

<b>SITE OCCUPANT RECORD – RESIDENTIAL</b>				PROJECT NAME _____							
LOCALITY/AGENCY _____				PROJECT NO. _____							
DATE OF INITIAL INTERVIEW _____				RELOCATION CASE NO. _____							
NAME OF OCCUPANT _____				INTERVIEWER _____							
				<input type="checkbox"/> FAMILY <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT							
ADDRESS _____				DATE OF GENERAL NOTICE _____							
				EFFECTIVE DATE OF NOTICE OF ELIGIBILITY FOR RELOCATION ASSISTANCE _____							
TELEPHONE NUMBER _____				CENSUS TRACT _____							
DATE OCCUPANT FIRST OCCUPIED THIS DWELLING _____											
<b>HOUSING COSTS AND CHARACTERISTICS OF DISPLACEMENT DWELLING</b>											
<b>TENANT</b>				<b>OWNER</b>							
MONTHLY CONTRACT RENT		\$ _____		MONTHLY MORTGAGE PAYMENT (P & I)		\$ _____					
AVERAGE UTILITY COSTS		\$ _____		AVERAGE MONTHLY UTILITIES		\$ _____					
<b>MONTHLY HOUSING COSTS</b>		\$ _____		REAL PROPERTY TAXES		\$ _____					
INITIAL RENT DATE _____				<b>MONTHLY HOUSING COSTS</b>		_____					
SECURITY DEPOSIT		\$ _____		INTEREST RATE _____%    FIXED/ ARM		_____					
UTILITIES INCLUDED IN RENT:				ORIGINAL AMT _____		_____					
<input type="checkbox"/> gas <input type="checkbox"/> electric <input type="checkbox"/> water/ sewer				MORTGAGE DATE _____		_____					
				PURCHASE DATE _____		_____					
<b>DWELLING CHARACTERISTICS</b>				<b>RACIAL/ETHNIC CLASSIFICATION</b>							
<input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> DUPLEX <input type="checkbox"/> MULTI FAMILY				<input type="checkbox"/> WHITE, NOT OF HISPANIC ORIGIN							
# of STORIES _____    CONSTRUCTION _____				<input type="checkbox"/> BLACK, NOT OF HISPANIC ORIGIN							
<input type="checkbox"/> Living Rm. <input type="checkbox"/> Dining Rm. <input type="checkbox"/> Din/Liv. Rm. <input type="checkbox"/> Kitchen <input type="checkbox"/> Family Rm.				<input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE							
<input type="checkbox"/> Den <input type="checkbox"/> Rec. Room <input type="checkbox"/> Basement <input type="checkbox"/> Utility Rm. <input type="checkbox"/> Attic				<input type="checkbox"/> HISPANIC							
# Bedrooms _____    # Baths _____ <input type="checkbox"/> Garage    # Cars _____				<input type="checkbox"/> ASIAN OR PACIFIC ISLANDER							
<input type="checkbox"/> Utility Buildings (list) _____				<input type="checkbox"/> FEMALE HEAD OF HOUSEHOLD							
Comments: _____											
Is this the principal & legal residence? <input type="checkbox"/> YES <input type="checkbox"/> NO				Is the dwelling DS&S? <input type="checkbox"/> YES <input type="checkbox"/> NO							
If not, why? _____											
<b>FAMILY COMPOSITION AND INCOME SOURCES</b>											
NAME	RELATIONSHIP	S E X	A G E	WORK OR SCHOOL LOCATION	MODE OF TRAVEL	DISTANCE	GROSS MONTHLY INCOME				
	H/Household										
<b>GROSS FAMILY INCOME</b>							\$ _____				
Special Needs – ELDERLY, DISABLED		<b>REHOUSING PREFERENCES</b>				<b>REHOUSING REQUIREMENTS</b>					
		PURCHASE <input type="checkbox"/> RENT <input type="checkbox"/> SUBSIDIZED HOUSING <input type="checkbox"/> NONE <input type="checkbox"/>				NO OF ROOMS _____					
		<input type="checkbox"/> Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Mobile Home <input type="checkbox"/> Apartment				NO OF BEDROOMS _____					
Location Preference _____		Pets, garage etc. _____				Max monthly cost _____					
						Max purchase price _____					
<b>HOUSING REFERRALS</b>											
DATE	ADDRESS	TYPE OF UNIT			SIZE OF UNIT		MONTHLY RENT AND EST. AVG. MONTHLY UTILITY COSTS /SALES PRICE	INSPECTED?	DATE UNIT WILL BE AVAILABLE	LOW-INCOME OR MINORITY AREA?	ACTION ON REFERRAL. (If refused, indicate why. Also, indicate whether unit is representative comparable used as basis for payment limit)
		RENT	SALES	SUBSIDIZED	NUMBER OF ROOMS	NUMBER OF BEDROOMS					
<b>REPLACEMENT DWELLING UNIT</b>											
DATE OF MOVE _____				ADDRESS _____				CENSUS TRACT _____			
<b>MONTHLY HOUSING COSTS (MHC)</b>						<b>RELOCATION PAYMENT(S)</b>					
<input type="checkbox"/> RENTAL		<input type="checkbox"/> PURCHASE		MOVING PAYMENT    RHP		TYPE <input type="checkbox"/> ACTUAL <input type="checkbox"/> RENTAL		<input type="checkbox"/> FIXED		<input type="checkbox"/> DOWNPMNT	
MONTHLY RENT _____		MORTGAGE PMT. (P & I) _____		EST. UTILITY COSTS _____		REAL PROPERTY TAXES _____				<input type="checkbox"/> 180 Day Owner	
TOTAL MHC _____		EST UTILITY COSTS _____		TOTAL MHC _____		SALES PRICE _____		AMOUNT _____		Date Filed _____	
Unit in area of Low-income or Minority Concentration? <input type="checkbox"/> YES <input type="checkbox"/> NO						DATE PAID _____					
Is Unit Subsidized? <input type="checkbox"/> YES <input type="checkbox"/> NO											
APPEAL FILED? <input type="checkbox"/> YES <input type="checkbox"/> NO						(Include a copy of claim forms In case file)					
IF YES, INDICATE TYPE: <input type="checkbox"/> PAYMENT(S) <input type="checkbox"/> HOUSING <input type="checkbox"/> OTHER											