

RELOCATION DETERMINATION

Parcel No: _____

Project No: _____

Location: _____

Name of displaced person(s) _____

Address of subject property _____

City _____ Zip _____

Displacement Type:

- | | | |
|--|--------------------------------|---------------------------------|
| <input type="checkbox"/> Business, <input type="checkbox"/> Farm or <input type="checkbox"/> Non-profit organization | <input type="checkbox"/> Owner | <input type="checkbox"/> Tenant |
| <input type="checkbox"/> Dwelling or <input type="checkbox"/> Mobile home | <input type="checkbox"/> Owner | <input type="checkbox"/> Tenant |
| <input type="checkbox"/> Personal Property Move Only | <input type="checkbox"/> Owner | <input type="checkbox"/> Tenant |

PAYMENT FOR ACTUAL REASONABLE MOVING AND RELATED EXPENSES:

Moves from a Dwelling/Mobile Home (based on one or a combination of the following options):

- 1) Commercial Move \$
- 2) Self Move
 - a) Fixed Residential Moving Cost Schedule \$
 - Rooms in dwelling + rooms in storage = rooms
 - Rooms in storage include:
 - b) Actual Cost Move (receipted bills for labor and equipment; hourly rates should not exceed those paid by commercial movers for labor and equipment rental) \$

Note: A self move based on the lower of two bids or estimates is not eligible

Moves from a business, farm or nonprofit organization (based on one or a combination of the following methods):

- 1) Commercial Move (based on the lower of two bids or estimates) \$
- 2) Self Move (based on one or a combination of the following):
 - a) Lower of two bids \$
 - b) Supported by receipted bills for labor and equipment. Hourly rates should not exceed those paid by commercial movers for labor and equipment rental \$

Personal Property Move Only (eligible expenses for a person who is required to move personal property from real property but is not required to move from a dwelling, business, farm or nonprofit organization) 49 CFR Part 24.301 (g)(1) – (g)(7) and (g)(18) \$

Eligible Actual Moving Expenses for a Business, Farm, or Nonprofit Organization:

- Searching for a replacement location (not to exceed \$2,500) \$
- Storage of the personal property for a period not to exceed 12 months \$
- \$
- \$
- \$

Related Nonresidential Eligible Expenses:

- Connection to available nearby utilities from the right of way to improvements at the replacement site. \$
- Professional Services performed prior to the purchase or lease of a replacement site. \$
- Impact fees or one time assessments for anticipated heavy utility usage. \$

Reestablishment expenses – Nonresidential Moves (not to exceed \$10,000) \$

Fixed Payment for Moving Expenses – Nonresidential Moves (Not less than \$1,000 nor more than \$20,000):
 Fixed payment in lieu of the payments for actual moving and related expenses and actual reasonable reestablishment expenses. \$

REPLACEMENT HOUSING PAYMENTS

180 Day Homeowner Occupant (may not exceed \$22,500):

- Price Differential (Comparable replacement less the acquisition cost of the displacement) \$
- Increased mortgage interest costs \$
- Incidental expenses \$
- Rental Assistance Payment for 180-Day Homeowner \$

90-Day Occupant (Owner or Tenant) (may not exceed \$5,250):

The payment will be computed using the lesser of the three:

- Rent and average utility costs;
 - 30% of the total monthly gross household income for a qualified low income tenant; or
 - The total amount designated for shelter and utilities for a tenant receiving government assistance
- Rent Differential (Comparable rent and average monthly utility cost less the above scenario) \$
 - Downpayment assistance (including incidental closing costs) \$

Replacement Housing of Last Resort \$

- 180 Day Homeowner Occupant
- 90 Day Occupant (Owner or Tenant)
- Less than 90 Day Occupant

I certify that to the best of my knowledge and belief the statements contained in the determination are true, and the information upon which the determination is based is correct, subject to any limiting conditions herein set forth. Determination has been made in conformity with state laws, regulations, policies and procedures applicable to the Uniform Act. I have no direct or indirect, present, or contemplated future personal interest in such determination or in any benefit from the value herein set forth.

Determination date: _____ Real Estate Specialist signature _____

I approve the above determination: (Statewide Acquisition/Relocation Unit Leader) _____ Date: _____