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**Office of Program Monitoring**

**Relocation Recordkeeping and Monitoring Checklist**

**General Project Information:**

Owner’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zipcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Property: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zipcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Initial Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Site Control: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Status: Demolition Y N

Acquisition Y N

Rehab Y N

Will URA Requirements apply: Y N

Will Section 104(d) apply: Y N

**Project Occupancy and Relocation**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | # of Units | Units Occupied  Owner Tenant | | Occupants to be Displaced | # of Occupants to Remain in place | # of Tenants Temporarily  Relocated |
| Residential |  |  |  |  |  |  |
| Non-Residential |  |  |  |  |  |  |

Has anyone been forced to move from the site within the three (3) months prior to the initial application for funds? \_\_\_\_Yes \_\_\_\_No \_\_\_\_Unknown If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated cost of relocation: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Source of funds for relocation: \_\_\_\_\_\_\_\_\_\_

Relocation Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone # of contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any prior relocation experience:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part I. Tenants Not Displaced:**

1. Evidence that the tenant was given timely written information Y N
2. Evidence that terms and conditions of the offer were reasonable Y N
3. If tenant moved temporarily/to another unit within the project,

evidence that out-of-pocket expenses were reimbursed and were

reasonable Y N

**Part II. Tenants Displaced:**

1. Name, address, date of initial occupancy Y N
2. Race/Ethnicity and handicap status Y N
3. Identification of relocation needs, dates of contacts and services Y N
4. The possibility of displacement Y N
5. Description of relocation payments and advisory services Y N
6. Procedures to obtain payments Y N
7. Assistance to relocate to a comparable dwelling unit Y N
8. Eligibility for relocation assistance Y N
9. Evidence of referral to at least (3) three comparable

replacement units and cost to establish replacement housing

payment Y N

1. Evidence of referrals to suitable housing consistent with fair

housing requirements Y N

1. Date of referral, date referral was available, and reason for

declining referral Y N

12) Copies of GIN Notice/Move-In Notice/ Y N

13) Copies of Nondisplacement Letter Y N

14) Temporary Relocation Notice Y N

15) Notice of Eligibility for Relocation Assistance (NOE) Y N

16) 90/30 Day Move Notice Y N

17) Rent Roll for at least (6) months-Current Residents Y N

18) Relocation Cost/Budget Y N

19) Estimated Moving Expenses Y N

20) HCVP Payment Standards (if applicable) Y N

21) DHCD Inspection/UPCS Inspection

Date Inspected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inspected by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Y N

22) The address of the property the displaced person selected:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

23) The cost of Rent: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Utilities: $\_\_\_\_\_\_\_\_\_\_\_\_

24) Copy of each approved claim form and related documentation Y N

25) Evidence that the tenant received payment Y N

26) If applicable, evidence that the person received Section 8 or

HOME Tenant Based Rental Assistance Y N

**Part III. Tenants not displaced, who chose to move permanently:**

Record of personal contacts made to explain possible alternatives and the fact that

the person would not be eligible for relocation payments as a “displaced person”

Y N

**Part IV. Acquisition Records of Real Property:**

Estimated cost of acquisition: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Source of Funds: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of parcels to be acquired: \_\_\_\_\_\_\_ Residential \_\_\_\_\_\_\_\_\_ Nonresidential

Will acquisition be done with eminent domain if needed? \_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_No

Identification of the property and the owner(s) Y N

Evidence that the owner was provided timely information

about the acquisition and his or her rights under the URA Y N

Copy of appraisal report, including the review appraiser’s

report or a waiver valuation, where applicable Y N

Evidence that owner was invited to accompany each

appraiser on an inspection of the property Y N

Copy of written offer to purchase the property and the

summary statement that outlines just compensation and the

date it was delivered to the owner Y N

Copy of contract to purchase the property and documents

conveying ownership Y N

Copy of closing statement Y N

Copy of any appeals or complaints filed and the agency’s Y N

response

**Remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Complete by: (Name/Organization)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Completed Telephone Number