



# TxCDBG Survey Tabulation Form

Applicant: \_\_\_\_\_ County: \_\_\_\_\_ Region: \_\_\_\_\_

Survey Description: \_\_\_\_\_ Survey Start Date: \_\_\_\_\_ Survey End Date: \_\_\_\_\_

P1 Census Population (citywide/CDP only): \_\_\_\_\_ Questionnaire Year(s): \_\_\_\_\_

1. # of Households Benefitting: \_\_\_\_\_ 2. Required Sample Size: \_\_\_\_\_ 3. # of Households Contacted: \_\_\_\_\_

4. # of Households Responding: \_\_\_\_\_ 5. Survey Response Rate: \_\_\_\_\_

| 6.          | 7.                               | 8.                          | 9.                              | 10.                       | 11.                           |
|-------------|----------------------------------|-----------------------------|---------------------------------|---------------------------|-------------------------------|
| Family Size | Number of Responses (Households) | Number of Low/Mod Responses | Number of Non Low/Mod Responses | Number of Low/Mod Persons | Number of Non-Low/Mod Persons |
|             |                                  |                             |                                 |                           |                               |
|             |                                  |                             |                                 |                           |                               |
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12. Total Persons Surveyed: \_\_\_\_\_ 13. Average. Family Size: \_\_\_\_\_ 14. Households Not Surveyed: \_\_\_\_\_

15. Total Non-Low/Mod: \_\_\_\_\_ 16. Total Beneficiaries: \_\_\_\_\_ 17. Total Low/Mod Beneficiaries: \_\_\_\_\_

17b. LMI Households: \_\_\_\_\_ 18. Low/Mod Percentage: \_\_\_\_\_ 19. Total Vacancies: \_\_\_\_\_

HH - 80% County MFI \_\_\_\_\_ HH - 50% County MFI \_\_\_\_\_ HH - 30% County MFI \_\_\_\_\_

Persons - 80% County MFI \_\_\_\_\_ Persons - 50% County MFI \_\_\_\_\_ Persons - 30% County MFI \_\_\_\_\_

CERTIFICATION: I, THE CHIEF ELECTED OFFICIAL FOR THIS JURISDICTION, CERTIFIES THAT THE INFORMATION IN THIS REPORT AND THE SURVEY LOCATIONS FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE AND WAS REPORTED IN ACCORDANCE WITH THE ACCOMPANYING INSTRUCTIONS.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Below is for TDA use ONLY