

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

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 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: _____

ADDRESS: _____

RENTAL \$ _____

8. RELOCATION PAYMENTS

	TYPE	PAID	DATE AMOUNT	RECEIPT ACKNOW- LEDGED
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Moving:

Fixed

Actual

Housing:

Rental

Down Payment

180 Homeowner

Rent

Other

Total

9. APPEALS

APPEAL FILED

___ Yes

___ No

TYPE OF APPEAL

___ Payments

___ Housing

___ Other
