## 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<br>Housing Costs: | \$              | Real Property<br>Taxes:        | \$ |  |  |
| Medical:                        |                                 |                 | Total Monthly<br>Housing Costs | \$ |  |  |
| Public Transit:                 |                                 |                 | -                              |    |  |  |
| Other Services:                 |                                 |                 |                                |    |  |  |
|                                 | Date Verified:                  |                 |                                |    |  |  |
|                                 |                                 |                 |                                |    |  |  |

## **HOUSEHOLD CHARACTERISTICS**

| ·                                       |     |  | Relationship<br>With Household |   |                     |
|---|-----|--|--------------------------------|---|---------------------|
| Name                                    | Age | Sex                                    | Head                           |   | Place of Employment |
|   |     |  |                                |   |                     |
|   |     |  |                                |   |                     |
|   |     |  |                                |   |                     |
|   |     |  |                                |   |                     |
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|   |     |  |                                |   |                     |
|   |     |  |                                |   |                     |
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|   |     |  |                                |   |                     |
|   |     |  |                                |   |                     |
|   |     |  |                                |   |                     |

| Location Pets, Ga | LACEMENT<br>JRE:<br>Nelghborh<br>arage, etc.:  | Own<br>Other ( | Rer<br>Specify: | nt S                     | ubsidized                   | Num<br>Num<br>Num<br>Appr<br>Maxi | aber of Room<br>aber of Bedra<br>aber of Bath<br>roximate Som<br>imum Montl<br>CIAL NEED<br>School A<br>Handicar | rooms:<br>prooms:<br>puare Footag<br>hly Housing<br>OS:<br>ge Children<br>oped (Specif | d NEEDS  de:  Cost: \$ |                  |  |
|-------------------|--|----------------|-----------------|--------------------------|-----------------------------|-----------------------------------|--|--|------------------------|------------------|--|
|                   |  |                |                 | <del>en en composi</del> |                             |                                   |  |  |                        |                  |  |
| 4. <u>HOU</u>     | SING REF   | ERRALS         | <u>3</u>        |                          |                             |                                   |  |  |                        | 2000             |  |
| Date Address      | Type of Unit   |                | Size of Unit    |                          | Monthly<br>Rent/<br>- Sales | Date<br>Available                 | Low Income<br>or Minority<br>Area  | Action on<br>Referral/<br>Reasons  | Relocatee<br>Initials  |                  |  |
|                   |  | Rent           | Sales           | Subsi-<br>dized          | # of<br>Rooms               | # Bed-<br>rooms                   | Price  |  |                        | for<br>Rejection |  |
|                   |  |                | Married Co. (1) |                          |                             |                                   |  |  |                        |                  |  |
|                   |  |                |                 |                          |                             |                                   |  |  |                        |                  |  |
|                   |  |                | <u> </u>        |                          |                             |                                   |  |  |                        |                  |  |
|                   | and the second s |                |                 |                          |                             |                                   |  |  |                        |                  |  |
|                   |  |                |                 |                          |                             |                                   |  |  |                        |                  |  |
|                   |  |                |                 |                          |                             |                                   |  |  |                        |                  |  |

## 5. SERVICES AND ASSISTANCE PROVIDED

| Date Nature of Contact Assistance |             | 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                              |           |                                |    |
| INSF                              | PECTION     |             |  |                   |                                 | MONTHLY I | HOUSING COSTS                  |    |
|                                   |             |             |  |                   | RENTA                           | <u>L</u>  | SALES                          |    |
| Date Inspected:                   |             |             |  |                   | Rent:                           | \$        | Mortgage Payment:              | \$ |
| ecent, Safe and Sa                | nitary:     | Yes         | No                                     |                   | Estimated<br>Utilities:         | \$        | Real Property Tax:             | \$ |
| ate of the Re-Inspe               | otlon:      |             | PERMITTING                             |                   | Total Monthly<br>Housing Cost:  | \$        | Estimated Utilities:           | \$ |
| of Rooms:                         |             |             | ************************************** |                   |                                 |           | Total Monthly<br>Housing Cost: | \$ |
| of Bedrooms:                      |             |             | ****                                   |                   |                                 |           | Sales Price:                   | \$ |
| ccessibility to Servic            | :AS'        |             |  |                   |                                 |           |                                |    |

| 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 constante de la c |
|  | 180 Homeowner                                  | <del>*************************************</del>   |
|  |  | ***************************************  |
| Water particular and the second secon | Rent   |  |
|  | Other  | Military and a second s |
| ADDRESS:   | Total  |  |
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RENTAL \$ \_\_\_\_\_