

CDBG-DR 8-4:

**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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_