

INDIVIDUAL RELOCATION CASE REPORT

ID NO This Case..... Parcel No _____
(from relocation plan) Unit No _____

• Please submit this report within 30 days after displacement and payment of relocation claims for each displaced person.



Federal Relocation Law Applies Yes No
Date Person Moved In (on site) _____/_____/_____

Date Replacement Inspected _____/_____/_____
Date Negotiations Began _____/_____/_____

Date Prepared _____/_____/_____ Prepared By _____ Phone _____

Date Person Moved Out _____/_____/_____ Date Property Acquired _____/_____/_____

Acquiring Agency _____ Project Name _____

This unit was shown as occupied in the relocation plan but was vacant prior to initiation of negotiation to acquire.
 This unit was vacant at the time of plan approval but was occupied prior to acquisition.

Name of Displaced Person _____ Phone _____

Address (acquired) _____ City _____ State _____ Zip _____

Person Moved to:
Residential Non-Residential
 D.S.S. Housing Adequate Replacement
 Comparable Housing Comparable Replacement
 Non-D.S.S. Housing Non-Code Compliant Repl.
 Publicly Assisted Housing Discontinued Operation

Address (replacement) _____ City _____ State _____ Zip _____

Displaced Person Is:
 Residential Owner Business Owner Non-Profit
 Residential Tenant Business Tenant Farm Owner
 Mobile Home Occupant Non-Profit Owner Farm Tenant

RESIDENTIAL

BUSINESS, FARM or NON-PROFIT

Family Individual Family Size _____/_____
(adults/children)
Head of Household is:
 Female White
 Male Non-White
 Elderly (over 65)
Gross Income/Yr. \$ _____
Source(s) of Income
 Wages/Salary Pension
 Social Security Interest
 Public Assistance Other

Name of Business/Farm/Non-Profit _____ No. of Employees _____
Type of Operation _____ Annual Net Income \$ _____
Type of Interest Acquired OTHER (specify) _____
 LAND and BUSINESS
 BUSINESS ONLY
 LEASEHOLD IMPROV.

	ACQUIRED UNIT	SELECTED COMPARABLE	ACTUAL REPLACEMENT		ACQUIRED UNIT	SELECTED COMPARABLE	ACTUAL REPLACEMENT
TYPE UNIT (single fam., duplex, multi-fam., etc.)				TYPE OF BLDG. (office, free standing, mixed use, etc.)			
NUMBER OF ROOMS/ BEDROOMS	/	/	/	LAND AREA			
OVERALL SIZE (square footage)				BUILDING (square footage)			
ACQUISITION PRICE	\$	\$	\$	ACQUISITION PRICE	\$	\$	\$
MONTHLY RENT (with utilities)	\$	\$	\$	MONTHLY RENT (with utilities)	\$	\$	\$
CHECK IF CARVE OUT WAS DONE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CHECK IF CARVE OUT WAS DONE ON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RELOCATION PAYMENTS Type of Payment (ie. move, rent differential, searching, etc.)	DATE		AMOUNT	
	CLAIM	PAID	CLAIMED	PAID
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
Total			\$	\$

NOTE: If a person has not filed or received payments, or was paid more or less than the person appears eligible for according to the data in this report, state the reasons on the reverse side.

If carve-out was necessary in determining the replacement payment amount, explain method and computations used on reverse side.

Is this the final case report for this project?
 YES
 NO