

FTA RESIDENTIAL RELOCATION FILE CHECK LIST



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

Name: _____ Owner Tenant Date of Occupancy: _____ Occupant #: _____
 Subject Address: _____ Single Family Apartment
 _____ Mobile Home Duplex

Date Moved: _____ Last Date to File Claim: _____
 Type of Move: Fixed Schedule Actual Commercial Combination

Replacement Address: _____ Single Family Apartment
 _____ Mobile Home Duplex

Replacement Housing Payment (RHP): Date Approved: _____ \$ _____ Date Paid: _____
 Purchase Rent

Check List Items: (If applicable)

	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<u>Date</u>
1. General Information Notice and brochure provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Self-Certification of Lawful Presence in the U.S. in file	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Maximum RHP determination in file.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Notice of Eligibility/90-day Notice w/Max RHP in file	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. 30-Day Notice issued	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Decent, safe & sanitary inspection of replacement dwelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Copy of replacement dwelling lease or purchase contract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Rental Assistance or Down Payment Assistance Determination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
a. Claim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Signed Receipt from Relocatee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Price Differential Payment Determination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
a. Claim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Signed Receipt from Relocatee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Incidental Closing Costs Determination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
a. Claim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Signed Receipt from Relocatee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Moving Expenses Determination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
a. Claim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Signed Receipt from Relocatee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. Increased Mortgage Interest Cost Determination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
a. Claim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Signed Receipt from Relocatee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. Action appealed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
If yes, explain board's decision: _____				
14. Agent log signed by agent who provided relocation assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
15. Relocation Forms – Attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
16. W-9 Form (if required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
17. Payment Request/Copy of Check/Proof of Disbursement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
18. Copy of replacement property deed/lease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Reviewed by: _____ Date: _____