

Manufactured Home Owners Association of New Jersey

Chapter and Community Survey

Please complete one survey for your community and return it to the state association.
Please also send the requested documents.

- 1) Is your community a chapter in MHOA of NJ? Yes No
- 2) Do you have a home owners association or any type of residents group in your community?
- Yes No If yes, how often do you meet? _____

* please send us a list of meeting dates, places, and contacts.

Housing – Units, Rents and Zoning

- 3) When was this community established (if a specific year is not known just put the decade)? _____
- 4) How many lots are in the community (include vacant and lots with homes on them)? _____
- 5) How many lots have homes on them? _____
- 6) How many homes are abandoned or completely unoccupied? _____
- 7) Does the community have double-wide homes? _____
- 8) How many of the homes are doublewides? _____
- 9) If possible could you please tell us the numbers of one, two, and three bedroom homes? The numbers can be approximate.
- One bedroom _____ Two bedroom _____
- Three bedroom _____
- 10) In your community are there both home owners and home renters?
- Yes No
- 11) Please give an estimate of the percentage of home owners. _____%

12) What is the average monthly lot rent in your community?

- \$200 or less \$200 to 300 \$300 to 400
 \$400 to 500 \$500 to 600 \$600 to 700 \$700 or more

13) What utilities and services are included in your lot rents?

- a) Electric _____
b) Water _____
c) Gas _____
d) Sewer _____
e) Garbage pick-up _____
f) Snow removal _____

14) Do you have Rent Control or Rent Stabilization in your community?

- Yes No * please submit a copy of the local ordinance with this survey.

15) If yes, do you have vacancy controls for rents that can be charged new owners?

- Yes No

16) Have there been any changes in the numbers of homeowners, homes, or rents in the last several years?

- Yes No

If yes, please describe the changes that have occurred.

17) What is the zoning for your community (you can ask the municipal clerk to look it up for you) _____

Has this zoning changed recently? _____ When? _____

Is there overlay (or a second zoning) for your community? _____

*Please send a copy of the zoning ordinance for your community.

18) Are there currently homes for sale in your community?

Yes No If yes, approximately how many? _____

19) What are some of the recent sales prices for homes in your community?

20) Is your community age restricted? _____

21) Do homeowners have long leases (longer then one year)? Yes No

Community Amenities

22) Are you within 10 miles to a waterfront? Yes No

23) Are you within 10 miles of a golf course? Yes No

24) Do you have an onsite children's playground? Yes No

25) Do you have an onsite picnic area? Yes No

26) Do you have an onsite pool? Yes No

27) Do you have an onsite basket ball court? Yes No

28) Do you have an onsite baseball or softball field? Yes No

29) Do you have a clubhouse? Yes No

30) Are you allowed to have storage buildings on your lots?
 Yes No

31) Do you have paved driveways? Yes No

32) Are you allowed carports on your lots? Yes No

33) Do you have onsite laundry facilities? Yes No

34) Do you have onsite security personnel? Yes No

- 35) Are you a gated community? Yes No
36) Are you allowed to have pets? Yes No

What are the restrictions on pets? _____

- 37) Do you have sidewalks? Yes No
34) Do you have street lights? Yes No
35) Do you have fire hydrants? Yes No

36) What are the average lots sizes in your community?

Finally please give us a little information about who completed this form and how we can contact them if we have questions.

Community Name: _____

Community
Location: _____

Municipality name: _____

Person to contact about this form: _____

Contact Information:

Phone _____

Email: _____

Please send with this form a copy of any rent control ordinances, a copy of the zoning ordinance that pertains to the community, and a list of community group meetings, dates, and the place that the meetings are held.

Thank you for taking the time to complete this survey.

Please return in the envelope that we have provided to

Manufactured Home Owners of New Jersey - PO Box 104, Jackson NJ 08527