OMB Control Number 2528-XXXX OMB Expiration Date: XX/XX/2010

Advance

## Letter

**DATE**, 2010

Dear [NAME],

Did you own a home or rental property in Louisiana, Mississippi, or Texas in August 2005? Was your property damaged or destroyed by Hurricane Katrina or Hurricane Rita? If so, the Department of Housing and Urban Development (HUD) would like to hear about your experiences with rebuilding after the storms. Through programs like {INSERT LOCAL CDBG PROGRAM NAME}, HUD provided money to your state to help people address their housing needs after the storms. HUD wants to learn about your experiences with these programs in order to improve them for people affected by future disasters.

HUD has funded Abt Associates and Abt SRBI Inc. to interview about 1,000 property owners in Louisiana, Texas, and Mississippi. We would like to interview you about your experiences. The interviews will be by telephone and will last up to 45 minutes. You do not have to participate in the interview. Whether you participate or not will have no effect on any housing assistance or other services you may be receiving. The interview may ask about information that you feel is private or may cover topics that make you uncomfortable. You can refuse to answer any question(s) that make you uncomfortable. The answers you provide will not be linked to your name and your participation will be kept private. If you choose to participate, you will be sent a check for \$25 at the end of the interview as a token of our appreciation.

The interviews will begin in September 2010. An interviewer will call you to explain the study and ask if you would like to participate. To make sure that our staff can contact you, please review the information in the attached form. If the information is correct, please check the box that says "yes." If any of the information needs to be updated, please use the space provided to make any corrections. When you are done, simply put the form into the postage-paid envelope and mail it to Abt SRBI (postage is included). If you have any questions, or would rather update your information by phone, please call {INSERT TOLL FREE NUMBER}. This information will only be used to help us to contact you once the study begins.

Any information you provide to us now and in the future will be kept confidential to the extent allowed by law. For questions about your rights taking part in this study, call Teresa Doksum, Administrator of the Abt Institutional Review Board at 617-349-2896 (not toll-free).

Sincerely,

Abt SRBI Survey Director

## (PLEASE PRINT / FAVOR DE ESCRIBIR EN LETRA DE MOLDE)

1. Is this the correct spelling of your name? / Es éste su nombre correcto?						
«name_first_hh» «name_middle_hh» «name_last_hh» «name_suffix_hh»						
Please check appropriate box correcto es	Yes / Si	í □ No	o, the corre	ct spelling is: / El no	mbre	
First Name/Nombre	Middle Name		Last Nar	ne/ <i>Apellido</i>	Suffix (Sr./Jr.)	
2. Is this your correct address? / Es esta su dirección correcta?						
«street_address», «apt» «city», «state» «zip5»						
Please check appropriate box. $\square$ Yes / $Si$ $\square$ No, my correct address is: / $Mi$ dirección correcta es						
Street /Calle				Apartment # / Número de Apt.		
City / Ciudad		State / Estado		Zip Code / Código Postal		
3. Is this your correct phone number? / Es éste su número de teléfono correcto?  «phone»  Please check appropriate box. □ Yes / Sí □ No, my correct phone number is: / Mi número de teléfono correcto es:  Home Phone / Número de teléfono del hogar  Cell Phone / Número de teléfono del cellular  Area Code CODIGO DE AREA  NUMERO DE TELEFONO  Telephone Number NUMERO DE TELEFONO						
4. Please list the name, address, and relationship to you of two people who will always know where to reach you. Por favor escriba los nombres y las direcciones de dos personas quienes sepan cómo ponerse en contacto con usted y explique cómo se relacionan con usted. (PLEASE PRINT / FAVOR DE ESCRIBIR EN LETRA DE MOLDE)  1. Name / Nombre:  Relation to you / Parentesco con usted:  Address / Dirección  Apartment # / Número de Apt.						
State / Estado	Zip Code / Codigo Postal		Phone / NUMERO DE TELEFONO			

2. Name / Nombre:		Relation to you / Parentesco con usted:
Address / Dirección	Apartment # / Número de Apt.	Address / Dirección
State / Estado	Zip Code / Codigo Postal	Phone I NUMERO DE TELEFONO ( ) —