**RESIDENTIAL OCCUPANCY AND MOVE CERTIFICATE**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | DISPLACEE(S) NAME | Project | PROJECT # |
|  |
| Address in RW | ADDRESS IN RIGHT OF WAY | Code | CODE | Parcel | PARCEL |
|  |
| Mailing Address | DISPLACEE(S) ADDRESS |
|  |
| **Number in Family:**  | Adults | M |       | Children (ages) | M |       | Telephone | DISPLACEE PHONE |
|  |  |  |  |  |
|  | F |       |  | F |       | Email | DISPLACEE EMAIL |
|  |
| Total persons displaced |       |  | Residential Questionnaire completed |  |  |
|  |
| Date of Occupancy |       |  | How Verified? |       |
|  |
| Initiation of Negotiations |       |  | **Size of Dwelling:** |
|  |
| **Occupancy Status:** | [ ]  | DS&S | [ ]  | Non-DS&S |  | Rooms |       | Bedrooms |       | Baths |       |
|  |
|  | [ ]  | Owner |
|  |
|  | [ ]  | Tenant @ $ |       | / mo. rent + $ |       | est. utilities |  |
|  |
| 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. |
|  |
|       |  |  |
| Date |  | AGENT NAME, Right of Way Agent |
|  |
|  |
| **Rooms Containing Residential Personal Property for Scheduled Move Payment:** |
|  |
| LR |       | DR |       | BR |       | Others |       | :  |       |
|  |
| Kit |       | Fam/Rec |       |  | Total Rooms Counted for a Scheduled Move: |       |
|  |
| Date |       | Move Type |       | Amount |       |
|  |
| Date |       | Move Type |       | Amount |       |
|  |
| Date |       | Move Type |       | Amount |       |
|  |
| Date |       | Move Type |       | Amount |       |
|  |
| Date |       | Move Type |       | Amount |       |
|  |
|  | **Total Move Cost**  | **$ 0.00** |
|  |
|  |
| The residential personal property listed above was moved on |       |
|  |
| to the replacement property located at | REPLACEMENT ADDRESS |
|  |
| The move was accomplished by [ ]  | **SELF MOVE** | [ ]  | **COMMERCIAL MOVER**  | [ ]  | **COMBINATION MOVE** |
|  |
| The displacee  | [ ]  | Owns | [ ]  | Rents | the replacement site, and the  | [ ]  | Relocation Agent or | [ ]  | Displacee discovered it. |
|  |
| The replacement dwelling is  | [ ]  | **DS&S** | [ ]  | **Non-DS&S** |  |
|  |
| The following relocation assistance and housing referrals were provided: |       |
| . |
|       |
|  |
| 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. |
|  |
|       |  |  |
| Date |  | AGENT NAME, Right of Way Agent |