|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|       |  |       |  |       |  |       |  |       |  |       |  |       |
| Dist |  | Co |  | Rte |  | KP/PM |  | EA |  | Parcel |  | Fed No. |

|  |
| --- |
| **Parcel Information** |
|  |
| Full Take [ ]  | Part Take [ ]  |  | Easement: | Permanent [ ]  | Temporary [ ]  |  |
| Type of Property: | *Residential* [ ]  | *Business* [ ]  | *Agricultural* [ ]  |
|  |
| Owner’s Name: |       | Occupant’s Name: |       |
| Address: |       |
|  |       |
|  |
| **Acquisition Information** |
|  |
| Date of Initiation of Negotiations |       |  | (First Written Offer [ ] )(Notice of Intent to Acquire [ ] ) |
| Acquisition Date |       |  | (COE [ ] )(FOC [ ] )(Other [ ] ) |
| Final Acquisition Price |       |  | Amount, if any, for goodwill or for lessee’s improvements |       |
|  |
| **Displacee Information** |
|  |
| Date of First RAP Call |       |  |  |
| Date Displacee Vacated |       |  |  |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Comment** |  |  |  |  |
| 1. General Information Letter and Brochure delivered to (owner [ ] )(tenant [ ] ) by (agent [ ] )(mail [ ] )? |  | Date: |       |  | Yes [ ]  |  | No [ ]  |
|  |  |  |  |  |  |  |
| 2. Title VI information provided to occupant? |  |       |  | Yes [ ]  |  | No [ ]  |
|  |  |  |  |  |  |  |
| 3. First call to explain relocation benefits made at FWO to owners [ ] , or to tenants [ ]  within 14 days of FWO? |  |       |  | Yes [ ]  |  | No [ ]  |
|  |  |  |  |  |  |  |
| 4. Notice of Eligibility appropriate for type of occupant? |  |       |  | Yes [ ]  |  | No [ ]  |
|  |  |  |  |  |  |  |
| 5. Certificate of Occupancy and Receipt of Relocation Information obtained? |  |       |  | Yes [ ]  |  | No [ ]  |
|  |  |  |  |  |  |  |
| 6. U.S. Residency Certification obtained? |  |       |  | Yes [ ]  |  | No [ ]  |
|  |  |  |  |  |  |  |
| 7. Was advisory assistance offered and provided, including special needs? |  |       |  | Yes [ ]  |  | No [ ]  |
|  |  |  |  |  |  |  |
| 8. Displacee received appropriate Notice to Vacate after local agency had “control” of the property? |  | Form: |       |  | Yes [ ]  |  | No [ ]  |
|  |  |  |  |  |  |  |
| 9. All claims for relocation benefits were paid timely with appropriate documentation? |  |       |  | Yes [ ]  |  | No [ ]  |
|  |  |  |  |  |  |  |
| 10. Agent offered and provided assistance in completing the claim form and providing necessary documentation? |  |       |  | Yes [ ]  |  | No [ ]  |
|  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Comment** |  |  |  |  |
| 11. Claims were submitted within 18 months of displacee's move [ ]  (or from day of final acquisition payment if displacee is an owner [ ] )? |  | Extension approved? |  | Yes [ ]  |  | No [ ]  |
|  |  |  |  |  |  |  |
| 12. If all or a portion of a claim was denied, did displacee receive an explanation in writing, including the right to appeal? |  |       |  | Yes [ ]  |  | No [ ]  |
|  |  |  |  |  |  |  |
| 13. If an appeal was filed, was it received within 6 months of the time to file a claim? |  | Extension approved? |  | Yes [ ]  |  | No [ ]  |
|  |  |  |  |  |  |  |
| 14. The appeal was decided by the (Region/District [ ] )(Statewide [ ] ) Appeals Board (granting [ ] )(partially granting [ ] )(denying [ ] ) appellant's request regarding (eligibility [ ] )(benefits [ ] ) (time period [ ] )(estoppel [ ] ), within 60 days of the hearing? |  | Date filed: |       |  | Yes [ ]  |  | No [ ]  |
| Decision date: |       |  |  |  |  |
|  |  |  |  |  |  |  |
| 15. Do the parcel file and diaries contain the appropriate information and documentation? |  | *Records must be kept for 3 years after displacee receives final payment* |  | Yes [ ]  |  | No [ ]  |
|  |  |  |  |  |  |  |

|  |
| --- |
| **RESIDENTIAL DISPLACEE:** |
|  |
| Tenured: | *180‑Day Owner‑Occupant* [ ]  | *90‑Day Occupant* [ ]  |
| Non‑Tenured: | *Less than 90 Days* [ ]  | *Post Offer* [ ]  | *Post Acquisition* [ ]  |
| Type of Unit: | SFR [ ]  | Multiresidential [ ]  | Mobile Home [ ]  | Other [ ]  |  |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Comment** |  |  |  |  |
| 1. Move option chosen: |       |  |       |  | Yes [ ]  |  | No [ ]  |
|  |  |  |  |  |  |  |
| 2. Claim form processed properly and documented in diary? |  |       |  | Yes [ ]  |  | No [ ]  |
|  |  |  |  |  |  |  |
| 3. Fixed payment based on appropriate room count with adjustments? |  |       |  | Yes [ ]  |  | No [ ]  |
|  |  |  |  |  |  |  |
| 4. Storage approved for up to 12 months based on staff’s determination of displacee’s needs? |  |       |  | Yes [ ]  |  | No [ ]  |
|  |  |  |  |  |  |  |
| 5. Actual move based on the lowest of 3 bids and documented in diary? |  |       |  | Yes [ ]  |  | No [ ]  |
|  |  |  |  |  |  |  |
| 6. Replacement Housing Valuation (PD [ ] )(RD [ ] ) |  |       |  |  |  |  |
|  $ |       | offered in writing |  |  |  |  |  |
|  to displacee in a timely manner? |  | Date: |       |  | Yes [ ]  |  | No [ ]  |
|  |  |  |  |  |  |  |
| 7. Required carve‑outs of major exterior attributes or larger parcel are appropriate? |  |       |  | Yes [ ]  |  | No [ ]  |
|  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Comment** |  |  |  |  |
| 8. Appropriate adjustments made for anticipated selling price? |  |       |  | Yes [ ]  |  | No [ ]  |
|  |  |  |  |  |  |  |
| 9. Comparison record properly filled out? |  |       |  | Yes [ ]  |  | No [ ]  |
|  |  |  |  |  |  |  |
| 10. Comparables are appropriate as to bedrooms, square footage, lot size, amenities, number of rooms, and condition? |  | Displ BRs |       |  |  |  |  |
| Comp BRs |       |  | Yes [ ]  |  | No [ ]  |
|  |  |  |  |  |  |  |
| 11. Did displacees meet the “spend to get” requirement and occupy the property within 1 year of the required date? |  | 1 year began |       |  |  |  |  |
| Date occupy |       |  | Yes [ ]  |  | No [ ]  |
|  |  |  |  |  |  |  |
| 12. Displacees moved to replacement property after DS&S inspection completed? |  |       |  | Yes [ ]  |  | No [ ]  |
|  |  |  |  |  |  |  |
| 13. Original RHP was appropriately adjusted *(increase [ ] )(decrease [ ] )* due to: *(FHWA's DS&S Waiver [ ] ) (Market Conditions [ ] ) (Availability [ ] ) (Change in number of occupants [ ] ) (US Residency [ ] ) (State Tenant [ ] )*  |  |       |  |  |  |  |
|  *(Other* |       | *)* |  |  | Yes [ ]  |  | No [ ]  |
|  |  |  |  |  |  |  |
| 14. If 180‑day owner‑occupant, were mortgage differential and incidental expenses based on “actual, reasonable and necessary” expenditures? |  |       |  | Yes [ ]  |  | No [ ]  |
|  |  |  |  |  |  |  |
| 15. Did the rental assistance appropriately consider tenant income? |  |       |  | Yes [ ]  |  | No [ ]  |
|  |  |  |  |  |  |  |
| 16. Did the rental assistance appropriately adjust for utilities at the displacement, comparable and replacement properties? |  |       |  | Yes [ ]  |  | No [ ]  |
|  |  |  |  |  |  |  |
| 17. If rental assistance converted to downpayment, was occupant offered at least $5,250? |  |       |  | Yes [ ]  |  | No [ ]  |
|  |  |  |  |  |  |  |
| 18. If less than 180‑day owner-occupant, was the rental assistance converted to a downpayment limited to the amount the occupant would have received if they had been a 180‑day owner‑occupant? |  |       |  | Yes [ ]  |  | No [ ]  |
|  |  |  |  |  |  |  |

|  |
| --- |
| **RESIDENTIAL PAYMENTS:** |
|  |
| **180‑Day Owner‑Occupant** |
|  |
| Price Differential: |  | $ |       | Comparable |  | $ |       | Replacement Property |
|  | (‑) | $ |       | Fair Market Value | (‑) | $ |       | Fair Market Value |
|  |  | $ |       | Maximum Differential |  | $ |       | Differential |
|  |
| Mortgage Differential: |  | $ |       | Payment (including | $ |       | for |       | % points) |
|  |  | Based on lesser of the: |
|  |  | Replacement Loan | $ |       | or Displacement Loan | $ |       |
|  |  | Replacement Term |       | or Displacement Term |       |
|  |  | Replacement Rate |       | or Displacement Rate |       |
|  |  | Replacement Points |       | % or Prevailing Points |       |
|  |
| Incidental Expenses: |  | $ |       | based on Actual, Reasonable and Necessary, with limitations on Title  |
|  |  |  | insurance, Documentary Transfer Tax (based on value of RHV Comparable) |
|  |
| **90‑Day Occupant** |
|  |
| Rental Differential: |  |  |
|  |
|  | $ |       | Comparable + $ |       | Estimated Utilities for water, gas, electric, sewer/septic for  |
|  |  | location and size |
|  |
| (‑) | $ |       | Actual or Economic Rent |  |  |  |
|  |  |  | ‑OR‑ |  |  |  |
|  |  |  | 30% of Annual Gross Household Income + $ |       | Average Utilities for water, gas, |
|  |  |  |  |  | electric, sewer/septic for location and size |
|  |
| = | $ |       | x 42 months = $ |       | MAXIMUM Rental Differential |
|  |
|  | $ |       | Replacement Site + $ |       | Estimated Utilities for water, gas, electric, sewer/septic  |
|  |  | for location and size |
|  |
| x | 42 months = $ |       | Actual Rental Differential |
|  |
| Note: for 180‑day or 90‑day owners, the amount is limited to the entire RHP (PD, MI, IE) they would have received |
|  as a 180‑day owner‑occupant. |
|  |
| Downpayment: |  |  |
|  |
| Maximum Rental Differential $ |       | used as a |       | % Downpayment and $ |       | Incidental Expenses |
|  |

|  |
| --- |
| **General Comments and Remarks:** |
|       |
|  |
| Reviewing Agent’s Name |       |  |
|  |  |  |
| Date |       |  |
|  |

|  |
| --- |
| **NONRESIDENTIAL DISPLACEE:** |
|  |
| Owner: | *Business* [ ]  | *Farm* [ ]  | *Nonprofit* [ ]  | *Nonoccupant Landlord* [ ]  |
| Lessee: | *Business* [ ]  | *Farm* [ ]  | *Nonprofit* [ ]  |  |
| Type of Unit: | *Office* [ ]  | *Warehouse* [ ]  | *Residential* [ ]  | *Vacant Land* [ ]  | *Other* [ ]  |  |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Comment** |  |  |  |  |
| 1. Move option chosen: |       |  |       |  | Yes [ ]  |  | No [ ]  |
|  |  |  |  |  |  |  |
| 2. Claim form processed properly and documented in diary? |  |       |  | Yes [ ]  |  | No [ ]  |
|  |  |  |  |  |  |  |
| 3. Storage approved for up to 12 months based on staff’s determination of displacee’s needs? |  |       |  | Yes [ ]  |  | No [ ]  |
|  |  |  |  |  |  |  |
| 4. Actual move based on the lower of 2 bids and documented in diary? |  |       |  | Yes [ ]  |  | No [ ]  |
|  |  |  |  |  |  |  |
| 5. Self‑move based on lowest of 3 bids and documented in diary with appropriate adjustments for profit, overhead, etc.? |  |       |  | Yes [ ]  |  | No [ ]  |
|  |  |  |  |  |  |  |
| 6. Was self‑move agreement executed prior to the move? |  |       |  | Yes [ ]  |  | No [ ]  |
|  |  |  |  |  |  |  |
| 7. Provision for insurance coverage is appropriate? |  |       |  | Yes [ ]  |  | No [ ]  |
|  |  |  |  |  |  |  |
| 8. Displacee provided inventory of personalty (present at FWO [ ] )(present at move [ ] )? |  |       |  | Yes [ ]  |  | No [ ]  |
|  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Comment** |  |  |  |  |
| 9. Displacee provided advance notice of the move? |  |       |  | Yes [ ]  |  | No [ ]  |
|  |  |  |  |  |  |  |
| 10. Staff monitored the move and inspected the personalty at the displacement and replacement sites? |  |       |  | Yes [ ]  |  | No [ ]  |
|  |  |  |  |  |  |  |
| 11. Moving expenses reimbursed are actual, reasonable and necessary, and appropriately documented? (e.g., search costs, storage, etc.)? |  |       |  | Yes [ ]  |  | No [ ]  |
|  |  |  |  |  |  |  |
| 12. Reestablishment Payment related to the replacement property appropriate? |  |       |  | Yes [ ]  |  | No [ ]  |
|  |  |  |  |  |  |  |
| 13. Is there a duplication of payments (e.g., goodwill)? |  |       |  | Yes [ ]  |  | No [ ]  |
|  |  |  |  |  |  |  |
| 14. Fixed Payment made “in lieu” of other eligible moving expenses was based on verification of income? |  |       |  | Yes [ ]  |  | No [ ]  |
|  |  |  |  |  |  |  |

|  |
| --- |
| **Payments** |
|  |
| Reestablishment $10,000 =  | $ |       |  |
|  |
| In Lieu based on the Average last two taxable years, limited to $20,000 =  | $ |       |  |
|  |
| Self‑Move based on the lowest of 2 bids including insurance =  | $ |       |  |
|  |
| Storage for 12 months =  | $ |       |  |
|  |

|  |
| --- |
| **General Remarks and Comments:** |
|       |
|  |
| Reviewing Agent’s Name |       |  |
|  |  |  |
| Date |       |  |
|  |