



Temporary Housing Survey

This Temporary Housing Survey is designed to assess the housing needs of those affected by Hurricane Helene. This survey will be used by Hernando County Emergency Management to determine the best way to allocate resources for our community.

This survey is preliminary in nature only.

Contact Information

Name *

First Name

Last Name

Address of Affected Property *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Phone Number *

(000) 000-0000

Please enter a valid phone number.

Email *

example@example.com

Is this your primary residence? *

☐ Yes

☐ No

Family Size *

e.g., 4

Number of Pets *

Please rate the following options that best describe your needs.

Do you have temporary housing already arranged? *

- ☐ Yes
- ☐ No

Would you prefer to temporarily reside in a Government-Provided Travel Trailer? *

- ☐ Yes
- ☐ No
- ☐ Maybe

Would you prefer to utilize your personally owned Travel Trailer? (This may include RV, Trailer, or Similar Structure) *

- ☐ Yes
- ☐ No
- ☐ Maybe
- ☐ I don't have access to a Travel Trailer

Would you prefer to be the recipient of a temporary Housing Voucher (amount to be determined) to secure your own housing such as Apartment/House Rental, etc.? *

- ☐ Yes
- ☐ No
- ☐ Maybe

Do you rent or own your primary residence? *

- ☐

- ☐ Rent
- ☐ Own

Are you currently staying in a damaged dwelling? *

- ☐ Yes
- ☐ No

If you are currently displaced from your home, are you staying in any of the following?

- ☐ Hotel - Paid by FEMA
- ☐ Hotel - Not Paid by FEMA
- ☐ With Friends/Family
- ☐ In your damaged home
- ☐ Personal travel trailer or camper
- ☐ Other

How much longer can you stay in your current location? *

- ☐ One Week
- ☐ Two Weeks
- ☐ One Month
- ☐ A Few Months
- ☐ As Long as Needed

Do you or members of your household require ADA-accessible housing?

- ☐ Yes
- ☐ No

Do you or any member of your household require constant or ongoing medical support in the home?

- ☐ Yes
- ☐ No

Do you have any pets in your household?

- ☐ Yes
- ☐ No
- ☐ Other

If other, please specify:

Additional Comments

Please elaborate on your choices based on the above options. 0/500

Submit