

Anniston Housing Authority  
 500 Glen Addie Avenue  
 PO Box 2225  
 Anniston, AL 36202  
 Contact – Terri Lloyd  
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# Cooper Homes

## Housing Choice Survey

### *Instructions*

The attached survey is designed to find out the housing choice of residence preference to a public housing, tax credit, or Relocation Voucher. You must complete this survey accurately to ensure your housing choice is considered in the redevelopment process. This information is used to seek your preferences and needs for housing accommodations during the relocation process.

Please complete Pages 2-4 completely and accurately and **return the survey in the enclosed postage paid envelop no later than April 10th, 2015**. If you are unable to complete this survey a surveyor will be assigned to assist you in obtaining the information and complete the survey from the information you supply.

***Once again, if you need help in completing this survey a surveyor will be available to the Cooper Homes residents in several ways including:***

- 1) Residents should call **(256) 236-1575 extension 120** to schedule an appointment for the surveyor to come to your home. Please leave your name, apartment number, and phone numbers (home, work and mobile).
- 2) Residents may send an e-mail to [tlloyd@annistonhousing.org](mailto:tlloyd@annistonhousing.org) and leave their name, phone numbers (home, work and mobile).
- 3) Surveyor will frequently be on Cooper Homes grounds and will be reaching out to tenants directly.

**YOU MAY CALL 256-236-1575 extension 120 24 HOURS A DAY AND LEAVE YOUR CONTACT INFORMATION.**

*A failure to complete a survey may result in your Housing Choice not being used or worked within the design of the program and therefore you may be placed into other available housing as determined by the AHA.*

*The Housing Choice Survey questions and responses are designed to give the AHA an estimate on your needs. It is not legally binding to you or the AHA in the relocation or the Cooper Homes redevelopment process. You will receive relocation counseling and other information prior to any final choice or final actions by the AHA.*

**The demolition application is still pending for Cooper Homes and has not been approved from HUD. The estimated time to begin relocation would be after January 1, 2016.**

*Thank you in advance!*  
 Terri Lloyd  
 Planning & Development Officer



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**Anniston Housing Authority (AHA)  
Cooper Homes  
Housing Choice Survey**

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***PART A: General Information Section***

Current Development Building: Cooper Homes Apartment # \_\_\_\_\_

Leaseholders Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Client Number: \_\_\_\_\_

Current Address: 1414 Cooper Ave Apt # \_\_\_\_\_ Anniston, AL 36201

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ or \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Number of Household Occupants: \_\_\_\_\_

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***Current Apartment Size:***

1 – Bedroom     2 – Bedroom     3 – Bedroom     4 – Bedroom     5 – Bedroom

***Current Occupants:***

NAME	SEX	AGE	RELATIONSHIP	SOCIAL SECURITY #
<b>Head</b>				
<b>Co-head</b>				
<b>Dependent</b>				
<b>Dependent</b>				
<b>Dependent</b>				
<b>Dependent</b>				
<b>Dependent</b>				
<b>Dependent</b>				
<b>Dependent</b>				

**For PHA Use Only:**

Livable bedroom size: \_\_\_\_\_ Current bedroom size: \_\_\_\_\_



## ***PART B: Complete Housing Preference Section***

### **Permanent Housing Placement**

Do you want to return to the newly developed Cooper Homes with a section 8 relocation voucher?

Yes       No

Do you want to be assisted under the section 8 relocation voucher program off the redevelopment site as your method of assistance as permanent housing placement?

Yes       No

If available, do you want to move to another Anniston Housing Authority public housing site as your permanent housing placement?

Yes       No

Section 8 Relocation Assistance

*\* Please be mindful your selection is based on availability and therefore may not be available.*

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## ***PART C: Special Unit Requirements***

This portion of the survey is used to determine whether a family needs accessible or adaptable features in their housing unit. The need for such features must be verified in order to assure that the limited number of units with these features go to families who need them. No one is required to disclose the nature and/or extent of any disability:

**Will you or any member of your family require any of the following?**

Ground floor unit

First floor bed/bath

Wheelchair accessible unit

Special bathroom/kitchen accessible unit

Unit equipped for the vision impaired       Live-In aide

Unit equipped for the hearing impaired       Separate Bedroom due to disability

Other: Please explain \_\_\_\_\_

**Please provide the name of the family member requiring the above listed feature(s):**



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**Please provide the name, phone number and address of a qualified health care or services professional that can be contacted to verify the above described need:**

**Name:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

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

**Other Relocation Issues:** \_\_\_\_\_

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**Do you currently have a telephone in your unit?**

Yes

No

**If yes, who is the provider?** \_\_\_\_\_

**Do you currently have cable TV in your unit?**

Yes

No

**If yes, who is the provider?** \_\_\_\_\_

**Do you currently have internet service in your unit?**

Yes

No

**If yes, who is the provider?** \_\_\_\_\_

***Please provide a copy of your current bills and receipts for the above power, gas utility, home phone, cable and internet services.***

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## **PART D: Signature Page**

With my signature below, I confirm that the information I have provided above is truthful and accurate to the best of my ability and that I have been given the opportunity to request an accessible unit or adaptable unit features. I understand that, while the AHA will try and honor the housing choices I have selected above to the extent feasible, I may not be offered the specific type unit or program I have selected. I understand that I must complete and return this signed survey, and that failure to do so may result in placement into any available housing. I further understand that my failure to abide by the terms of the lease in any program I choose may result in the loss of benefits from that program.

**Head of Household Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Head of household Signature:** \_\_\_\_\_

**Co-head of Household Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Co-head of household Signature:** \_\_\_\_\_

**Surveyor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_