SITE OCCUPANT RECORD—RESIDENTIAL

PROJECT NAME _____
PROJECT NO. _____
RELOCATION CASE NO. _____
ACQUISITION PARCEL NO. _____

LOCALITY/AGENCY

DATE OF INITIAL INTERVIEW _____ INTERVIEWER _____

NAME OF OCCUPANT _____

ADDRESS _____

TELEPHONE NUMBER _____ CENSUS TRACT _____

DATE OCCUPANT FIRST OCCUPIED THIS DWELLING

CHECK: ☐ FAMILY ☐ INDIVIDUAL ☐ OWNER ☐ TENANT

DATE OF GENERAL INFORMATION NOTICE _____

EFFECTIVE DATE OF NOTICE OF ELIGIBILITY FOR RELOCATION ASSISTANCE _____
(INCLUDE COPY OF NOTICES IN CASE FILE)

RACIAL/ETHNIC CLASSIFICATION

☐ WHITE, NOT OF HISPANIC ORIGIN
☐ BLACK, NOT OF HISPANIC ORIGIN
☐ AMERICAN INDIAN OR ALASKAN NATIVE
☐ HISPANIC
☐ ASIAN OR PACIFIC ISLANDER

HOUSING COSTS AND CHARACTERISTICS OF DISPLACEMENT DWELLING

TENANT:
MONTHLY CONTRACT RENT $ _____
AVERAGE MONTHLY UTILITY COSTS $ _____
MONTHLY HOUSING COST $ _____

OWNER:
MONTHLY MORTGAGE PAYMENT (P&I) $ _____
AVERAGE MONTHLY UTILITY COSTS $ _____
REAL PROPERTY TAXES $ _____
MON. HOUSING COSTS $ _____

NO. OF ROOMS _____
NO. OF BEDROOMS _____
UNIT IS:
HOUSEKEEPING ☐
NONHOUSEKEEPING ☐

SURNAME, GIVEN NAME(S)	RELATION-SHIP	SEX	AGE	OCCUPATION	SOURCE OF INCOME: EMP.	WELF.	PENS.	OTHER (Identify)	GROSS MONTHLY INCOME	NAME OF EMPLOYER–TELEPHONE NO.
									$	
				TOTAL GROSS MONTHLY INCOME: $						

SPECIAL CHARACTERISTICS OF HOUSEHOLD (E.G., DISABLED, ELDERLY, ETC.)

REHOUSING PREFERENCES:
PURCHASE ☐ RENT ☐ SUBSIDIZED HOUSING ☐ NONE ☐
LOCATION/NEIGHBORHOOD CONSIDERATIONS: _____
PETS, GARAGE, ETC.: _____

REHOUSING REQUIREMENTS:
NO. OF ROOMS _____
NO. OF BEDROOMS _____
MAX. MON. HOUSING COST $ _____
MAXIMUM PURCHASE PRICE $ _____

MO 419-2915 (01-06)

HOUSING REFERRALS

DATE	ADDRESS (Include Apt. No.)	CENSUS TRACT	TYPE OF UNIT ☑			SIZE OF UNIT		MONTHLY RENT AND EST. AVG. MONTHLY UTILITY COSTS/ SALES PRICE	UNIT 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					

REPLACEMENT DWELLING UNIT

DATE OF MOVE _____ ADDRESS _____ CENSUS TRACT _____

MONTHLY HOUSING COST (MHC)

☐ RENTAL
MONTHLY RENT $_____
EST. AVERAGE MONTHLY UTILITY COSTS $_____
TOTAL MHC $_____

☐ PURCHASE:
MORTGAGE PAYMENT (P&I) $_____
REAL PROPERTY TAXES $_____
EST. UTILITY COSTS $_____
TOTAL MHC $_____
SALES PRICE $_____

☐ D, S, & S ☐ NOT D, S, & S
DATE OF INSPECTION _____
DATE OF REINSPECTION _____
NO. OF ROOMS _____
NO. OF BEDROOMS _____
(Include copy of Inspection Report in Case File)

RELOCATION PAYMENT(S)

	MOV. EXP.	RHP
TYPE	☐ ACTUAL ☐ FIXED	☐ RENTAL ☐ DOWNPYMT ☐ 180-DAY HO
AMOUNT	$_____	$_____
DATE CLAIM FILED	_____	_____
DATE CLAIM PAID	_____	_____

(Include Copy of Claim Forms in Case File)

IS UNIT IN AREA OF LOW-INCOME OR MINORITY CONCENTRATION?
☐ YES ☐ NO
IS UNIT SUBSIDIZED? ☐ YES ☐ NO
_____
(Identify)

TEMPORARY HOUSING
DATE _____ REASON _____
_____
ADDRESS _____ RENTAL $ _____
DATE OF MOVE TO PERMANENT DWELLING _____
OUT-OF-POCKET EXPENSES PAID:
MOVING EXPENSES $ _____
INCREASED HOUSING COST $ _____

APPEAL FILED: ☐ YES ☐ NO
IF YES, INDICATE TYPE:
☐ PAYMENT(S)
☐ HOUSING
☐ OTHER _____
(Include Copy of Appeal in Case File)