Income Survey Summary

Community: _____ County: HIGHLAND

Benefit Area: _____

Number of Households in Benefit Area*: _____ Survey Date: _____

Number of Persons in Benefit Area: _____ Date of Section 8 Income Limits Used: _____

Describe Survey Methodology: _____

_____

_____

_____

Street Name	Total Number of Households	Number of Households Surveyed	Number of Households Responding	Number of LMI Households	Percent of LMI Households	Number of LMI Persons
Totals						

*Attach a street base map, which clearly indicates the benefit area boundaries.

The undersigned persons conducted this survey pursuant to the methodology described above and pursuant to NOTICE OHCP 03-03 and all surveys, responses and tabulations are accurate, complete and reflect the answers of the respondents.

Name	Signature	Date