

Project HANDS Block Mapping Activity

Volunteers of Project HANDS will collect specific data to investigate the amount of residences in selected neighborhoods which have become rentals since January 1, 1990.

This will be accomplished by introducing yourself to your neighbors, and asking for their help in data collection. This is a unique opportunity to meet the people sharing your block! But, be safe...go in pairs during daylight hours, tell others where you are going to be and when to expect you to return, and stay out of residences. Please be polite, and explain who you are.

You may explain that the members of Project HANDS are investigating neighborhood density issues, rental pricing, and ways to keep our neighborhoods safe for all persons to live in. If they have questions, please give them our website address <http://homepage.macomb.com/~mcmeekan/hands/> or Heather's number, 836-8701, or email- mcmeekan@macomb.com

Step 1- Download and print this document. Fill in as much information as possible BEFORE you approach the residence.

Step 2- During the daylight, and with a partner (for safety), map your block by filling in as MUCH of the following information as possible (some can be obtained from the zoning office):

- a) address of residence
- b) zoning ordinance for that residence
- c) whether residence is a rental property
 - if property is a rental property
 - 1) whether or not rental is owner occupied (O/O)
 - 2) price of rent per month per person
 - 3) year converted from non-rental property to rental
 - 4) whether the rental unit contains students or a *family
- d) if multi-residence, amount of units
 - 1) if multi-unit, number of people living in each unit
- e) estimated number of off street parking spaces
 - (A parking space should be on gravel, asphalt, or concrete; and be equal in size to a parking space in a parking lot or on a city street)

*for purposes of this data collection, a family includes any group of people related by blood, marriage, adoption, or has minor children, elderly persons, or no more than 2 unrelated others living at the residence.

Project HANDS Block Mapping Activity

Block (list cross streets beginning, ending)- _____

Name of Volunteers & Phone Number- _____

| Address | Zoning | Rental? <i>If Yes, investigate related issues.</i> | Multi-Residence? | # of Parking Spaces |
|---------|--------|---|----------------------|---------------------|
| | | N / Y 1) O/O? - _____ 2) Price?- \$. 3) Year - _____ 4) Students / Family | N / Y # of units- | |
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