CDBG-DR 8-4:

HOUSEHOLD CASE RECORD (Sample)

1. HOUSEHOLD SURVEY	DATE OF ORIGIN	AL INTERVIEW:				
	NAME OF INTERV	/IEWER:				
Name of Occupant:						
Address:						
	Name:					
Phone: Day Night						
Date of Original Occupancy:	Phone:					
CHARACTERISTICS OF CURRENT UNIT	HOUSING COSTS	OF CURRENT UNIT				
# of Rooms:		TENANT	OWNER			
# of Bedrooms:						
# of Bathrooms:	Rent:	\$	Monthly Mortgage:	<u>\$</u>		
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		
Name	Age	Sex	Head		Place of Employment
				•	

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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	aber of Room aber of Bedra aber of Bath roximate Som imum Montl CIAL NEED School A Handicar	rooms: prooms: puare Footag hly Housing OS: ge Children oped (Specif	d NEEDS de: Cost: \$		
				en en composi							
4. <u>HOU</u>	SING REF	ERRALS	<u>3</u>							2000	
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	
			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			
INSPECTION					MONTHLY I	HOUSING COSTS		
					RENTA	<u>L</u>	SALES	
Date Inspected:					Rent:	\$	Mortgage Payment:	\$
ecent, Safe and Sa	nitary:	Yes	No		Estimated Utilities:	\$	Real Property Tax:	\$
ate of the Re-Inspe	otlon:		PERMITTING		Total Monthly Housing Cost:	\$	Estimated Utilities:	\$
of Rooms:			**************************************				Total Monthly Housing Cost:	\$
of Bedrooms:			****************				Sales Price:	\$
ccessibility to Servic	:AS'							

7. TEMPORARY RELOCATION	8. RELOCATION PAYMENTS	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	Married statement section to the company of the com	
	180 Homeowner	**************************************	
	Rent		
	Other	PT to The same of	
ADDRESO	Tabel		
ADDRESS:	Total		

RENTAL: \$