

Property Owner Questionnaire

Name: _____
Telephone: Day: _____ Evening: _____

Name: _____
Telephone: Day: _____ Evening: _____

Address of Damaged Property: _____

Mailing Address: _____

How interested are you in participating in a property acquisition project and selling your property to the community?

Very Somewhat Not at all Undecided

Please respond to the following. We will make every effort to answer your questions and address your concerns in publicized information or at future meetings. (We will not publicize your name.) Use the back of this page, if necessary.

Do you have questions that were not answered to your satisfaction either in the informational materials you received or during the meeting? Please list them below.

Would you like more information on any specific topics regarding property acquisition? Please list them below.

Please share any additional comments or suggestions you have in the space below.

Form II-5, Property Owner Questionnaire

If you have already decided that you do *not* want to sell your property and do not intend to change your mind, check this box and stop here.

How many bedrooms does your property have? _____ How many people live(d) there? _____

Do you have a mortgage? Yes No How much is your monthly payment? \$ _____

How long have you lived at the property? _____ Year(s) _____ Month(s)

If you no longer live at the damaged property, what date did you move? _____

National Flood Insurance Program (NFIP) Information

Policy #: _____ 5-digit Company code: _____

Agent's Name: _____ Telephone: _____

Have you made any repairs to your damaged property? Yes No

Please describe any repairs made: _____

Have you applied for or received any NFIP settlements for your real property? Yes No

Amount of NFIP settlements applied for or received: \$ _____

Other Federal and Non-federal Assistance

Please indicate any other assistance that you have applied for or received. Where applicable, indicate the amount received. (Check boxes under either "applied" or "received," as appropriate.)

	Applied	Received	Amount
Disaster Housing Program Grant			\$
State Individual & Family Grant (IFG)			\$
Hazard Minimization Grant			\$
Small Business Administration (SBA) Loan			\$
Other:			\$

Save all of your receipts.

Form II-5, Property Owner Questionnaire

Do tenants live in this property? Yes No

If yes, please identify them below.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Deadline for returning this Questionnaire: <u>Monday, November 12, 2007</u>	
Please return this questionnaire to:	Jim Bingham, Asst. Town Administrator Town Offices 16 Main Street Goffstown, NH 03045

If you have any questions please call (603) 497-8990, Ext. 103. Mon. – Fri. 8:00 am to 4:00 pm

Thank you for taking the time to provide this information