HOUSEHOLD CASE RECORD (Sample)

1. HOUSEHOLD SURVEY	DATE OF ORIGIN	AL INTERVIEW:				
	NAME OF INTER	VIEWER:				
Name of Occupant:						
Address:	Contact in Case o					
	Name:					
Phone: Day Night						
Date of Original Occupancy:						
CHARACTERISTICS OF CURRENT UNIT		OF CURRENT UNIT				
# of Rooms:		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:						
	Date Verified:					

HOUSEHOLD CHARACTERISTICS

			Relationship With Household	*	
			With Household		
Name	Age	Sex	Head		Place of Employment
				•	

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		····			3.

2. REPLACEMENT HOUSING PREFERENCES TENURE: Own Rent Subsidized Other (Specify:) Location Neighborhood: Pets, Garage, etc.: Preferred Maximum Monthly Housing Cost: \$						Num Num Num Appr Maxi	PLACEMEN Ther of Room Ther of Bedra There of Bath Toximate Som Toximat				
4. <u>HOU</u>	SING REF	ERRALS	<u> </u>								
Date Address	Type of Unit		Size of Unit		Monthly Rent/ - Sales	Date Available	Low Income or Minority Area	Action on Referral/ Reasons	Relocatee Initials		
######################################		Rent	Sales	Subsi- dized	# of Rooms	# Bed- rooms	Price			for Rejection	

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5. SERVICES AND ASSISTANCE PROVIDED

<u>Date</u> <u>Nature of Conta</u>		of Contac	t Assistan	ce Provided	<u>Person</u>	Providing Service	Result of Assistance or Contact	
6. <u>REPLACEMENT</u>	<u>UNIT</u>							
Date of Move:				_ Address:				
Area of Low-Incor	ne or Mind	ority Conce	entration:	Yes	No			
INSPECTION					MONTHLY	HOUSING COSTS		
					RENTA	<u>L</u>	SALES	
Date Inspected:					Rent:	<u>\$</u>	Mortgage Payment:	\$
Decent, Safe and Sa	nitary:	Yes	No		Estimated Utilities:	\$	Real Property Tax:	\$
Date of the Re-Inspe	tion:		Particularity		Total Monthly Housing Cost:	\$	Estimated Utilities:	\$
of Rooms:			77/76-biffADridorouskina				Total Monthly Housing Cost:	\$
of Bedrooms:			***************				Sales Price:	\$
accessibility to Service	θs:		-					

7. TEMPORARY RELOCATION	8. <u>RELOCATION PAYMENTS</u>	9. APPEALS
DATE:	RECEIPT DATE ACKNOW- TYPE PAID AMOUNT LEDGED	APPEAL FILED
	Moving:	Yes
	Fixed	No
	Actual	TYPE OF APPEAL
		Payments
	Housing:	Housing
	Rental	Other
	Down Payment	Encode de la
	180 Homeowner	*************************************

Water particular and the second secon	Rent	
	Other	M to the same to t
ADDRESS:	Total	
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RENTAL \$ _____