CDBG-DR 8-19
<u>RELOCATION CHECKLIST</u>

Resident: _____ Case # _____
Property Address: _____
Phone #: _____ Owner:_____ Owner's Phone # _____
          ___ 180 day Owner-occupant ___ 90 day Owner-occupant ___ Tenant

A. Information On Occupants
     ___ 1.A. General Government Information Notice (GIN Notice)
     ___ 1.B. Household Case Record (# in Household: ___)
     ___ 2. Release of Information Form A. General ___ B. Social Security
     ___ 3. Income Verification   A. Recap ___ B. Verification(s)

B. Information On Current Unit
     ___ 4. Current Unit Information
     ___ 5. Utility Verification   A. Recap ____ B. Verification(s)
     ___ 6. Monthly Housing Payment   A. Rent _____ B. Mortgage

C. Notices
     ___ 7. Notice of Right to Continue in Occupancy (If Applicable)
     ___ 8. Notice of Relocation Eligibility, HUD Brochure and Grievance Procedures
          A. Renter   or   B. Homeowner
          C. Grievance Procedures   D. Evidence of Receipt ___
     ___ 9. A. 90 Day Notice to Vacate   B. Evidence of Receipt ___
         Date to Vacate By: _____
     ___ 10.A. 30 Day Notice to Vacate   B. Evidence of Receipt ___
         Issued 30 days after #9 and after Title is obtained to the Property

D. Comparables, Housing Referrals, Inspections
     ___ 11.Computation of Comparables/Housing Referrals List
     ___ 12.Inspection of Each Comparable and Referral

E. Replacement Dwelling Unit
     ___ 13.Replacement Unit Information – Recap
     ___ 14.Inspection of Replacement Dwelling Unit
     ___ 15.Replacement Dwelling – Verification – Recap
        A. Rent Payments ___ *or* Mortgage ___, Utilities ___

F. Claim Forms

___ 16. Claim for Moving and Related Expenses

___ 17. Claim for Relocation Payment: Does Claim Include Last Resort? ___

Was Certificate/Voucher Offered? ___   Accepted? ___

A. Claim for Replacement Housing Payment   ___ Homeowner

B. Claim for Rental or Downpayment Assistance   ___ 42 months

C. Claim for Rental or Purchase Assistance   ___ 42 months

G. Relocation Payment

___ 18. Recap/copy of Cancelled Payment Check (front & back)

___ 19. Acknowledgment of Receipt of Relocation Payments by Relocatee

H. Other

___ 20. Waiver of Relocation Benefits – Voluntary Acquisition Only

___ 21. Other:_____

___ 22. Other:_____

I. Information On Contacts With Relocatee(s)

___ 23. Contact Log