

Attachment 10-3 Sample Household Case Record

<p>1. <u>HOUSEHOLD SURVEY</u></p> <p>Name of Occupant: _____</p> <p>Address: _____</p> <p>Phone: Day _____ Night _____</p> <p>Date of Original Occupancy: _____</p>	<p>DATE OF ORIGINAL INTERVIEW: _____</p> <p>NAME OF INTERVIEWER: _____</p> <p>Racial/Ethnic Classification: _____</p> <p>Contact in Case of Emergency:</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone: _____</p>																								
<u>CHARACTERISTICS OF CURRENT UNIT</u>	<u>HOUSING COSTS OF CURRENT UNIT</u>																								
# of Rooms: _____	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 25%; text-align: center;">TENANT</th> <th style="width: 25%; text-align: center;">OWNER</th> </tr> </thead> <tbody> <tr> <td># of Bedrooms: _____</td> <td></td> <td></td> </tr> <tr> <td># of Bathrooms: _____</td> <td>Rent: \$ _____</td> <td>Monthly Mortgage: \$ _____</td> </tr> <tr> <td>Approximate Square Footage: _____</td> <td>Average Utilities: \$ _____</td> <td>Average Utilities: \$ _____</td> </tr> <tr> <td>Accessibility to Shopping: _____</td> <td>Total Monthly Housing Costs: \$ _____</td> <td>Real Property Taxes: \$ _____</td> </tr> <tr> <td>Medical: _____</td> <td></td> <td>Total Monthly Housing Costs: \$ _____</td> </tr> <tr> <td>Public Transit: _____</td> <td></td> <td></td> </tr> <tr> <td>Other Services: _____</td> <td></td> <td></td> </tr> </tbody> </table>		TENANT	OWNER	# of Bedrooms: _____			# of Bathrooms: _____	Rent: \$ _____	Monthly Mortgage: \$ _____	Approximate Square Footage: _____	Average Utilities: \$ _____	Average Utilities: \$ _____	Accessibility to Shopping: _____	Total Monthly Housing Costs: \$ _____	Real Property Taxes: \$ _____	Medical: _____		Total Monthly Housing Costs: \$ _____	Public Transit: _____			Other Services: _____		
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Other Services: _____																									
	Date Verified: _____																								

2. REPLACEMENT HOUSING PREFERENCES

TENURE: Own Rent Subsidized
 Other (Specify: _____)

Location Neighborhood: _____

Pets, Garage, etc.: _____

Preferred Maximum Monthly Housing Cost: \$ _____

3. REPLACEMENT HOUSING NEEDS

Number of Rooms: _____

Number of Bedrooms: _____

Number of Bathrooms: _____

Approximate Square Footage: _____

Maximum Monthly Housing Cost: \$ _____

SPECIAL NEEDS:

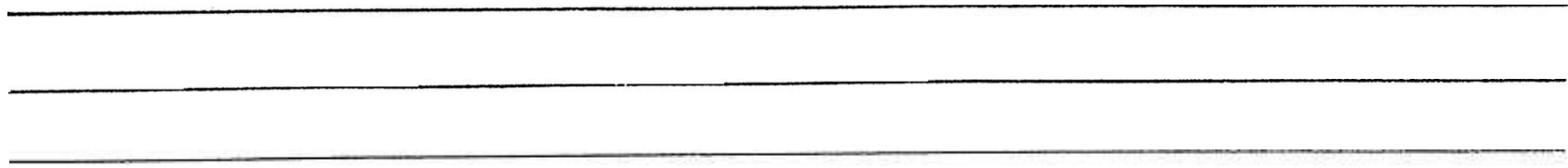
School Age Children

Handicapped (Specify: _____)

Other (Specify: _____)

4. HOUSING REFERRALS

Date	Address	Type of Unit			Size of Unit		Monthly Rent/ Sales Price	Date Available	Low Income or Minority Area	Action on Referral/ Reasons for Rejection	Relocatee Initials
		Rent	Sales	Subsidized	# of Rooms	# Bedrooms					



5. SERVICES AND ASSISTANCE PROVIDED

<u>Date</u>	<u>Nature of Contact Assistance Provided</u>	<u>Person Providing Service</u>	<u>Result of Assistance or Contact</u>
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6. REPLACEMENT UNIT

Date of Move: _____ Address: _____

Area of Low-Income or Minority Concentration: Yes No

<u>INSPECTION</u>		<u>MONTHLY HOUSING COSTS</u>	
		<u>RENTAL</u>	<u>SALES</u>
Date Inspected: _____		Rent: \$ _____	Mortgage Payment: \$ _____
Decent, Safe and Sanitary: Yes No		Estimated Utilities: \$ _____	Real Property Tax: \$ _____
Date of the Re-Inspection: _____		Total Monthly Housing Cost: \$ _____	Estimated Utilities: \$ _____
# of Rooms: _____			Total Monthly Housing Cost: \$ _____
# of Bedrooms: _____			Sales Price: \$ _____
Accessibility to Services: _____			

7. TEMPORARY RELOCATION

DATE: _____

REASON: _____

ADDRESS: _____

RENTAL \$ _____

8. RELOCATION PAYMENTS

	TYPE	PAID	DATE	RECEIPT
			AMOUNT	ACKNOW-
				LEDGED

Moving:
Fixed
Actual

Housing:
Rental
Down Payment
180 Homeowner

Rent
Other

Total

9. APPEALS

APPEAL FILED

___ Yes

___ No

TYPE OF APPEAL

___ Payments

___ Housing

___ Other

