## HOUSING REFERRALS

| DATE | ADDRESS (Include Apt. No.) | CENSUS TRACT | TYPE OF UNIT ☑ | | | SIZE OF UNIT | | MONTHLY RENT AND EST. AVG. MONTHLY UTILITY COSTS/ SALES PRICE | UNIT INSPECTED? | DATE UNIT WILL BE AVAILABLE | LOW-INCOME OR MINORITY AREA? | ACTION ON REFERRAL (If refused, indicate why. Also, indicate whether unit is representative comparable used as basis for payment limit) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | RENT | SALES | SUBSIDIZED | NUMBER OF ROOMS | NUMBER OF BEDROOMS | | | | | |
| | | | | | | | | | | | | |
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## REPLACEMENT DWELLING UNIT

DATE OF MOVE _____ ADDRESS _____ CENSUS TRACT _____

**MONTHLY HOUSING COST (MHC)**

☐ RENTAL
MONTHLY RENT $_____
EST. AVERAGE MONTHLY UTILITY COSTS $_____
TOTAL MHC $_____

☐ PURCHASE:
MORTGAGE PAYMENT (P&I) $_____
REAL PROPERTY TAXES $_____
EST. UTILITY COSTS $_____
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<br>☐ FIXED | ☐ RENTAL<br>☐ DOWNPYMT<br>☐ 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 COST $_____

APPEAL FILED: ☐ YES ☐ NO
IF YES, INDICATE TYPE:
☐ PAYMENT(S)
☐ HOUSING
☐ OTHER _____
(Include Copy of Appeal in Case File)