**RESIDENTIAL OCCUPANCY AND MOVE CERTIFICATE**

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| Name | | | DISPLACEE(S) NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Project | | | | | | | | PROJECT # | | | | | | | | | | | | |
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| Address in RW | | | | | ADDRESS IN RIGHT OF WAY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Code | | | | | | CODE | | | | | | | | Parcel | | | PARCEL | | |
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| Mailing Address | | | | | | | DISPLACEE(S) ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Number in Family:** | | | | | | | | | Adults | | | | | | | | M | | | | |  | | | | | | | | | | | | Children (ages) | | | | | | | | | M | | | | | | |  | | | | | | | | | | | | | | Telephone | | | | | | | | | | | | DISPLACEE PHONE | | | | | | | | | | | | |
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| Total persons displaced | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | Residential Questionnaire completed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | |
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| Initiation of Negotiations | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | **Size of Dwelling:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Occupancy Status:** | | | | | | | |  | | | | | | | | | | | DS&S | | | | | | | | | | | | | | | |  | | | | Non-DS&S | | | | | |  | | | | | | | | | | | | Rooms | | | | | | | | |  | | | | Bedrooms | | | | | | | | |  | | | | | | Baths | |  | |
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| I certify that the information provided above is true and accurate to the best of my knowledge, based on my personal inspection of the subject dwelling. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Rooms Containing Residential Personal Property for Scheduled Move Payment:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| The residential personal property listed above was moved on | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| to the replacement property located at | | | | | | | | | | | | | | | | | | | | | | | | | | | | | REPLACEMENT ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| The move was accomplished by | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **SELF MOVE** | | | | | | | | | | | | | |  | | | | | **COMMERCIAL MOVER** | | | | | | | | | | | | | | | | | | | | | |  | | | | **COMBINATION MOVE** | | | | | | | | | | | | | |
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| The displacee | | | | | |  | | | | Owns | | | | | | | | | | |  | | | Rents | | | | | | | | | | | | | the replacement site, and the | | | | | | | | | | | | | | | | | |  | | | | | | Relocation Agent or | | | | | | | | | | | | | | | |  | | | Displacee discovered it. | | | | | | | | |
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| The replacement dwelling is | | | | | | | | | | | | | | | |  | | | | | | | **DS&S** | | | | | | | | | | | | | | | | |  | **Non-DS&S** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
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| The following relocation assistance and housing referrals were provided: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| I certify that the above information is true and accurate to the best of my knowledge and that all real property at the displacement site remains intact as of this date. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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