



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 | | | | | |
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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 ☐

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: