

**HOUSEHOLD CASE RECORD**  
**(Sample)**

1. HOUSEHOLD SURVEY DATE OF ORIGINAL INTERVIEW: \_\_\_\_\_

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

Name of Occupant: \_\_\_\_\_ Racial/Ethnic Classification: \_\_\_\_\_

Address: \_\_\_\_\_ Contact in Case of Emergency:

Name: \_\_\_\_\_

Phone: Day \_\_\_\_\_ Night \_\_\_\_\_ Address: \_\_\_\_\_

Date of Original Occupancy: \_\_\_\_\_ Phone: \_\_\_\_\_

<u>CHARACTERISTICS OF CURRENT UNIT</u>	<u>HOUSING COSTS OF CURRENT UNIT</u>	
	TENANT	OWNER
# of Rooms: _____		
# 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: \_\_\_\_\_





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>
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	<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: \_\_\_\_\_

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ADDRESS: \_\_\_\_\_

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RENTAL \$ \_\_\_\_\_

8. RELOCATION PAYMENTS

	TYPE	PAID	DATE AMOUNT	RECEIPT ACKNOW- LEDGED
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\_\_\_\_\_

Moving:

Fixed

Actual

\_\_\_\_\_

Housing:

Rental

Down Payment

180 Homeowner

\_\_\_\_\_

Rent

Other

\_\_\_\_\_

Total

\_\_\_\_\_

9. APPEALS

APPEAL FILED

\_\_\_ Yes

\_\_\_ No

TYPE OF APPEAL

\_\_\_ Payments

\_\_\_ Housing

\_\_\_ Other

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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