

Exhibit V - Residential Site Occupant Record

LOCALITY/AGENCY: _____
 Date of Initial Interview: _____ Interviewer: _____
 Name of Occupant: _____
 Address: _____
 Telephone Number: _____ Census Tract: _____

Is this address located in a HUD Designated Renewal Community or Empowerment Zone?
 Yes No

Date occupant first occupied this dwelling: _____

Housing Costs and Characteristics of Displacement Dwelling			
Tenant:		Owner:	
Monthly Contract Rent:	\$ _____	Monthly Mortgage Payment:	\$ _____
Average Monthly Utility Costs:	\$ _____	Average Monthly Utility Costs:	\$ _____
Monthly Costs:	\$ _____	Real Property Taxes:	\$ _____
		Monthly Housing Costs:	\$ _____

Number of Rooms: _____
 Number of Bedrooms: _____
 Unit is: Housekeeping Nonhousekeeping

Project Name: _____
 Project #: _____
 Relocation Case: _____
 Acquisition Parcel #: _____

CHECK: Family Individual
 Owner Tenant

Date of General Information Notice: _____
 Effective Date for 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
 (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 Native and Black or African American
 Other Multi-Racial

Surname, Given Name(s)/SSN(s)	Relationship	Sex	Age	Occupation	Source of Income				Gross Monthly Income	Employer/Phone Number
					Emp.	Welf.	Pens.	Other (Identify)		
Special Characteristics of Household (E.G., Disabled, Elderly, Etc.) _____ _____ _____	Rehousing Preferences: <input type="checkbox"/> Purchase <input type="checkbox"/> Rent <input type="checkbox"/> Subsidized Housing <input type="checkbox"/> None				Rehousing Requirements: No. of Rooms: _____ No. of Bedrooms: _____ Max. Monthly Housing Costs: _____ Max Purchase Price: _____					
	Location/Neighborhood Considerations: _____									
	Pets, Garage, Etc.: _____									

Housing Referrals

Date	Address (Include Apt. No.)	Census Tract	Type of Unit			Size of Unit		Mo. Rent + Est Avg Mon Utility Costs/Sales Price	Unit Inspected	Unit Avail. Date	Low Income or Minority Area?	Action on Referral (If refused, indicate why. Indicate whether unit is comparable, used as pymt. limit)
			Rent	Sales	Subsidized	# of Rms.	# of Bdrms.					

Replacement Dwelling Unit

Date of Move: _____ Address: _____ Census Tract: _____		
Is this address located in a HUD Designated Renewal Community or Empowerment Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<p>Monthly Housing Cost</p> <input type="checkbox"/> Rental <input type="checkbox"/> Purchase Monthly Rent: _____ Mortgage Pymt. (P&I): _____ Est. Avg. Monthly Real Estate Taxes: _____ Utility Costs: _____ Est. Monthly Utility Costs: _____ Total: _____ Total: _____ Sales Price: _____	<p><input type="checkbox"/> D. S. & S. <input type="checkbox"/> NOT D. S. & S.</p> Date of Inspection: _____ Date of Reinspection: _____ No. of Rooms: _____ No. of Bedrooms: _____ (Include copy of inspection report in case file)	
Is unit in area of low-income or minority concentration: <input type="checkbox"/> Yes <input type="checkbox"/> No Is Unit Subsidized? <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Temporary Housing</p> Date: _____ Reason: _____ Address: _____ Rent \$ _____ Date of Move to Permanent Dwelling: _____ Out-of-Pocket Expenses Paid: Moving Expenses: \$ _____ Increase Housing Costs: \$ _____	<p>Relocation Payment(s)</p> Mov. Exp. Rehousing Pymt. Type: <input type="checkbox"/> Actual <input type="checkbox"/> Rental <input type="checkbox"/> Fixed <input type="checkbox"/> DownPymt. <input type="checkbox"/> 180-Day HO Amount: \$ _____ \$ _____ Date Claim Filed: _____ Date Claim Paid: _____ Include Copy of Claim Form in case file Appeal Filed: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, indicate type: <input type="checkbox"/> Payment(s) <input type="checkbox"/> Housing <input type="checkbox"/> Other _____
Identify		