# Sample

# Displaced Household Case Management Record

## Section 1: Household Survey

Name of Occupant:

Address:

Phone: (day) (night)

Date of Original Occupancy:

Date of Original Interview:

Name of Interviewer:

Racial/Ethnic Classification:

Contact in Case of Emergency:

Name:

Address:

Phone:

## Section 2: Characteristics of Current Unit/Household

### Characteristics of Current Unit

# of Rooms:

# of Bedrooms

# of Bathrooms:

Approximate Square Footage:

Accessibility to Shopping:

Medical:

Public Transit:

Other Services:

### Housing Costs of Current Unit

Tenant Rent:

Tenant Average Utility:

Tenant Total Monthly Housing Costs:

Owner Monthly Mortgage:

Owner Average Utility:

Owner Real Property Taxes:

Owner Total Monthly Housing Cost:

Date Verified:

Household Characteristics

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Age** | **Gender** | **Relationship with Head of Household** | **Place of Employment** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

### Replacement Housing Preferences:

Tenure: (own, rent, subsidized, other specify)

Location Neighborhood:

Pets, Garage, etc.:

Preferred Maximum Monthly Housing Cost:

## Section 3: Replacement Housing Needs:

Number of Rooms:

Number of Bedrooms:

Number of Bathrooms:

Approximate Square Footage:

Maximum Monthly Housing Cost:

### Special Needs:

School Age Children:

Persons with Disabilities (Specify):

Other (Specify):

## Section 4: Housing Referrals:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Address** | **Type of Unit** | | **Size of Unit** | | **Monthly Rent** | **Date Available** | **Action on Referral or Reason for Rejection** |
|  |  | **Rent** | **Sale** | **# # of Rooms** | **# # of Bedrooms** |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

## Section 5: Services and Assistance Provided:

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Nature of Assistance** | **Person Providing Service** | **Result of Assistance or Contact** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## Section 6: Replacement Unit:

Date of Move:

Address:

Area of Low-Income or Minority Concentration: Yes or No

Date Inspected:

Decent, Safe and Sanitary: Yes or No

Date of the Re-Inspection:

# of Rooms:

# of Bedrooms:

Accessibility to Services:

Rent:

Rental Estimated Utilities:

Rental Total Monthly Housing Cost:

Sales:

Mortgage Payment:

Sales Real Property Tax:

Sales Estimated Utilities:

Sales Total Monthly Housing Cost:

Sales Price:

## Section 7: Temporary Relocation:

Date:

Reason:

Address:

Rental Amount:

## Section 8: Relocation Payments:

Moving:

Fixed: Actual:

Housing:

Rental: Down Payment:

## Section 9: Appeals

Appeal Filed: Yes or No

Type of Appeal: Payments, Housing, Other (Specify):