



## Resident Relocation Assessment Form

Interview Date

Head of Household  Age:

Address:  City  State  Zip

Contact Phone Number  Email

Emergency Contact: Caretaker (if any)

Name  Relationship

Telephone Number

**What is your racial group and ethnicity? We need to know this for statistical purposes.**

**Ethnicity:**

- Hispanic or Latino**                       **Not Hispanic or Latino**

**Race:**

- American Indian**
- Alaskan Native**
- Asian**
- Black or African American**
- Native Hawaiian or other Pacific Islander**
- White**

**What language do you speak at home?**

**Occupant Information (identify all residents including the head of household.)**

Resident (Relationship to Head of Household)	Resident Name	Date of Birth	Gender	Income	Name of School Attending/Childcare Provider
Head of Household					

**Housing Details**

1. Are you Lease compliant with RRHA? Yes  No 
  - a. If not, are you under a repayment agreement? Yes  No
  - b. Are you current with your repayment agreement? Yes  No
2. Have you ever been evicted from anywhere? Yes  No 
  - a. Do you have any unpaid rental debt? Yes  No
  - a. If yes, are you under a repayment agreement? Yes  No
3. Date first moved to the property.
4. Length of lease
5. Current Bedroom size
6. Current rent

**Credit Details**

1. Do you know your current credit score? Yes  No
2. Have you filed for Bankruptcy in the past year? Yes  No
3. Have you ever had a repossession? Yes  No



**CRIMINAL:**

1. What is your criminal history, if any?
2. Do you have a misdemeanor? Yes  No
3. Do you have a felony? Yes  No

**MOVING NEEDS:**

- UFAS Unit Yes  No
- Is the Resident able to self-pack belongings? Yes  No
- Does the unit have a history of pests (Bed Bugs, Roaches, etc.)? Yes  No
- If "yes," Please provide details
- Other information that you can provide that will enable us to better serve your housing needs?  
How many flat-screen televisions in the household?
- # of wall-mounted TV(s)
- Does the resident have any large personal items in the unit? (deep freezers, pianos) Yes No  
If yes, please provide a description of each:
- Does the resident have any fragile or valuable items that require extra care during packing and/or transportation? Yes  No
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**AUTHORIZED PETS**

- Do you have pets? Yes  No  If yes, indicate the # of pets and provide a description of each:
- Do you have a fish tank? Yes  No

**UTILITIES:**

- Any outstanding debt for electrical or gas? Yes  No
- Has anyone used your name for electrical or gas? Yes  No

**TRANSPORTATION:**

- Do you own a car? Yes  No
- Do you use public transportation regularly? Yes  No



**Housing Preference: Number in Order of Preference**

- TPV - (Review Brochure in detail with the tenant)
  - Move to a newly developed Project Based Community at Mosby
  - Other Public Housing
  - Non-HUD Assisted Housing
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**RESIDENT ACKNOWLEDGEMENTS:**

- I prefer to pack my personal belongings with boxes provided by the relocation team.
- I understand that I must be present any time the approved moving vendor is scheduled to pack and/or transport household belongings.
- I understand that only household members will be considered for relocation services and benefits.

Head of Household Signature  Date

Relocation Specialist Signature  Date



**Unit Inspection – (TO BE COMPLETED BY AUTHORIZED RELOCATION TEAM REPRESENTATIVE)**

Name:

Inspection Date:

Is Unit HEAVY:  MEDIUM:  LIGHT:  Pest Treatment Recommended? Yes  No

**[NOTES:]**

**ATTEMPTS TO CONTACT THE RESIDENT:**

1ST Attempt Date  Time  Comment:

2nd Attempt Date  Time  Comment:

3rd Attempt Date  Time  Comment:

Call:  Rescheduled:

