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| SITE OCCUPANT RECORD - RESIDENTIAL | | | | Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Project #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Relocation Case #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Acquisition Parcel #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| LOCALITY/AGENCY | | | |
| **Date of Initial Interview: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Interviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| NAME OF OCCUPANT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TELEPHONE NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CENSUS TRACT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | CHECK:  FAMILY  INDIVIDUAL OWNER  TENANT | | |
| 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) | | |
| IS THIS ADDRESS LOCATED IN A HUD DESIGNATED RENEWAL COMMUNITY OR EMPOWERMENT ZONE?  YES  NODATE OCCUPANT FIRST OCCUPIED THIS DWELLING \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| RACIAL/ETHNIC CLASSIFICATION | HOUSING COSTS AND CHARACTERISTICS 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 WHITE AMERICAN INDIAN OR ALASKAN NATIVEAND BLACK OR AFRICAN AMERICAN OTHER MULTI-RACIAL | TENANT:MONTHLY CONTRACT RENT $ \_\_\_\_\_\_\_\_AVERAGE MONTHLYUTILITY COSTS $ \_\_\_\_\_\_\_\_MONTHLY HOUSING COSTS $ \_\_\_\_\_\_\_\_ | | **OWNER:**  **MONTHLY MORTGAGE**  **PAYMENT (P&I) $ \_\_\_\_\_\_\_\_\_\_**  **AVERAGE MONTHLY**  **UTILITY COSTS $ \_\_\_\_\_\_\_\_\_\_**  **REAL PROPERTY TAXES $ \_\_\_\_\_\_\_\_\_\_**  **MONTHLY HOUSING COSTS $ \_\_\_\_\_\_\_\_\_\_** | |
| **NO. OF ROOMS \_\_\_\_\_ NO. OF BEDROOMS \_\_\_\_\_**  **UNIT IS:**  **HOUSEKEEPING**  **NONHOUSEKEEPING** | | | |
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| **SURNAME, GIVEN NAME(S)/SSN(S)** | | **RELA-**  **TION-**  **SHIP** | **SEX** | **AGE** | | OCCUPATION | | | SOURCE OF INCOME | | | | | | | | | **GROSS**  **MONTHLY**  **INCOME** | | **NAME OF EMPLOYER AND**  **TELEPHONE NUMBER** | |
| **EMP.** | | **WELF.** | | **PENS.** | | | **OTHER**  **(IDENTIFY)** | |
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|  | |  |  |  | | **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. MONTHLY**  **HOUSING COSTS $ \_\_\_\_\_\_\_\_**  **MAX. PURCHASE**  **PRICE $ \_\_\_\_\_\_\_\_** | |
| **HOUSING REFERRALS** | | | | | | | | | | | | | | | | | | | | | |
| **Date** | **Address**  **(Include Apt No.)** | | **Census**  **Track** | | **Type of Unit** | | | | | **Size of Unit** | | | | | **Mo Rent + Est**  **Avg Mo Utility**  **Costs/Sales Price** | | | **Unit**  **Inspd** | **Unit**  **Avail**  **Date** | **Low**  **Income**  **Or**  **Minority**  **Area?** | **Action on Referral (If refused, indicate why. Also indicate whether unit is representative comparable used as basis for pmt limit.)** |
| **Rent** | | **Sales** | **Subsidized** | | **# of**  **Rms** | | **# of**  **Bdrms** | | |
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| **REPLACEMENT DWELLING UNIT** | | | | |
| **DATE OF MOVE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CENSUS TRACT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **IS THIS ADDRESS LOCATED IN A HUD DESIGNATED RENEWAL COMMUNITY OR EMPOWERMENT ZONE?**  **YES**  **NO** | | | | |
| **MONTHLY HOUSING COST (MHC)**  **RENTAL**  **PURCHASE**  **MONTHLY RENT $ \_\_\_\_\_\_\_\_\_\_ MORTGAGE PAYMENT (P&I) $ \_\_\_\_\_\_\_\_\_**  **EST. AVERAGE REAL ESTATE TAXES $ \_\_\_\_\_\_\_\_\_**  **MONTHLY EST. UTILITY COSTS $ \_\_\_\_\_\_\_\_\_**  **UTILITY COSTS $ \_\_\_\_\_\_\_\_\_ TOTAL MHC $ \_\_\_\_\_\_\_\_\_**  **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**  **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)** | **TEMPORARY HOUSING**  **DATE \_\_\_\_\_\_\_\_\_ REASON \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RENTAL $ \_\_\_\_\_\_\_\_\_**  **DATE OF MOVE TO PERMANENT DWELLING \_\_\_\_\_\_\_\_\_**  **OUT-OF-POCKET EXPENSES PAID:**  **MOVING EXPENSES $ \_\_\_\_\_\_\_\_\_\_\_\_\_**  **INCREASED HOUSING COSTS $ \_\_\_\_\_\_\_\_\_\_\_\_\_** | | **APPEAL FILED:**  **YES**  **NO**  **IF YES, INDICATE TYPE:**  **PAYMENT(S)**  **HOUSING**  **OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(Include copy of Appeal in Case File)** | |