

# CHAPTER 10

## RELOCATION ASSISTANCE

### INTERNAL CALTRANS EXHIBITS AND FORMS

<b><u>Exhibit No.</u></b>	<b><u>Title</u></b>
10-EX-01	Relocation File Closeout Checklists (for internal Caltrans use)
10-EX-03	Relocation Impact Memorandum (for internal Caltrans use)
10-EX-03A	Relocation Impact Statement (for internal Caltrans use)
10-EX-04	Relocation Impact Report (for internal Caltrans use)
10-EX-04A	RAP Planning Document (for internal Caltrans use)
10-EX-06	Explanatory Letter When Mailing Surveys (for internal Caltrans use)
10-EX-20	Replacement Housing Valuation Request (for internal Caltrans use)
10-EX-23	Certification of Mobile Home Title Transfer (for internal Caltrans use)
10-EX-31	Reminder Letter to Displacee re: Time Frames (for internal Caltrans use)
10-EX-33	Nonresidential Letter to Displacee re: Available Assistance (for internal Caltrans use)
10-EX-35	Nonresidential Interview Checklist (for internal Caltrans use)

<b><u>Form No.</u></b>	<b><u>Title</u></b>
RW 10-03	Relocation Diary (for internal Caltrans use)
RW 10-05	Payment Request & Relocation Cost Summary (for internal Caltrans use)
RW 10-07	General Information Notice (for internal Caltrans use)
RW 10-07S	Avisio De Informacion General (General Information Notice – Spanish version) (for internal Caltrans use)
RW 10-08	Notice of Intent to Acquire – Owner-Occupant (for internal Caltrans use)
RW 10-09	Informational Letter to Nonoccupant Owner Re: Notice of Intent to Acquire (for internal Caltrans use)
RW 10-10	Notice of Intent to Acquire – Tenant (for internal Caltrans use)

**Form No.****Title**

RW 10-38

Notice to Acquisition of In-Lieu Payment or Reestablishment Expenses (for internal Caltrans use)

RW 10-41

Computation of Rent Differential Payment (for internal Caltrans use)

RW 10-42

Replacement Housing Valuation Report Certification and Approval (for internal Caltrans use)

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**NONRESIDENTIAL FILE CLOSEOUT CHECKLIST**

Name \_\_\_\_\_

File Reference \_\_\_\_\_

All documents should be in chronological order starting from the back to front:

- \_\_\_\_ 1. Parcel Occupancy Data Sheet (RW 7-2, completed by Appraiser)
- \_\_\_\_ 2. Title VI/General Information Letter (RW 10-7)
- \_\_\_\_ 3. U. S. Legal Residency Certification Form (RW 10-44 or RW 10-44s)
- \_\_\_\_ 4. If Lessee, Owner's Certification of Tenants (RW 10-1, completed by Acquisition Agent)
- \_\_\_\_ 5. Notice of Eligibility - Business, Farm, or Nonprofit Organization (10-EX-43)
- \_\_\_\_ 6. Nonresidential Letter to Displacee Re: Available Assistance (10-EX-33)
- \_\_\_\_ 7. Reminder Letter to Displacee Re: Time Frames (10-EX-31)
- \_\_\_\_ 8. Chronological order of claims paid. Be sure to have proper Accounting documents in file and arranged in same order when processing a claim for Senior review and approval.
- \_\_\_\_ 9.  Acquisition Agent       RAP Agent presented First RAP Call and completed and signed diary entry and check-off list.
- \_\_\_\_ 10. All files should have copies of the State's Close of Escrow (pink slip), or Final Order of Condemnation (except Business Lessees).
- \_\_\_\_ 11. If claimant becomes a State tenant, include a Property Management Vacancy report.
- \_\_\_\_ 12. All diary entries, letters, and notices **must be signed** in full - not initialed.
- \_\_\_\_ 13. All claims must be date stamped. Verify vacancy before issuing move check.
- \_\_\_\_ 14. When Business RAP payments have been made, include "Notice of In-Lieu Payment or Reestablishment Expenses" form (RW 10-38).
- \_\_\_\_ 15. DISCARD ALL DUPLICATE PAPERWORK AND UNUSED CLAIM FORMS. Print copy of the ROWMIS screen.
- \_\_\_\_ 16. Appeal Expiration Date: \_\_\_\_\_
- \_\_\_\_ 17. ALL FINAL DIARY ENTRIES SHOULD STATE: "All payments were made in a timely manner. Documentation is complete. I recommend this file to be closed."

CLOSED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

RESIDENTIAL OWNER FILE CLOSEOUT CHECKLIST

Name \_\_\_\_\_

File Reference \_\_\_\_\_

**Includes:90-Day Owner-Occupants and 90-Day Owner-Occupants of Mobile Homes**

All documents should be in chronological order starting from the back to front:

- \_\_\_\_ 1. Parcel Occupancy Data Sheet (RW 7-2, completed by Appraiser)
- \_\_\_\_ 2. Title VI/General Information Letter (RW 10-7). **Survey form to be kept in separate project file.**
- \_\_\_\_ 3. U. S. Legal Residency Certification Form (RW 10-44 or RW 10-44s)
- \_\_\_\_ 4. Certificate of Occupancy and Receipt of Relocation Information (RW 10-25). Number of rooms on this form should match Conditional Entitlement Letter.
- \_\_\_\_ 5. Notice of Eligibility -  10-EX-49       10-EX-47
- \_\_\_\_ 6. Conditional Entitlement Letter -  10-EX-45       10-EX-48
- \_\_\_\_ 7. Reminder Letter to Displacee Re: Time Frames (10-EX-31)
- \_\_\_\_ 8. Chronological order of claims paid. Be sure to have proper Accounting documents in file and arranged in same order when processing a claim for Senior review and approval.
- \_\_\_\_ 9. All files should have copies of the State's Close of Escrow (pink slip), or Final Order of Condemnation (except Business Lessees).
- \_\_\_\_ 10. If claimant becomes a State tenant, include a Property Management Vacancy report.
- \_\_\_\_ 11. If State participates with monies on a replacement, must have completed and approved Decent, Safe, and Sanitary form (RW 10-40), Final Certified Closing Cost Statement, Assignment of Funds to an Escrow (10-EX-9), Escrow Instructions (10-EX-11), and Payee Data Record (STD. 204).
- \_\_\_\_ 12. Complete dates on all claim forms "pending" actual dates.
- \_\_\_\_ 13. All diary entries, letters, and notices **must be signed** in full - not initialed.
- \_\_\_\_ 14. All claims and RHVs must be date stamped and have dollar amounts where appropriate. Verify vacancy before issuing move check.
- \_\_\_\_ 15. If categorized as Last Resort Housing (e.g., when RHP exceeds \$22,500), then "Last Resort Housing" must be identified in the ROWMIS database.
- \_\_\_\_ 16. Complete all entries on front of diary sheet. Acquisition Agent should complete and sign the First RAP Call check-off list at FWO.
- \_\_\_\_ 17. If displacee buys a replacement, include a copy of the certified closing statement and make sure it has reconciled and the monies were applied in accordance with our escrow instructions.
- \_\_\_\_ 18. If displacee used MSA, make sure all utility reconnection charges have been paid.
- \_\_\_\_ 19. DISCARD ALL DUPLICATE PAPERWORK AND UNUSED CLAIM FORMS. Print copy of the ROWMIS screen.
- \_\_\_\_ 20. Appeal Expiration Date:\_\_\_\_\_
- \_\_\_\_ 21. ALL FINAL DIARY ENTRIES SHOULD STATE: "All payments were made in a timely manner. Documentation is complete. I recommend this file to be closed."

CLOSED BY:\_\_\_\_\_

DATE:\_\_\_\_\_

RESIDENTIAL OCCUPANT FILE CLOSEOUT CHECKLIST

Name \_\_\_\_\_

File Reference \_\_\_\_\_

**Includes: 90-Day Owner and Tenant Occupants, Non-Tenured (Less Than 90-Day) Occupants, Subsequent (Post-Offer) Occupants and Residential Personal Property Only**

All documents should be in chronological order starting from the back to front:

- \_\_\_\_ 1. Parcel Occupancy Data Sheet (RW 7-2, completed by Appraiser)
- \_\_\_\_ 2. Title VI/General Information Letter (RW 10-7). **Survey form to be kept in separate project file.**
- \_\_\_\_ 3. U. S. Legal Residency Certification Form (RW 10-44 or RW 10-44s)
- \_\_\_\_ 4. Owner's Certification of Tenants (RW 10-1, completed by Acquisition Agent)
- \_\_\_\_ 5. Certificate of Occupancy and Receipt of Relocation Information (RW 10-25). Number of rooms on this form should match Conditional Entitlement Letter.
- \_\_\_\_ 6. Notice of Eligibility -  10-EX-39     10-EX-41     10-EX-46
- \_\_\_\_ 7. Conditional Entitlement Letter -  10-EX-40     10-EX-42
- \_\_\_\_ 8. Reminder Letter to Displacee Re: Time Frames (10-EX-31)
- \_\_\_\_ 9. Chronological order of claims paid. Be sure to have proper Accounting documents in file and arranged in same order when processing a claim for Senior review and approval. Verify vacancy before move money can be issued. Get keys from displacee.
- \_\_\_\_ 10. All files should have copies of the State's Close of Escrow (pink slip); some files are N/A.
- \_\_\_\_ 11. If claimant becomes a State tenant, include a Property Management Vacancy report.
- \_\_\_\_ 12. If State participates with monies on a replacement, must have completed and approved Decent, Safe, and Sanitary form (RW 10-40), Final Certified Closing Cost Statement, Assignment of Funds to an Escrow (10-EX-9), Escrow Instructions (10-EX-11), and Payee Data Record (STD. 204).
- \_\_\_\_ 13. Complete dates on all claim forms "pending" actual dates.
- \_\_\_\_ 14. All diary entries, letters, and notices **must be signed** in full - not initialed.
- \_\_\_\_ 15. If categorized as Last Resort Housing (e.g., when RHP exceeds \$5,250), then "Last Resort Housing" must be identified in the ROWMIS database.
- \_\_\_\_ 16. Complete all entries on front of diary sheet. Acquisition Agent should complete and sign the First RAP Call check-off list at FWO.
- \_\_\_\_ 17. If displacee buys a replacement, include a copy of the certified closing statement and make sure it has reconciled and the monies were applied in accordance with our escrow instructions.
- \_\_\_\_ 18. If displacee used MSA, make sure all utility reconnection charges have been paid.
- \_\_\_\_ 19. DISCARD ALL DUPLICATE PAPERWORK AND UNUSED CLAIM FORMS. Print copy of the ROWMIS screen.
- \_\_\_\_ 20. Appeal Expiration Date: \_\_\_\_\_
- \_\_\_\_ 21. ALL FINAL DIARY ENTRIES SHOULD STATE: "All payments were made in a timely manner. Documentation is complete. I recommend this file to be closed."

CLOSED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

State of California  
**DEPARTMENT OF TRANSPORTATION**

Business, Transportation and Housing Agency

## Memorandum

**To:** REGION/DISTRICT PROJECT MANAGER  
REGION/DISTRICT PROJECT ENGINEER  
REGION/DISTRICT ENVIRONMENTAL BRANCH CHIEF  
**Date:**  
**File:** Dist-Co-Rte-KP/PM-EA

**From:** Department of Transportation – Region/District  
Right of Way Relocation Assistance

**Subject:** Relocation Impact Memorandum (Draft/Final)

It has been determined there is no significant impact to owners, tenants, businesses or persons in possession of real property to be acquired who would qualify for relocation assistance benefits or entitlements under the Uniform Relocation Assistance and Real Property Act of 1970.

The California Department of Transportation proposes to improve the existing roadway of State Route \_\_\_\_\_, in the county of \_\_\_\_\_, near the city of \_\_\_\_\_, California. There are two alternatives being studied – the first would just add turn lanes at various points in the median, and the other would require additional right of way on both sides of the existing roadway to add seven to ten passing lanes along the route.

A field review of the proposed project was conducted to determine the potential impact on the residential and nonresidential units. There are four residential, single-family residences that will need to be acquired for the second alternative requiring displacement of the residents. Based on a 6% vacancy rate for the community, there will be sufficient single family residences that are equal to or better than the displacement properties available for rent or purchase. One business will be required to relocate to another site. It is a small office complex and it will be able to find a suitable replacement site in the area.

Any person (individual, family, corporation, partnership, or association) who moves from real property or moves personal property from real property as a result of the acquisition of the real property, or required to relocate as a result of a written notice from the California Department of Transportation from the real property required for a transportation project is eligible for "Relocation Assistance." All activities will be conducted in accordance with the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended. Relocation resources shall be available to all displacees free of discrimination.

\_\_\_\_\_  
Right of Way Agent

APPROVED:

\_\_\_\_\_  
Senior Right of Way Agent

c: Region/District RW DDC  
Region/District P&M

Dist.	County	Route	KP (PM)	EA
Project Description:				
Federal Project No.:				

I. Purpose of the Relocation Impact Statement

The purpose of this Draft/Final Relocation Impact Statement is to provide the Department of Transportation, local agencies and the public with information on the impact this project will have on residential and nonresidential occupants within the preferred project alternative. Relocation impacts within the project area are noncomplex and adequate relocation resources are available for displacees. All displacees will be treated in accordance with the Federal Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended, and the California Relocation Act.

II. Summary of Residential and Nonresidential Displacements

Alternative	Single Family Units	Mobile Homes	Multi-Family Units	Residential Displacements (Units/Residents)*	Nonresidential Displacements (Type/Employees)**
Preferred Alternative	4 - 3 BR	1	1 - 4 Plex	27 +/-	2 Industrial (15 employees) 1 Nonprofit (3 employees)
* Estimate of residents is based on an average of 2.897 residents per unit (2000 Census): Source: California State Department of Finance Demographic Research Unit. Residential displacees were not interviewed nor contacted to complete surveys. ** Type of Nonresidential units and the number of employees is based on mail-out surveys completed by the affected businesses.					

III. Summary of Relocation Resources Available to Displacees (Residential)

Relocation Resource	For Rent	For Sale	Total Units
Multi-Family Residences			
Two Bedroom Houses			
Three Bedroom Houses			
Mobile Homes			

Sources:

IV. Summary of Relocation Resources Available to Displacees (Nonresidential)

Relocation Resource	For Rent - appropriate zoning and site requirements	For Sale - appropriate zoning and site requirements	Total Units
Office Complex			
Industrial Complex			
Special Services / Use			
Commercial Operation			
Industrial/Commercial Properties			
Other:			

Sources:

**RELOCATION IMPACT STATEMENT (Cont.)**

V. Statement of Findings

Summary of the type of displacees, their needs if known from interviews, and the plan (resources, money, time) to relocate them into replacement property.

VI. All displacees will be contacted by a Relocation Agent, who will ensure that eligible displacees receive their full relocation benefits, including advisory assistance, and that all activities will be conducted in accordance with the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended. Relocation resources shall be available to all displacees free of discrimination. At the time of the first written offer to purchase, owner occupants are given a detailed explanation of Caltrans' "Relocation Program and Services." Tenant occupants of properties to be acquired are contacted soon after the first written offer to purchase, and also are given a detailed explanation of Caltrans' "Relocation Program and Services." In accordance with the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended, Caltrans will provide relocation advisory assistance to any person, business, farm or nonprofit organization displaced as a result of the acquisition of real property for public use.

\_\_\_\_\_  
Right of Way Agent

\_\_\_\_\_  
Date

APPROVED:

\_\_\_\_\_  
Senior Right of Way Agent

\_\_\_\_\_  
Date

- c: Project Manager
- Project Engineer
- Environmental
- Region/District RW DDC
- Region/District P&M

**ADA Notice**

For individuals with disabilities, this document is available in alternate formats. For information call (916) 654-5413 Voice, CRS: 1-800-735-2929, or write Right of Way, 1120 N Street, MS-37, Sacramento, CA 95814.



State of California  
Department of Transportation  
(DRAFT/FINAL) RELOCATION IMPACT REPORT

(Type of Project)  
(City/County, CA)  
(Project Name)  
(Dist - Co - Rte - KP(PM) - EA)

SUMMARY OF RELOCATION IMPACT REPORT: (brief description of complexity of impacts and plan to relocate - from final page of report.)

The undersigned has completed this report of the above-referenced project and recommends approval of the report.

The undersigned has reviewed and approved this report.

\_\_\_\_\_  
Right of Way Agent

Distribution: Original File

c: (as applicable)      Region/District R/W Manager      Project Manager  
                                 Region/District R/W Branch Managers      Environmental Planning  
Branch-Design

Attachments:  
Project Map  
Displacement Map  
Replacement Map  
Appendix A - if not included in ED

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SUMMARY AND PROJECT DATA

A. Purpose of Study: *(Standard statement)*

The purpose of this study is to provide the Department of Transportation, local agencies and the public with information as to what effect a proposed *(type of project)* project would have on the residential and nonresidential occupants within the proposed project alignment(s). Specifically, this report is concerned with potential problems that may be caused by the displacement of existing structures and their occupants.

B. Limits and Purpose of Project:

*(Information for this section is obtained from Project Development, Environmental Studies, etc. Stage I or II work plans will already have this information prepared.)*

C. Description of alignments studied (\_\_\_):

Alignment A: \_\_\_\_\_  
 Alignment B: \_\_\_\_\_  
 Alignment C: \_\_\_\_\_  
 Alignment D: \_\_\_\_\_

1. Is there a "core" corridor common to all alternates? Yes  No  Explanation or comments:

D. Basis of Findings: The sources used in the preparation of this report were both primary and secondary in nature, and are identified in the Bibliography (OR if limited resources were used, list those that are applicable:

e.g., Public agencies, Newspapers, public documents, Multiple listing service, Local realtors, Right-of-way route estimates, ABAG/SCAG, Federal Home Loan Bank, Property owners, U.S. Census).

E. Describe the Displacement Area: (neighborhood, amenities, access, facilities, general occupancy characteristics)

F. Estimated displacement units by alignment:

Residential:	A	B	C
Owner Occupants of Single Family Residences:	_____	_____	_____
Tenant Occupants of Single Family Residences:	_____	_____	_____
Tenant Occupants of Multiple Unit Residences:	_____	_____	_____
Owner Occupants of Mobile Homes:	_____	_____	_____
Tenant Occupants of Mobile Homes:	_____	_____	_____
TOTAL RESIDENTIAL UNITS:	_____	_____	_____
 TOTAL PERSONS:	_____	_____	_____
(average number/household, or per interviews):			
 Nonresidential:			
Commercial Businesses:	_____	_____	_____
Industrial/Manufacturing Businesses:	_____	_____	_____
Nonprofit Organizations:	_____	_____	_____
Agricultural/Farms:	_____	_____	_____
 TOTAL NONRESIDENTIAL UNITS:	_____	_____	_____
TOTAL UNITS:	=====	=====	=====

Note: Relocation of personal property only should be counted separately and noted whether the items will be moved to the remainder or to a separate site.

G. Type of Residential Displacement Improvements:

	A	B	C	D
Single Family Residence	_____	_____	_____	_____
Duplex/Triplex (Multi-Res)	_____	_____	_____	_____
Apartments (Multi-Res) 4 or more	_____	_____	_____	_____
Sleeping rooms/Shared Quarters	_____	_____	_____	_____
Mobile Homes	_____	_____	_____	_____
Total Units	_____	_____	_____	_____

H. Adequate relocation resources exist for:

	Yes	No
Residential owners .....	<input type="checkbox"/>	<input type="checkbox"/>
Residential tenants.....	<input type="checkbox"/>	<input type="checkbox"/>
Mobile Homes.....	<input type="checkbox"/>	<input type="checkbox"/>
Businesses .....	<input type="checkbox"/>	<input type="checkbox"/>
Nonprofit Organizations .....	<input type="checkbox"/>	<input type="checkbox"/>
Agriculture.....	<input type="checkbox"/>	<input type="checkbox"/>

(Explanation for all NO answers can be found on page \_\_\_\_\_.)

- The replacement neighborhood studied is (describe location or attach a map):
- The relocation areas are comparable in terms of amenities, public utilities, and accessibility to public services, transportation and shopping. Yes  No   
(Explanation for all NO answers can be found on page \_\_\_\_\_.)
- The relocation resources (are)(are not) affordable to residential displacees given the use of replacement housing payments. (Explanation for all NO answers can be found on page \_\_\_\_\_.)
- There (are)(are not) public projects in the area that will displace other families or make additional housing available concurrently with the subject project. (Describe the concurrent projects.)
- The State's relocation program is adequate to successfully relocate all displacees. (Explanation for all NO answers can be found on page \_\_\_\_\_.)
- There (are)(are not) special/significant relocation problems associated with this project. (If any, explanation can be found on page \_\_\_\_\_.)
- The Last Resort Housing Program payments (will)(will not) be utilized to relocate residential households being displaced. (If so, estimate the percentage of household units impacted.)

	A	B	C	D
Percentage of owners	_____	_____	_____	_____
Percentage of renters	_____	_____	_____	_____

- The construction of replacement housing under the Last Resort Housing Program will be utilized as follows:  
\_\_\_\_\_  
\_\_\_\_\_

- A field office (will)(will not) be required for this project.

DETAILED ANALYSIS:

I. DISPLACEMENT AREA

A. Residential Displacements *(expand upon the residential displacements above as needed.)*

B. Business and Nonprofit

1. Number of businesses directly impacted by the project:

	Alignment			
	A	B	C	D
Construction	_____	_____	_____	_____
Manufacturing	_____	_____	_____	_____
Retail	_____	_____	_____	_____
Government	_____	_____	_____	_____
Nonprofit	_____	_____	_____	_____
Service	_____	_____	_____	_____
Total	_____	_____	_____	_____

2. Age of business:

	Alignment			
	A	B	C	D
1 - 3 years	_____	_____	_____	_____
4 - 7 years	_____	_____	_____	_____
8 - 15 years	_____	_____	_____	_____
Over 15 years	_____	_____	_____	_____

3. Estimated number of employees: Why this breakdown, why not (1-20, 20-100, 100-500, over 500).

Note: Small business is defined as less than 500. Over 500 = No reestablishment payment.

	Alignment			
	A	B	C	D
1 - 20	_____	_____	_____	_____
21 - 100	_____	_____	_____	_____
101 - 500	_____	_____	_____	_____
Over 200	_____	_____	_____	_____

4. There are \_\_\_\_ businesses impacted by the project that are assumed to be minority owned?

5. Number of the different type of facilities:

	Alignment			
	A	B	C	D
Strip Commercial	_____	_____	_____	_____
Small Shop-Center	_____	_____	_____	_____
Regional Center	_____	_____	_____	_____
Single Structure	_____	_____	_____	_____
Mixed Residential	_____	_____	_____	_____
Industrial Park	_____	_____	_____	_____
Low Rent Area	_____	_____	_____	_____

C. Agricultural Impact: Analysis of farm operations, and how impacted, especially if part take and owners or tenants working on farm will be displaced.

1. Type of agriculture (Indicate number and whether full or part take, and those with residents that are impacted.)

	Alignment			
	A	B	C	D
Row Crops	_____	_____	_____	_____
Trees	_____	_____	_____	_____
Livestock	_____	_____	_____	_____
Other	_____	_____	_____	_____

II. REPLACEMENT AREA

A. Describe in relationship to the local town/community and to the Displacement Area:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Housing stock:

- a. Number of single family residences \_\_\_\_\_
- b. Number of multiple family units \_\_\_\_\_
- c. Number of mobile homes \_\_\_\_\_
- d. Total housing units (a+b+c) \_\_\_\_\_

2. Vacancy rate expressed as a percent:

	For Rent	For Sale
Single family residences	_____ %	_____ %
Multiple family units	_____ %	_____ %
Mobile homes	_____ %	_____ %
(Source _____ and date _____)		

3. Housing characteristics (Describe average age, condition and type of housing impacted by the project.)

4. Average prices of typical single family homes that are DS&S for the displacement properties:  
Attach appropriate grid.

B. Business and Nonprofit Replacement:

1. Number of business sites that will be available for rent, purchase, or development:

	Alignment			
	A	B	C	D
Construction	_____	_____	_____	_____
Manufacturing	_____	_____	_____	_____
Retail	_____	_____	_____	_____
Government	_____	_____	_____	_____
Nonprofit	_____	_____	_____	_____
Service	_____	_____	_____	_____
Total	_____	_____	_____	_____

2. Discuss difficulties the businesses may encounter in finding replacement property because of:
  - a. Replacement site requirements:
  - b. Lease rates or purchase price:
  - c. Financial capacity of the businesses to accomplish the move:
  - d. Special services that may be needed to assist businesses relocate (e.g., rezoning, reduced CUP costs, advanced payments, construction of replacement site, professional services to plan the move or obtain replacement site, business loans, special consideration by the local agency)
3. Discuss issues the employees may have if the business relocates as planned:
4. Discuss issues the employees may have if the business cannot relocate as planned:

C. Residential Replacement:

1. Section 8 rental limits: (ONLY if there are displacees on Section 8 or in need of Section 8). Provide information on the current Section 8 waiting list and availability. Also, compare the rental rates and comparability of the Section 8 houses between the displacement and replacement areas.

Number of bedrooms						
Rental rate Per month						

2. Replacement neighborhood (is)(is not) homogeneous to displacement area. (If not, explain why it was chosen, e.g., superior and how?)
3. General condition of displacement neighborhood: Should be included in #1 above.
4. Condition of units being displaced:    Very good       Good
5. Compared to condition of units in replacement area.    Average       Fair/Poor
6. Number of mobile home parks directly impacted by the project \_\_\_\_\_.

Number of mobile homes directly impacted by the project \_\_\_\_\_ within the park.

Number of mobile homes directly impacted by the project \_\_\_\_\_ that are not in a mobile home park.

D. Comparative Data

	DISPLACEMENTS	PROJECT AREA	REPLACEMENT AREA
Total Housing Units			
% Owner Occupied			
% Renter Occupied			
Total Housing Units Vacant			
Vacancy Rate			
Housing Units For Sale			
Housing Units For Rent			
Persons per Household			
Median Housing Value			

III. RELOCATION RESOURCES

- A. Adequate resources (availability, funds, staffing, time) exist for all displacees except (list):
- |                          |                                |
|--------------------------|--------------------------------|
| Owner occupied SFR       | Tenant occupied multi-res      |
| Owner occupied duplex    | Tenant occupied sleeping rooms |
| Owner occupied multi-res | Mobile homes                   |
| Tenant occupied SFR      | Nonresidential                 |
| Tenant occupied duplex   | Nonprofit                      |

Explain how relocation will occur for those listed:

- B. The replacement area chosen and used as a basis for relocation resources is:  
Discuss comparability, commute distance, expansion of the area in order to find replacement housing, and the availability of services for the displacees.
- C. Market availability (is)(is not) expected to remain adequate through the time of displacement. Explain:

IV. RELOCATION PROBLEMS AND PROGRAMS

A. Relocation Problems discussed in detail, especially for the following categories. Just because no one fits one of the categories below, does NOT mean you DON'T have a problem.

Elderly*	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Minorities	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Low Income (30%)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Overcrowded Residence	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Low Income (Poverty)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Handicapped*	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Last Resort Housing Const	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Minority Business	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Marginal Business*	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Lack of Availability	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

\* All indicate special advisory assistance will be needed.

B. Housing Impact: This project will not significantly impact the local housing stock for the community except as outlined below. There may be a significant effect on the local community housing stock caused by alignment(s):

A\_\_\_\_\_ B\_\_\_\_\_ C\_\_\_\_\_ D\_\_\_\_\_

C. CONCLUSION:

FINAL CONCLUSION: Number of impacts by alignment and time/funding/staff needed to adequately relocate all. Plus any special actions that will be taken (e.g., LRH construction, translators, slower displacement, Section 8, movement up from MH to SFR).



**FOR INTERNAL USE ONLY**

Date			
Dist.	Co.	Rte.	KP (P.M.)
E.A.		Fed Proj No.	
FY Start (reg. acq.)		Cert. Date	Const. Date
EIS Clearance Date			

The following information was obtained from:

1. Relocation Impact Document:      Draft  or Final       Date \_\_\_\_\_  
     Memorandum Statement Report
2. Right of Way Estimate              Original  Revised       Date \_\_\_\_\_
3. Other: \_\_\_\_\_

Project Limits \_\_\_\_\_

Type of Project \_\_\_\_\_

**MAGNITUDE OF DISPLACEMENT**

	Eligible	Non-Eligible
Residential Units		
Single-Family Residences		
Owner-occupied.....	_____	_____
Tenant-occupied .....	_____	_____
Multi-Family Units .....	_____	_____
Mobile Homes .....	_____	_____
Other.....	_____	_____
Total Residential Units .....	_____	_____
Nonresidential Units.....	_____	_____

Displacement Period \_\_\_\_\_

Est. Lead Time Required \_\_\_\_\_

Est. Person Years Required \_\_\_\_\_

**RECOMMENDATIONS**

	Yes	No
No Re-Rent Policy.....	_____	_____
Last Resort Housing - Payments and/or Construction.....	_____	_____
(If "Yes", estimated number of units required: _____ )		
Field Office Required .....	_____	_____
Acquisition Priorities Required .....	_____	_____

Other Recommendations (in general terms):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**SINGLE FAMILY DWELLINGS FOR SALE - Table \_\_\_\_\_**

Survey Area \_\_\_\_\_ Review Period \_\_\_\_\_

Price Range	1 Bedroom		2 Bedrooms		3 Bedrooms		4 Bedrooms		5 Bedrooms		Total	
	Need	Have	Need	Have	Need	Have	Need	Have	Need	Have	Need	Have
Total												

Source:

Comments:

**SINGLE FAMILY DWELLINGS FOR RENT - Table \_\_\_\_\_**

Survey Area \_\_\_\_\_ Review Period \_\_\_\_\_

Monthly Rental Range	1 Bedroom		2 Bedrooms		3 Bedrooms		4 Bedrooms		5 Bedrooms		Total	
	Need	Have	Need	Have	Need	Have	Need	Have	Need	Have	Need	Have
Total												

Source:

Comments:

**MULTIPLE-RESIDENTIAL UNITS FOR RENT (Studios, Duplex, Fourplex, Apartments) - Table \_\_\_\_\_**

Survey Area \_\_\_\_\_ Review Period \_\_\_\_\_

Monthly Rental Range	0 Bedroom		1 Bedroom		2 Bedrooms		3 Bedrooms		4+ Bedrooms		Total	
	Need	Have	Need	Have	Need	Have	Need	Have	Need	Have	Need	Have
Total												

Source:

Comments:

**MOBILE HOMES FOR SALE\* - Table \_\_\_\_\_**

Survey Area \_\_\_\_\_ Review Period \_\_\_\_\_

Mobile Home Price Range	0 Bedroom		1 Bedroom		2 Bedrooms		3 Bedrooms		4+ Bedrooms		Total	
	Have	Need	Have	Need	Have	Need	Have	Need	Have	Need	Have	Need
Total												

\* Mobile Home could be on property that is rented or owned, on bare land or in a mobile home park  
Source: \_\_\_\_\_ Comments: \_\_\_\_\_

**MOBILE HOMES FOR RENT\* - Table \_\_\_\_\_**

Survey Area \_\_\_\_\_ Review Period \_\_\_\_\_

Mobile Home Rental Ranges	0 Bedroom		1 Bedroom		2 Bedrooms		3 Bedrooms		4+ Bedrooms		Total	
	Need	Have	Need	Have	Need	Have	Need	Have	Need	Have	Need	Have
Total												

\* Mobile Home could be on property that is rented or owned, on bare land or in a mobile home park  
Source: \_\_\_\_\_ Comments: \_\_\_\_\_

**TOTAL ESTIMATED DWELLING UNITS FOR SALE - Table \_\_\_\_\_**

Price Range *	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms	Total
Total						

**TOTAL ESTIMATED DWELLING UNITS FOR RENT - Table \_\_\_\_\_**

Monthly Rent Range	0 Bedroom	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	Total
Total						

**PUBLIC HOUSING UNITS NEEDED VS. UNITS AVAILABLE - Table \_\_\_\_\_**

Agency Providing Range	1 Bedroom		2 Bedrooms		3 Bedrooms		4 Bedrooms		5 or More Bedrooms		Total	
	Need	Will Have	Need	Will Have	Need	Will Have	Need	Will Have	Need	Will Have	Need	Will Have
Federally Aided												
State or Locally Aided												
Total												

**INSTRUCTIONS FOR PROJECT AND CAPITAL PLANNING SUMMARY SHEET (FRIR)**

**RAP UNIT INVENTORY**

11. Show the fiscal years of relocation according to the right of way plan.
  12. The number of owner-occupied single-family residences to be relocated by fiscal year.
  13. The number of tenant-occupied single-family residences to be relocated by fiscal year.
  14. The number of multiple dwelling units whether owner or tenant occupied, e.g., duplexes, apartments, or condominiums to be relocated by fiscal year.
  15. The number of mobile homes on the project to be relocated by fiscal year.
  16. The number of types of dwelling units on the project, e.g., sleeping rooms, hotel rooms, rest home rooms, etc., to be relocated by fiscal year.
  18. Number of businesses on the project to be relocated by fiscal year.
  19. Number of farms on the projects to be relocated by fiscal year.
  20. Number of nonprofit entities on the project to be relocated by fiscal year.
  21. Cumulative totals by property type of RAP units to be relocated on project. Add across.
  22. Work unit weighing multiplier. This multiplier is obtained from the District RAP Manager and should represent the unit weight in the current Right of Way support budget.
  23. The number obtained for each fiscal year is calculated by multiplying the number of property types for each fiscal year (Items 12 through 20) times the multiplier (Item 22).
  24. Cumulative totals of work units (Item 23) added across.
  25. Total work units by fiscal year this project (lines 6 through 9 added vertically).
- 
-

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**THIS LETTER DOES NOT CONSTITUTE AN OFFER TO ACQUIRE YOUR PROPERTY  
NOR DOES IT REQUIRE YOU TO MOVE OR ENTITLE YOU TO RELOCATION BENEFITS.**

Date \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear \_\_\_\_\_:

The California Department of Transportation (Department) is proposing to construct a highway project in your area. As part of the final environmental study, the Department must determine if people will be required to relocate as a result of the project. Your property is located within the project area, and MAY be required for the project. However, since the project area is still being studied, please do not anticipate that you will be required to relocate. Information on the final selection of the project design will be made at a later date and persons impacted by the project will be advised.

The Department would like to gather some information from you as a potential displacee so it can determine if there will be comparable replacement property available for the residential occupants and if non-residential occupants will have problems finding replacement sites. Personal surveys and interviews are our preferred method, but in this case it appears we must ask you to complete the survey that we have mailed with this letter. You do have the option to request that we contact you and complete the survey by telephone. If you choose that option, please call (Agent's name and phone number).

Again, the purpose of the survey is to gather general data about persons that are located within the project area. Please be assured that all information is tabulated and presented in the final environmental document, and no personal information about you or others at this address will be released. Our goal is to ensure that we address your specific needs for replacement property as defined in Title 49, Part 24 of the Code of Federal Regulations.

Information about the project is presented throughout the environmental process at community workshops, public meetings, and public hearings. Should you wish to obtain more details about the project or to attend one of the sessions, please contact (Environmental Planner's name and phone number).

I would appreciate it if you would complete the attached survey and return it in the enclosed envelope. If you have questions about the project or the survey, please contact me at \_\_\_\_\_.

Sincerely,

\_\_\_\_\_  
Agent's Name  
Title

Attachment: Survey and envelope

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**THIS LETTER DOES NOT CONSTITUTE AN OFFER TO ACQUIRE YOUR PROPERTY  
NOR DOES IT REQUIRE YOU TO MOVE OR ENTITLE YOU TO RELOCATION BENEFITS.**

TO: RHV Agent

Dist	Co	Rte	KP(P.M.)	Exp Auth

FROM: RAP Agent

Date	Parcel No.	Project ID

**Please prepare a Replacement Housing Valuation for:**

Name of Displacee: \_\_\_\_\_  
Type of Residential Unit: \_\_\_\_\_  
Address of Displaced Unit: \_\_\_\_\_

No. of occupants: \_\_\_\_\_ No. of bedrooms required (*assuming 2 ppl/bd*): \_\_\_\_\_  
Identify any special needs which may require deviation from 2 ppl/bd standard (*e.g., someone needs their own bedroom or a large bedroom may accommodate three toddlers*): \_\_\_\_\_  
\_\_\_\_\_

**Specifics about the displacement dwelling:**

Lot size: \_\_\_\_\_  
Exterior square footage, per appraisal report: \_\_\_\_\_  
(Subtract area not used as residential): \_\_\_\_\_ = Net Area: \_\_\_\_\_  
Age: \_\_\_\_\_ years Condition: \_\_\_\_\_ Quality: \_\_\_\_\_  
No. of rooms (*specify if number includes office, separate utility room, living, family, dining area/room, den*): \_\_\_\_\_  
No. of bedrooms: \_\_\_\_\_ No. of bathrooms: \_\_\_\_\_ Parking type and no. of spaces: \_\_\_\_\_  
Additional amenities (*e.g., view, location, security, fencing*): \_\_\_\_\_

**Carve-outs:**

Identify type and value of major exterior attributes that may necessitate a carve-out, derived from appraisal report (*e.g., swimming pool; outbuildings*): \_\_\_\_\_

If multi-residential or mixed-use, identify type and carve-out value of the residential unit from appraisal report (*e.g., acreage used for farming, space dedicated to business use, additional residential units*): \_\_\_\_\_  
\_\_\_\_\_

If oversized lot may necessitate carve-out, identify area and value of property in excess of typical residential lot size from appraisal report: \_\_\_\_\_

**Additional considerations:**

Displacee(s) currently have a \_\_\_\_\_ mile round trip commute to their respective places of employment.

Displacee has identified the following needs (*e.g., barrier free housing for handicapped occupants which includes these features, e.g., walk-in shower, no step over tub, ramps into and out of all exterior exits*): \_\_\_\_\_  
\_\_\_\_\_

Displacee's use of current residence indicates that functional replacement or trade-offs should be considered for the following: (*e.g., extra large kitchen and dining room; separate utility room for laundry facilities, entertainment/game room*): \_\_\_\_\_

Please specify issues related to comparability of displacement neighborhood that should be considered, per 10.06.04.00 and 49 CFR 24.2(a)(6)(ii). (*Re: public transportation; public services; schools; shopping; churches; etc.*): \_\_\_\_\_

**ADA Notice**

For individuals with disabilities, this document is available in alternate formats. For information, call (916) 654-5413 Voice, CRS: 1-800-735-2929, or write Right of Way, 1120 N Street, MS-37, Sacramento, CA 95814.



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Dist	Co	Rte	KP(P.M.)
Parcel No.		Exp. Auth.	
Claimant(s)			
Date			

Gentlemen:

Reference is made to the purchase order placed with you by the above claimant(s). This office now holds a State warrant in your favor in the amount of \_\_\_\_\_ in connection with said purchase.

This warrant will be released to you when the following conditions have been satisfied:

- (1) Documentation vesting title of the mobile home in the claimants is submitted to the Department of Motor Vehicles.
- (2) The mobile home is established on the claimant's(s') mobile home site and occupied by (him/her/them) pursuant to (his/her/their) written statement.

If you have any questions, please call me at \_\_\_\_\_.

Sincerely,

Date \_\_\_\_\_

File Reference \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear \_\_\_\_\_:

As the displacee of the property located at \_\_\_\_\_, you are entitled to certain relocation benefits that have been explained to you in detail. This letter is to inform you of the required timelines you must follow in order to receive your full relocation benefits.

SELECT ONLY ONE:

1. As the 90-day residential owner, you have 12 months from the later of the following two dates to purchase a replacement dwelling: \_\_\_\_\_ which was the day the Department provided you with the address of a comparable replacement property, or \_\_\_\_\_, the date the Department paid you for your property. You have 18 months from the later of the following two dates to file a claim for your moving expenses and/or purchase differential, closing and incidental costs: \_\_\_\_\_ the close of escrow, or \_\_\_\_\_ the date you vacated your displacement property at \_\_\_\_\_. Your purchase differential is \$\_\_\_\_\_ (amount of original differential). You used \$\_\_\_\_\_ (amount of original differential used) of your Price Differential, and you now have \$\_\_\_\_\_ (the remaining amount of differential) available for you to use providing you purchase and occupy a decent, safe, and sanitary dwelling for at least \$\_\_\_\_\_. You have 24 months from \_\_\_\_\_ to file an appeal for relocation benefits.
2. As the eligible residential tenant, you have 12 months from \_\_\_\_\_ the date you vacated your displacement property at \_\_\_\_\_, to obtain a replacement dwelling. You have 18 months from \_\_\_\_\_ the date you vacated your displacement property at \_\_\_\_\_ to file a claim for your moving expenses and/or Rent Differential or Down Payment. Your Rent Differential is \$\_\_\_\_\_ (amount of original differential). You used \$\_\_\_\_\_ (amount of original differential used) of your Rent Differential, you now have \$\_\_\_\_\_ (the remaining amount of differential) available for you to use providing you rent and occupy a decent, safe, and sanitary dwelling for at least \$\_\_\_\_\_. You have 24 months from that same date to file an appeal for relocation benefits.
3. As the owner of a nonresidential property, you have 18 months from the later of the following two dates to file a claim for moving expenses: \_\_\_\_\_ the date you vacated your displacement property at \_\_\_\_\_, or \_\_\_\_\_ the date the Department paid you for the displacement property. You have 24 months from that same date to file an appeal for relocation benefits.
4. As the tenant/lessee of a nonresidential property, you have 18 months from \_\_\_\_\_, the date you vacated your displacement property at \_\_\_\_\_, to file a claim for moving expenses. You have 24 months from that same date to file an appeal for relocation benefits.

If you have any questions, please contact me at \_\_\_\_\_.

\_\_\_\_\_

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION  
**NONRESIDENTIAL LETTER TO DISPLACEE RE: AVAILABLE ASSISTANCE**

EXHIBIT  
10-EX-33 (NEW 5/2012)

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Date \_\_\_\_\_

File Reference \_\_\_\_\_

Dear \_\_\_\_\_:

As the displacee of the property located at \_\_\_\_\_, you are entitled to certain relocation benefits that have been explained to you in detail. This letter is to remind you of relocation assistance that is available to you and ensure program guidelines are followed, in order to receive your full relocation benefits.

In order to qualify for reimbursement of eligible relocation benefits, you MUST:

- Provide the Department with a certified list or inventory of the items to be moved at least 30 days in advance of the start of your move;
- Notify the Department at least 15 days in advance of the date of the start of your move or disposition of your property;
- Permit the Department to monitor the move; and
- Permit the Department to make reasonable and timely inspections of the personal property at both the displacement and replacement sites.

The Department is prepared to assist you in the relocation of your business. If we have not already met with you to discuss the details of your business, please contact me to arrange a meeting. We will review your particular circumstances and provide assistance as appropriate for you. In particular, we suggest discussing:

- 1. The business's replacement site requirements, current lease terms and other contractual obligations, and the financial capacity of the business to accomplish the move.
- 2. Determining the need for outside specialists that may be required to assist in planning the move, assistance in the actual move, and in the reinstallation of machinery and/or other personal property.
- 3. Estimate the time required for the business to vacate the site.
- 4. Estimate the anticipated difficulty in locating a replacement property.
- 5. Identify any necessary advance payments, which require prior approval.

**USE APPROPRIATE PARAGRAPH BELOW:**

As the owner of a nonresidential property, you have 18 months from the later of the following two dates to file a claim for moving expenses: \_\_\_\_\_ the date you vacated your displacement property at \_\_\_\_\_, or \_\_\_\_\_ the date the Department paid you for the displacement property. You have 24 months from that same date to file an appeal for relocation benefits.

As the tenant/lessee of a nonresidential property, you have 18 months from \_\_\_\_\_, the date you vacated your displacement property at \_\_\_\_\_, to file a claim for moving expenses. You have 24 months from that same date to file an appeal for relocation benefits.

If you have any questions, please contact me at \_\_\_\_\_.

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- 1) Determine the Type of Business:
    - a) Manufacturing -
      - i) What kind of product? \_\_\_\_\_
      - ii) What is the source of materials? \_\_\_\_\_
    - b) Wholesale -
      - i) What kind of product? \_\_\_\_\_
      - ii) Transportation requirements? \_\_\_\_\_
    - c) Retail -
      - i) What type of business? \_\_\_\_\_
      - ii) Specialty clientele? \_\_\_\_\_
    - d) Service -
      - i) What service is offered? \_\_\_\_\_
      - ii) Clientele? \_\_\_\_\_
      - iii) Competition? \_\_\_\_\_
    - e) Other -
      - i) \_\_\_\_\_
      - ii) \_\_\_\_\_
      - iii) \_\_\_\_\_
  
  - 2) Ownership:
    - a) Sole Proprietorship -
      - i) Sole source of income? \_\_\_\_\_
      - ii) Family members employed? \_\_\_\_\_
    - b) Partnership? \_\_\_\_\_
    - c) Corporation? \_\_\_\_\_
    - d) Institution? \_\_\_\_\_
  
  - 3) General:
    - a) How many employees? \_\_\_\_\_
    - b) Number of years in operation? \_\_\_\_\_
    - c) How long at present location? \_\_\_\_\_
    - d) Amount of monthly payroll? \_\_\_\_\_
    - e) Gross annual sales? \_\_\_\_\_
    - f) Other? \_\_\_\_\_
    - g) Other? \_\_\_\_\_
  
  - 4) Facility Requirements:
    - a) Parking? \_\_\_\_\_
    - b) Zoning restrictions? \_\_\_\_\_
    - c) Local variances? \_\_\_\_\_
    - d) What does the Conditional Use Permit allow? \_\_\_\_\_
    - e) Building type? \_\_\_\_\_
    - f) Loading aspects: elevators, truck docks, conveyors? \_\_\_\_\_
    - g) Tax rates? \_\_\_\_\_
    - h) Utility consumption? \_\_\_\_\_
    - i) Other? \_\_\_\_\_
    - j) Other? \_\_\_\_\_
-

**NONRESIDENTIAL INTERVIEW CHECKLIST (Cont.)**

- 5) Preferences of Owner:
- a) Location? \_\_\_\_\_
  - b) Price (Rent/Lease) (Purchase)? \_\_\_\_\_
  - c) Terms? \_\_\_\_\_
  - d) Future expansion? \_\_\_\_\_
  - e) Change in operation? \_\_\_\_\_
  - f) Other? \_\_\_\_\_
  - g) Other? \_\_\_\_\_

- 6) Special Consideration:
- a) Street accessibility for walk-in trade? \_\_\_\_\_
  - b) Access to specialized utilities (high consumption of disposal volume)? \_\_\_\_\_
  - c) Rail access? \_\_\_\_\_
  - d) Landscaping expense or requirements? \_\_\_\_\_
  - e) Structural capacity? \_\_\_\_\_
  - f) Traffic requirements? \_\_\_\_\_
  - g) Other? \_\_\_\_\_
  - h) Other? \_\_\_\_\_

- 7) Personal Property:
- a) Compliance with local code? \_\_\_\_\_
  - b) Machinery and Equipment Appraisal? \_\_\_\_\_
  - c) Goodwill? \_\_\_\_\_
  - d) Cost to Cure? \_\_\_\_\_
  - e) Loss of Tangible Property/Substitute Property? \_\_\_\_\_
  - f) Self-Move or Commercial Mover? \_\_\_\_\_
  - g) Timing and Time frame? \_\_\_\_\_

- 8) Impact on Displacee:
- a) Losses created by the interruption of business? \_\_\_\_\_
  - b) Costs associated with adapting the new site for the use of the business? \_\_\_\_\_
  - c) Increased overhead caused by the replacement location? \_\_\_\_\_
  - d) Zoning and licensing requirements at the replacement location not in force at the displacement site? \_\_\_\_\_
  - e) Loss of clientele? \_\_\_\_\_

- 9) Advisory Assistance:
- a) Real Estate Broker? \_\_\_\_\_
  - b) Local Agency involvement? \_\_\_\_\_
  - c) Financing incentives? \_\_\_\_\_
  - d) Other? \_\_\_\_\_
  - e) Other? \_\_\_\_\_

10) Comments/Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RELOCATION DIARY**

RW 10-3 (REV 10/2014)

Lock Form

**CONFIDENTIAL**  
 This document contains personal information and pursuant to Civil Code 1798.21, it shall be kept confidential in order to protect against unauthorized disclosure.

NAME	DIST	CO	RTE	KP(P.M.)	EA
TELEPHONE	AR				
ADDRESS	PARCEL NO.				
	FEDERAL PROJECT NO.				
TENURE: <input type="checkbox"/> 90-day Owner <input type="checkbox"/> 90-day Tenant <input type="checkbox"/> Business Owner <input type="checkbox"/> Business Lessee/Tenant <input type="checkbox"/> Non-Tenured	RESIDENTIAL UNIT: <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> MULTI RESI. <input type="checkbox"/> MOBILE HOME				
DATE OF ORIGINAL OCCUPANCY	DATE OF FIRST RAP CALL				
DATE OF FIRST WRITTEN OFFER	AMOUNT \$			REVISION	
AMOUNT OF FIRST WRITTEN OFFER \$	DATE OF POSSESSION (COE, OP, RE)				
FINAL VALUE OF ACQUIRED UNIT \$	<b>INFORMATION LETTERS MAILED AND/OR DELIVERED TO OCCUPANTS ON:</b>  Title VI Information (Survey and Brochure) _____ Relocation General Information Notice _____ Notice of Eligibility Letter _____ Conditional Entitlement Letter _____ 90-Day Letter (Type: _____ ) _____ 30-Day Letter _____				
NEW ADDRESS					
TELEPHONE					
DATE OF MOVE    TYPE OF RESIDENCE <input type="checkbox"/> RENT <input type="checkbox"/> PURCHASE					
<b>DATES</b>					
1 Year to Occupy Expires on _____ (Residential Only) 18 months to file Claim Expires on: _____ 24 months to file Appeal Expires on: _____					

PAYMENTS MADE

Type of Claim	Amount of Claim	Date Claim Received	Amount Approved	Date Claim Approved	Date Revolving Fund Check	
					Issued	Reimbursed

Reviewed file. Documentation is complete. All payments have been processed and are proper.

DATE FILE CLOSED	SENIOR RIGHT OF WAY AGENT
------------------	---------------------------

**See Attached Pages for Checklist and Remarks**

**RELOCATION DIARY (Cont.)**

RW 10-3 (REV 10/2014)

DATE/AGENT SIGNATURE	Displacee (Surname):	Parcel No.
<b>FOR ALL ELIGIBLE DISPLACEES - FIRST RAP CALL (Personal)</b>		
I, _____ the Acquisition/Relocation Agent Assigned to this parcel, personally met with the displacees listed below, who occupied this residential/business/farm/nonprofit site, on this date. We discussed the relocation program, including advisory services and possible relocation benefits, specifically the following items, which are also explained in the Relocation Brochure and the Eligibility Letter.		
1. State's 90 day vacating notice.		
2. 12 month deadline regarding moving and replacement housing expenses.		
3. 18 month deadline to sign claims.		
4. 24 months to file RAP appeal.		
5. Moving expenses - actual, reasonable, 50 mile limitation. (Personalty, not realty.)		
6(a). Basic Moving Methods (Residential):		
(i) Room count schedule. Determined _____ rooms eligible for move.		
(ii) Move service authorization (MSA).		
(iii) Actual cost move by commercial carrier.		
6(b). Basic Moving Methods (Nonresidential):		
(i) Actual cost move by commercial carrier.		
(ii) Self moves with pre-authorized written agreement. (Estimates or bids may be needed.)		
7. Offered our assistance in locating replacement property.		
8. Right to appeal and appeal process.		
9. For eligible residential occupants only:		
a. DS&S requirements.		
b. Replacement housing valuation.		
c. Last resort housing limitations and payment provisions.		
d. Affordability / income provisions.		
e. "Spend to get" and time periods to receive benefits.		
10. Title VI information provided by the Appraiser/Acquisition/Relocation Office.		
11. U.S. Residency requirement for a Certification for all occupants in order to receive benefits.		
12. I provided the displacee with the following documents:		
a. Notice of Eligibility (RW 10-____) which was acknowledged by the displacee		
b. Relocation Brochure (Type _____ )		
13. I obtained from the displacee the following signed documents:		
a. Certificate of Occupancy and Receipt of Relocation Information		
b. U.S. Residency Certificate		
14. Other: _____		

Place "N/A" beside those standard items that are not applicable to the discussion with the displacee.







STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

**PAYMENT REQUEST & RELOCATION COST SUMMARY**

RW 10-5 (REV 6/2012)

**CONFIDENTIAL**

This document contains personal information and pursuant to Civil Code 1798.21 it shall be kept confidential in order to protect against unauthorized disclosure.

**TO:** 1. R/W PLANNING & MANAGEMENT BRANCH

Dist Co Rte PM

FEDERAL PROJECT #

2. R/W ACCOUNTING BRANCH

Parcel Project ID/Phase

FEDERAL PARTICIPATION

On the project  YES  NO  
On the parcel  YES  NO

**FROM:** RIGHT OF WAY RELOCATION ASSISTANCE

RELOCATION ASSISTANCE PAYMENT	PAYMENT AMOUNT	
	FEDERAL ELIGIBLE 055	FEDERAL INELIGIBLE 055N
MOVING EXPENSES		
<input type="checkbox"/> Moving Service Authorization		
<input type="checkbox"/> Actual Moving Cost	\$	\$
<input type="checkbox"/> Schedule		
Search Cost		
In-lieu Payment		
Re-establishment		
Mortgage Differential		
Price Differential		
Incidental Expense		
Rent Differential		
Down Payment		
Other (specify) _____		
<b>Totals</b>		

DISPLACEE
(1) PAYEE
ADDRESS
AMOUNT \$
VCUST #
(2) PAYEE
ADDRESS
AMOUNT \$
VCUST #
(3) PAYEE
ADDRESS
AMOUNT \$
VCUST #

REMARKS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR ISSUING CHECK**

To: District Cashier, Attn: \_\_\_\_\_  
Mail/Return by: \_\_\_\_\_ Date \_\_\_\_\_

I CERTIFY that this payment, excluding payments made directly to vendors that provide services for the displacee, is not reportable to the Internal Revenue Service and Franchise Tax Board as income and does not require a Payee Data Record (STD 204).

**CERTIFICATION OF FUNDS (RW Planning and Management)**  
I hereby certify that budgeted funds are available for the period and purpose of the expenditure shown.  
Initials: ► \_\_\_\_\_ Date \_\_\_\_\_

**RAP AGENT:**

Sign: ► \_\_\_\_\_ Date \_\_\_\_\_  
Print \_\_\_\_\_ Telephone \_\_\_\_\_

**RAP APPROVAL: (per delegations)**

I certify that this payment complies with the appropriate sections of 49 CFR 24 and is consistent with the provision of the Federal Uniform Relocation and Real Properties Acquisition Act of 1970, as amended.  
Sign: ► \_\_\_\_\_ Date \_\_\_\_\_  
Print \_\_\_\_\_ Telephone \_\_\_\_\_

**RIGHT OF WAY PLANNING AND MANAGEMENT TO COMPLETE UNSHADED FIELDS**

CT DOCUMENT	EVENT TYPE	UNIT	PROJECT ID	PHASE	REPORTING CODE	OBJ CODE	(N)	SUB OBJ	BFY	AMOUNT
	C501			9	1	055				
	C501			9	1	055				
	C501			9	1	055				
	C501			9	1	055				

**PLANNING & MANAGEMENT APPROVAL:**

Sign: ► \_\_\_\_\_ Date \_\_\_\_\_  
Print \_\_\_\_\_ Telephone \_\_\_\_\_

**ACCOUNTING NOTE:** All data must be entered exactly as shown. Verify coding prior to entry into Advantage. If any change is necessary, contact R/W Planning & Management who will fax revised copy to R/W Accounting.

Distribution: Original + copy - R/W Accounting; 1 copy - District P&M; 9 1 copy - Originating Office

**INSTRUCTIONS FOR COMPLETING THE  
RELOCATION ASSISTANCE PAYMENT REQUEST & COST SUMMARY  
(RW 10-5)**

The RW 10-5 form is completed for all residential and business relocation assistance claims. The completed RW 10-5 and STD 204 - Vendor/Payee Data Record (if the payee is NOT the displacee) are the only documents required for the payment package forwarded to RW Accounting. The form is completed by three offices: Right of Way RAP, Right of Way Planning and Management, and Division of Accounting - R/W Accounting.

**Right of Way Relocation Assistance Office (RAP Agent) completes the following fields:**

- Federal Project Number including the appropriate Federal Participation
- District, County, Route, Post Mile, Parcel and Project ID, Phase
- Displacee(s) Name (Head of Household, Business)
- TERMS: Eligible/Ineligible refer to Federal participation
- Enter appropriate Relocation Assistance payment type expenses to the Federally Eligible/Ineligible columns, then
- Total(s)
- Enter remarks to clarify a transaction, if needed
- Payee Information - When multiple payments are requested:
  - First Payee box should be displacee (mail to district, agent will arrange delivery)
  - Second and Third Payee boxes may include moving companies, escrow companies, etc.  
(RW Accounting completes the shaded Vendor number box)
- VCUST #: enter the vendor number.
- For Issuing Check - this will direct checks to Payee by mail or back to District Cashier Office for RAP Section to pick up and deliver. The date entered in the Mail/Return by line will be the date that Accounting places the check in the US Mail or if to District Cashier, the date the check should be in the Cashier's Office. Copy returned to RAP Section by Accounting via inter-district mail.
- RAP Agent - sign and date certifying these payments are accurate and not considered taxable income.
- RAP Approval (per delegations) - sign and date indicating the file has been reviewed and the payments requested are in compliance.

**Right of Way - Planning & Management completes the following fields:**

**CT DOCUMENT:** Enter the seven-digit service contract number.

**EVENT TYPE:** Enter the four-digit code (C501) that uniquely identifies an accounting event.

**UNIT:** Cost center number, a four-character field.

**PROJECT ID:** Ten-digit sequence code.

**PHASE:** Enter phase (9).

**REPORTING CODE:** Always start with 1 plus the parcel number. Only alpha or numeric characters are to be used. Use "X" between multiple parcel numbers. Only "X" can be used as a spacer (e.g. 198765X1X2).

**OBJECT CODE:** A three-character field. On form RW 10-5, use "055" - Relocation Assistance Payments.

**N:** Leave blank if eligible for federal funds, enter "N" if not eligible for federal funds.

**BFY:** Enter budget fiscal year.

**DOLLAR AMOUNT:** Amount of Relocation Assistance Payment

Initial and date in Certification of Funds indicating that Planning and Management has confirmed through Advantage that the Project ID is appropriate and funding is available.

**Division of Accounting, Right of Way Accounting completes the following field:**

**SUB OBJ:** Sub Object in Advantage is associated with an Object to provide lower level reporting capabilities.

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**GENERAL INFORMATION NOTICE**

RW 10-7 (REV 10/2014)

Lock Form

DATE

FILE REFERENCE:

**THIS NOTICE DOES NOT REQUIRE YOU  
TO MOVE AT THIS TIME  
IF YOU MOVE PRIOR TO RECEIVING  
A NOTICE OF ELIGIBILITY FROM THE DEPARTMENT,  
YOU WILL NOT BE ELIGIBLE FOR RELOCATION BENEFITS**

Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear \_\_\_\_\_ :

Building a modern transportation system often causes the displacement of a small percentage of the population. You are located on property which may be purchased by the California Department of Transportation for a construction project. As a result of our acquisition, you MAY be eligible for various relocation payments and assistance in finding a new place to live or operate your business, farm or nonprofit organization.

Displaced individuals, families, businesses, farms and nonprofit organizations may be eligible for relocation advisory services and payments provided by the "Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970," as amended, hereafter referred to as the Uniform Act. The following is information about available relocation services and payments.

**MOVING EXPENSES** may be paid to those who are required to relocate from property acquired by the Department.

**RESIDENTIAL OWNER-OCCUPANTS** may be paid replacement housing payments, increased interest cost payments and some of the costs incidental to purchase of replacement homes if they have actually owned and occupied their homes for at least 90 days immediately before the Department makes its first written offer to purchase their home.

**RESIDENTIAL TENANTS** may be eligible for increased rental cost payments or a payment toward the purchase of their own home if they have actually occupied their dwelling for at least 90 days immediately before the Department makes its first written offer to purchase that property.

**BUSINESSES, FARMS AND NONPROFIT ORGANIZATIONS** may be eligible for various payments including reestablishment costs.

**WHEN PAYMENTS CAN BE MADE** - No relocation payment can be made until the Department of Transportation has made a written offer to acquire the real property where the person lives or operates their business, farm or nonprofit organization, and the person has moved from the premises.

Residential homeowners or tenants of dwelling units may receive relocation assistance payments only if they either purchase or rent and occupy a dwelling which meets the Department of Transportation's standards as decent, safe and sanitary. The Department should be asked to inspect the replacement dwelling before you rent or buy it.

**GENERAL INFORMATION NOTICE**

RW 10-7 (REV 10/2014)

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**RESIDENTIAL OWNER-OCCUPANTS** of 90 days or longer must purchase and occupy a decent, safe and sanitary dwelling unit within one year of receiving final payment for the acquired property or had at least one comparable replacement property made available to them, whichever occurrence is later.

**RESIDENTIAL TENANTS** must occupy a decent, safe and sanitary dwelling within one year after vacating the acquired property to receive a relocation assistance payment. No person who is lawfully occupying real property required for the project will be asked to move without first being given at least 90 days advance notice, in writing. No occupants of any type of dwellings, eligible for relocation payments, will be required to move unless adequate decent, safe and sanitary replacement housing, which is open to all persons regardless of race, color, religion, sex, or national origin, has been made available to them by the Department or they have secured such housing for themselves.

**LEGAL RESIDENCY** - Residents not lawfully present in the United States are ineligible for relocation payments and assistance.

**APPEALS** - The Uniform Act provides that a person may appeal to the head of the responsible department if the person believes that the department has failed to properly determine the person's eligibility or the amount of payment authorized by the Act. You have the right to be represented by legal counsel, but this is not required.

If you still believe a proper determination has not been made, you may seek judicial review.

**NONDISCRIMINATION** - All services and/or benefits to be derived from any right of way activity will be administered without regard to race, color, national origin, or sex in compliance with Title VI of the 1964 Civil Rights Act.

Answers to your questions can be obtained by calling or writing the Department of Transportation office at:

[Address](#)

**AVISO DE INFORMACIÓN GENERAL**

RW 10-07S (REV 05/2021)

Página 1 de 2

FECHA

REFERENCIA DE ARCHIVO

**ESTE AVISO NO REQUIERE QUE  
USTED SE MUDE EN ESTE MOMENTO  
SI USTED SE MUDA ANTES DE RECIBIR  
UN AVISO DE ELEGIBILIDAD DEL DEPARTAMENTO,  
USTED NO SERÁ ELEGIBLE PARA LOS BENEFICIOS DE  
REUBICACIÓN**

Dirección

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Estimado (a) \_\_\_\_\_

Construir un sistema de transporte moderno generalmente causa el desplazamiento de un pequeño porcentaje de la población. Usted se encuentra en una propiedad que puede ser adquirida por el Departamento de Transporte de California para un proyecto de construcción. Como resultado de nuestra adquisición, usted PUEDE ser elegible para diversos pagos y asistencia de reubicación para encontrar un nuevo lugar donde vivir o dirigir su negocio, granja u organización sin fines de lucro.

Los individuos, familias, negocios, granjas y organizaciones sin fines de lucro desplazadas pueden ser elegibles para servicios y pagos por asesoría de reubicación estipulados por la “Ley de Política Uniforme de Asistencia para la Reubicación y Adquisición de Bienes Raíces de 1970”, modificada, denominada como Ley Uniforme. La siguiente información es sobre los servicios y pagos por reubicación disponibles:

Los **GASTOS DE MUDANZA** pueden pagarse a aquellas personas que se vean obligados a mudarse de la propiedad adquirida por el Departamento.

A los **PROPIETARIOS OCUPANTES DE RESIDENCIAS** se les pueden hacer pagos por vivienda de reemplazo, pagos por costo de interés elevado y algunos de los costos imprevistos para adquirir viviendas de reemplazo si realmente han tenido y ocupado sus hogares por al menos 90 días inmediatamente antes de que el Departamento presente su primera oferta escrita para la compra de sus hogares.

Los **INQUILINOS DE RESIDENCIAS** pueden ser elegibles para pagos por costo de alquiler elevado o un pago que se acerque a la compra de su propio hogar si realmente han ocupado sus viviendas por al menos 90 días inmediatamente antes de que el Departamento presente su primera oferta escrita para la compra de esa propiedad.

Los **NEGOCIOS, GRANJAS Y ORGANIZACIONES SIN FINES DE LUCRO** pueden ser elegibles para diversos pagos incluyendo costos de restablecimiento.

**CUÁNDO SE PUEDEN REALIZAR LOS PAGOS** - No se puede realizar ningún pago por reubicación hasta que el Departamento de Transporte haya presentado una oferta escrita para adquirir los bienes raíces donde la persona habita o dirige su negocio, granja u organización sin fines de lucro y la persona se haya mudado del sitio.

Los propietarios de residencias o inquilinos de unidades de vivienda pueden recibir pagos por asistencia de reubicación solo si han comprado o alquilado y ocupado una vivienda que satisfaga los estándares de decencia, seguridad y sanitarios del Departamento de Transporte. Se debe solicitar al Departamento que inspeccione la vivienda de reemplazo antes de alquilarla o comprarla.

**Aviso de ADA**

Este documento está disponible en formatos alternativos para individuos con discapacidades sensoriales. Para mayor información, llame a la Unidad de Manejo de Formularios al (916) 445-1233, TTY 711, o escriba a la Administración de Registros y Formularios, 1120 N Street, MS-89, Sacramento, CA 95814.

**AVISO DE INFORMACIÓN GENERAL**

RW 10-07S (REV 05/2021)

Página 2 de 2

Los **PROPIETARIOS OCUPANTES DE RESIDENCIAS** de 90 días o más deben comprar y ocupar una unidad de vivienda decente, segura y sanitaria en un lapso de un año al recibir el pago final por la propiedad adquirida o al menos tener disponible una propiedad de reemplazo comparable, cualquiera que sea posterior.

Los **INQUILINOS DE RESIDENCIAS** deben ocupar una vivienda decente, segura y sanitaria en un lapso de un año luego de desocupar la propiedad adquirida para recibir un pago por asistencia de reubicación. A ninguna persona que esté ocupando legalmente los bienes raíces que se necesitan para el proyecto se le solicitará que se mude sin haber recibido antes un aviso de anticipación de 90 días por escrito. A ningún inquilino de cualquier tipo de vivienda, elegible para pagos por reubicación, se le solicitará que se mude a menos que tenga disponible por parte del Departamento, o asegurada por sus propios medios, una vivienda de reemplazo adecuada, decente, segura y sanitaria, que esté abierta para todas las personas sin importar la raza, color, religión, sexo, o nacionalidad.

**RESIDENCIA LEGAL** - los residentes ilegales presentes en los Estados Unidos no son elegibles para pagos y asistencia de reubicación.

**APELACIONES** - La Ley Uniforme establece que una persona puede apelar ante el jefe del departamento responsable si esa persona cree que el departamento falló en determinar apropiadamente la elegibilidad de la persona o el monto del pago autorizado por la ley. Tiene el derecho de ser representado legalmente, pero esto no es un requisito.

Si aún cree que no se ha tomado una decisión apropiada, puede buscar una revisión judicial.

La **NO DISCRIMINACIÓN** - Todos los servicios y/o beneficios que se deriven de cualquier actividad de derecho de paso no se aplicarán basados en la raza, color, nacionalidad o sexo en conformidad con el Título VI de la Ley de Derechos Civiles de 1964.

Para obtener respuestas a sus preguntas puede llamar o escribir a la oficina del Departamento de Transporte a:

[Dirección](#)

**NOTICE OF INTENT TO ACQUIRE - OWNER-OCCUPANT**

RW 10-8 (REV 11/2009)

Lock Data on Form

DATE	DIST	CO	RTE	KP(P.M.)	EXP AUTH
				PARCEL	

From:

Address:

Dear \_\_\_\_\_ :

This notice is to confirm the intention of the State of California, through its Department of Transportation, to acquire for transportation purposes the property located at \_\_\_\_\_ . We anticipate the appraisal of your property will be completed and approved within the next \_\_\_\_\_ .

It is further confirmed that you, as the owner and resident of the property, will be eligible for relocation assistance and benefits in accordance with the Federal Uniform Relocation Assistance Act.

It is requested that you advise the undersigned at \_\_\_\_\_ when you are ready to make moving arrangements so we will be able to protect your rights and advise you regarding your benefits.

Very truly yours,

\_\_\_\_\_  
Relocation Advisor

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Office Address

Copy to RAP Agent  
Copy to Acquisition Agent



**INFORMATIONAL LETTER TO NONOCCUPANT OWNER  
RE: NOTICE OF INTENT TO ACQUIRE**

RW 10-9 (NEW 11/2009)

Lock Data on Form

DATE	DIST	CO	RTE	KP(P.M.)	EXP AUTH
				PARCEL	

From:

Address:

Dear \_\_\_\_\_:

This notice is to confirm that, with your concurrence and agreement to a rental contract, we have provided (tenant's name) \_\_\_\_\_ with a Notice of Intent to Acquire the dwelling unit he/she occupies at (address) \_\_\_\_\_ . Due to special circumstances, it was necessary to preserve his/her eligibility for relocation benefits prior to initiation of negotiations for the purchase of the property from you. A copy of Rental Agreement (8-EX-4) and the Notice of Intent (RW 10-10) are attached.

This letter is informational and does not at this time constitute a formal "Notice of Intent to Acquire". It is anticipated that the State's offer to purchase the property will be communicated to you within the next \_\_\_\_\_ .

If you have any questions, please call me at \_\_\_\_\_ .

Very truly yours,

\_\_\_\_\_  
Relocation Advisor\_\_\_\_\_  
Phone Number\_\_\_\_\_  
Office Address

(Attach copy of Rental Agreement and NIA to tenant)

Copy to RAP Agent  
Copy to Acquisition Agent

**NOTICE OF INTENT TO ACQUIRE - TENANT**

RW 10-10 (NEW 11/2009)

Lock Data on Form

DATE	DIST	CO	RTE	KP(P.M.)	EXP AUTH
				PARCEL	

From:

Address:

Dear \_\_\_\_\_ :

This notice is to confirm the intention of the State of California, through its Department of Transportation, to acquire for transportation purposes the property owned by \_\_\_\_\_ and commonly known as \_\_\_\_\_ .

It is anticipated that the State's offer for this property will be communicated to the owner within the next \_\_\_\_\_ . These facts indicate that you may be eligible for relocation benefits in conjunction with the acquisition of this property.

If you move prior to the State's first written offer to acquire the property you are currently occupying, the date of your move will be considered your date of eligibility for relocation benefits.

It is requested that you advise the undersigned at \_\_\_\_\_ when you are ready to make moving arrangements so we will be able to protect your rights and advise you regarding your benefits under the Federal Uniform Relocation Assistance Act.

Very truly yours,

\_\_\_\_\_  
Relocation Advisor

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Office Address

Copy to RAP Agent  
Copy to Acquisition Agent

# NOTICE TO ACQUISITION OF IN-LIEU PAYMENT OR REESTABLISHMENT EXPENSES

RW 10-38 (7/1995)

Lock Form

	DISTRICT	COUNTY	ROUTE	KP (P.M.)	EXP AUTH
	AR				
	PARCEL NUMBER				
	FEDERAL PROJECT NUMBER				
	DISPLACEE				

Date: \_\_\_\_\_

TO: ACQUISITION SECTION

FROM: RELOCATION ASSISTANCE SECTION

SUBJECT: (1) IN LIEU PAYMENT or (2) REESTABLISHMENT EXPENSES (*Select applicable language*)

(1) The purpose of this memorandum is to notify you that an in-lieu payment has been made to the above-referenced displacee in the amount of \$ \_\_\_\_\_ which was paid on \_\_\_\_\_. The estimated cost to relocate this business is \$ \_\_\_\_\_. This information is provided so that the in-lieu payment will not be duplicated in the loss of goodwill payment, if any.

\_\_\_\_\_  
RAP SUPERVISOR

OR

(2) The purpose of this memorandum is to testify you that a reestablishment payment has been made to the above-referenced displacee in the amount of \$ \_\_\_\_\_ which was paid on \_\_\_\_\_. This information is provided so that the reestablishment payment will not be duplicated in the loss of goodwill payment, if any.

\_\_\_\_\_  
RAP SUPERVISOR

Attachment: Form RW 10-34 Claim for Reestablishment Expenses

**COMPUTATION OF RENT DIFFERENTIAL PAYMENT**

RW 10-41 (REV 12/2005)

Lock Data on Form

DISTRICT:	POST MILE	ROUTE:	KP (P.M.):
PARCEL NUMBER:		CLAIMANT:	

**(1) Actual Replacement Property**

(a) Contract Rent for the actual replacement property	\$			
Average Utility Costs from the RHV (from 1(b) below)	+\$			
			=\$	
(b) Rental rate of the most comparable replacement property (RHV)	\$			
Average Utility Costs (RHV)	+\$			
			=\$	
(c) Lesser of Item 1(a) or Item 1(b)				=\$

**(2) Displacement Property**

(a) Base Monthly Rent used in the RHV (Average 3 months, Economic, or 30% of income)	\$			
Average 3 months, Economic, or 30% of income				
(b) Actual average costs for utilities not included in base rent	+\$			
(c) Total of Items 2(a) and Item 2(b)				=\$

**(3) Increased rent and utilities - Difference Item 1(c) minus Item 2(c)**

**(4) Rent Differential Payment - Item (3) x 42 months**

*Should not exceed the RD amount from the last approved RHV*

**If RD is over \$10,000 then calculated advance payments and installments**

	Amount	Balance Owed
<b>Balance Owed (Item 4 above)</b>		\$
<b>Less Any Advance Payments*</b>		
Advanced Security Deposit*	\$	
First Month's Rent	\$	
Last Month's Rent	\$	
Subtotal =	- \$	= \$

**Installments**

	From (Date)	To (Date)		
First Installment - Item (3) x 6 months at date of occupancy**			- \$	= \$
Second Installment - same amount as First Installment six months later			- \$	= \$
Final - Balance owed six months later***			- \$	= \$
Total amount paid to displacee should equal item (4) above.	<b>TOTAL</b>		= \$	Ø

\*Displacee may not have first and last month's rent paid in advance if they are not entitled to an RD. HQ may approve assignment of funds for Security Deposit for low-income situations.

\*\*First Installment "From (Date)" should be the date the displacee will occupy the replacement property per the Rental Agreement

\*\*\*Final installment should be the remaining balance after deducting advance payments. The final payment can be made as soon as the "Balance Owed" drops below \$10,000.

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION  
**REPLACEMENT HOUSING VALUATION**  
**REPORT CERTIFICATION AND APPROVAL**  
 RW 10-42 (REV 04/2015)

**CONFIDENTIAL**  
 This document contains personal information and pursuant to Civil Code 1798.21, it shall be kept confidential in order to protect against unauthorized disclosure.

DISTRICT:	COUNTY:	ROUTE:	KP (P.M.):	EXP AUTH:
AR:	PARCEL NUMBER:	FEDERAL PROJECT NUMBER:	ORIGINAL /REVISED REPORT Date:	

The undersigned certify that:

1. The replacement housing needs of the person(s) who will be displaced have been considered.
2. This valuation considers the fair market value appraisal of the displacement dwelling.
3. The displacement dwelling and the available dwelling units on which the valuation is based have been field reviewed by the agent preparing the report and the senior right of way agent approving the report.
4. The replacement value for the dwelling unit covered by this report properly reflects the price for which the displaced person(s) can purchase or rent comparable replacement housing as defined in 49 Code of Federal Regulations, Section 24.2(d).
5. The replacement housing valuation amounts approved herein are not directed amounts, but were arrived at fairly, without coercion, and are based on factual data retained in office files.
6. The undersigned have no direct or indirect, present or contemplated future, personal interest in any displaced dwelling unit, or comparable dwelling used in connection with this report, and will not benefit from any transaction made in consequence of this report.

PRICE (OR) RENT DIFFERENTIAL:

DISPLACEE'S NAME:

DISPLACEMENT ADDRESS:

This amount  (does)  (does not) fall under Last Resort Housing provisions.

I have prepared this Replacement Housing Valuation Report. I did not prepare the fair market value appraisal of the displacement dwelling.

RIGHT OF WAY AGENT:	DATE:
---------------------	-------

I have reviewed and approved this replacement housing valuation. I am in conformance with the procedures in the R/W Manual Sections 10.06.12.05 for approving replacement housing valuations, and in accordance with current delegations.

NAME AND TITLE:	DATE:
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# REPLACEMENT HOUSING VALUATION REPORT CERTIFICATION AND APPROVAL (Cont.)

RW 10-42 (REV 04/2015)

## DISPLACEMENT PROPERTY DATA

DISTRICT:	COUNTY:	ROUTE:
KP (P.M.):	PARCEL NUMBER:	FEDERAL PROJECT NUMBER:
DISPLACEE'S NAME:		

DISPLACEMENT ADDRESS:

This Report is prepared to calculate a 90-day Owner Occupant:  Price Differential  Rent Differential  
 90-day Tenant  Non-Tenured Occupant

No. Eligible Occupants \_\_\_\_\_ which requires \_\_\_\_\_ Bedrooms to be DS&S  
 SFR  Apartment  Duplex  Mobile Home  Other

NO. BEDROOMS	NO. BATHS	TOTAL ROOMS	LIVING AREA SF	AGE	QUALITY	CONDITION	YARD IMP.	GARAGE	CARPORT	POOL

COMMENTS ABOUT DISPLACEMENT PROPERTY (photo attached to back of this page):

Lot Size: \_\_\_\_\_ SF or \_\_\_\_\_ SF  
 Carved-out Residential Lot Size \_\_\_\_\_ SF  
 Typical Residential Lot for Area: \_\_\_\_\_ SF. Which is  
 Similar  Larger  Smaller  than Displacement's  
 (Carved-out) Residential Lot Size

APPRaised VALUE:	DATE:	ADJUSTED VALUE:	BASED ON FINAL ACQUISITION OF:
\$		\$	\$

### Adjustments (Explanation and Amounts)

MAJOR EXTERIOR ATTRIBUTES:

	Distance Miles
Public Transportation	
Employment Centers	
Shopping Facilities	
Schools	
Freeway Access	

MIXED OR MULTIPLE USE PROPERTY:

MONTHLY RENT PAID:	30% OF INCOME (if provided by RAP Agent):	ECONOMIC RENT (if actual rent is less than 75%)
\$	\$	\$

RENT USED TO CALCULATE RENT DIFFERENTIAL:

1. Average last 3 months rent + utilities = \$ \_\_\_\_\_, OR 2. 30% of Verified Income \$ \_\_\_\_\_ 3. Economic Rent \$ \_\_\_\_\_

UTILITIES NOT INCLUDED IN MONTHLY RENT:

Electric \$ \_\_\_\_\_ Water \$ \_\_\_\_\_ Gas/Propane \$ \_\_\_\_\_ Sewer/Septic \$ \_\_\_\_\_ Other \$ \_\_\_\_\_ Desc. \_\_\_\_\_

### Most Comparable Replacement Properties

ID Number	Address	Listing Price or Rent
Comp 1:		
Comp 2:		
Comp 3:		
Comp 4:		

Price / Rent Differential Calculation:

1. Most Comparable Replacement Property as Adjusted \$ \_\_\_\_\_  
 2. Displaced Property as Adjusted \$ \_\_\_\_\_ (See above explanation)  
 3. Differential \$ \_\_\_\_\_ (x42 months for Rent Differential \$ \_\_\_\_\_)

Total RHP Available \$ \_\_\_\_\_

This payment (is)  (is not)  subject to Last Resort Housing provisions

**REPLACEMENT HOUSING VALUATION  
REPORT CERTIFICATION AND APPROVAL (Cont.)**

RW 10-42 (REV 04/2015)

**COMPARABLE REPLACEMENT PROPERTY DATA**

FOR:

DISPLACEE'S NAME:		DISTRICT:	COUNTY:
ROUTE:	KP (P.M.):	EA:	PARCEL NUMBER:

COMPARABLE # 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		ADDRESS:					Lot Size Sq. Ft _____ Similar <input type="checkbox"/> Larger <input type="checkbox"/> Smaller <input type="checkbox"/> to Displacement				
NO. BEDROOMS	NO. BATHS	TOTAL ROOMS	LIVING AREA SF	AGE	QUALITY	CONDITION	YARD IMP.	GARAGE	CARPORT	POOL	
LISTING PRICE: \$	PUBLIC AND COMMON FACILITIES: <input type="checkbox"/> YES <input type="checkbox"/> NO			PUBLIC UTILITIES: <input type="checkbox"/> YES <input type="checkbox"/> NO			MONTHLY RENT: \$				

LIST COMPARABLE'S MAJOR EXTERIOR ATTRIBUTES:							including utilities:			

ADVERSE ENVIRONMENTAL CONDITIONS:     YES     NO

REMARKS: Is Comparable Equal to Better than the Displacement Property? Explain.	<b>Distance (Miles)</b>
	Public Transportation
	Employment Centers
	Shopping Facilities
	Schools
	Freeway Access

ATTACH PHOTO:

# REPLACEMENT HOUSING VALUATION REPORT CERTIFICATION AND APPROVAL (Cont.)

RW 10-42 (REV 04/2015)

## COMPARABLE REPLACEMENT PROPERTY DATA

FOR:

DISPLACEE'S NAME:		DISTRICT:	COUNTY:
ROUTE:	KP (P.M.):	EA:	PARCEL NUMBER:

COMPARABLE # 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		ADDRESS:					Lot Size Sq. Ft _____ Similar <input type="checkbox"/> Larger <input type="checkbox"/> Smaller <input type="checkbox"/> to Displacement				
NO. BEDROOMS	NO. BATHS	TOTAL ROOMS	LIVING AREA SF	AGE	QUALITY	CONDITION	YARD IMP.	GARAGE	CARPORT	POOL	
LISTING PRICE: \$ _____		PUBLIC AND COMMON FACILITIES: <input type="checkbox"/> YES <input type="checkbox"/> NO			PUBLIC UTILITIES: <input type="checkbox"/> YES <input type="checkbox"/> NO			MONTHLY RENT: \$ _____			

LIST COMPARABLE'S MAJOR EXTERIOR ATTRIBUTES:								including utilities:		

ADVERSE ENVIRONMENTAL CONDITIONS:  YES  NO

REMARKS: Is Comparable Equal to Better than the Displacement Property? Explain.	<b>Distance (Miles)</b>
	Public Transportation
	Employment Centers
	Shopping Facilities
	Schools
Freeway Access	

ATTACH PHOTO:



**REPLACEMENT HOUSING VALUATION  
REPORT CERTIFICATION AND APPROVAL (Cont.)**

RW 10-42 (REV 04/2015)

**COMPARABLE REPLACEMENT PROPERTY DATA**

FOR:

DISPLACEE'S NAME:		DISTRICT:	COUNTY:
ROUTE:	KP (P.M.):	EA:	PARCEL NUMBER:

COMPARABLE # 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		ADDRESS:				Lot Size Sq. Ft _____ Similar <input type="checkbox"/> Larger <input type="checkbox"/> Smaller <input type="checkbox"/> to Displacement				
NO. BEDROOMS	NO. BATHS	TOTAL ROOMS	LIVING AREA SF	AGE	QUALITY	CONDITION	YARD IMP.	GARAGE	CARPORT	POOL
LISTING PRICE: \$	PUBLIC AND COMMON FACILITIES: <input type="checkbox"/> YES <input type="checkbox"/> NO			PUBLIC UTILITIES: <input type="checkbox"/> YES <input type="checkbox"/> NO			MONTHLY RENT: \$			

LIST COMPARABLE'S MAJOR EXTERIOR ATTRIBUTES:								including utilities:		

ADVERSE ENVIRONMENTAL CONDITIONS:  YES  NO

REMARKS: Is Comparable Equal to Better than the Displacement Property? Explain.	<b>Distance (Miles)</b>
	Public Transportation
	Employment Centers
	Shopping Facilities
	Schools
	Freeway Access

ATTACH PHOTO: