

Industry Survey - Quick Follow Up

0%

Housing Produced (check all that apply):

Please mark any of the services/products listed below that your organization provided or produced in fiscal years 2011 and 2012.

	New Build	Rehab
Ownership: Single-Family	<input type="checkbox"/>	<input type="checkbox"/>
Ownership: Other	<input type="checkbox"/>	<input type="checkbox"/>
Rental: Single-Family	<input type="checkbox"/>	<input type="checkbox"/>
Rental: Multi-Family	<input type="checkbox"/>	<input type="checkbox"/>
Cooperative Housing	<input type="checkbox"/>	<input type="checkbox"/>
Single Room Occupancy (SRO) Housing	<input type="checkbox"/>	<input type="checkbox"/>
Senior Housing	<input type="checkbox"/>	<input type="checkbox"/>
Housing for People w/Disabilities	<input type="checkbox"/>	<input type="checkbox"/>
Land Trust Housing	<input type="checkbox"/>	<input type="checkbox"/>
HOPE VI Housing	<input type="checkbox"/>	<input type="checkbox"/>
LIHTC Housing	<input type="checkbox"/>	<input type="checkbox"/>

Organization

That's it! Thank you so much for your support and help.

Submit