

RECEIPT FOR BROCHURE

CITY/COUNTY

PROJECT

PARCEL

I certify that I am the _____ located at _____ and that I have personally received a copy of a brochure which explains relocation assistance and advisory services as included in the Uniform Relocation Assistance and Real Property Acquisition Act of 1970 as amended by the Uniform Relocation Amendments of 1987 and Chapters 6B and 316, Code of Iowa.

I also certify that I am a legal resident of the United States of America. I understand that if I am not a legal resident or if I move before negotiations are started for my property rights or move before I receive a written offer of my relocation benefits, I may lose eligibility of my relocation benefits.

Signed _____

Signed _____

Date _____

Date _____

Presentation of Brochure by: _____

**Residential Relocation
SUBJECT INSPECTION SHEET**

Owner Tenant

County _____
Project No. _____
Parcel No. _____

Name: _____ Tel No.: _____
Street Address: _____
City, State Zip: _____

FULL NAME	AGE	RELATIONSHIP	PLACE OF EMPLOYMENT/SCHOOLS	MONTHLY INCOME
		Head of House		

Number of Persons: _____ Total Monthly Family Income: _____
Date of Occupancy: _____ White Minority

PHOTOGRAPH OF RESIDENCE	FINANCIAL INFORMATION
<div style="border: 1px solid black; height: 200px; width: 100%;"></div>	Owner-Occupant
	Mortgage: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Lender: Tel. No.: Original Balance: Current Balance: Term: Rem.: Payment: Per <input type="checkbox"/> Mo. <input type="checkbox"/> Yr. Interest Rate: Other:
	Tenant Occupant
	Monthly Rent: Est. Monthly Utilities: + _____ Base Monthly Rental: = _____

Type of Neighborhood: _____ Location: Urban Suburban Rural
 Use: Single Family Multi-Family Res/Commercial Distance to: Work _____ Shopping _____
 Style of House: _____ Type of Construction: _____ Age: _____
 Gross Area: _____ S.F. Habitable Area: _____ S.F. Rooms _____ Bedrooms _____ Baths _____
 Type of Heating System: _____ AC: Central
 Window/Wall
 Misc. Interior Features: _____ Basement: Full Partial Finished
 Garage: Attached Detached _____ Car Misc. Exterior Features: _____
 Lot Size: _____ If Tenant, Furnished? No Yes Explain, _____
 Special Needs (if any): _____
 Plans: Purchase Replacement Rent Replacement Move Existing Build New
 Comments: _____

By: _____ Date: _____
Relocation Assistance Agent

COMPARABLE INSPECTION SHEET

PHOTOGRAPH OF RESIDENCE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center; padding: 2px;">LISTING INFORMATION</th> </tr> <tr> <td style="padding: 2px;">Firm: _____</td> </tr> <tr> <td style="padding: 2px;">Agent: _____</td> </tr> <tr> <td style="padding: 2px;">Type of Listing: _____</td> </tr> <tr> <td style="padding: 2px;">Reference No.: _____</td> </tr> <tr> <td style="padding: 2px;">Tel. No.: _____</td> </tr> <tr> <td style="padding: 2px;">Listing Price: _____</td> </tr> <tr> <td style="padding: 2px;">Comp Address: _____</td> </tr> <tr> <td style="padding: 2px;">Location: _____</td> </tr> <tr> <td style="text-align: right; padding: 2px;">Urban</td> </tr> <tr> <td style="padding: 2px;">_____</td> </tr> </table>	LISTING INFORMATION	Firm: _____	Agent: _____	Type of Listing: _____	Reference No.: _____	Tel. No.: _____	Listing Price: _____	Comp Address: _____	Location: _____	Urban	_____
LISTING INFORMATION												
Firm: _____												
Agent: _____												
Type of Listing: _____												
Reference No.: _____												
Tel. No.: _____												
Listing Price: _____												
Comp Address: _____												
Location: _____												
Urban												

USE:

- Single Family
- Multi-Family
- Res/Commercial

SCHOOLS:

- Elementary _____
- Middle _____
- High School _____

OFF-SITE:

- Lot Size: _____
- Paved Street
- Gravel Street
- Curb & Gutter

EXTERIOR

Style of House: _____ Type of Construction: _____ Age: _____

Siding Type: _____ Condition: _____ Foundation: _____ Condition: _____

Windows: _____ Condition: _____ Roof: _____ Condition: _____

Other: _____ State of Repair: Good Fair

INTERIOR

Gross Area: _____ S.F. Habitable Area: _____ S.F.

Meets Habitable Area Standard: Yes No

Number of Rooms: _____ Including _____ Bedrooms

Safe, Unobstructed Egress: Yes No

Bathroom: _____ Condition: _____ Roof: _____ Condition: _____

Other: _____ State of Repair: Good Fair

Type of Heating System: _____ Adequate? Yes No

A/C Central Window/Wall

Adequate Supply of Potable Water? Yes No

Provision for Artificial Lighting Each Room: Yes No

Basement: Full Partial Finished

If Rental, Furnished? Yes No

Utilities:

- Electricity: 110 Volts 220 Volts
 - Gas Community Water Well
 - Storm Sewer Sump Pump
 - Security System _____
- Miscellaneous Features: _____

Garage:

- Attached Detached _____ Car
- Sanitary Sewer Septic System
- Smoke Alarm, No. _____

Inspection Comments: _____

This house was inspected and to the best of my knowledge (does) (does not) meet the requirements for decent safe and sanitary housing in accordance with 49 CFR, Part 24-Uniform Relocation Assistance and Real Property Acquisition for Federal and Federally Assisted Programs and Divisions of Highway Department Rules.

By: _____
Relocation Agent

Date

- Comparable
- Most Comparable
- Replacement

MORTGAGE INTEREST DIFFERENTIAL PAYMENT (MIDP)

Name _____
Address _____
City, State Zip _____

County _____
Project No. _____
Parcel No. _____

The (name of acquiring agency) provides a payment to reimburse you for increased interest costs and other debt service costs that you incur in connection with obtaining a mortgage on your replacement dwelling.

The MIDP is contingent on: 1) the existence of a bonafide mortgage(s) that was valid lien on the displacement dwelling for at least 180 days prior to the initiation of negotiations; and, 2) a mortgage being placed on their replacement dwelling.

Payment for increased mortgage interest cost in the amount which will reduce the mortgage balance on your new mortgage to an amount which could be amortized with the same monthly payment (*principal and interest*) over the same period of time as the mortgage on the displacement dwelling.

Payment will be made for certain other debt service costs provided: 1) they are not paid as incidental expenses; 2) they do not exceed rates normal to similar real estate transactions in your area; and 3) the (acquiring agency) determines them to be necessary.

Based on the current balance and terms of your existing mortgage and prevailing terms for new conventional mortgages in your area, you are eligible for an MIDP of _____. This payment is based on the remaining term and amount of the mortgage on the displacement dwelling and current prevailing mortgage interest rate of ____% interest with ____ points.

This eligibility is premised on your obtaining a mortgage on your replacement dwelling for a term of not less than ____ months, the remaining term of your existing mortgage, for not less than _____.

If you elect to obtain a mortgage in a smaller amount or for a shorter term, a re-computation will be required and your payment will probably be smaller.

Relocation Agent

Approving Authority

Date Submitted to Displace

Date Prepared

Estimated MIDP

Actual MIDP

ESTIMATED COST OF NEW REPLACEMENT HOUSING

County _____
 Project No. _____
 Parcel No. _____

Estimated Lot Costs:	
Remarks:	

Estimated Cost of New Construction

Dwelling:	Total sq. ft.		x cost/sq. ft.		
Garage: One car - Two car					
Concrete Work:	Total sq. ft.		x cost/sq. ft.	=	
Other (<i>Explain in remarks</i>)					
Subtotal					
Remarks:					

Estimated Cost of Water Supply

Well including well system		
Other (<i>Explain in remarks</i>)		
Subtotal		
Remarks:		

Estimated Cost of Landscaping

Ground cover: (<i>sodding and seeding</i>)		
Plantings: (<i>trees and shrubs</i>)		
Other (<i>Explain in remarks</i>)		
Subtotal		
Remarks:		

Total estimated cost of new replacement housing

Less estimated value of the residential portion of the taking - _____

TOTAL DIFFERENCE _____

Based on the above calculations the estimated amount of supplemental replacement housing due the occupant, or occupants, of this dwelling as provided by House File 182 of the 64th Iowa General Assembly is:

It is my understanding that this determination may be used in connection with a Federal Aid highway project.

I hereby certify that I have no direct or indirect present or contemplated personal interest in this transaction; that I will not derive any benefit from the supplemental payment provided; that compensation for this determination of supplemental payments is not contingent upon any value conclusions as herein set forth and that the statements herein are true to the best of my knowledge and belief.

Signed _____
 Relocation Assistance Agent

 Date

ESTIMATED COST OF SELF-MOVE OF PERSONAL PROPERTY

County _____

Project No. _____

Parcel No. _____

Personalty Owner _____

Address _____

Location of personalty to be moved _____

Replacement location for personalty _____

Proposed move date _____

Items to be moved (attach additional sheet if necessary) _____

Estimated costs:

Lump sum Agent's estimate: _____

If \$1,502 or more:

EQUIPMENT

_____, ____ hrs/day @ ____/hr, day = _____

_____, ____ hrs/day @ ____/hr, day = _____

LABOR

____ persons @ ____/hr x ____ hrs = _____

____ persons @ ____/hr x ____ hrs = _____

I concur with the above inventory and estimated cost.

Relocate

Date

Submitted by:

Right of Way Agent

Date

OFFER OF RELOCATION ASSISTANCE
Residential
Owner-Occupant of More Than 180 Days

Date Negotiations Initiated _____ County _____
Owner _____ Project No. _____
Address _____ Parcel No. _____

In addition to the amount offered for the purchase of the real estate, the _____ is authorized to make the following relocation assistance payments:

A. Replacement Housing Payment:
This payment is based on a reviewed and approved acquisition price (or the acquisition price of the residential portion, if applicable) of \$ _____. A maximum of \$ _____ toward the purchase of replacement decent, safe, and sanitary single-family housing based on a replacement dwelling cost of \$ _____ or more. If the actual replacement dwelling cost is less than the amount shown or if the acquisition price changes, the relocation payment may change. If the actual replacement dwelling cost is more than the amount shown and comparable housing is available for \$ _____ the additional cost will be paid by the property owner. This determination was based on a comparable dwelling located at _____.

That property and properties located at _____ are currently available to you for your consideration as replacement housing.

B. Increased Interest Payment:
Based on information furnished to the _____ by the previous mortgage holder(s) and the new mortgage holder(s), you may be eligible for a mortgage increase differential payment. Further information is available from a Relocation Assistance Agent.

C. Incidental Expenses Payment:
The incidental expenses payment is for those actual, reasonable, and necessary expenses incurred incident to the purchase of the replacement housing. Further information is available from a Relocation Assistance Agent.

D. Rental Assistance:
An owner occupant of 180 days or more who elects to rent replacement housing may be eligible for a rental assistance payment. Further information is available from a Relocation Assistance Agent.

E. Residential Moving Payment:
1. Actual reasonable and necessary moving costs based on receipted bills from a qualified mover.
Or
2. A scheduled moving payment of \$ _____ which includes a dislocation allowance (reimbursement for various incidental costs).

The replacement housing must be actually purchased or rented, and occupied by the displaced person within one year of the displacement date.

NINETY DAY NOTICE

You will not be required to move from your dwelling or to move your personal property sooner than _____, a date not less than 90 days from the date the original offer was presented to you.

Right of Way Agent Date By Approving Authority Date

OFFER OF RELOCATION ASSISTANCE
Residential
Tenant-Occupant
or
Owner-Occupant of 90 through 179 Days

Date Negotiations Initiated _____ County _____
Tenant _____ Project No. _____
Address _____ Parcel No. _____

The (acquiring agency) is authorized to make the following relocation assistance payments:

A. Rental Assistance:

A maximum 42 month supplement of \$ _____, if needed toward the rental of decent, safe, and sanitary replacement single-family housing. This housing may be a single-family unit in a multi-family building. If the new monthly rental actually paid is less than \$ _____, plus utilities, the rental assistance payment shall be reduced accordingly. The amount of the payment shall be paid in a lump sum unless the _____ determines that installment payments should be made.

That determination was based on a comparable dwelling located at:_____.

That property, and properties located at _____ are available for your consideration as replacement dwellings.

The replacement housing must be actually occupied by the displaced person within one year of the displacement date, and where last resort housing provisions apply, all payments may be directed to a third party.

B. Down Payment Assistance:

An owner-occupant of from 90 through 179 days or a tenant occupant, who elects to purchase and occupy a decent, safe and sanitary single-family residence as replacement housing, is eligible for down payment assistance.

C. Residential Moving Payment:

1. Actual reasonable and necessary moving costs based on receipted bills from a qualified mover.

Or

2. A scheduled moving payment of \$ _____, which includes a dislocation allowance (reimbursement for various incidental costs).

NINETY DAY NOTICE

You will not be required to move from your dwelling or to move your personal property sooner than _____, a date not less than 90 days from the date this offer was presented to you.

By _____
Right of Way Agent Date

By _____
Approving Authority Date

Relocation Assistance
**REPLACEMENT HOUSING PAYMENT
SUMMARY AND CERTIFICATION**

**SUPPLEMENT DETERMINATION FOR
OWNER OCCUPANT OF MORE THAN 180 DAYS**

County _____
Project No. _____
Parcel No. _____

Name: _____ Tel No.: _____
Street Address: _____
City, State Zip: _____

Block A -- Available Comparable Housing For Sale:			
Listing No.	Date	Address or Location	Listing Price
		1.	
		2.	
		3.	
		4.	

Block B -- Available Comparable Housing For Rent:					
Listing No.	Date	Address or Location	Rent	Est. Util.	TOTAL
		1.			
		2.			
		3.			
		4.			

Block C -- Owner-Occupant Replacement Housing Payment:	
The Most Nearly Comparable Housing (Block A) ---- Listing Number _____	
Adjusted Cost of Comparable Housing _____	Less Acquisition Cost of Subject Property _____ = _____ Indicated Housing Payment

Block D -- Rent Supplemental Housing Payment:	
1. Most Nearly Comparable Housing Rental (Block B): _____ Per Month x 42 Months = _____ <i>Less</i>	
2. Economic Rent or Owner-Occupants Acquired Residence: Utilities _____ Per Month x 42 Months = _____	
3. Indicated Comparable Housing Rental Payment _____	
4. Supplemental Payment For Owner-Occupant To Rent (this shall not exceed the amount of Indicated Comparable Housing Payment - Block C)	_____

Reasons For Selecting Comparable Used For Computation: _____

Additional Comments: _____

Based on above calculations the estimated amount for supplemental replacement housing due the occupant or occupants, of this dwelling as provided by Chapter 316 Iowa Code, is:

It is my understanding that this determination may be used in connection with a Federal Aid highway project.

I hereby certify that I have no direct or indirect present or contemplated personal interest in this transaction; that I will not derive any benefit from the supplemental payment provided; that compensation for this determination of supplemental payment is not contingent upon any value conclusion as herein set forth and that all statements herein are true to the best of my knowledge and belief.

Signed _____
Relocation Assistance Agent

_____ Date

REPLACEMENT HOUSING PAYMENT SUMMARY AND CERTIFICATION

Rent Supplement Determination

County _____

Project No. _____

Parcel No. _____

Name: _____ Tel No.: _____

Street Address: _____

City, State Zip: _____

Block A - Available Comparable Housing - For Rent:					
Rent No.	Date	Address or Location	Rent	Est. Util.	Total
1					
2					
3					
4					

INFORMATION FOR COMPLETION OF BLOCK B

In Block B - The previous "rent being paid" shall include any rent supplements supplied by others except, when by law, such supplement is discontinued upon vacation of the property.

Block B - Rental Supplement Payment:	
<p>1. The Most Nearly Comparable Housing Rental (Block A-No. _____) _____ Per Month x 42 Months = _____ <i>Less:</i></p> <p>2. Previous Rent Paid (a., b., or c. whichever is applicable)</p> <p style="padding-left: 20px;">a. Economic Rent of Occupied Rental plus utilities _____ Per Month x 42 Months = _____</p> <p style="padding-left: 20px;">b. Average Monthly Rent Paid During the Last 3 Months _____ Per Month x 42 Months = _____</p> <p style="padding-left: 20px;">c. Thirty Percent (30%) of Average Gross Monthly Income _____ Per Month x 42 Months = _____</p> <p>3. Total Rent Supplement Payment _____</p>	

Based on above calculations the estimated amount for supplemental replacement housing due the occupant, or occupants, of this dwelling as provided by the Iowa General Assembly is:

It is my understanding that this determination may be used in connection with a Federal Aid Highway Project.

I hereby certify that I have no direct or indirect present or contemplated personal interest in this transaction; that I will not derive any benefit from the supplemental payment provided; that compensation for this determination of supplemental payment is not contingent upon any value conclusions as herein set forth and that all statements herein are true to the best of my knowledge and belief.

Signed _____
Relocation Assistance Agent

_____ Date

Assignment of Interest

I, _____, hereby authorize and request the (name of acquiring agency) to make payment directly to _____ in the amount of _____ for a bill dated _____.

These expenses are true, just, and unpaid and were incurred in the relocation of my **(business or residence)**.

Signature

Date

Federal Tax ID or Social Security No. _____

CLAIM FOR RESIDENTIAL RELOCATION ASSISTANCE REIMBURSEMENT

Parcel No. _____ County _____

Project No. _____ F.A. Project No. _____

APPLICATION FOR REIMBURSEMENT <i>(Check Applicable Items)</i>	<input type="checkbox"/> Replacement Housing Payment <input type="checkbox"/> Transfer Costs In Purchase of Replacement Dwelling <input type="checkbox"/> Residential Moving Payment <input type="checkbox"/> Increased Interest Payment <input type="checkbox"/> Personal Property
---	---

1. Name _____ <u>Subj. Address</u> Street _____ City _____ State <u>IA</u> Zip _____ <u>Owner Address</u> Street _____ City _____ State <u>IA</u> Zip _____ Furnished with your Furniture? <input type="checkbox"/> YES <input type="checkbox"/> NO Number of rooms occupied (<i>Excluding bathrooms, hallways and closets</i>): <u>1</u>	2. Date Moved _____ <u>New Address</u> Street _____ City _____ State <u>IA</u> Zip _____ Were household goods moved to or from storage: <input type="checkbox"/> YES <input type="checkbox"/> NO
---	---

3. SCHEDULE MOVING COSTS AND DISLOCATION ALLOWANCE Amount claimed by schedule of Iowa Department of Transportation for fixed payment.....	\$ _____
--	----------

4. ACTUAL MOVING EXPENSES <input type="checkbox"/> Personal Property <input type="checkbox"/> Commercial Moving Expenses (<i>supported by receipted bills</i>) <input type="checkbox"/> Self-moves (<i>supported by receipted bills or other evidence of expenses</i>) TOTAL OF ACTUAL MOVING EXPENSES.....	\$ _____
---	----------

5. REPLACEMENT HOUSING REIMBURSEMENT CLAIMED Type of Payment Claimed (<i>Check a, b, c, or d</i>) <input type="checkbox"/> a. Former owner-occupant, Purchasing Replacement or retaining present housing <input type="checkbox"/> b. Former owner-occupant, Renting Replacement Housing <input type="checkbox"/> c. Former Tenant or Roomer, Purchasing Replacement Housing <input type="checkbox"/> d. Former Tenant or Roomer, Renting Replacement Housing Payment <div style="text-align: center;"> <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> Full </div> AMOUNT CLAIMED FOR REPLACEMENT HOUSING REIMBURSEMENT.....	\$ _____
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6. TOTAL OF INCREASED INTEREST PAYMENT Computation is based upon information furnished to the State by the previous mortgage holder(s) and the new mortgage holder(s)	\$ _____
--	----------

7. TRANSFER COSTS IN THE PURCHASE OF REPLACEMENT HOUSING Receipts of Closing Statements showing these costs have been paid must be furnished by claimant	\$ _____
---	----------

8. PAYMENTS TO BE MADE TO: (<i>if other than claimant</i>) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">NAME</th> <th style="text-align: left; border-bottom: 1px solid black;">ADDRESS</th> <th style="text-align: left; border-bottom: 1px solid black;">AMOUNT</th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;">\$ _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;">\$ _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;">\$ _____</td> </tr> </tbody> </table> Assignment(s) or other letters directing these payments shall be on file with: Iowa Department of Transportation, Relocation Assistance Section, Ames, Iowa 50010	NAME	ADDRESS	AMOUNT			\$ _____			\$ _____			\$ _____	_____ _____ _____
NAME	ADDRESS	AMOUNT											
		\$ _____											
		\$ _____											
		\$ _____											

9. The amount of payment(s) claimed herein are Subject to Audit for Compliance with State and Federal Regulations. TOTAL AMOUNT OF THIS CLAIM	\$ _____
--	----------

RELOCATION SECTION APPROVALS Name _____ Relocation Agent _____ Date _____ Name _____ Relocation Payment Auditor _____ Date _____	CLAIMANT'S CERTIFICATION I certify that the above claim is correct, just and unpaid. Signed (Must be signed in ink) _____ Date _____
--	--

Distribution: Payment Copy; Warrant Copy; Permanent File Copy

CLAIM FOR RESIDENTIAL RELOCATION ASSISTANCE REIMBURSEMENT

Parcel No. _____ County _____

Project No. _____ F.A. Project No. _____

APPLICATION FOR REIMBURSEMENT
(Check Applicable Items)

- Replacement Housing Payment
- Transfer Costs In Purchase of Replacement Dwelling
- Residential Moving Payment
- Increased Interest Payment
- Personal Property

<p>1. Name _____</p> <p><u>Subj. Address</u></p> <p>Street _____</p> <p>City _____ State <u>IA</u> Zip _____</p> <p><u>Owner Address</u></p> <p>Street _____</p> <p>City _____ State <u>IA</u> Zip _____</p>	<p>2. Date Moved _____</p> <p><u>New Address</u></p> <p>Street _____</p> <p>City _____ State <u>IA</u> Zip _____</p>
--	--

3. MOVING EXPENSES *(INCLUDING STORAGE)*

Personal Property \$ _____

Commerical Moves *(Supported by receipted bills)* \$ _____

Self-Moves *(Supported by receipted bills or other acceptable evidence of expense)* \$ _____

..... \$ _____ \$ _____

..... \$ _____ \$ _____

TOTAL OF ACTUAL MOVING EXPENSES \$ 0.00

4. REESTABLISHMENT EXPENSES

..... \$ _____ \$ _____

..... \$ _____ \$ _____

TOTAL OF ACTUAL REESTABLISHMENT EXPENSES \$ _____

5. ACTUAL REASONABLE EXPENSES IN SEARCHING FOR A REPLACEMENT LOCATION.

A. Receipted Bills \$ _____

B. Time Spent in Search _____ hours X \$ _____ per hour \$ _____

TOTAL EXPENSES IN SEARCHING FOR NEW LOCATION \$ _____

6. MOVING COSTS BASED ON AVERAGE EARNINGS

A. This payment is in lieu of Item (3), (4) and (5) of this claim.

B. The payment shall be based upon a determination by the State that the Claimant is eligible to elect receipt of this payment.

C. Supported by proof of average annual net earnings for the two previous years. (Based on Net Business or Farm income tax figures for those years)

TOTAL IN LIEU OF ACTUAL MOVING EXPENSES \$ _____

7. PAYMENTS TO BE MADE TO: *(if other than claimant)*

NAME	ADDRESS	AMOUNT
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Assignment(s) or other letters directing these payments shall be on file with:
Iowa Department of Transportation, Relocation Assistance Section, Ames, Iowa 50010

9. The amount of payment(s) claimed herein are Subject to Audit for Compliance with State and Federal Regulations.

TOTAL AMOUNT OF THIS CLAIM \$ _____

<p>RELOCATION SECTION APPROVALS</p> <p>Name _____ Relocation Agent _____ Date _____</p> <p>Name _____ Relocation Payment Auditor _____ Date _____</p>	<p>CLAIMANT'S CERTIFICATION</p> <p>I certify that the above claim is correct, just and unpaid.</p> <p>Signed (Must be signed in ink) _____</p> <p>Date _____</p>
---	--

Distribution: Payment Copy; Warrant Copy; Permanent File Copy

NOTIFICATION OF PERSONAL PROPERTY MOVE

County _____
Project No. _____
Parcel No. _____

This is to notify the _____ that
the personal property at the above location has been moved
to the location that was agreed upon.

Signature of Owner *Date*

Please Mail To:

NOTIFICATION OF BUSINESS MOVE

County _____
Project No. _____
Parcel No. _____
Name _____

This is to notify the _____ that
the above-named business intends to begin to move on or
about _____
Date

This notice is given at least 4 weeks in advance of the
move.

Signature of Owner *Date*

Please Mail To:

When corresponding, refer to:

County

Project Number

Parcel Number

Date

Name

Street Address

City, State, Zip Code

VIA CERTIFIED MAIL

Dear _____:

By previous notice, you were advised that the (acquiring agency) would provide you with written notice of the specific date by which you must vacate and surrender possession of the subject parcel of property.

In accordance with right of way acquisition policy, this letter will serve as a 30-day notice that you will be required to vacate and surrender possession of the property on or before _____, 2004.

Your Relocation Assistance Agent, _____, will be in contact with you to coordinate your relocation needs.

We appreciate your continued cooperation with this needed highway improvement.

Sincerely,

RECEIPT OF WARRANT ACKNOWLEDGEMENT

TO WHOM IT MAY CONCERN:

I, _____, hereby acknowledge receipt of the following warrant(s) from the (acquiring agency).

NAME <i>(if other than above)</i>	WARRANT #	AMOUNT

This warrant(s) is received as reimbursement of true and just expense incurred in the relocation of my **business/farm operation/residency/mobile home/personal property**.

Signature

Date

RECORD OF CONTACTS

County _____ Project No. _____ Parcel No. _____
Name: _____ Telephone No. _____
Subject Address: _____ Zip _____
Owner Address: _____ Zip _____

- Residential Business Farm Non-Profit Signs Personal Property
 Owner Tenant Personal Contact Telephone

Persons Present: _____

Discussion (*and your recommendations*): _____

Signed _____
Relocation Assistance Agent

Date _____

PARCEL CHECKSHEET

Residential Non-Residential Personal Property Owner County _____
 Owner Tenant Sign Project No. _____

Name _____

Parcel No. _____

LAST RESORT HOUSING Yes No

Old Address:

Street _____

City _____

State _____

Zip _____

New Address:

Street _____

City _____

State _____

Zip _____

Date of Occupancy _____

90-Day Notice Date _____

Date of Contract Approval _____

Possession Date _____

30-Day Notice Sent _____

Expiration for Claims _____

Receipt for Brochure _____

Initiation of Negotiations _____

Condemnation Date _____

Moved From Subject _____

Replacement DSS Inspection _____

RESIDENTIAL:

- Form 637-012 "Residential-Subject Inspection Sheet"
- Form 637-015 "Residential-Comparable Inspection Sheet"
 - Comparable Replacement
- Form 637-013 "Replacement Housing Payment Summary and Certification - Owner Occupants"
- Form 637-014 "Replacement Housing Payment Summary and Certification - Tenant Occupants"
- Form 637-____ "Offer of Relocation Assistance" (637-150, 637-151, 637-152 or 637-154)
- Form 637-009 "Residential Reimbursement"
 - ____ Moving Schedule Actual
 - ____ Housing Buy Rent
 - ____ Increased Interest
 - ____ Incidentals
 - ____ Storage
- Form 637-019 "Mortgage Interest Differential Payment" (MIDP)
 - Estimated Actual
- Form 637-029 "Notification of Personal Property Move"
- Form 637-031 "Relocation Housing Payment and Possession Agreement"
- Form 637-032 "Estimated Cost of Self-Move of Personal Property"
- Form 637-033 "Estimated Cost of New Replacement Housing"
- Form 637-035 "Receipt for Warrant Acknowledgment"
- Form 637-008 "Assignment of Interest"
 - Copy of Approved Contract or Condemnation Award & Hearing Report
 - Copy of Title Instrument For Replacement Housing
 - Closing Statement For Replacement Housing
 - Pictures Subject Replacement
 - Last Resort Housing Plan
 - Rent Receipts Subject Replacement

Total _____

NON-RESIDENTIAL:

- Form 637-011 "Non-Residential Information Sheet"
- Form 637-____ "Offer of Relocation Assistance" (637-152 or 637-154)
- Form 637-010 "Non-Residential Reimbursement" No. of Claims _____
 - ____ Moving
 - ____ Re-establishment
 - ____ Searching
 - ____ In-Lieu
 - ____ Storage
- Form 637-029 "Notification of Personal Property Move"
- Form 637-030 "Notification of Business Move"
- Form 637-032 "Estimated Cost of Self-Move of Personal Property"
- Form 637-034 "Fixed Payment for Business Move"
- Form 637-035 "Receipt for Warrant Acknowledgment"
 - Copy of Approved Contract or Condemnation Award & Hearing Report
 - Business Move Estimate Agent Moving Company
 - Inventory List Pictures

Total _____

APPEAL:

- Request for Appeal Received Date: _____
- Form 637-028 "Report of Appeal Award"
- Request for Appeal Acknowledged Date: _____ _____ Moving _____ Moving
- Appeal Board Appointed Date: _____ _____ Housing _____ Re-establishment
- Notice to Claimant of Appeal Hearing Date: _____ _____ Increased _____ Searching
- Hearing Date: _____ Date: _____ _____ Interest _____ In-Lieu
- _____ _____ Incidentals Total _____

NOTE: Acknowledge Each Item as follows: Applicable Not Applicable
 Reviewed By: _____