|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **GENERAL** | | | | | | | | |
| Project Title: | |  | | | Spot Check: | Y / N | | |
| Parcel No: | |  | | | Final Review: | Y / N | | |
| Name of Displaced Person(s): | |  | | | Displacee No: |  | | |
| Relocation Plan: Y / N | |  | | | Date of Review: |  | | |
| Date of Relocation Plan: | |  |  | | Name of Reviewer: |  | | |
| **REQUIRED NOTICES AND GENERAL FILE (Y/N/Dates)** | | | | | | | | |
| Occupancy Survey: | Y / N | | | Eligibility Report: | | | | Y / N NA |
| General Notice of Relocation Rights: | Y / N | | | Notice of Eligibility: | | | | Y / N |
| 90 Day Assurance provided: | Y / N | | | Notice of Intent to Acquire: | | | | Y / N NA |
| Notice of Monetary Entitlements: | Y / N | | | Financial Information Reviewed: | | | | Y / N |
| Proof or receipt of written notices: Y / N | | | | Diary explanation for notices delivered in person: Y / N NA | | | | |
| Lawfully Present in US Certification: | Y / N | | | If Necessary, W-9 Obtained: | | | | Y / N NA |
| Final Diary: | Y / N | | | Appeal: | | | | Y / N |
|  |  | | | If yes, include summary below | | | |  |
| **MOVING EXPENSES (Y/N/Dates)** | | | | | | | | |
| Written Inventory: | Y / N | | | Site Search Expenses : | | | | Y / N |
| Request for Proposal (RFP): | Y / N NA | | | Professional Move Planning: | | | | Y / N |
| Move Estimates (Specialist): | Y / N | | | Move Supervision: | | | | Y / N |
| Move Estimates (Professional): | Y / N NA | | | Actual Direct Loss of Tangible (DLT): | | | | Y / N |
| Photograph Inventory: | Y / N | | | Substitute Personal Property (SPP): | | | | Y / N |
| Move Expense Agreement: | Y / N | | | Move Amount Paid: | | | | $ |
| Vacate Inspection Report w/photos: | Y / N | | | Obsolete Items: | | | | Y / N |
| Vacate Date: |  | | | Storage: | | | | Y / N |
| Abandonment of Personal Property: | Y / N | | | Proof of Payment: | | | | Y / N |
| If yes, make sure no duplication of payment and did not pay for as a move cost | | | | | | | |
| **RELATED MOVING EXPENSES (Y/N/Dates)** | | | | | | | | |
| Professional Services: | Y / N | | | Connection to Utilities: | | | Y / N | |
|  |  | | |  | | |  | |
|  |  | | |  | | |  | |
|  |  | | |  | | |  | |
| **REESTABLISHMENT EXPENSES** | | | | | | | | |
| Reestablishment Application(s): List and Describe | | | |  | | |  | |
| 1. |  | | | 3. | | |  | |
| 2. |  | | | 4. | | |  | |
|  |  | | |  | | |  | |
| Total Amount Paid: $ |  | | |  | | |  | |
|  |  | | |  | | |  | |
| **FIXED MOVING PAYMENT (IN LIEU) (Y/N/Dates)** | | | | | | | | |
| Income Verification: | Y / N | | | Amount Approved: | | | $ | |
| Application for Fixed Payment: | Y / N NA | | | Proof of Payment: | | | Y / N | |
| Fixed Payment Worksheet: | Y / N NA | | |  | | |  | |
| Financial Documentation Destroyed/Returned: | Y / N | | |  | | |  | |
|  |  | | |  | | |  | |
| **ADVISORY ASSISTANCE** | | | | | | | | |
| In your opinion was appropriate advisory services provided to the displaced person? Y/N | | | | | | | | |
| **NOTES** | | | | | | | | |
|  | | | | | | | | |