

# REVIEW DOCUMENTATION FORM

Informal Review       Formal Review      Review Date: \_\_\_\_\_

Review Location: \_\_\_\_\_

Participant Name: \_\_\_\_\_

SSN: \_\_\_\_\_      DOB: \_\_\_\_\_

Present Address: \_\_\_\_\_

Landlord Name: \_\_\_\_\_      Phone: \_\_\_\_\_

Case Manager Name: \_\_\_\_\_      Phone: \_\_\_\_\_

Service Provider Agency Name: \_\_\_\_\_

Persons Present (in person or by phone):

1. Case Manager: \_\_\_\_\_

2. Housing Specialist: \_\_\_\_\_

3. Other: \_\_\_\_\_

4. Other: \_\_\_\_\_

Reason for Review (list specific violation(s) of lease, housing policies, federal regulations, Housing Obligations, etc.):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Summary of Review (summarize relevant statements made by those attending): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Summary of decision made, as applicable, by Housing Specialist (a written decision will be issued to all parties by Housing Specialist during a Formal Review): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of staff documenting review:

\_\_\_\_\_