



Relocation Plan For:

Displacing Agency:

Prepared By:

Date (s) Prepared:

Please submit for review & approval to Relocation Unit, Division of Housing & Community Development, WI Dept. of Commerce, P.O. Box 7970, Madison, WI 53707. Questions? Call 608/267-0317.

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PROJECT DESCRIPTION		PART A
1. Project Name:	2. County(ies):	
3. Project Purpose:	4. Condemnor or Displacing Agency:	
5. Acquisition procedure that agency will follow: <input type="checkbox"/> s. 32.05 <input type="checkbox"/> s. 32.06 <input type="checkbox"/> Other (specify) _____		
6. Relationship of this plan to total placement: a. <input type="checkbox"/> This plan covers all displacement expected for this project. b. <input type="checkbox"/> This is a continuation or amendment to the above project for which a plan had been previously approved by Dept. of Commerce on _____. c. <input type="checkbox"/> This is a 1 st phase plan for the above project which will have subsequent displacement covered in later plans. d. <input type="checkbox"/> Other (specify):		
7. If 6c. above is checked, explain the level of additional displacement expected and why it is not included in this plan:		
8. Project Location (geographic boundaries): <input type="checkbox"/> Project boundaries are shown on attached map.		
9. What source(s) and amount of funds will be used in carrying out this project: <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Private Est. total project cost _____ Est. public financial contribution _____	10a. If federal funding is expected to support any part of this project, identify the federal agency and program involved: 10b. If state or local funds are expected to be used in any part of the project, identify the agency and program involved:	

PROJECT ADMINISTRATION

PART B

1. Identify the public official employee or person who is primarily responsible for implementing this plan and is designated as the agency's principal contact on relocation matters:

Name: _____ Title: _____
Address: _____ Agency/Dept/Div: _____
Zip Code: _____ Telephone: _____

2. If the agency is contracting with another agency or person to prepare or implement this plan, identify the contracting person or agency:

Name: _____ Title: _____
Address: _____ Agency/Firm Name: _____
Zip Code: _____ Telephone: _____

3. Identify relocation staff or persons who will be directly involved in providing relocation assistance to project displacees:

Name: _____ Title: _____
Name: _____ Title: _____
Name: _____ Title: _____

4. Identify the name(s) of persons who will be negotiating the acquisition of properties for this project:

Name: _____ Title: _____
Name: _____ Title: _____
Name: _____ Agency/Firm Name: _____
Telephone: _____

5. Will the agency establish a relocation field office?

No (explain) _____
 Established
 Will Establish Office Address: _____
 Office within project boundaries Days & Hours Open: _____
 Office approximately _____ blocks from center of project area
Will staff be available evenings by appointment? Yes No

DISPLACEMENT INVENTORY

PART C

1. Number of parcels to be acquired under this plan:

$$\underline{\hspace{2cm}} + \underline{\hspace{2cm}} = \underline{\hspace{2cm}}$$

occupied vacant total

2. The displacement data for this plan was obtained during the period:

_____ to _____

3. Displacement Characteristics (by parcel)

Parcel #1:

(Add more pages if necessary)

PROJECT TIMETABLE & COMPETING DISPLACEMENT

PART D

1. Provide a timetable estimate for implementing this project:

	From (month/year)	To (month/year)	Total Months
Property Appraisals			
Land Acquisitions			
Relocation			
Land Clearance			
Other Activity			

2. Will the relocation timetable be extended if necessary to ensure compliance with this relocation plan?

Yes No

3. Is the agency presently carrying out any other project having displaced persons that may compete for replacement resources identified in this plan?

Yes No

If yes, describe the number and types of displaced persons remaining to be relocated from existing projects:

4. Are there any other public or private sector displacements in the locality that may compete for replacement resources identified in this plan?

Yes No

If yes, describe the number and types of displaced persons competing for existing resources:

PROJECT DESCRIPTION

PART E

1. Describe the Physical Standards applicable for determining decent, safe and sanitary housing:

- The decent, safe and sanitary standards in Chap. Comm 202.04 will be applicable for this project.
- The following, higher standards will be applicable for this project:

2. If the replacement payment will not be based on the asking price of the selected comparable, explain the basis and method of adjustment to be used.

- Not applicable. Payments will be based on the asking price.

3. The Written Notice requirements under Chap. Comm 202.06(2), including a relocation rights pamphlet, were provided to all affected parties on the date(s) shown below:

Date: _____

4. What date do you plan to issue the notice of entitlement to the displaced person(s)?

Date: _____

5. Describe any other Relocation Program Standards which may be applicable for this project and may result in assistance which exceeds the minimum requirements of Chap. Comm 202:

- None
- The federal Uniform Relocation Act is applicable.
- Other (specify):

RELOCATION FEASIBILITY ANALYSIS - RESIDENTIAL

PART F1

DATA ON ACQUIRED UNIT	1. Parcel or Unit Number				
	2. Occupants Status (O) Owner or (T) Tenant				
	3. Family Composition Adults/Children	/	/	/	/
	4. Type of Building Construction	_____	_____	_____	_____
	5. Habitable Area				
	6. Age/State of Repair	/	/	/	/
	7. Total Rooms/Bedrooms	/	/	/	/
	8. Type of Neighborhood				
	9. Distance To: (S) Shopping (T) Transportation (Sch) School	S: T: Sch:	S: T: Sch:	S: T: Sch:	S: T: Sch:
FINANCIAL INFORMATION	10. Gross Income	\$	\$	\$	\$
	11. Current Rent (including utilities)	\$	\$	\$	\$
	12. Value of Acquired Dwelling	\$	\$	\$	\$
	13. Ability To Pay Rent or Purchase	\$	\$	\$	\$
RELOCATION NEEDS	14. Rooms/Bedrooms Needed	/	/	/	/
	15. Habitable Area Required				
	16. Probable Status (O) Owner or (T) Tenant				
COMPARABLE ANALYSIS	17. Number of Comparables Available				
	18. Number of Comparables Expected at Displacement				
	19. Range of sale Price or Rent of Comparables	\$	\$	\$	\$
	20. Comparables From Group Number				
	21. Most Comparable Unit Number and Price	\$	\$	\$	\$
PAYMENTS AND ESTIMATES	22. Move Cost (A) Actual or (F) Fixed	\$	\$	\$	\$
	23. Estimated Owner Replacement Payment	\$	\$	\$	\$
	24. Closing and Incidental Cost Payment	\$	\$	\$	\$
	25. Mortgage Refinancing Payment	\$	\$	\$	\$
	26. Tenant Replacement Payment: R = Rent Differential D = Down Payment	R <input type="checkbox"/> D <input type="checkbox"/> \$	R <input type="checkbox"/> D <input type="checkbox"/> \$	R <input type="checkbox"/> D <input type="checkbox"/> \$	R <input type="checkbox"/> D <input type="checkbox"/> \$

