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WFA-35

HOUSING FORM NO. 3 REVISED
May 21, 1942

Fill out in Quadruplicate
Original - Property
Duplicate - Employment
Triplicate - Housing
Quadruplicate - Hospital

FAMILY NAME

FAMILY TAG NO.

PREVIOUS ADDRESS

PROJECT ADDRESS

MEMBERS OF FAMILY

AGE

OCCUPATION

1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

TOTAL NO. IN FAMILY

I CERTIFY THAT THE MATERIALS ITEMIZED BELOW HAVE BEEN RECEIVED
IN THE QUANTITY AND QUALITY SPECIFIED, EXCEPT THAT AS OTHERWISE
NOTED.

ARTICLES ISSUED	NO. EACH ARTICLE TO FAMILY GROUP	NO. EACH ARTICLE TO SINGLE INDIVIDUAL
COTS, STEEL		
MATTRESSES, COTTON		
BLANKETS, WOOL		
COTS, CANVAS		
BROOMS		

DATE:

RECEIVED BY: