Site Occupant Record - Reside	Project Name:	Project Name: Project #: Relocation Case #:					
LOCALITY/AGENCY	Relocation Case #:						
Date of Initial Interview: Inte	rviewer:	Acquisition Darcel #					
NAME OF OCCUPANT ADDRESS CENS	CLIC TRACT	CHECK: FAMILY INDIVIDUAL OWNER TENANT					
IS THIS ADDRESS LOCATED IN A HUD DESIGNATION OR EMPOWERMENT ZONE? YES NO	ATED RENEWAL COMMUNITY	DATE OF GENERAL INFORMATION NOTICE  EFFECTIVE DATE OF NOTICE OF ELIGIBILITY FOR RELOCATION ASSISTANCE  DATE PRIVACY ACT STATEMENT EXECUTED  (INCLUDE COPY OF NOTICES AND SIGNED PRIVACY ACT STATEMENT IN CASE FILE)					
RACIAL/ETHNIC CLASSIFICATION	HOUSING COSTS AND CHARAC	CTERISTICS OF DISPLACEMENT DWELLING					
(CHECK ALL THAT APPLY)  AMERICAN INDIAN OR ALASKAN NATIVE  ASIAN  BLACK OR AFRICAN AMERICAN  HISPANIC OR LATINO  NATIVE HAWAIIAN OR OTHER PACIFIC  ISLANDER  WHITE  AMERICAN INDIAN OR ALASKAN NATIVE  AND WHITE  ASIAN AND WHITE  BLACK OR AFRICAN AMERICAN AND	TENANT: MONTHLY CONTRACT RENT \$ AVERAGE MONTHLY UTILITY COSTS \$ MONTHLY HOUSING COSTS \$  NO. OF ROOMS NO. OF UNIT IS:  HOUSEKEEPING	M P/A V U RI M	WNER: ONTHLY MORTGAGE AYMENT (P&I) VERAGE MONTHLY TILITY COSTS EAL PROPERTY TAXES ONTHLY HOUSING COSTS	\$ \$ \$ \$			
WHITE  AMERICAN INDIAN OR ALASKAN NATIVE AND BLACK OR AFRICAN AMERICAN OTHER MULTI-RACIAL							

					SOURCE OF INCOME		OME		NAME OF EMPLOYER AND	
SURNAME, GIVEN NAME(S)/SSN(S)	RELA- TION- SHIP	SEX	AGE	OCCUPATION	EMP.		PENS.	OTHER (IDENTIFY)	GROSS MONTHLY INCOME	TELEPHONE NUMBER
									\$	
									T	
						1				
					TOTA	LODOC	CMONTH	I V INCOME:	<u> </u>	
					1017	L GRUS	S MON I H	LY INCOME:	<b></b>	
SPECIAL CHARACTE OF HOUSEHOLD (E.G DISABLED, ELDERLY	i.,	LOCA	EHOUSING PREFERENCES:  PURCHASE RENT SUBSIDIZED HOUSING NONE OCATION/NEIGHBORHOOD CONSIDERATIONS:  ETS, GARAGE, ETC.:						REHOUSING REQUIREMENTS: NO. OF ROOMS NO. OF BEDROOMS MAX. MONTHLY HOUSING COSTS \$ MAX. PURCHASE	
										PRICE \$

HOUSING REFERRALS												
		Type of Unit		f Unit	Size of Unit					Low Income	Action on Referral (If refused, indicate why. Also indicate whether unit is	
Date	Address (Include Apt No.)	Census Track	Rent	Sales	Subsidized	# of Rms	# of Bdrms	Mo Rent + Est Avg Mo Utility Costs/Sales Price	Unit Inspd	Unit Avail Date	Or Minority Area?	representative comparable used as basis for pmt limit.)
DEDI A	DEDI A CEMENT DWELLING LINIT											

REPLACEMENT DWELLING UNIT								
DATE OF MOVE ADDRESS								
IS THIS ADDRESS LOCATED IN A HUD DESIGN	NATED RENEWAL COMMUNITY OR EMPOWERMENT ZONE:	? □ YES □ NO						
MONTHLY HOUSING COST (MHC)  RENTAL  MONTHLY RENT \$ MORTGAGE P. EST. AVERAGE  MONTHLY  UTILITY COSTS \$ TOTAL MHC  TOTAL MHC  SALES PRICE	AYMENT (P&I) \$ DATE OF REINSPECTION TAXES \$ NO. OF ROOMS	TYPE ACTUAL RENTAL FIXED DOWNPMT 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)	DATEREASON	APPEAL FILED:  YES NO IF YES, INDICATE TYPE: PAYMENT(S) HOUSING OTHER (Include copy of Appeal in Case File)						