HOUSEHOLD CASE RECORD (Sample)

1. HOUSEHOLD SURVEY	DATE OF ORIGIN	AL INTERVIEW:					
	NAME OF INTER	VIEWER:					
Name of Occupant:	_ Raclal/Ethnic Clas						
Address:	Contact in Case o	Emergency:					
Phone: Day Night							
Date of Original Occupancy:							
CHARACTERISTICS OF CURRENT UNIT	HOUSING COSTS	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	٨			
Public Transit:			Housing Costs	\$			
Other Services:				Promo material Management de la constante de l			
	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>	Nature	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:	\$	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	
· · · · · · · · · · · · · · · · · · ·		

RENTAL \$ _____