INSERT DATE

INSERT BUSINESS NAME

INSERT ADDRESS

**Relocation Assistance Program**

**Relocation Fixed Payment for Moving Expenses Entitlement**

Project Title: INSERT PROJECT TITLE

Parcel No.: INSERT PARCEL NUMBER

Displacee No.: INSERT DISPLACEE NUMBER

Dear NAME OF BUSINESS:

On INSERT OFFER DATEthe Washington State Department of Transportation (WSDOT) offered to purchase the property you occupy located at INSERT ADDRESS. It will be necessary for you to move from the property. You have indicated that you would like to pursue the Fixed Payment for moving expenses option.

**Relocation Notice of Eligibility**

You are eligible to receive relocation assistance in accordance with the United States Code, 42 USC 4601 et seq., Public Law 91-646, and the implementing regulations found in 49 Code of Federal Regulations, CFR Part 24, the Revised Code of Washington, RCW 8.26, and the implementing regulations of the Washington Administrative Code, WAC 468-100. The purpose of this letter is to advise you of the relocation assistance and entitlements that may be available to you in accordance with the federal and state laws and regulations cited above.

**90-Day Assurance**

You are not required to relocate immediately. You will not be required to vacate the property before INSERT ASSURANCE DATE, which is at least 90 days from the date you receive this letter. You will be given another notice at least 30 days in advance of the specific date that the property needs to be vacated.

**Fixed Payment Entitlement Amount**

You submitted financial documentation for our review. Based on the documentation submitted, your business, INSERT NAME OF BUSINESS, is eligible to receive a total fixed payment in the amount of $INSERT FIXED PAYMENT AMOUNT. This payment will make you ineligible to receive reimbursement for any other relocation expenses as described in the Relocation Assistance Program Brochure, which has already been given to you and is also summarized below.

By choosing the fixed payment move option, you will not be eligible to claim other related moving expenses that may include:

* Replacement Value Insurance
* Utility Connection
* Professional Services Fees
* Impact Fees or One Time Assessments
* Replacement Site Search Expenses – up to a maximum of $2,500
* Replacement Stationery or Business Cards, etc.
* Licenses, Permits, and Certificates
* Planning Expenses
* Supervisory Expenses
* Storage Costs – not to exceed 12 months

In addition, you will not be eligible to receive reimbursement for reestablishment expenses, up to a statutory maximum of $50,000.

Please notify me as soon as possible should you decide not to choose the fixed payment move option.

**Claiming Your Entitlement**

You must inform me of the date you intend to move and sign a Moving Expense Agreement prior to your move date. Once you have vacated the property completely you will need to schedule a vacate inspection with me. Once I have verified that all personal property has been moved, I will prepare a Fixed Payment claim, secure the appropriate signatures, and submit the claim for processing and payment. In the event that all personal property is not removed, appropriate action will be taken by WSDOT, and you will be responsible for the cost associated with removing any personal property left at the displacement site. This cost will be deducted from your Fixed Payment amount.

Prior to processing claims for relocation entitlements, the Internal Revenue Service (IRS) requires WSDOT to obtain your correct taxpayer identification number (TIN) or social security number (SSN). To complete the requirement, the Washington State Office of Financial Management (OFM) requires an alternative W-9 form to be completed and a statewide vendor number assigned for all payments. You will be required to complete the Statewide Payee Registration form. This is necessary even though relocation payments are considered non-taxable. It is recommended that the form is completed prior to the submittal of any relocation claims in order to expedite the payment process once claims are actually submitted. Should you need advice on how to complete the form, please contact an IRS office, accountant, or legal consultant.

**Occupancy of Property**

**(**CHOOSE APPROPRIATE PARAGRAPH AND DELETE THE ONE THAT DOES NOT APPLY)

Occupancy of the property beyond the date that WSDOT takes possession of the property will require you to sign a lease.

**(**OR**)**

Occupancy of the property beyond the date that WSDOT takes possession of the property will require you to sign a lease and pay economic rent in the amount of $INSERT ECONOMIC RENT on a monthly basis. Attached is a template of a lease that you will be required to sign.

**Reconsideration of a WSDOT Decision and Right to Appeal**

If you disagree with a determination made by me or another WSDOT Relocation Specialist regarding your eligibility for, or the amount of your relocation entitlement, you may seek an informal reconsideration of such determination by sending a letter explaining your grievance within 30 days after receipt of such determination to:

Washington State Department of Transportation

Acquisition Program Manager

Real Estate Services

PO Box 47338

Olympia, WA 98504-7338

You also have the right to appeal a determination WSDOT should make as to your eligibility for or the amount of any payment without going through the informal reconsideration process. The appeal procedure is explained in the Relocation Assistance Program Brochure as well as the General Notice Letter previously given to you.

(INCLUDE ENCLOSED LIST IF APPLICABLE)

Enclosed please find the following:

* Statewide Vendor Number Registration Form
* Application for Fixed Payment

Note: Any other items enclosed need to be added to this list

As previously stated, the purpose of this letter is to provide specific information as to how your entitlements are calculated and how you may claim them. Please sign the receipt below so our records show you received this letter. Feel free to contact me for any clarification and any questions you may have.

Sincerely,

INSERT NAME OF SPECIALIST

Relocation Specialist

Real Estate Services

INSERT SPECIALIST'S ADDRESS

INSERT SPECIALIST'S PHONE NUMBER AND FAX NUMBER

INSERT SPECIALIST'S E-MAIL ADDRESS

Acknowledgment of Receipt of Letter

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