



Rehabilitation Questionnaire

The Village of Oak Park
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Name _____

Date _____

Address _____

Project Number: CDS- _____

Business Phone Number _____

Home Phone Number _____

Please complete this brief survey to guide us to your concerns. If you are in doubt, just answer with a question mark. Thank you.

How long have you lived in your house? _____

How many people live there? _____

Do you need emergency repairs? Yes No

What are they? _____

Who does your routine repairs and maintenance? _____

Do you have water in your basement after a heavy rain? Yes No

Does your roof leak? Yes No

How old is your roof? _____

Do your gutters and downspouts leak? Yes No

Are they all in place? Yes No

Do the downspouts terminate in a storm drain? Yes No

Are they all in place? Yes No

Are any of your storm drains clogged? Yes No

What kind of siding does your house have? _____

Is your house in need of paint? Yes No

When was it last done? _____

Are your exterior doors and locks working properly? Yes No

Do any windows require repair or replacement? Yes No

Do you presently have storm windows? Yes No

How old are they? _____

Are they in good condition? Yes No
