**RELOCATION ASSISTANCE VERIFICATION – BUSINESS/LANDLORD/PPMO**

|  |  |  |  |
| --- | --- | --- | --- |
| **Business Name(s):** | DISPLACEE(S) NAME | **Project:** | PROJECT # |
|  |
| **Phone:** | DISPLACEE PHONE | **Code:** | CODE | **Parcel:** | PARCEL # |
|  |
| **Subject Property Address:** | ADDRESS IN RIGHT OF WAY |
|  |
| **Contact Address:** | DISPLACEE(S) ADDRESS |
|  |
| **Email:** | DISPLACEE EMAIL | **Contact Name:** |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Initiation of Negotiations |       |  | Type of |  |
|  | Date |  | Relocation |  |
|  |
|  **BUSINESS/LANDLORD/PPMO****ENTITLEMENTS** | **YES****DONE****or NA** | **COMMENTS** |
| Relocation Brochure Delivered |       |  |
| Business/Landlord/PPMO Questionnaire Completed #41B/41C/41D |       |  |
| W-9 Completed |       |  |
| Legal Residency Certification Completed #38 |       |  |
| Title VI / ADA Survey #44 |       |  |
| Tenant List Completed by Landlord #9 |       |  |
| RAAP #25 and Photos of Subject & Inventory |       |  |
| Self Move Explained (Low bid or Estimate) |       |  |
| Actual Cost Move Explained  |       |  |
| Business Payment-In-Lieu Explained |       |  |
| (2 yr Tax Returns required – occupants only) |       |  |
| 90 Day Notice Explained (#30/30A) |       |  |
| Right to Appeal Explained (within 60 days) |       |  |
| Business Searching Entitlement Explained |       |  |
| Business Reestablishment Cost Explained |       |  |
| Payment Notice Issued #42 |       |  |
| Tax Law Information #43 |       |  |
| Relocation Office & Contact Info Given |       |  |
| Advisory Services Explained and Offered |       |  |
| Available Property Listings Provided |       |  |
| Local Service Contact Info Provided (SBA) |       |  |
| Agent’s Report #8 (signed by displacee) |       |  |
|  |       |  |
|  |       |  |
|  |
| My signature verifies that the items marked “YES” were explained to me in detail. |  |  |
|  |  |  |
| DATE |  | Displacee |
|  |  |  |
| DATE |  | AGENT NAME, Right of Way Agent |