**RELOCATION ASSISTANCE VERIFICATION – BUSINESS/LANDLORD/PPMO**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Business 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 | | | | | **Contact Name:** | | |  | | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Initiation of Negotiations |  | | | |  | Type of | |  | |
|  | Date | | | |  | Relocation | |  | |
|  | | | | | | | | | |
| **BUSINESS/LANDLORD/PPMO**  **ENTITLEMENTS** | | | | **YES**  **DONE**  **or NA** | | | **COMMENTS** | |
| Relocation Brochure Delivered | | | |  | | |  | |
| Business/Landlord/PPMO Questionnaire Completed #41B/41C/41D | | | |  | | |  | |
| W-9 Completed | | | |  | | |  | |
| Legal Residency Certification Completed #38 | | | |  | | |  | |
| Title VI / ADA Survey #44 | | | |  | | |  | |
| Tenant List Completed by Landlord #9 | | | |  | | |  | |
| RAAP #25 and Photos of Subject & Inventory | | | |  | | |  | |
| Self Move Explained (Low bid or Estimate) | | | |  | | |  | |
| Actual Cost Move Explained | | | |  | | |  | |
| Business Payment-In-Lieu Explained | | | |  | | |  | |
| (2 yr Tax Returns required – occupants only) | | | |  | | |  | |
| 90 Day Notice Explained (#30/30A) | | | |  | | |  | |
| Right to Appeal Explained (within 60 days) | | | |  | | |  | |
| Business Searching Entitlement Explained | | | |  | | |  | |
| Business Reestablishment Cost Explained | | | |  | | |  | |
| Payment Notice Issued #42 | | | |  | | |  | |
| Tax Law Information #43 | | | |  | | |  | |
| Relocation Office & Contact Info Given | | | |  | | |  | |
| Advisory Services Explained and Offered | | | |  | | |  | |
| Available Property Listings Provided | | | |  | | |  | |
| Local Service Contact Info Provided (SBA) | | | |  | | |  | |
| 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 | | | | | | |