Current name of housing development:

Application Name (and DCA number, if available):

Date of Initial Interview: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Name of Interviewer:

**Basic Resident Data**

Full name of head of household:

Phone number: Email address:

Building number: Apartment number: Date first moved into the building: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Preferred Language and/or Reading Accommodation:

**Costs and Characteristics of Current Housing**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Unit Type: | SRO | Eff | 1BR | 2BR | 3BR | 4BR |  5BR |  Mobile Home |
| Total Number of Rooms: | | | Rent | Own | Occupy & Own | |  |  |

Rental:

Rent paid by Tenant: $ Monthly subsidy amount: $

Monthly utility allowance: $ Total monthly rent charge: $

Mobile Home only – rent for land: $ Total housing cost for Tenant: $

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Subsidy Type: | None | Section 8 | Home TBA | Other: |

Owner - URA (if not voluntary seller) & mobile home only:

Monthly Mortgage Payment (P&I): $ Real Property Taxes: $

Average Monthly Utility Costs: $ Total monthly housing cost: $

**Household Characteristics and Income**

*For anticipated income, can use incomes of household members for the past year or multiply income for most recent month by 12. This amount reflects income before any payroll deductions. Account for any reasonably anticipated changes.*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surname, Given Name | Relation-  ship | Sex | Age | Occupation | Source of Anticipated Income | | | | Gross Anticipated Monthly Income |
| Employ-ment | Welfare | Pension | Other (identify) |
|  |  |  |  |  |  |  |  |  |  |
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Total Number of Persons: Total Gross Anticipated Monthly Income: $

Total Gross Adjusted Monthly Income: $

Student Household

|  |  |  |
| --- | --- | --- |
| Are all household members full-time students or was a FT student 5 out of the last 12 months? | Yes | No |
| If Yes, answer questions 1 through 5: |  |  |
| 1. Are all adults married and entitled to file a joint tax return? | Yes | No |
| 1. Are all adult members single parents with minor children? The adult must not be a dependent of any third part and the children must be claimed by the resident parent. | Yes | No |
| 1. Does the household include a member who receives Title IV or TANF welfare? | Yes | No |
| 1. Does the household include a member who formerly received foster care assistance? | Yes | No |
| 1. Does the household contain a member who gets assistance from the Job Training Partnership Act (JTPA) or similar programs? | Yes | No |

**Rehousing Preferences & Requirements**

Location and neighborhood considerations:

If there are pets, number of pets: Weight(s): Type(s):

Number of Rooms: Number of Bedrooms:

|  |  |  |  |
| --- | --- | --- | --- |
| Accessibility/Accommodation Needs: |  Mobility | Mobility + Shower |  Hearing & Sight |
|  |  Accessibility feature: | |  Other: |
|  |  | |  |

Note that if resident moves before relocation, they may not receive moving and housing assistance. Does resident intend to move before relocation? Y / N If yes, why?

**Resident Certification**

By signing this form, I certify that I understand all of the questions on this form and that all of my answers are true and correct to the best of my knowledge.

Signed: Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Head of Household

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of the federal agency. Household anticipated income as stated above has been verified.