**RELOCATION ASSISTANCE VERIFICATION - RESIDENTIAL**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Displacee Name(s):** | | | DISPLACEE(S) NAME | | | | | **Project:** | | PROJECT # | | | |
|  | | | | | | | | | | | | | |
| **Phone:** | | DISPLACEE PHONE | | | | | **Code:** | | CODE | | | **Parcel:** | PARCEL # |
|  | | | | | | | | | | | | | |
| **Subject Property Address:** | | | | | ADDRESS IN RIGHT OF WAY | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Contact Address:** | | | | DISPLACEE(S) ADDRESS | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Email:** | DISPLACEE EMAIL | | | | | **Occupied Property Since:** | | | | |  | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Initiation of Negotiations |  | | | |  | Type of | |  | |
|  | Date | | | |  | Relocation | |  | |
|  | | | | | | | | | |
| **RESIDENTIAL**  **ENTITLEMENTS** | | | | **YES**  **DONE**  **or NA** | | | **COMMENTS** | |
| Relocation Brochure Delivered | | | |  | | |  | |
| Residential Questionnaire Completed #41A | | | |  | | |  | |
| W-9 Completed | | | |  | | |  | |
| Legal Residency Certification Completed #38 | | | |  | | |  | |
| Title VI / ADA Survey #44 | | | |  | | |  | |
| Tenant List Completed by Landlord #9 | | | |  | | |  | |
| HUD Utility Chart Completed (tenants only) | | | |  | | |  | |
| Income Verification Obtained (tenants only) | | | |  | | |  | |
| RAAP #12 and Photos of Subject & Inventory | | | |  | | |  | |
| Moving Options Explained (Act / Sch / Comb) | | | |  | | |  | |
| 90 Day Notice Explained (#16/17/17A ) | | | |  | | |  | |
| Subject Data Information on RAAP #14/14T | | | |  | | |  | |
| Replacement Housing Explained (PDP/RAP/DAP) | | | |  | | |  | |
| Increased Interest Explained (owners only) | | | |  | | |  | |
| Eligible Incidental Expenses Explained | | | |  | | |  | |
| Decent, Safe, and Sanitary Explained | | | |  | | |  | |
| Right to Appeal Explained (within 60 days) | | | |  | | |  | |
| Transportation Offered to View Comps | | | |  | | |  | |
| Payment Notice Issued #42 | | | |  | | |  | |
| Tax Law Information #43 | | | |  | | |  | |
| Relocation Office & Contact Info Given | | | |  | | |  | |
| Advisory Services Explained and Offered | | | |  | | |  | |
| Agent’s Report #8 (signed by displacee) | | | |  | | |  | |
|  | | | |  | | |  | |
|  | | | | | | | | | |
| My signature verifies that the items marked “YES” were explained to me in detail. | | | | | | | | | |  |  |
|  | |  |  | | | | | | |
| DATE | |  | Displacee | | | | | | |
|  | | | | | | | | | |
|  | |  |  | | | | | | |
| DATE | |  | AGENT NAME, Right of Way Agent | | | | | | |