

Universal Exit Survey



Please take a moment to answer the following questions so that we can better understand your experience and the impact of our program. An electronic version of this form can be found on our website at [web address]. Contact [program staff name] at [contact info] if you have any questions about this form.

First Name	Last Name	Email

Home Phone	Mobile Phone	Preferred Phone
		<input type="checkbox"/> Home <input type="checkbox"/> Mobile

<p>What kind of home are you moving into?</p> <ul style="list-style-type: none"><input type="checkbox"/> House/Townhouse<input type="checkbox"/> Condominium<input type="checkbox"/> Mobile Home<input type="checkbox"/> Apartment<input type="checkbox"/> Living with relatives/friends<input type="checkbox"/> Shelter/homeless
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<p>Will you own or rent your next home?</p> <ul style="list-style-type: none"><input type="checkbox"/> Own<input type="checkbox"/> Rent<input type="checkbox"/> Neither	<p>If you purchased or are purchasing a new home, have you or will you receive financial assistance from a public agency to help with the purchase?</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes<input type="checkbox"/> No
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What is / will be your new address?		Effective Date
City	State	Postal Code

What was your gross annual household income as of December 31st of last year? Include all income sources.	What was your household size on December 31, 2015?
\$ _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Other _____

What is your primary reason for selling your home?

- Want to own unrestricted home
- Home is too small
- Job relocation
- Want to move closer to friends or family
- Neighborhood has become less desirable
- Change in family situation (e.g., marriage, birth of a child, divorce)
- Home is too large
- Moving due to retirement
- Want to move closer to current job
- Upkeep of home is too difficult due to health or financial limitations
- Cannot afford the mortgage and other expenses of owning home
- Death (in the household)
- Program enforcement
- Other

Please Explain: _____

How would you describe your overall experience with **[organization / program name]**'s affordable homeownership program?

Very Bad Bad Fair Good Very Good

Is there anything else you would like to share with us about your experience in the program or the impact it has had on you?

Thank you!

Please mail or email completed surveys to: [enter contact information or submission instructions]