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: _____

CHARACTERISTICS OF CURRENT UNIT

# of Rooms: _____

# of Bedrooms: _____

# of Bathrooms: _____

Approximate Square Footage: _____

Accessibility to Shopping: _____

Medical: _____

Public Transit: _____

Other Services: _____

_____

_____

HOUSING COSTS OF CURRENT UNIT

TENANT		OWNER	
Rent:	$_____	Monthly Mortgage:	$_____
Average Utilities:	$_____	Average Utilities:	$_____
Total Monthly Housing Costs:	$_____	Real Property Taxes:	$_____
		Total Monthly Housing Costs	$_____

Date Verified: _____

HOUSEHOLD CHARACTERISTICS

Name	Age	Sex	Relationship With Household Head	Place of Employment

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	Subsi-dized	# of Rooms	# Bed-rooms					

5. SERVICES AND ASSISTANCE PROVIDED

Date	Nature of Contact Assistance Provided	Person Providing Service	Result of Assistance or Contact

6. REPLACEMENT UNIT

Date of Move: _____ Address: _____

Area of Low-Income or Minority Concentration: Yes No

INSPECTION

Date Inspected: _____

Decent, Safe and Sanitary: Yes No

Date of the Re-Inspection: _____

# of Rooms: _____

# of Bedrooms: _____

Accessibility to Services: _____

MONTHLY HOUSING COSTS

RENTAL

Rent: $_____

Estimated Utilities: $_____

Total Monthly Housing Cost: $_____

SALES

Mortgage Payment: $_____

Real Property Tax: $_____

Estimated Utilities: $_____

Total Monthly Housing Cost: $_____

Sales Price: $_____

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
Moving:				
Fixed				
Actual				
Housing:				
Rental				
Down Payment				
180 Homeowner				
Rent				
Other				
Total				

9. APPEALS

APPEAL FILED

___ Yes

___ No

TYPE OF APPEAL

___ Payments

___ Housing

___ Other

_____

_____

_____

_____

_____

_____