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| **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 |
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|  |  |  |  |
|  |  |  |  |
| **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** |
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