



# Harrisburg Multi-Family Unit And Lead Based Paint Survey



The City of Harrisburg has received a \$3.714M Lead Hazard Reduction Demonstration (LHRD) grant from the U.S. Department of Housing and Urban Development (HUD). As part of the City's screening process for determining residences that qualify for use of LHRD grant funds, we are requesting renters and homeowners to take part in this survey.

All of your answers will be kept confidential. At the end of the survey you will be asked for your zip code so answers can be grouped together based on area of the city. The survey will take 2 minutes to complete.

By taking this survey you will help Harrisburg cleanup Lead Paint from houses. Thank you!

1. Please provide your name \_\_\_\_\_.

2. Please provide your address \_\_\_\_\_.

3. How many housing units are in your building? \_\_\_\_\_.

4. Do you know if your building has ever been treated for Lead Paint? \_\_\_\_ No \_\_\_\_ Yes, Please describe below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. How long have you lived in your neighborhood?

- |   |   |
|---|---|
| <input type="checkbox"/> Less than 1 year | <input type="checkbox"/> 11-20 years        |
| <input type="checkbox"/> 1-5 years        | <input type="checkbox"/> 21-30 years        |
| <input type="checkbox"/> 6-10 years       | <input type="checkbox"/> More than 30 years |

6. How long have you lived in your current home?

- |   |   |
|---|---|
| <input type="checkbox"/> Less than 1 year | <input type="checkbox"/> 6-10 years         |
| <input type="checkbox"/> 1-2 years        | <input type="checkbox"/> More than 10 years |
| <input type="checkbox"/> 3-5 years        |   |

7. Do you currently rent your home, own your home or something else?

- |   |   |
|---|---|
| <input type="checkbox"/> Rent from the Harrisburg Housing Authority | <input type="checkbox"/> Something else, specify: |
| <input type="checkbox"/> Rent from a private landlord               | _____   |
| <input type="checkbox"/> Own  |   |



8. What is your gender?

Male

Female

Transgender

Prefer not to answer

9. Do you consider yourself as Hispanic, Latino, Latina, or of Spanish origin?

Yes, Hispanic/Latino/Latina/Spanish origin

No, not Hispanic/Latino/Latina/Spanish origin

10. What is your race? Check all that apply.

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Pacific Islander

White

Other Specify:

\_\_\_\_\_

Retired

Student

Other Specify:

\_\_\_\_\_

11. Including you, how many people live in your household? \_\_\_\_\_

12. How many children under 6 years of age live in your household? \_\_\_\_\_

13. In what ZIP code do you currently live? \_\_\_\_\_

*Thank you for completing this survey!*

**Mail completed survey to:**

**DBHD, Lead Hazard Reduction Demonstration Program**

**10 N 2<sup>nd</sup> Street Suite 206 Harrisburg, PA 17101**

**OR Fax application to (717) 255-6421**

