RESIDENTIAL RELOCATION MANAGEMENT REPORT

PROJECT NAME AND NUMBER

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							NUMBER OF PEOPLE		RACIALETHNIC CLASSIFICATION"	REPRESENTATIVE COMPARABLE OFFERED	NUMBER OF REFERRALS MADE	<u></u>	NOTICE TO VACATE ISSUED		MOV	ING EXPENSES			
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CASE NUMBER			(T)ENANT (O)WNER	DATE OF			MBE	(E)LDERLY (D)ISABLED	CIAL	PAE		DAY	CATE	DATE	(A)CTUAL (F)IXED		REPLACEMENT HOUSING PAYMENT	CASE CLOSED	
NUMBER	ADDRESS	NAME OF OCCUPANT(S)	EQ	ELIGIBILITY	TYPE	DATE	1Z	lêê	ਵਹ	<u> </u>	<u></u> ⊇₩	ŝŻ	ZŽ	DATE MOVED	<u>ŝ</u> Ē	AMOUNT	PAYMENT	ð	REMARKS
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	* 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.				9 90

FORM 7-P