

FTA BUSINESS/NON-RESIDENTIAL RELOCATION FILE CHECK LIST



FTA Region: _____
 Parcel #: _____
 Project #: _____
 Real Estate Specialist: _____

Name: _____ Owner Tenant Date of Occupancy: _____
 Subject Address: _____

Date Moved: _____ Last Date to File Claim: _____
 Type of Move: Commercial Self (low bid estimate) Actual Combination
 Replacement Address: _____

Moving Costs Payment:	Date Approved: _____	\$ _____	Date Paid: _____
In Lieu Payment:	Date Approved: _____	\$ _____	Date Paid: _____
Site Search Payment:	Date Approved: _____	\$ _____	Date Paid: _____
Reestablishment:	Date Approved: _____	\$ _____	Date Paid: _____
Moving Costs Payment:	Date Approved: _____	\$ _____	Date Paid: _____
Actual Direct Loss/Tangible Personal Property:	Date Approved: _____	\$ _____	Date Paid: _____
Substitute Personal Property:	Date Approved: _____	\$ _____	Date Paid: _____

Check List Items: (If applicable)				Date
1. General Information Notice and brochure provided and in file	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
2. Self-Certification of Lawful Presence in the U.S. in file	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
3. Notes re: Interview with business per 24.205(c)(2)(i)(A)-(F)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
4. 90-Notice/Entitlement/Eligibility Letter issued	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
5. 30-Day Notice issued	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
6. Inventory of personal property obtained at subject	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
7. All personal property from subject removed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
8. Moving Cost Determination	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
a. Claim	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
b. Signed Receipt from Relocatee	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
9. Reestablishment Expense(s) Determination	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
a. Claim	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
b. Signed Receipt from Relocatee	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
10. Actual Direct Loss/Tangible Personal Property Determination	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
a. Claim	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
b. Signed Receipt from Relocatee	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
11. Purchase of Substitution Personal Property Determination	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
a. Claim	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
b. Signed Receipt from Relocatee	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
12. Site Searching Expenses Determination	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
a. Claim	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
b. Signed Receipt from Relocatee	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
13. In Lieu Payment Determination				
a. Claim	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
b. Signed Receipt from Relocatee	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
14. Action appealed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
If yes, explain board's decision: _____				
15. Copy of replacement lease or closing statement in file	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
16. Agent log signed by agent who provided relocation assistance in file	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
17. Claim Forms/Receipts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
18. W-9/1099 Form	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
19. Relocation Forms: Attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
20. Payment Request/Copy of Check	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____

FOR MULTIPLE MOVING/REESTABLISHMENT CLAIMS, ATTACH ADDITIONAL SUMMARY SHEET

Reviewed by: _____ Date: _____