

RISC HEALTHY HOMES COMMITTEE SURVEY

Name: _____ Congregation: _____

Address of your Home: _____

1. Do you believe you have mold in your home? ___ Yes ___ No

2. Where is the mold located in your home?

3. Was the mold caused by flooding in your home? ___ Yes ___ No

If yes – describe what happened.

If no – describe what you know about the cause of the mold.

4. Have you tried to have the mold removed? ___ Yes ___ No

If yes – describe what happened.

5. Is there anything else you would like to share?