

**CODEVI.CO**



**CORPORACIÓN PARA EL DESARROLLO ECONÓMICO  
Y VIVIENDA DE VIEQUES  
CODEVI, C. D. Y EL  
MUNICIPIO DE VIEQUES**



**STUDY TO DETERMINE THE HOUSING NEEDS OF VIEQUES, PUERTO RICO**

**Name:** \_\_\_\_\_

**Residential Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone:** \_\_\_\_\_

The purpose of this study is to gather information related to the housing needs of the families residing in this community. The reason for it, is our great concern over the ever growing housing needs for families of all income levels in our municipality.

The information provided by you voluntarily will serve to quantify this need in a way which will allow us to request incentives for the construction of affordable homes in Vieques. It will also help us determine the number of persons who need to make improvements to their homes and collect other vital information to improve the quality of housing in general.

If you agree to completing this study please sign and date the acceptance statement on the following page.

**ACCEPTANCE**

I \_\_\_\_\_ agree to provide the information requested in the **STUDY TO DETERMINE THE HOUSING NEEDS OF VIEQUES, PUERTO RICO**. I understand that the personal information provided may not be divulged to any individual, organization or government agency without my written authorization for any purpose other than this study.

Signed today \_\_\_\_\_ , 200\_\_\_\_\_ in Vieques, Puerto Rico.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness (if the participant cannot sign)

\_\_\_\_\_  
Address of the witness

\_\_\_\_\_  
Telephone number of the witness

## Family Composition

Include information on all persons residing in your home.

Name	Relation	Age	M	F	A	L	I	E	Comments
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									

**Codes**

M = Masculine

F = Feminine

A = Boarder

L = Can not read / write

E = Senior Citizen

65 years or older

I = Impediments

1 = Severe Visual Problems

2 = Severe Hearing Problems

3 = Mobility Problems

4 = Missing Extremities

5 = Mental Retardation

6 = Alzheimer

7 = Others \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## FAMILY INCOME

Include all sources of income as requested:

Employee Name	A.	B.	C.
Employer			
Job Title			
Monthly Income From:			
-full time employment			
-part time employment			
-self employment			
Monthly Income From:			
-Child Support			
-ASUME			
-Social Security			
-Veterans			
-Disability			
-Retirement			
Other Monthly Income			
-			
-			
-			
<b>Total Monthly Income</b>			

## PERSONAL DEBTS

Indicate monthly payments made for personal loans, automobile, credit cards, cooperatives, furniture, child support, etc., which require at least ten months to liquidate.

Name of debtor

A. \_\_\_\_\_

Name of creditor	Monthly payment	Number of remaining payments	Total debt
-rent			
-mortgage			
-			
-			
-			
-			
-			
-			
-			
-			
Total Debt			

## PERSONAL DEBTS

Indicate monthly payments made for personal loans, automobile, credit cards, cooperatives, furniture, child support, etc., which require at least ten months to liquidate.

Name of debtor

B. \_\_\_\_\_

Name of creditor	Monthly payment	Number of remaining payments	Total debt
-rent			
-mortgage			
-			
-			
-			
-			
-			
-			
-			
-			
Total Debt			

## PERSONAL DEBTS

Indicate monthly payments made for personal loans, automobile, credit cards, cooperatives, furniture, child support, etc., Which require at least ten months to liquidate.

Name of debtor

C. \_\_\_\_\_

Name of creditor	Monthly payment	Number of remaining payments	Total debt
-rent			
-mortgage			
-			
-			
-			
-			
-			
-			
-			
-			
Total Debt			

## YOUR CURRENT RESIDENCE

Please answer the following questions related to your place of residence :

1. Do you own your residence? \_\_\_\_\_

2. Do you live in a rented home?  
-location- \_\_\_\_\_

3. Do you live with a relative or friend without paying rent?  
\_\_\_\_\_

4. Do you live on the second story of a relative's residence?  
Type of Construction \_\_\_\_\_

5. Do you own land on which you have been unable to build a home?  
\_\_\_\_\_

6. Do you own land on which you have a residence which is incompletely built?  
-location \_\_\_\_\_  
-titled \_\_\_\_\_

7. Description of the structure  
-year in which it was built \_\_\_\_\_

Construction type:

-concrete \_\_\_\_\_

-wood & zinc \_\_\_\_\_

anchored \_\_\_\_\_

-concrete with \_\_\_\_\_ roof

-part concrete and part wood with \_\_\_\_\_ & \_\_\_\_\_ roof

bedrooms \_\_\_\_\_ bathrooms \_\_\_\_\_ living room \_\_\_\_\_ dining room \_\_\_\_\_ kitchen \_\_\_\_\_  
family room \_\_\_\_\_ laundry \_\_\_\_\_ car port \_\_\_\_\_

8. Do you have the following service?  
-electric \_\_\_\_\_  
-water \_\_\_\_\_  
-telephone \_\_\_\_\_

9. Do you possess a land title? \_\_\_\_\_

## CERTIFICATION

Thank you for your participation in this study. The information provided by you will be of great value in our search for incentives which will allow us to meet the housings needs of all Vieques residents.

We will appreciate your review and certification of the information provided:

I certify that the information provided in this study is correct.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Interviewer

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Telephone Number