

**RESIDENTIAL RELOCATION MANAGEMENT REPORT**

PROJECT NAME AND NUMBER \_\_\_\_\_

STATUS AS OF \_\_\_\_\_

CASE NUMBER	ADDRESS	NAME OF OCCUPANT(S)	TENANT (T) / OWNER (O)	DATE OF ELIGIBILITY	NOTICE ISSUED		NUMBER OF PEOPLE	(E) / (D) / (I) / (S) / (A) / (P)	RACIAL/ETHNIC CLASSIFICATION**	REPRESENTATIVE COMPARABLE OFFERED***	NUMBER OF REFERRALS MADE	90 DAY NOTICE ISSUED	NOTICE TO VACATE ISSUED	DATE MOVED	MOVING EXPENSES		REPLACEMENT HOUSING PAYMENT	CASE CLOSED	REMARKS
					TYPE*	DATE									(A)CTUAL / (F)IXED	AMOUNT			
										<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			\$	\$	<input checked="" type="checkbox"/>	

\* 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.