

14. Do you have any of the following? (Mark all that apply)

Central Heating	___	Gas Cook Stove	___	Fire Extinguisher	___
Gas Heating	___	Oven	___	Air Conditioning	___
Wood Stove	___	Refrigerator	___	Generator	___
Wood Cook Stove	___	Freezer	___	Electricity	___
Electric Cook Stove	___	Smoke/Fire Alarm	___	Toilet(s)	___
Tub/Shower	___	Light switches/ plugs	___	Working Faucets	___
Kitchen Sink	___	Bathroom Sink	___	Carbon Monoxide Detector	___

15. Do you have alternative energy? (Solar Power, Hydro, Wind, etc.) (Circle one) Yes No

16. Where does your source of water come from? (Circle one)
Well Community System Springs Other _____(explain)

17. Do you have indoor plumbing? (Circle one) Yes No

18. Do you have sanitation facilities? (Circle one) Yes No
Septic Community System Out house Other _____(explain)

19. Is your home; (Mark all that apply) Cold in the winter ___ and/or Hot in the Summer ___

20. Are you experiencing any plumbing leaks or problems? (Circle one) Yes No

21. Do you have any environmental issues? Yes = Y No = N Unknown = U

Garbage Dumps	___	Contaminated Water	___	Abandoned Vehicles	___
Batteries	___	Lead Based Paint	___	Failing Septic System	___
Refrigerators	___	Anti Freeze	___	Oil	___

Other (explain) _____

22. If you are homeless, please explain the main obstacles of not being able to obtain a resident. Please explain if you have land but no home to reside in and the obstacles of not being able to obtain a home.

Optional

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____