Site Occupant Record - Reside	Project Name:						
LOCALITY/AGENCY							
Date of Initial Interview: Inte	rviewer:	Acquisition Parcel #1					
NAME OF OCCUPANT ADDRESS CEN:		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	ACTERISTICS 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. OI UNIT IS: HOUSEKEEPING [MO PA' AVI UTI RE. MO	WNER: ONTHLY MORTGAGE YMENT (P&I) ERAGE MONTHLY ILITY COSTS AL PROPERTY TAXES ONTHLY HOUSING COSTS	\$ \$ \$ \$			
WHITE AMERICAN INDIAN OR ALASKAN NATIVE AND BLACK OR AFRICAN AMERICAN OTHER MULTI-RACIAL							

			EX AGE	OCCUPATION		SOURC	E OF INC	OME	GROSS MONTHLY INCOME	NAME OF EMPLOYER AND TELEPHONE NUMBER
SURNAME, GIVEN NAME(S)/SSN(S)	RELA- TION- SHIP	SEX			EMP.	WELF.	PENS.	OTHER (IDENTIFY)		
									\$	
									T	
					TOTA	L GROS	S MONTH	LY INCOME:	\$	
OF HOUSEHOLD (E.G	REHOUSING PREFERENCES: PURCHASE RENT SUBSIDIZED HOUSING NONE LOCATION/NEIGHBORHOOD CONSIDERATIONS: PETS, GARAGE, ETC.: PETS, GARAGE, ETC.: PURCHASE RENT SUBSIDIZED HOUSING NONE LOCATION/NEIGHBORHOOD CONSIDERATIONS: PETS, GARAGE, ETC.: PETS, GARAGE, ETC.: PURCHASE RENT SUBSIDIZED HOUSING NONE LOCATION/NEIGHBORHOOD CONSIDERATIONS: PETS, GARAGE, ETC.: PURCHASE RENT SUBSIDIZED HOUSING NONE LOCATION/NEIGHBORHOOD CONSIDERATIONS: PETS, GARAGE, ETC.: PURCHASE RENT SUBSIDIZED HOUSING NONE LOCATION/NEIGHBORHOOD CONSIDERATIONS: PURCHASE RENT RENT SUBSIDIZED HOUSING NONE LOCATION/NEIGHBORHOOD CONSIDERATIONS: PURCHASE RENT R						REHOUSING REQUIREMENTS: NO. OF ROOMS NO. OF BEDROOMS MAX. MONTHLY HOUSING COSTS \$ MAX. PURCHASE PRICE \$			

HOUSING REFERRALS												
	OUDING INEI ERICALO		Type of Unit		Size of Unit		Mo Rent + Est		Unit	Low Income Or	Action on Referral (If refused, indicate why. Also indicate whether unit is	
	Address	Census				# a c	# of	Avg Mo Utility	Tīn:4	Avail		representative comparable used as
T				a .	a	# of			Unit		Minority	
Date	(Include Apt No.)	Track	Rent	Sales	Subsidized	Rms	Bdrms	Costs/Sales Price	Inspd	Date	Area?	basis for pmt limit.)
								_				
REPLACEMENT DWELLING UNIT												

REPLACEMENT DWELLING UNIT						
DATE OF MOVE ADDRESS		CENSUS TRACT				
IS THIS ADDRESS LOCATED IN A HUD DESIGN	NATED RENEWAL COMMUNI	TY 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) \$ I	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 Unclude 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 DATE OF MOVE TO PERMAN OUT-OF-POCKET EXPENSES MOVING EXPENSES INCREASED HOUSING CO	RENTAL \$ NENT DWELLING S PAID: \$	APPEAL FILED: YES NO IF YES, INDICATE TYPE: PAYMENT(S) HOUSING OTHER (Include copy of Appeal in Case File)			