RESIDENTIAL RELOCATION MANAGEMENT REPORT

PROJECT NAME _____ STATUS AS OF _____

							NOTICE ISSUED						FOR DISPLACEMENT CASES ONLY					MOVING EXPENSES				
	ADDRESS	NUMBER OF BEDROOMS	NAME OF OCCUPANT(S)	(T)ENANT / (O)WNER	DATE GENERAL INFORM-ATION NOTICE ISSUED	DATE OF ELIGIBILITY	TYPE*	DATE	NUMBER OF PEOPLE	NUMBER OF PEOPLE	(E)LDERLY / (D)ISABLED	RACIAL/ETHNIC CLASSIFICATION**	REPRESENTATIVE COMPARABLE OFFERED*** (check)	NUMBER OF REFERRALS MADE	90-DAYNOTICE ISSUED (check)	NOTICE TO VACATE ISSUED (check)	DATE MOVED	(A)CTUAL / (F)IXED	AMOUNT	REPLACEMENT HOUSING PAYMENT	CASE CLOSED (check)	REMARKS If temporarily relocated, indicate total amount paid for temporary relocation costs per unit. See "RRMR Instructions" for identifying tenants who move voluntarily or are evicted for cause.
	A	A1	B	C	D	E	F	G	H1	H2	I	J	K	L	M	N	O	P	Q	R	S	T
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I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE

APPLICANT:

SIGNATURE _____ DATE _____

NAME _____ TITLE _____

* E - Notice of Eligibility for Relocation Assistance
N - Notice of Nondisplacement

** W - White, Not Hispanic
B - Black, Not Hispanic
A/I - American Indian
H - Hispanic
A/P - Asian or Pacific Islander

*** Representative comparable to be used as basis for determining maximum Replacement Housing Payment

OFFICE USE ONLY:

DATE RECEIVED _____

NAME

PROJECT NUMBER