|  |  |
| --- | --- |
| Project Title | Parcel No.: |
| Displaced Person(s): | Displacee No.: |

**Required Notices and General File**

Diary Diary

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Occupancy Survey………………………………… |  |  | Monetary Entitlement Letter (as needed)…… |  |  |
| Title VI Survey Presented (tenant only)………….. |  |  | Moving Expense Agreement………………… |  |  |
| Lawfully Present in the United States Certification. |  |  | Vacate Inspection…………………………… |  |  |
| General Notice of Relocation Rights………………. |  |  | Vacate Date…………………………………… |  |  |
| Business Eligibility Determined…………………... |  |  | IRIS Completed…………………………… |  |  |
| Notice of Eligibility……………………………… |  |  | Date Completed…………………………… |  |  |
| 90-Day Assurance (expiration date)……………….. |  |  | Final Diary………………………………… |  |  |

**Moving Expenses**

|  |  |  |  |
| --- | --- | --- | --- |
| Inventory (written and photo) |  | Request for Proposal/Moving Specification |  |
| Moving Estimates (specialist)………………………... |  | Moving Bids (professional)………………………... |  |
| Personalty vs. Realty Report…………………………. |  |  |  |

**Reestablishment & Related Moving Expenses**

|  |  |  |  |
| --- | --- | --- | --- |
| Reestablishment Expenses |  | Site Search Expenses…………………………….. |  |
| 2. |  | Substitute Personal Property (SPP) |  |
| 3. |  | Actual Direct Loss of Tangibles (DLT) |  |
| 4. |  | Obsolete Items…………………………………… |  |
| 5. |  | Storage…………………………………………… |  |
| 6. |  | Professional Planning Expenses…………………. |  |
| 7. |  | Other Expenses…………………………………... |  |
| Copy of Displacement Lease. |  | Other Expenses…………………………………... |  |
| Copy of Replacement Lease. |  | Other Expenses |  |

**Fixed Moving Payment (In Lieu)**

|  |  |  |  |
| --- | --- | --- | --- |
| Income Verification |  | Application for Fixed Payment |  |
| Fixed Payment Worksheet Approved by HQ |  | Financial Documentation Destroyed by HQ |  |

**Relocation Payments**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Claim #** | **Description** | **Approved Date** | **Paid Date** | **Amount Paid** | **JN #** | **Docs/IRIS** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Specialist Assigned: | |  | Date Assigned: |  |  | |  |
| Final Claim Letter: |  | | Final Claim Date: |  | Notice of Recission Date: |  | |