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New Orleans, La 70124
Office- (504) 309-5120
Fax- (504) 324-8370

Please e-mail completed form to: assistance@lakewoodbeacon.org

OR

Fax form to: (504) 324-8370

Beacon Neighborhood:

Date Submitted:

Location Address:

Description of Need:

Requested By:

Name:

Address:

Phone1:

Phone2:

Email:



Beacon of Hope Resource Center Demographic Home Owner Survey

The funders of the Beacon of Hope Resource Center have requested that we keep track of the demographics of the people we either directly engage or provide services for. Please take a minute to fill this out. We will not ask for your name, and this data will not be directly tied to you. We will only use the data you provide in reporting to our funders.

Please check the box which best matches your household:

Parish where you reside:

- Orleans
- Other _____

Total Annual Household Income:

- Under \$10,000.00
- \$10,000.00 - \$24,999.00
- \$25,000.00 - \$34,999.00
- \$35,000.00 - \$49,999.00
- \$50,000.00 and Above

How would you describe your household?

- Couple with Children
- Couple without Children
- Female Single Parent
- Male Single Parent
- Single Household (Living by yourself)
- Other

Please indicate the number of people in household who are:

Sex: Male:

Female:

Employment Status:

Employed:

Unemployed:

Retired:

Disabled:

Other:

(include children and youth here)

Age: Infant 0-5:

Youth 6-17:

Adult 18-34:

Adult 35-74:

75 and Older:

Race / Ethnicity:

African American:

Asian:

Caucasian:

Hispanic or Latino:

Other:

Name of Current Employer: _____

Corporations that either directly support us, or give to our funders want us to report on how many of their employees we have served.