



**FTA Residential Relocation File Evaluation Form  
49 CFR Part 24 Requirements**

Agency: \_\_\_\_\_ Parcel #: \_\_\_\_\_ FTA Region: \_\_\_\_\_  
 Relocation Agent: \_\_\_\_\_

Displacee Name: \_\_\_\_\_ No. In Occupancy: \_\_\_\_\_  
 Occupancy:  Homeowner  Tenant Project: \_\_\_\_\_  
 (If Tenant, Property Owner Name: \_\_\_\_\_)

Subject Address: \_\_\_\_\_  
 Dwelling Type: \_\_\_\_\_ DSS:  Yes  No

49 CFR 24.208 Certification of citizenship/lawful presence in file:  Yes  No

Date of Occupancy: \_\_\_\_\_ Date Moved: \_\_\_\_\_ Last Date to File Claim: \_\_\_\_\_

Date of NOE: \_\_\_\_\_ Max RHP Computation: \$ \_\_\_\_\_

Replacement Dwelling Address: \_\_\_\_\_  
 Dwelling Type: \_\_\_\_\_

Initiation of Negotiations (ION) Date: \_\_\_\_\_

**A. Relocation Payments (§24.301(b), §24.401, §24.402, §24.404)**

1. §24.301(b) – Moves from a Dwelling  
 Type:  
 Date Claimed: \_\_\_\_\_ Date Approved: \_\_\_\_\_ \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. §24.401 - Replacement Housing Payment for 90-Day Homeowner-Occupants  
 Price differential eligible: Yes  No   
 Date Claimed: \_\_\_\_\_ Date Approved: \_\_\_\_\_ \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

MIDP eligible: Yes  No   
 Date Claimed: \_\_\_\_\_ Date Approved: \_\_\_\_\_ \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

Incidental expenses eligible: Yes  No   
 Date Claimed: \_\_\_\_\_ Date Approved: \_\_\_\_\_ \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

Housing of Last Resort (HLR) Justified under §24.404: Yes  No

3. §24.402 Replacement Housing Payment for 90-Day Occupants  
 Rental assistance payment eligible: Yes  No   
 Date Claimed: \_\_\_\_\_ Date Approved: \_\_\_\_\_ \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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Downpayment assistance payment eligible: Yes  No   
 Date Claimed: \_\_\_\_\_ Date Approved: \_\_\_\_\_ \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

Housing of Last Resort (HLR) Justified under §24.404: Yes  No

4. §24.404 – Housing of Last Resort

Residential assistance for less than 90-day occupant eligible: Yes  No   
 Date Claimed: \_\_\_\_\_ Date Approved: \_\_\_\_\_ \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**B. Review of Relocation Agent Log**

Evaluation items, using the following codes: 0= Not Applicable; 1= Acceptable; 2= Concern (could be better, but not a violation); 3= Deficiency (recurring problem, requires some action); 4= Violation

- A. Relocation benefits explained to displacee
- B. Services offered and furnished to displacee
- C. Comparable dwelling(s) available at date of displacement
- D. RHP and basis of offer provided in writing
- E. General information notice issued
- F. Notice of eligibility issued
- G. 90-day & 30-day (final vacate) notice (if applicable) issued
- H. Moving costs paid
- I. RHP \_\_\_\_\_ paid
- J. DSS inspection completed prior to payment
- K. Owner reimbursed for incidental expenses
- L. Increased mortgage interest cost computed and paid
- M. LRH provisions used in an effective manner
- N. Action appealed; prompt decision issued
- O. Appellant notified promptly in writing of determination
- P. Other: \_\_\_\_\_

Comments as needed for clarification: \_\_\_\_\_  
 \_\_\_\_\_

**C. Documentation Requirements**  
49 CFR 24.9(a) Recordkeeping and Reports

Check List Items: (If applicable)

1. Copies of information provided on comparable housing	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2. General Information Notice with proof of delivery	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3. 90-Day Notice/Eligibility Letter with proof of delivery	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
4. 30-Day Notice with proof of delivery	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
5. DSS form for subject	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
6. DSS form for all comp dwellings offered	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
7. DSS form for replacement dwelling	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

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8. Moving Cost Determinations:			
a. Adequately supported claims	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
b. Signed receipt from relocatee	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
9. RHP Determination(s):			
a. Adequately supported claim(s)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
b. Signed receipt from relocatee	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
10. Action appealed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
If yes, explain board's decision: _____			
_____			
11. Copy of replacement lease or purchase closing statement	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
12. Agent log signed by relocation agent	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Overall Compliance</b>			
Does the Relocation File and other project records reviewed provide sufficient detail to assess overall URA compliance?			
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Insufficient <input type="checkbox"/>
Comments as needed for clarification: _____			
_____			

**Reviewer's Assessment of Overall URA Compliance:**

**Date Reviewed:** \_\_\_\_\_

Reviewer Comments (Note any 'no' or 'undetermined' answers and any areas of potential 'deficiency' or 'violation').: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reviewer Signature: \_\_\_\_\_