**SAMPLE HOUSEHOLD CASE RECORD**

DATE OF ORIGINAL INTERVIEW: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF INTERVIEWER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOUSEHOLD SURVEY**

Name of Occupant: Racial/Ethnic Classification:

Address: Contact in Case of Emergency

Name:

Census Tract: Address:

Phone: Day Night Phone:

Date of Original Occupancy: Tenure:

**CHARACTERISTICS OF CURRENT UNIT HOUSING COSTS OF CURRENT UNIT**

# of Rooms: **TENANT OWNER**

# of Bedrooms: Monthly

# of Bathrooms: Rent: $\_\_\_\_\_\_\_\_\_ Mortgage: $\_\_\_\_\_\_\_

Approximate Square Footage:

Accessibility to Shopping: Average

Medical: Avg. Utilities: $\_\_\_\_\_\_\_\_\_ Utilities: $\_\_\_\_\_\_\_

Public Transit:

Other Services: Total Monthly Real Property

Housing Cost: $\_\_\_\_\_\_\_\_\_ Taxes: $\_\_\_\_\_\_\_

Total Monthly Housing Costs: $\_\_\_\_\_\_\_

**HOUSEOLD CHARACTERISTICS**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Age** | **Sex** | **Relationship With Household Head** | **Gross Monthly Income** | **Employer/Source of Income** | | | |
| **Amount** | **Source of Income** | **Phone** | **Date/Initials of Person Verifying Data** |
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**REPLACEMENT HOUSING PREFERENCES REPLACEMENT HOUSING NEEDS**

Tenure: Own: Rent: Subsidized: # of Rooms: # of Bedrooms:

Other (Specify): # of Bathrooms:

Location of Neighborhood: Approximate Square Footage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Maximum Monthly Housing Cost: $

Pets, Garage, etc:

Preferred Maximum Monthly Housing Cost:$ **SPECIAL NEEDS:** \_\_\_\_\_School Age Children

\_\_\_\_\_Handicapped (Specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_Other (Specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOUSING REFERRALS**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Address** | **Type of Unit** | | | **Size of Unit** | | **Monthly Rent/Sales Price** | **Date Available** | **Low Income or Minority Area** | **Action on Referral/Reason for Rejection** | **Relocatee Initials** |
| **Rental** | **Sales** | **Subsi-dized** | **# of Rooms** | **# of Bedrooms** |
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**SERVICES AND ASSISTANCE PROVIDED**

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| **Date** | **Nature of Contact Assistance Provided** | **Person Providing Service** | **Results of Assistance or Contact** |
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**REPLACEMENT UNIT**

Date of Move:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area of Low-Income or Minority Concentration: \_\_\_\_\_Yes \_\_\_\_\_No

**INSPECTION** **MONTHLY HOUSING COSTS**

Date Inspected:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **RENTAL SALES**

Rent: $\_\_\_\_\_\_\_\_\_ Mortgage Payment: $\_\_\_\_\_\_\_

Decent, Safe and Sanitary: \_\_\_\_\_Yes \_\_\_\_\_No Estimated

Utilities: $\_\_\_\_\_\_\_\_\_ Real Property Tax: $\_\_\_\_\_\_\_

Date of Re-Inspection:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Monthly

Housing Cost: $\_\_\_\_\_\_\_\_\_ Estimated Utilities: $\_\_\_\_\_\_\_

# of Rooms:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#of Bedrooms:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Monthly Housing Costs: $\_\_\_\_\_\_\_

Accessibility to Services:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sales Price: $\_\_\_\_\_\_\_

**TEMPORARY RELOCATION**

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| **Date** | **Reason** | **Address** | **Rental** |
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**RELOCATION PAYMENTS**

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| **Type** | **Paid** | **Date and Amount** | **Receipt Acknowledged** |
| Moving:  Fixed  Actual |  |  |  |
| Housing:  Rental  Down Payment  180 Homeowner |  |  |  |
| Rent |  |  |  |
| Other |  |  |  |
| Total |  |  |  |

**APPEALS**

**APPEAL FILED** **TYPE OF APPEAL**

Yes\_\_\_\_\_\_ Payments\_\_\_\_\_\_\_

No\_\_\_\_\_\_\_ Housing\_\_\_\_\_\_\_\_

Other\_\_\_\_\_\_\_\_\_\_

**RECORD OF ADVISORY ASSISTANCE AND OTHER CONTACTS**

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**RECORD OF POST OFFER CONTRACTS**

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**RECORD OF POST OFFER CONTRACTS**

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