyone with disability needs? Yes / No

If yes please explain:

Is the household in need of any ADA accessibility renovations (i.e. grab bars, ramps) Yes / No

Are all interior stairs and railing in good repair? Yes / No

Is there a handrail for each flight of stairs with four or more steps? Yes / No

Do you suspect there to be lead based paint, mold, asbestos, or pest infestation in the property? Yes /
No

If yes please explain:

Please return this questionnaire to the South Sioux City Hall, email to
psigillito@southsiouxcity.org or mail to;

Philip Sigillito
1615 1st Avenue, South Sioux City, NE
68776