

UNIT OCCUPANCY SURVEY

Cover Sheet

ATTN: Property Manager/Site Manager

This survey template is to be used in gathering information about the accessibility needs of the residents in your Development and to assist you to complete the Utilization Survey of Occupancy Summary Sheet.

Please add your property details to the survey template prior to distributing it to your tenants. One survey is required per unit.

If you are assisting the tenant in filling out this survey, **DO NOT ASK THE TENANT IF THEY HAVE A DISABILITY. THIS WOULD VIOLATE FAIR HOUSING LAWS.** If the tenant declines to participate, please leave the answer(s) blank and indicate in the “Comments” section that the tenant did not want to participate. The tenant’s signature is required on the survey to verify any and all answers.

Developments are required to maintain accurate records of all surveys and make them available upon request to The Accessible Housing Program (AcHP).





Unit Occupancy Survey



Please fill this out to the best of your knowledge. The Property Management will provide a person with disability auxiliary aids and services upon request. If you need assistance to complete this form, you or someone acting on your behalf may submit a request to the Property Manager.

One survey per household is required.

Property Name: _____

Property Address: _____

Date of Survey: _____

Unit #: _____

Tenant Name: _____

Best way to contact - Email and/or Phone #: _____

Preferred Language: _____

Total # of persons in the household: _____

Accessibility Need Information:

Do you need accessible features? Yes No

If Yes, please check all that apply below:

Mobility:

- Accessible doors and hardware
- Grab bars
- Shower seats
- Lowered kitchen cabinets
- Widened doorways
- Other (Please specify in Comments section)

Hearing/Vision:

- Audible/visual doorbells
- Audible/visual fire and smoke alarms
- Audible/visual carbon monoxide detectors
- Appliances with buttons, knobs
- Braille signs
- Other (Please specify in Comments section)

Have you requested those features? Yes No



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What happened to that request? Approved Denied Don't know

Do you need a fully accessible unit? Mobility Hearing/Vision No, I don't need

Have you requested to transfer to a fully accessible unit? Yes No Don't know

If yes, what size unit? No. of Bedroom(s) # No. of Bathroom(s) #

Do you have an Assistance (incl. Emotional Support) Animal(s)? Yes No

Comments:

Name of person filling out this form:

Print Name

I, the tenant, verify that the above information is correct.

Tenant Signature:
