

## Exhibit H - 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:	\$ _____
<b>Monthly Costs:</b>	\$ _____	Real Property Taxes:	\$ _____
		<b>Monthly Housing Costs:</b>	\$ _____

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 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 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?  Yes  No

<p><b>Monthly Housing Cost</b></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: _____ <b>Total:</b> _____ <b>Total:</b> _____ Sales Price: _____	<p><input type="checkbox"/> D. S. &amp; S.    <input type="checkbox"/> NOT D. S. &amp; S.</p> Date of Inspection: _____ Date of Reinspection: _____ No. of Rooms: _____ No. of Bedrooms: _____ <small>(Include copy of inspection report in case file)</small>	<p><b>Relocation Payment(s)</b></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 _____
<p>Is unit in area of low-income or minority concentration:  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Is Unit Subsidized?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Identify</p>	<p><b>Temporary Housing</b></p> Date: _____ Reason: _____ Address: _____ Rent \$ _____ Date of Move to Permanent Dwelling: _____ Out-of-Pocket Expenses Paid: Moving Expenses: \$ _____ Increase Housing Costs: \$ _____	